



# Massachusetts Evidence-Based Home Visiting Program: Needs Assessment Narrative

## **Section I** **Introduction**

The Massachusetts Department of Public Health (DPH), the State Title V Agency, is submitting a Statewide Needs Assessment in response to the Supplemental Information Request (SIR) issued for the Maternal, Infant and Early Childhood Home Visiting Program. DPH is the state agency designated by the Governor to apply for and administer these funds for Massachusetts. In close collaboration with DPH and other state partners, the Massachusetts' Executive Office of Health and Human Services (EOHHS) and Executive Office of Education (EOE) convened a two-tiered Massachusetts Home Visiting Needs Assessment Team that directed and jointly conducted the comprehensive statewide needs assessment.

### *Data Methodology, Organizational Structure, and Community Ranking*

The needs assessment incorporated a substantial body of knowledge from state and federal agency partners and compiled many data sources to identify at-risk communities with the greatest need for home visiting services. Massachusetts designated individual cities and towns as “communities” for the purposes of the needs assessment, as counties are not the municipal designation on which most community experiences and services are based. All 351 cities and towns in the state were rank ordered from highest to lowest risk based on the specified indicators named in the SIR of August 19, 2010. Additional indicators were included in the community ranking in order to provide a comprehensive description of the needs of at-risk pregnant women, children, and families. Some required data indicators, such as Domestic Violence, and additional ones deemed critically important to Massachusetts, like Maternal Depression, were not readily available on the city and town level, and thus were not included in the community ranking. However, statewide data for these indicators are discussed in depth in *Section II – Statewide Data Report*. As an overall organizational structure, Massachusetts mapped each of the data indicators to the eight federal outcome domains. In addition, because the reduction and elimination of health disparities is a major priority for all of the partner state agencies, a ninth domain called “Vulnerable Populations” was added to ensure that disparities were adequately addressed. This needs assessment narrative is organized by these 9 outcome domains.

The community ranking successfully elucidated disparities and stratified communities: it identified 18 at risk communities with the highest rates of poor perinatal, infant, child health and development outcomes, poverty, unemployment, crime, domestic violence, child maltreatment, substance abuse, and educational outcomes. These communities include (in order of risk): Holyoke, Springfield, Chelsea, Lawrence, Lowell, New Bedford, Fall River, Lynn, Southbridge, Worcester, Brockton, Boston, Pittsfield, Revere, Adams, Everett, North Adams, and Fitchburg. Additionally, these at-risk communities were organized into clusters: Berkshires in Western Massachusetts; Hampden County in the Springfield-Holyoke area of Western Massachusetts; Central Massachusetts; Northeast Massachusetts; the North Shore just north of the greater Boston metro area; Southeastern Massachusetts and the Cape and the Islands.

### *Coordination and Stakeholder Engagement*

The Massachusetts Home Visiting Needs Assessment Team gathered and incorporated other statewide needs assessments, strategic plans, community evaluations, and family resource mapping activities conducted by state and local partners. Materials developed by the following

agencies were considered during this initial data gathering process: Head Start, the Department of Early Education and Care (DEEC, the State's child care agency), the Department of Elementary and Secondary Education (DESE), the Department of Children and Families (DCF, the State's child protective agency), the Children's Trust Fund (CTF, the state Title II of CAPTA agency), the Department of Public Health (DPH – Title V and Bureau of Substance Abuse Services - BSAS). In particular, the needs assessment also included the state's capacity for providing substance abuse services to individuals and families, building on an extensive evaluation and strategic plan developed by BSAS.

Stakeholders were engaged at every stage of the needs assessment process, beginning with 3 public listening sessions and a home visiting program survey to provide input from stakeholders with expertise in home visiting in Massachusetts. A full-day Home Visiting Program Summit also offered a valuable opportunity to pose questions to academic evaluators and representatives from national evidence-based home visiting models invited to Massachusetts. This resulted in a comprehensive, collaborative assessment for home visiting in Massachusetts.

