Michigan Home Visiting
Needs Assessment

April 29, 2016
11am-12pm
Welcome & Introductions

- Julia Heany, Loan Nguyen, & Lauren LaPine
  - *Michigan Public Health Institute (MPHI)*
- Reneé DeMars-Johnson & Rachel Mellema
  - *Michigan Department of Education (MDE)*
- Tiffany Kostelec
  - *Michigan Department of Health and Human Services (MDHHS)*
On to Step 2!!

You have successfully completed Step 1!
Agenda

• Review Exploration and Planning Process

• Identify the three assessments to complete in Step 2

• Submission specifics

• Review timeline

• Questions
The Science

“The function of sociology, as of every science, is to reveal that which is hidden.” – Pierre Bourdieu

Phases of Implementation

1. Exploration and Adoption
2. Program Installation
3. Initial Implementation
4. Full Operation
5. Innovation
6. Sustainability

2-4 Years
Exploring Community Readiness For Evidence-Based Home Visiting Models

- Prevalence of Need in Community
  - Most Vulnerable Population
  - Needs of Most Vulnerable

- Fit with:
  - Current Initiatives
  - Organizational structures
  - Community Values
  - Population
  - Family & Community Perceptions of Need

- Need

- Capacity to Implement
  - Staff meets minimum qualifications
  - Able to sustain Imp Drivers
    - Financially
    - Structurally
  - Buy-in process operationalized
    - Community
    - Agency
    - Families

- Organization Readiness for Replication
  - Qualified Expert
  - Expert or TA available
  - Operationalized so the Practice Profiles can be developed
  - Imp Drivers operationalized

- Evidence

- Resource Availability
  - Community Resources
  - IT Resources
  - Human Resources
  - Training
  - Data Systems
  - Coaching & Supervision
  - Administrative & System Supports needed

- Adapted from "Assessing Evidence-Based Programs and Practices"
Assessment & Planning Process

1. Engage home visiting system partners
2. Gather assessment data
3. Interpret assessment data
4. Determine goals for HV expansion
5. Determine capacity to expand
Exploration & Planning: Step 2

Gather Assessment Data to Determine Need & Fit
Assessment 1: Community/Regional Strengths & Assets

- **Goal:**
  - Identify strengths and assets of your community that can support a successful home visiting system

- **Use:**
  - To guide your exploration and planning process by considering how you can build on your strengths and assets
Assessment 1: Community/Regional Strengths & Assets

<table>
<thead>
<tr>
<th>Organization(s)</th>
<th>Community/Regional Strengths/ Assets</th>
<th>Geographical Areas Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faith communities</td>
<td></td>
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<tr>
<td>2. Neighborhood associations</td>
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<td>3. Cultural/ ethnic associations</td>
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<td>4. Other regional/ community organizations</td>
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<td>5. Business investment</td>
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<td>6. Philanthropic investment</td>
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<td>7. Major regional/community events</td>
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<td>8. Other assets/ resources</td>
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Assessment 1: Community/Regional Strengths & Assets

Plan
- 60 minute meeting
- Invitations
- Space
- Facilitator
- Note taker with laptop loaded with Table 2

Meet
- Review goal of assessment 1
- Discuss & Brainstorm:
  - What are we proud of as a community?
  - What makes this a good place to raise children?
  - What assets could help home visiting thrive in our community
- Document & organize ideas
- Review & summarize

Review
- Send Table 2 to the group for feedback, including those who were not in attendance
- Address recommended changes
Assessment 2: Home Visiting Risk Factors

- **Goal:** Identify populations and geographic areas that are most in need of home visiting, as well as the risks that home visiting could help to address.

