

Status Report on Evidence-Based Home Visiting
As Supported with Funds
Appropriated through LB 195 (2014) Sec. 111
March 6, 2015



Purpose of Report

This report describes the status of the evidence-based home visiting services supported with funds appropriated through LB 195 (2014) Sec. 111, “There is included in the appropriation to this program for FY2013-14 \$1,100,000 General Funds for evidence-based early intervention home visitation programs. There is included in the appropriation to this program for FY2014-15 \$1,100,000 General Funds for evidence-based early intervention home visitation programs.”

Evidence-based Home Visiting

Home Visiting has long been utilized as a preventive health program in local communities, serving infants and new mothers. The education, personal relationships and referral services have helped decrease infant mortality rates, increase positive parenting skills, and decrease child abuse and neglect. Considering the costs associated with child maltreatment in the United States exceed \$80 billion annually, interventions leading to measurable and lasting positive family development are a good investment!

In 2008, the Affordable Care Act (ACA) authorized the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. <http://mchb.hrsa.gov/programs/homevisiting/index.html>

In 2010, the federal MIECHV program required that the Nebraska Department of Health and Human Services (NDHHS) conduct a state-wide needs assessment as a condition for receipt of the Title V/MCH Block Grant. The assessment, in turn, was a requirement for receiving federal MIECHV funds for the delivery of evidence-based home visiting services to at-risk eligible families in high-priority communities. Through this assessment, NDHHS identified 17 priority counties: Box Butte, Morrill, Scottsbluff, Lincoln, Dawson, Buffalo, Hall, Boyd, Dakota, Colfax, Thurston, Douglas, Lancaster, Gage, Jefferson, Nemaha and Richardson. <http://dhhs.ne.gov/publichealth/Documents/EHBSubmission09-20-2010.pdf>

The evidence-based framework for home visiting in the ACA shows a menu of models which when implemented to fidelity show reliable and measurable impact in important areas of family development, as shown below. <http://homvee.acf.hhs.gov/programs.aspx>

Evidence-based home visiting increases...	Evidence-based home visiting decreases...
<ul style="list-style-type: none"> • appropriate coping skills • preconception and inter-conception planning • quality of prenatal care • successful breastfeeding • well-child visits and immunizations schedules • knowledge of child development • physical, mental and emotional health of the family • effectiveness of referral and coordination efforts for the right referrals for families 	<ul style="list-style-type: none"> • child maltreatment • abuse and neglect • domestic violence • parental use of drugs, alcohol or tobacco • emergency room visits for both the mother and the child • stress

State-funded Home Visiting in Nebraska

The Nebraska State Legislature had historically allocated State General Funds for home visiting to be administered through the Department of Health and Human Services, Division of Children and Families. In 2005, LB 264 appropriated funds to support two pilot projects. In 2007, LB 321 appropriated funds to support voluntary home visiting services and a Request for Proposals was issued in 2008 to select contractors to provide these services. In 2012, the responsibility of administering these home visiting contracts was given to the Division of Public Health, overseen by the new position of State Coordinator for Maternal, Infant and Early Childhood Home Visiting, to facilitate the coordination with the federally-funded programs for better consistency and improved quality of subrecipient monitoring practices. During the period of 2005 through 2013, the appropriation did not specify that the programs were to be evidence-based.

With the appropriation language in 2014 now specifying that the home visiting services be evidence-based, the NDHHS prepared and issued a competitive Request for Proposals (RFP) in September, 2013 through Administrative Services to select contractors best qualified to deliver such services. Bidders could propose services in any county, with greater weight being given to those counties that were identified as one of the 17 priority counties as previously described. In February, 2014, contracts to implement services was awarded to: Northeast Nebraska Community Action Partnership, Lancaster County Health Department, Visiting Nurse Association, and Public Health Solutions. These contracts were awarded for an initial period of February 24, 2014 to June 30, 2015, with options to renew for 4 additional 12 month periods. The following sections of this report outline the status of each contract, and describes the impact each has had on the community utilizing the State General Funds.

