

Council for Children & Families (CCF) Washington

Home Visiting in a State System of Care

February 10, 2010

Early lessons learned from research on CCF's portfolio of evidence based home visiting programs and how these issues may align with national research and policy discussions.

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Today's discussion



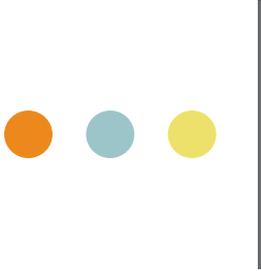
Propose common ground and distinctions between the recent national efforts and the CCF Washington State effort to bring home visiting programs to scale

- Emphasis on the principal goals of building knowledge and a sustainable system of care for EBHV.

Present CCF's EBHV formative evaluation initial findings and the evaluation design

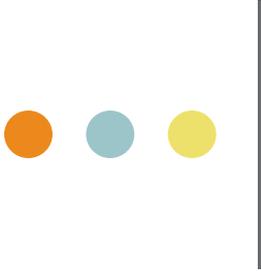
- Where Washington fits in the range of state strategies
- Key planning assumptions
- How initial findings define work plan

Discuss points of convergence and relevance



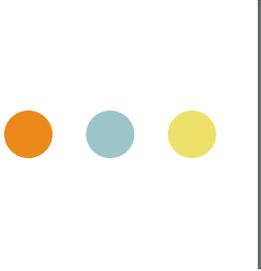
Why Home Visiting Matters to National Practice

- **Home visiting is among the best-tested prevention and early intervention models**
 - The relative lack of effective prevention strategies.
 - The potential for feasible large scale community-based services where people live.
- **The promise of the research is not consistently supported in routine practice**
 - We can't launch, forget and get the same results.



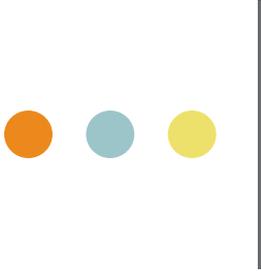
Where does Washington fit in the national landscape?

- **Most states have some level of state home visiting initiative falling in two strategies.**
 - Single strategy efforts dominated by Healthy Families America practice
 - Portfolio strategies involving local choice and control
- **Single strategy approaches have the strongest evaluations and as a result dominate the current policy discussion**
 - Portfolio based initiatives have weak evaluations or are not collecting and reporting data
- **Addressing the portfolio model evaluation is a significant area of needed work**



Are there common core elements of the ACF's programs and CCF state efforts?

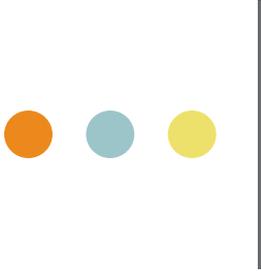
- **Common ground with ACF's cross-site effort**
- **A shared 'portfolio' EBHV approach**
- **Common challenges**
 - Multiple EBHV models
 - Diverse evaluation capacity and methods for both the models or the organizations
 - Creating consistent and meaningful measures of benefit across diverse models and programs
- **Focus on structural aspects of capacity and capacity change for organizations**
 - FRIENDS Discussion Tool
- **Creation of a data warehouse strategy**



Opportunities and challenges of the CCF Washington state effort

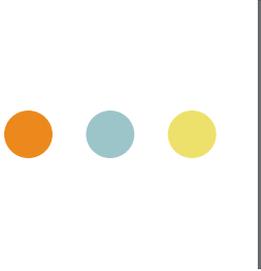
- **Range and capacity of providers**
 - Staff, readiness, and community support
- **What programs can produce in terms of outcomes based on organizational infrastructure**
- **Small sample size and power to demonstrate change in routine service models**
 - Pooling model effects, cumulative impact over time
- **Organizational Capacity Building and ongoing Continuous Quality Improvement (CQI)**
- **Program evaluation versus quasi-experimental and RCT demonstration of benefit**

CCF focus on building organizational and community capacity and development in a CQI framework



Challenges: From EBHV research to EBHV community practice

- **Quality Consistency (fidelity)**
 - How do we assure program content and implementation is supported for highest quality when:
 - Fidelity measures are not always well defined for EBHV models
 - Fidelity measures are process-focused and not program content focused
- **Understanding Local Differences and Capacity**
 - Enhancements are made to model based on characteristics of local families and communities in order for success of home visiting programs
- **Outcomes-Driven Service Delivery**
 - How do local programs balance delivering the EBHV and other agency services to address local family, community, and agency needs beyond the focus of the specific home visiting model?
 - How do we best demonstrate child and family benefit?



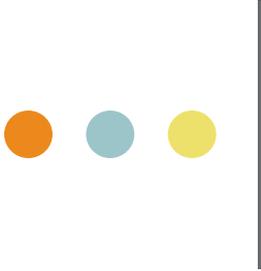
CCF EBHV evaluation goals

- **Policy goals**

- Create state standards for program delivery and assurance of quality EBHV dissemination in Washington State
- Support a learning community regarding home visiting and early intervention to inform practice
- Test the practicality and relative benefit of this multi-method approach

- **Program goals**

- Provide meaningful information and staff development that informs clinical decision making and program development through a continuous quality improvement process



Recommendations from EBHV reviews: Validation at the community level – CCF EBHV evaluation

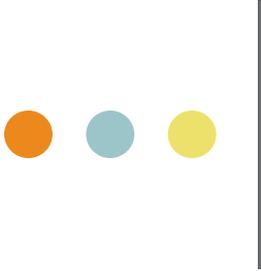
o Role of Participatory Research and Development Practice

o The Reality of Local Agency Capacity in Building Out

- o Variability across agencies -selective strategies - will not serve most communities
- o Pressures to adapt to community needs challenges core fidelity assumptions
- o Embed continuous evaluation as part of practice- The CQI framework

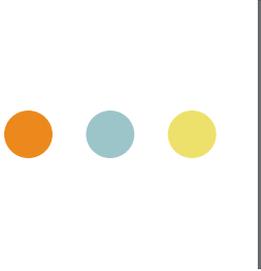
o Reshape Expectations of EBHV

- Adopt the role of continuing efficacy evaluation
- Educate and inform program and policy makers to shift expectations – from only outcomes to using outcomes for CQI
- EBHV model developers have to be part of the solution in the build out of their models!