- **Use:** Guide home visiting expansion around meeting the needs of families most at risk.
# Assessment 2: Home Visiting Risk Factors

## Table 4: Risk Factor Data

<table>
<thead>
<tr>
<th>RATES</th>
<th>Preterm birth</th>
<th>Breastfeeding at delivery</th>
<th>Immunized 19-35 months</th>
<th>Infant mortality</th>
<th>Maternal smoking</th>
<th>3rd grade reading proficiency</th>
<th>Early childhood special ed.</th>
<th>Special education grades k-2</th>
<th>Emotionally impaired grade k-2</th>
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<tbody>
<tr>
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</table>
Assessment 2: Home Visiting Risk Factors

- MPHI will provide state and county level data when returning your Step 1
- Use the resources in Table 3 and reach out to your partners to complete Table 4 as fully as possible
  - Note of data source and year for all data you add to the table
  - If your service area includes more than one county, note the county/counties reflected for all data you add to the table

*Please do your best to utilize all resources to provide the most current and accurate data for your community/region. You will likely have gaps, but the more information you collect, the more compelling your findings will be.*
Risk Factors

Please identify data on these risk factors

1. Child health
   - Preterm birth
   - Breastfeeding at delivery
   - Immunized 19-35 months
   - Infant mortality
2. Maternal health
   - Maternal smoking
3. Education Attainment
   - 3rd grade reading proficiency
   - Early childhood special ed.
   - Special education grades k-2
   - Emotionally impaired grades k-2
4. Child maltreatment
   - Foster care age 0-8
   - Child maltreatment
5. Crime & Domestic Violence
   - Domestic violence
6. Family Economic Self Sufficiency
   - High school graduation rate
   - Unemployment
   - Children in poverty
   - Teen births
7. Binge Alcohol Use
The Risk Factors chart is color coded into the following themes. The colors will be used in the final step of this process:

- **Orange**: Child Health
- **Purple**: Maternal Health
- **Green**: Child Development and School Readiness
- **Pink**: Reductions in Child Maltreatment
- **Blue**: Reductions in Juvenile Delinquency, Family Violence, and Crime
- **Yellow**: Family Economic Self-Sufficiency
Demographics

Please complete the Risk Factor Data Table using the following demographics breakdown:

1. Race
   1. NH White
   2. NH Black
   3. Hispanic
   4. American Indian/American Native
   5. Asian
   6. Other

2. Age
   1. <20 Years
   2. 20-34 Years
   3. >35 Years

3. Education Attainment
   1. <High School
   2. High School Graduate
   3. Some College
   4. College Graduate

4. Poverty Status
   1. At or Above Poverty Level
   2. Below Poverty Level

5. Geographic Areas at Risk
Assessment 2: Home Visiting Risk Factors

Plan
- Distribute assignments to your partners
  - Provide Table 3 & Table 4
  - Pull together available data
  - Compile data in Table 4
- Schedule 30 minute meeting
  - Invitations
  - Space
  - Facilitator
  - Note taker with laptop loaded with Table 4

Meet
- Review data
- Identify gaps & problem solve:
  - Do we have the data we need to make good decisions?
  - What questions do we still have about need?
  - Did we use Table 3?
  - Did we exhaust our options for local data?
  - Did we call for help?
- Update Table 4
- Distribute assignments & agree on a timeline for submitting data

Review
- Gather additional information from partners to fill in gaps
- Send out table 4 for review
- Address feedback
Assessment 3: Home Visiting Service System

• **Goal:** Understand the status of the *prevention focused home visiting models* that already exist within your community/region

• **Use:** Guide home visiting expansion based on existing capacity within the community
## Assessment 3: Home Visiting Service System

### Table 5: Existing Home Visiting Programs

<table>
<thead>
<tr>
<th>Evidence Based Home Visiting Models in Michigan</th>
<th>Service Population</th>
<th>Age Admission Criteria</th>
<th>Income Restriction</th>
<th>Number of families or children that each model serves in the community</th>
<th>Program Capacity (# of families that can be served at any point in time)</th>
<th>Demographics of Service population</th>
<th>Is program at full enrollment at least 85% of the year? If not, please provide an explanation.</th>
<th>Geographic Area Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start-Home Based</td>
<td>Prenatal to age 3</td>
<td>Prenatal to age 30 months</td>
<td>Yes</td>
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<tr>
<td>Healthy Families America</td>
<td>Prenatal to age 5</td>
<td>Prenatal to 3 months</td>
<td>No</td>
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</tr>
<tr>
<td>Healthy Start (Federal Program)</td>
<td>Prenatal to age 2</td>
<td>Prenatal</td>
<td>No</td>
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<tr>
<td>Maternal and Infant Home Visiting (MIHP)</td>
<td>Prenatal to age 1</td>
<td>Prenatal to 9 months</td>
<td>Medicaid Eligible</td>
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</tr>
</tbody>
</table>
### Models
- Early Head Start
- Healthy Families America
- Healthy Start
- Maternal & Infant Home Visiting
- Nurse Family Partnership
- Parents as Teachers
- Infant Mental Health
- Family Spirit