#### *Quality and Capacity of Existing Early Childhood Home Visiting Programs*

The needs assessment also identified the quality and capacity of existing programs and initiatives for perinatal and early childhood home visiting in the state, and the extent to which such efforts meet the needs of eligible families. A survey of all current home visiting programs gathered and summarized program elements including goals, objectives, caseloads, and communities served. The survey solicited capacity information by asking programs to supply data on number of clients on waiting lists and reflections on perceived gaps in home visiting services. This valuable input from the field was first matched against identified statewide needs to identify gaps in services, and then used to estimate the ability of programs to meet the needs of eligible families.

#### *Intention to Apply for a Home Visiting Program Grant*

Massachusetts intends to apply for a grant to conduct an early childhood home visiting program and looks forward to preparing a meaningful response to the forthcoming Supplemental Information Request on the Updated State Plan.

## Stakeholder Engagement

In order to assess both the maternal, infant, and early childhood needs and the home visiting capacity in the state, the Massachusetts' Executive Office of Health and Human Services (EOHHS) and Executive Office of Education (EOE) convened a Massachusetts Home Visiting Needs Assessment Team. To effectively guide the needs assessment process and ensure collaboration across internal and external stakeholders, the Team was comprised of two separate groups: the Home Visiting **Task Force** and the Home Visiting **Workgroup**. **Listening Sessions** and a comprehensive **Home Visiting Program Survey** provided additional input from external stakeholders with expertise in home visiting in Massachusetts. Finally, a full-day **Home Visiting Program Summit** offered the Workgroup and Task Force a valuable opportunity to engage with academic evaluators and representatives from national evidence-based home visiting models.

### *Home Visiting Task Force*

The Home Visiting Task Force includes the state leadership providing oversight for the Home Visiting Needs Assessment and development of the Updated State Plan. Co-chaired by the Commissioner of Early Education and Care (EEC) and the DPH Medical Director, the Task Force will make recommendations to the Secretaries of EOHHS, EOE and the Governor on home visiting program models and components of the State Plan based on the community needs assessment. In addition, the Task Force provides overall direction and guidance for the needs assessment process and reviews supporting materials prepared by the Workgroup and Research Team. Comprised of senior-level representatives from across state agencies, the Task Force includes members from state Title V Agency (DPH), which includes the Bureau of Substance Abuse Services (BSAS); the state welfare agency (Department of Transitional Assistance - DTA); the state child protective agency (Department of Children and Families - DCF); the state Head Start Collaborative represented by the EEC; the Children's Trust Fund (CTF) which is the state Title II of CAPTA; the state Medicaid agency (MassHealth), and secretariat representation from the EOHHS and the EOE.

### *Home Visiting Workgroup*

In addition to the Task Force, DPH has convened a Home Visiting Workgroup chaired by the Title V Director who is also the Director of the DPH's Bureau of Family Health and Nutrition. The Workgroup is responsible for data collection and analysis. Meeting on a weekly basis since May 2010, the Workgroup developed a project plan and timeline for completing the needs assessment, conducted a survey of existing home visiting programs in Massachusetts, and synthesized information on evidence-based and promising national and state home visiting models. The Workgroup summarized all findings for the Task Force and remain active in developing the state plan with draft recommendations for the Task Force to review.

The Workgroup includes staff from DPH, which includes BSAS, as well as representation from EEC, DCF, CTF and Massachusetts Head Start. Workgroup members have extensive backgrounds in epidemiology, biostatistics, health care, social and health policy, maternal and child services, child welfare, early childhood education, substance use disorders and home visiting. They were assisted by a several PhD and Masters-level interns. Interns met with Workgroup members on a weekly basis in order to develop a methodology for the needs

assessment and ranking of communities, to collect data and synthesize the data, and write up results.

### *Listening Sessions*

The Workgroup held three public listening sessions; two in Boston and one in Holyoke (western Massachusetts). The Workgroup invited community partners (such as directors of home visiting programs) with expertise in home visiting to present and submit written testimony to provide firsthand knowledge of current home visiting programs across the state. Collectively, 10 home visiting programs<sup>1</sup> provided written or oral testimony which gave the Workgroup insight into the activities, successes and challenges of community-based programs.