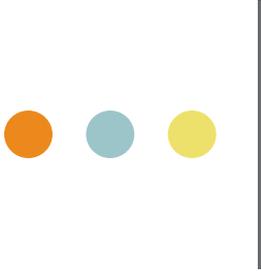
Can we build an effective development partnership?

- **Who are the partners?**
 - Programs, CCF, Evaluator
 - What is the role of model developers?
 - Who are stakeholders we answer to?
- **How do we balance role, benefit, risk, responsibilities, and respective power to make a partnership work?**
- **What are the measures we need to address to demonstrate the partnership is a success?**



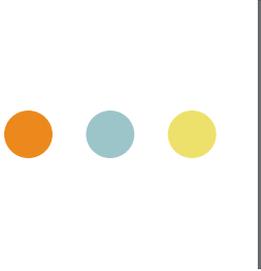
Summary of evaluation readiness

- **Programs vary in terms of their organizational capacity to deliver their home visiting model**
 - All programs are struggling with some key elements of capacity.
 - **Data collection and information use is a common area that needs further development and support.**
- **Existing outcome assessment of the model is either limited or assessment is done as a requirement and not to inform program practice**
 - Some measures do not meet reliability and validity standards.
 - Measuring change over time is not a consistent practice.
- **Programs need support in outcomes assessment and using the information for program improvement and clinical decision-making**



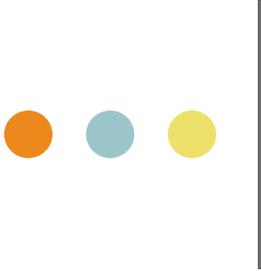
Analysis and proposed actions to guide the evaluation plan

- **Implementing with fidelity is critical to producing intended model results**
 - Emphasis on fidelity varies across models
 - Measuring fidelity varies widely
 - Support is inconsistent across models in addressing fidelity
- **CCF evaluation plan actions**
 - Work with developers for fidelity measurement
 - Define common minimum standards across models
 - Develop data collection strategy with programs
 - Develop an evaluation TA plan with program sites when needed



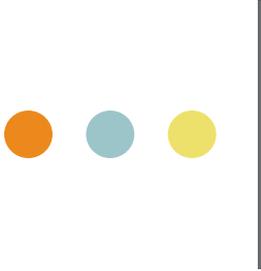
Beginning to create a common fidelity framework for CCF programs

- **Recruitment aligns with the model's intended service population**
 - Recruitment process standards are met.
 - When there are exceptions (e.g., extension of a model to a new population), the outcomes are confirmed as consistent with the original model.
 - What occurs when the local population is different?
- **Program caseload structure for the model is maintained as required by the model developers**
- **Minimum standard for the model's service location, focus, and frequency criteria are met**
- **Supervision meets minimum standards**



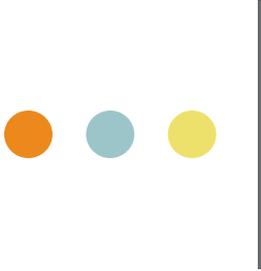
Analysis and proposed actions to guide the evaluation plan

- **Do programs have adequate internal capacity to describe their services, measure outcomes, and use information to improve practice?**
 - Agency support
 - Information systems
 - Programs are using data to inform practice
- **CCF evaluation plan actions**
 - Adopt agreed-to baseline to outcome assessment
 - Develop data sharing and data warehouse
- **Provide TA to address training in data collection and use in CQI**
 - Individualized agency plans



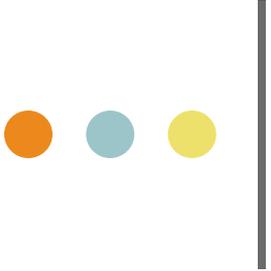
Creating a common data system

- **Align our expectations to resources and capacity**
- **Data elements to share based on model**
 - Participant demographics
 - Participant needs
 - Participant service summary (e.g., staff assigned, frequency and duration of contacts, start and end dates)
 - Baseline to outcome measures that are valid and aligned to the model's principal evidence-based claims
 - Baseline and minimum six month assessment
 - Protective Factors Survey
- **CQI and the essential role of building both use plan and use capacity**
 - Training and technical assistance as integrated actions with evaluation



A state home visiting management information system

- **We will work with existing management information systems or help develop the systems**
 - With functioning MIS, we will develop data sharing agreements and transfer de-identified data
 - Without MIS, we will develop and support a data entry system aligned with your model reporting and extract de-identified data
- **Create a state HV data warehouse that can produce on-demand reports and support CQI in service delivery**
 - CCF reports
 - Program level analysis of services and outcomes
 - Minimum quarterly data reporting



Conclusion

- **Opportunity to examine what a portfolio EBHV approach requires**
- **Recognize that programs need to be active partners with resources and support**
 - Phased development, TA and Training
- **Central role of open-ended CQI and information driven decision-making**
- **Pace and scope of effort is rate-limited by available resources**