



Early Childhood Home Visiting Programs in Missouri: A Qualitative Assessment of the State System

*Report prepared for the
Missouri Coordinating Board for Early Childhood*



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EXECUTIVE SUMMARY

Missouri has numerous early childhood home visiting programs that provide crucial services promoting the well-being of thousands of families and young children annually. Missouri's Coordinating Board for Early Childhood (CBEC), which was established in state statute as Missouri's public/private entity for coordinating early childhood programs and services, acknowledges that home visiting services are integral to a comprehensive statewide approach to early childhood. The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program has provided additional resources for evidence-based home visiting services in Missouri, with an emphasis on promotion of systemic aspects to coordinate services and support. In order to develop a more coordinated and unified system of early childhood home visiting, CBEC commissioned a qualitative assessment to: (1) conduct a gap analysis of the state system for Missouri's early childhood home visitation programs; and (2) identify recommendations for enhancing the state system.

A total of 29 key stakeholders were interviewed by the evaluation team with a modified version of *Key Components of a Successful Early Childhood Home Visitation System: A Self-Assessment Tool for States*, published by ZERO TO THREE in 2010. Qualitative methods, including iterative peer review and triangulation, were used to analyze the interview data and produce themes. Some of the themes include:

- *State leadership has been successful in bringing together key stakeholders to discuss relevant issues in developing a home visiting system within the broader early childhood system.*
- *Missouri lacks a statewide system to govern and administer all the multiple home visiting initiatives that serve the state.*
- *Lack of consensus on definition, goals, and outcomes of early childhood home visiting services interferes with developing a statewide system.*
- *Home visiting services are not necessarily seen as integral to comprehensive early childhood services.*
- *Top-down approaches to developing a home visiting system likely will be counterproductive.*

Based on these themes, which generally highlighted the lack of most aspects of a coherent state system, the report outlines recommendations for some next steps in developing a coordinated system for home visiting programs. The general recommendations are listed below.

- *Continue to define the intended goals and outcomes of the coordinated early childhood home visiting system in Missouri.*



- *Increase the awareness of all early childhood professionals—including those involved with home visiting—of CBEC’s efforts aimed at coordinating Missouri’s early childhood system.*
- *Cultivate public and political will to provide consistent financial support for home visiting programs.*
- *Promote creation of a statewide public education campaign that raises awareness of home visiting services and their benefits.*
- *Facilitate an initiative to create a set of common outcomes and indicators for home visiting programs.*
- *Establish an electronic Home Visiting Resource Center.*
- *Promote professional development and technical assistance opportunities for home visiting professionals.*
- *Explore the use of centralized systems for intake, assessment, and referral for regions (not statewide).*



INDEX OF ACRONYMS AND KEY TERMS

CBEC	Missouri Coordinating Board for Early Childhood
CQI	Continuous quality improvement
DESE	Missouri Department of Elementary and Secondary Education
DSS	Missouri Department of Social Services
DHHS	U.S. Department of Health and Human Services
DHSS	Missouri Department of Health and Senior Services
ECCS	Early Childhood Comprehensive System
EHS	Early Head Start
LDS	Longitudinal data system
MIECHV	Maternal, Infant, and Early Childhood Home Visiting program
Model	Program models for providing home visiting services, such as Parents as Teachers, Nurses for Newborns, and the Early Head Start Home-Based Option.
NFN	Nurses for Newborns
NFP	Nurse Family Partnership [®] program
PAT	Parents as Teachers
Program	Local agency providing home visiting services, including a school district
ZTT	ZERO TO THREE



INTRODUCTION

A Broad Overview of Early Childhood Home Visiting in Missouri

Home visiting is defined by the Missouri Coordinating Board for Early Childhood (CBEC) as “an early learning program in which the program design assumes home visits as the primary method for delivering a service or intervention, and through which a sustained and ongoing relationship is developed with enrolled families over time” (2013). Early childhood home visitation services in Missouri are provided through an array of several state agencies and nonprofit organizations. The nature of services provided and target populations vary widely, ranging from school readiness and education, health and mental health concerns, and intensive services with high-risk and high-needs families.

Special attention to home visiting programs in Missouri began after the passing of the Patient Protection and Affordable Care Act (2010), which authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). Home visitation in MIECHV was framed as “one of several service strategies embedded in a complete, high quality early childhood system that promotes maternal, infant, and early childhood health and development that relies on the best available research evidence to inform and guide practice” (U.S. Department of Health and Human Services, 2013). The MIECHV program’s goals include improving service coordination and providing a system of comprehensive services to improve health and developmental outcomes for children whose families live in high-risk communities. As of August 2013, the MIECHV program is active in Missouri’s bootheel region (Butler, Dunklin, Pemiscot, and Ripley counties) and in Joplin (Jasper County).