STATE FUNDED EVIDENCE-BASED HOME VISITING PROGRAM	Contract Amount- 16 mo (02/24/2014 – 06/30/2015)	Counties Served	Current Active Caseload	Families Served 2/24/14-12/31/14	# of Visits Completed 2/24/14-12/31/14
Northeast Nebraska Community Action Partnership	\$319,782	Antelope, Burt, Cedar, Cuming, Dakota, Dixon, Dodge, Knox, Madison, Pierce, Stanton, Thurston, Washington, Wayne	45	91	389

Lincoln-Lancaster County Health Department	\$596,365	Lancaster	38	98	829
Public Health Solutions	\$503,368	Gage, Jefferson	22	20	146
Visiting Nurse Association	\$523,113	Douglas	50	44	296

Northeast Nebraska Community Action Partnership (NENCAP) *Serving the following counties: Antelope, Burt, Cedar, Cuming, Dakota, Dixon, Dodge, Knox, Madison, Pierce, Stanton, Thurston, Washington, Wayne (Dakota and Thurston counties are identified as priority counties.)*

NENCAP had been serving a large, 14-county service area since 2006 with home visiting services. A previous recipient of State General Funds, although without an evidence-based practice. Many human-services programs are housed within NENCAP, including SSI, SSDI Outreach, Access and Recovery Program, Emergency Food and Shelter Program, Nebraska Homeless Assistance, Immunizations, Early Intervention, ACA Navigator Assistance, Support Services for Veterans, Food Pantries, Commodity Supplemental Food Program, Weatherization, WIC and Head Start. NENCAP’s reputation in the community and with home visiting services created the ideal environment for evidence-based practice and has provided a consistent and reliable circuit for family referrals. In 2014, the contract supported with State General Funds included a community planning requirement, to map the services available and determine how evidence-based home visiting might help those families who fall through the cracks of the system. Through this community planning process, NENCAP chose Health Families America (HFA) as the evidence-based model to implement. Since implementing the Healthy Families America (HFA) model in May, 2014, NENCAP has served 91 families in 389 visits through December 2014.

One of the unique challenges for the NENCAP program is that the previous model of home visiting was not evidence-based nor subject to rigorous implementation with fidelity, resulting in the caseload that each home visitor being much greater than what the HFA model allowed. HFA limits the number of families that any one home visitor can serve so as to allow enough time for a much greater intensity of visits, documentation and reflective supervision. Research shows that this not only helps with employee satisfaction, but reduces compassion fatigue and increases staff retention, and consequently improves family outcomes. NENCAP home visitors put into place a transition plan for families that did not need the intensity of direct services and were able to redirect them to other services, with encouragement and reassurance that they had graduated to a level of self-sufficiency that the intensity of the home visiting services was no longer necessary.

Visiting Nurse Association (VNA) *Serving Douglas County*

Visiting Nurse Association has been providing home visiting services for decades. The VNA has a history of experienced, well-trained home visitors, and effective programming. In November, 2012 through June, 2013, VNA participated in community planning for Douglas County supported by the federal MIECHV grant. As an active participant, when the conclusions for the community supported evidence-based home visiting utilizing the Healthy Families America model for the federally supported program, VNA administration made the decision to honor the community’s data-driven experience and implement the same evidence-based model, even though their previous/current program may have fit

better with the Nurse Family Partnership model. The programs supported with federal MIECHV funds were only able to support a maximum of 100 families in Nebraska's largest metro area; the need for greater service capacity was undisputed.

VNA implemented the new Healthy Families America program in August, 2014. By December 31, 2014, they had served 44 families, in 296 visits. In seven months after implementation, they could boast three bilingual home visitors, and had reached full capacity.

The unique challenge is the implementation of another HFA program in the same service area, to the same target population. VNA entered into a collaborative partnership with several community stakeholders to implement a Coordinated Intake pilot program, housed within the Douglas County Health Department. Community fears of competition were soon laid to rest, as the target population of the most at-risk families, in the most densely populated area of Nebraska far outreaches the capacity of all the organizations participating in the Coordinated Intake program. VNA's commitment to families, and the ability to utilize the State General Funds for quality programming with decades of experience has allowed a much greater impact on the area.