### Factors to Explore
- Service population
- Age admission criteria
- Income restriction
- # of families each model serves in your community
- # families that can be served by the model at any point in time
- Demographics of service population
- Is program at full enrollment at least 85% of the year?
- Geographic area served
Assessment 3: Home Visiting Service System

- Table 5 includes two sections:
  - The first lists the home visiting models most commonly implemented in Michigan
  - The second provides space for you to include other home visiting models that might be specific to your community
- The first section of Table 5 provides the service population, age admission criteria, and income restriction for those models, as established by the model
  - Do not modify this text
- If you have agencies that are delivering a home visiting program but are not implementing an evidence-based home visiting model with fidelity, include the information for that program in the second section of Table 5
  - Keep in mind that the funding can only be used to support evidence-based home visiting
- If you have multiple agencies that deliver the same model, include information from both agencies in the row for that model
### Assessment 3: Home Visiting Service System

#### Plan
- Distribute table 5 to existing home visiting programs
  - Talk through how to provide the information in each column
  - Gather information
  - Compile information in Table 5
- Schedule 30 minute meeting
  - Invitations
  - Space
  - Facilitator
  - Note taker with laptop loaded with Table 5

#### Meet
- Review data
- Identify gaps & solutions:
  - Do we have data about each home visiting program?
  - What questions do we still have about capacity?
  - Did we exhaust our options for gathering data?
  - Did we call for help?
- Update Table 5
- Distribute assignments & agree on a timeline for submitting information

#### Review
- Gather additional information from partners to fill in gaps
- Send out table 5 for review
- Address feedback
# Timeline

<table>
<thead>
<tr>
<th>Task</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Receive tool from MPHI</td>
<td>✔️ April 11(^{th})-15(^{th})</td>
</tr>
<tr>
<td>Complete Step 1 and submit for MPHI feedback</td>
<td>✔️ April 21(^{st})</td>
</tr>
<tr>
<td>Receive data and training to complete Step 2 from MPHI</td>
<td>✔️ April 29(^{th})</td>
</tr>
<tr>
<td>Complete Step 2 and submit for MPHI feedback</td>
<td>May 13(^{th})</td>
</tr>
<tr>
<td>Receive training to complete Steps 3 and 4</td>
<td>May 20(^{th})</td>
</tr>
<tr>
<td>Complete Step 3 and 4 and submit for MPHI feedback</td>
<td>May 27(^{th})</td>
</tr>
<tr>
<td>Receive final feedback from MPHI</td>
<td>June 3(^{rd})</td>
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Technical Assistance

- You will receive feedback after each step of the process is completed from MPHI.
- If you would like to discuss any feedback you have received or want further assistance, MPHI will be available May 31-June 3 for technical assistance calls.
- Please follow the link below to schedule a technical assistance call.

**Click here to schedule a TA call**

Please continue to email Loan Nguyen/MPHI any questions you have as you progress through the tool!
Following completion of Step 2, please send tool in its entirety to Loan Nguyen

Please do not edit the tool in any way, other than to enter responses into the provided text boxes.
<table>
<thead>
<tr>
<th><strong>Contact Person:</strong></th>
<th>Loan Nguyen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td>Research Associate</td>
</tr>
<tr>
<td><strong>Agency/Organization:</strong></td>
<td>Michigan Public Health Institute</td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
<td>517-324-6018</td>
</tr>
<tr>
<td><strong>E-Mail Address:</strong></td>
<td><a href="mailto:lnguyen@mphi.org">lnguyen@mphi.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>2342 Woodlake Drive, Okemos, MI 48864</td>
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QUESTIONS?