### *Home Visiting Program Survey*

Beginning in June 2010, a comprehensive home visiting program survey was sent to stakeholders consisting of Massachusetts home visiting program directors and administrators. The stakeholders were asked to provide information about their program regarding the goals, objectives, demographics, and service delivery information. Each stakeholder also was asked to identify individual program gaps and areas of concerns across the state (See Attachment D). Additionally, stakeholders were asked to discuss statewide gaps in home visiting services across the maternal, infant, and early childhood spectrum.

In August 2010, survey results were compiled and the information collected was used to construct the Massachusetts home visiting program profiles. Data on statewide gaps was compiled and categorized into statewide service gap themes (see Capacity section). These areas of concern reinforced the common trends ascertained from the analysis of city/town and statewide data indicators from the needs assessment.

### *Home Visiting Program Summit*

On July 15, 2010, the Task Force held an all-day Home Visiting Summit at which representatives from 5 national evidence-based home visiting models presented their programs. Following each presentation, a question and answer session was held that enabled the Workgroup and Task Force members to gather further insight into the operations and activities of the national home visiting models. In addition to the presentations, the Home Visiting Summit included a panel of evaluators with experience in home visiting programs. The evaluator panel presented the following information: 1) a definition of evidence-based evaluation/programs, 2) an outline of various evaluation methods/types, and 3) appropriate strategies to assess quality and efficacy of program evaluations. Information from both the presentations and the evaluator panel will be valuable resources in the planning and model selection phase.

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<sup>1</sup> All MA home visiting programs were invited to attend regardless of funding source

## **Alignment with Other Massachusetts Agencies and Initiatives**

The outcome domains included in the Home Visiting Needs Assessment represent priorities that are common across many Massachusetts state agencies and programs. The Home Visiting Needs Assessment addresses the following outcome domains as specified in the legislation:

1. Improvements in maternal and infant health
2. Improvements in child health
3. Improvements in child development and school readiness, including improvements in cognitive, language, social-emotional, and physical developmental indicators
4. Prevention of child injuries and maltreatment
5. Improvements in parenting skills
6. Reductions in crime or domestic violence
7. Improvements in family economic self-sufficiency
8. Improvements in coordination of referrals for other community resources and supports

Collaboration among state agencies and program groups is essential to achieve the desired outcomes and ensure sustainability of the Maternal, Infant, and Early Childhood Home Visiting Program. The partnerships formed through the creation of the Home Visiting Needs Assessment Task Force and Work Group reflect the diversity of maternal, infant, and child health programming throughout the Commonwealth and provided an opportunity for the alignment of the home visiting and related initiatives at the following agencies:

- Department of Children and Families (DCF) – Family Violence Prevention & Services Act
- Department of Mental Health (DMH)
- Department of Early Education and Care (EEC) – Part B Section 619
- Head Start
- Department of Public Health, Bureau of Substance Abuse Service (BSAS), Title V, MECCS, & IDEA Part C/Early Intervention
- Children’s Trust Fund (CTF), Title II of CAPTA
- Executive Office of Public Safety & Security (EOPSS) – STOP Violence Against Women Act

Please see Appendix E for additional detail on how the strategic priorities of the state agencies and initiatives listed above align with the Home Visiting Needs Assessment.

### **Conclusion**

The Massachusetts Home Visiting Needs Assessment seeks to be as comprehensive as possible in its approach to improving maternal, child, and infant outcomes through the implementation of effective home visiting programs. Through an intense review of the priorities and goals of other state and federal agencies, the Home Visiting Needs Assessment identified areas of alignment that are critical to achieving success. Analysis of the strategic plans and directions of nine Massachusetts state and federal agencies and programs (Department of Children and Families,

Department of Mental Health, Department of Early Education and Care, Head Start, Department of Public Health, Bureau of Substance Abuse Services, Title V & MECCS, Children's Trust Fund - Title II of CAPTA, and EOPSS STOP Violence Against Women) shed light on the shared desire to address the specified outcome domains of the Home Visiting Needs Assessment. Each agency prioritizes collaboration with other programs to achieve their goals and is committed to the pursuit of joint endeavors to improve the lives of children and families. This common ground will prove extremely useful in subsequent stages of the needs assessment, formulation of the Updated State Plan, and implementation of the Maternal, Infant, and Early Childhood Home Visiting Program.