Lincoln-Lancaster County Health Department (LLCHD) *Serving Lancaster County*

LLCHD has had a successful home visiting program since 2008, serving the second-most densely populated area of the state. The City of Lincoln and Lancaster County also have some of the most diverse families culturally, particularly noting a large refugee population. This diversity creates a unique challenge in reaching families effectively, mostly because of language and other cultural barriers. One of the main strengths of the program is having several bilingual home visitors; the State General Funds for evidence-based home visiting help support families that speak Spanish, Vietnamese, French, Arabic and American Sign Language. Highly skilled nurse home visitors, utilizing the Healthy Families America model, work with equally-skilled community educators to provide a wrap-around approach that allows families to benefit from both educational and medical skills. The State award allowed the LLCHD program to expand their services to up to 70 more families. In 2014, LLCHD program served 98 families with 829 home visits.

Public Health Solutions (PHS) *Serving Jefferson and Gage Counties*

Jefferson and Gage counties were identified as two of the 17 priority counties in NDHHS's 2010 needs assessment. Although home visiting programs exist in the area, none were evidence-based. Public Health Solutions was a newcomer to home visiting—starting from scratch. As one of the contractual requirements, PHS assembled community stakeholders in May and June, 2014 to complete the community planning activities, and PHS chose and implemented Healthy Families America in September, 2014.

One of the biggest challenges for PHS was starting a brand-new program with no established referral network or family base. PHS-HFA was able to secure a suite in the "One Stop Community Resource Center" on Southeast Community College campus. The program is housed alongside the local Head Start program, Adult Basic Education Center, Hope Crisis Center, Workforce Development, Vocational Rehabilitation Services and ResCare among others. The One Stop center has a reputation in the Beatrice community as the place for families in need to find assistance.

One of the greatest strengths for PHS has been successful collaboration with other community agencies. Home Visitors travel to the local WIC clinics in Beatrice (Gage County) and Fairbury (Jefferson County) to visit with parents and potential families on a regular basis. They are inviting Head Start staff to share training opportunities, creating reciprocal agreements instead of a competitive environment. Staff are working with the local Public Library to plan group activities for parents that benefit both programs.

In the short time since implementation, PHS has served 20 families with 126 home visits through December 31, 2014. They continue to enroll more families.

General Status and Future Activities

Evidence-based home visiting requires significant up-front investments in staff selection and training, establishment of referral mechanisms, selection of a curriculum and assessment tools, and identification of and outreach to target populations. This initial contract period has largely focused on these developmental activities and contractors are now into full implementation. Each will continue to grow caseload and reach service capacities appropriate to the chosen evidence-based model. Administrative Services is currently preparing for 12 month contract extensions, pending appropriation of funds for the next biennium.

An example of how Evidence- Based Home Visiting IS making a difference in Nebraska

Just 14 years old, a new mother enrolled in one of the state-funded, evidence-based home visiting programs in Nebraska is receiving weekly home visits. With the intensity of the schedule and the developmental assessments that are a regular part of the program, the home visitor became concerned that the infant was not able to hold his head up consistently by 5 months, nor was he reaching out to objects or people. Although the teen had taken her child to her family practitioner for the recommended well-child visits, she did not have any guidance in filling out the developmental questionnaire that the doctor provided. Being so young, she was unsure of how to fill it out, and with such limited time together, the doctor did not recognize the potential issues. The home visitor helped the mother understand what the developmental questionnaire was asking, and showed her how to assess the baby's skills at home. After completion, the home visitor was able to talk the mother and grandmother through their concerns, and encouraged them to contact the Early Development Network (EDN.) With the appropriate referral, the mother, grandmother, EDN caseworker and pediatrician are now working together to ensure that the baby boy is receiving physical and occupational therapy and will soon be back on track. Evidence-based home visiting makes a difference in Nebraska!

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