In February 2010, a Home Visitation Workgroup appointed by CBEC held its first meeting. Over time, membership in this workgroup has consisted of some CBEC members and other stakeholders for Missouri’s home visitation programs. One of the early efforts of this group was to produce a Home Visiting Matrix, which is an inventory of Missouri’s existing early childhood home visiting programs. The purpose of the matrix was to enumerate the number and range of publicly-funded home visiting services operating within the state, to more clearly distinguish between programs, and to identify potential service gaps.

In the summer of 2013, CBEC commissioned the current project to produce a gap assessment of the state system for Missouri’s early childhood home visitation programs using *Key Components of a Successful Early Childhood Home Visitation System: A Self-Assessment Tool for States*, published by ZERO TO THREE (ZTT) in 2010. A second purpose was to identify recommendations for enhancing this state system based on completion of this tool.



METHOD

We collected data about the home visiting system in Missouri using qualitative interview methods. Characteristics of the sample, data collection, and analysis procedures are detailed below.

Sample Selection and Description

An initial set of key informants was identified by the Home Visiting Workgroup. Theoretical sampling was used to identify additional informants who would be able to provide information or perspectives to fill empirical gaps in the developing knowledge base (Strauss, 1987; Strauss & Corbin, 1998). These additional informants were identified either by the interviewees themselves or upon further consultation with members of the Home Visiting Workgroup.

A total of 29 professionals were interviewed for this project. These professionals represented a wide variety of perspectives, including those who supervise local program implementation, those who have a multi-state perspective on home visitation programs, home visitation program administrators working in statewide (state agency) and regional programs, home visiting program supervisors, funders, researchers, and professionals working in programs that support child care. Respondents worked in the home visitation field for an average of 14.1 years (range 1.5 to 34 years).

Data Collection

ZTT (2010) developed a self-assessment tool to help states evaluate their early childhood home visitation system (<http://www.zerotothree.org/public-policy/webinars-conference-calls/home-visitiation-tool-june-16-2010.pdf>). This tool walks state stakeholders through a process of identifying the home visiting models active in the state, and then assessing the adequacy of the state's home visitation system within each of eight key areas (see Table 1). Specific assessment indicators are provided within each of the eight domains; stakeholders determine whether the system's status on each indicator is adequate, or they identify the starting point for progress on indicators that are not met.

The original state self-assessment tool, however, was designed to be completed by groups of stakeholders. Because we wanted to enable the participation of home visiting stakeholders who otherwise would be unable to meet with the group, we modified the tool so that it could be used to interview informants via telephone. The resulting semi-structured interview protocol encouraged informants to elaborate on their individual assessments of the system for home visitation programs in Missouri. It also ensured that each informant would be afforded equal opportunity to provide assessment information in a reasonably anonymous manner, with a degree of candor that may not be possible in a group setting. In addition to providing responses to each of the indicators within the eight key areas, informants were asked at the end of the interview to list their top three priorities for home visiting programs in Missouri. The first



section of the original tool, Getting Started: Home Visiting Inventory, was not completed by the evaluation team given that CBEC’s Home Visiting Workgroup has completed the Home Visiting Matrix that inventories the state’s existing programs. Copies of the original self-assessment tool and our modified interview protocol are available in Appendices A and B, respectively.

Table 1. Key Areas and Vision Statements for Early Childhood Home Visitation Systems

Key area	Vision
Needs Assessment and Program Planning	A system is in place to identify service gaps and plan for program expansion and growth.
Evaluation and Quality Assurance	The system collects, analyzes, and monitors data about home visiting to identify program strengths and weaknesses and improve programs.
Program Standards	The system promotes adherence to a common set of program standards that ensure model fidelity and a high-quality system of services for young children and their families.
Professional Development and Technical Assistance	The state system maintains a highly skilled and competent home visiting workforce and provides useful technical assistance to program sites.
Early Childhood Partnerships and Collaboration	The home visiting system formally partners and collaborates with other early childhood services to create a comprehensive system of care for young children and their families.
Public Engagement	The state system engages a broad range of champions to create the public and political will for home visiting services to be part of a continuum of support for young children and their families.
Administration and Governance	The entity or entities that administer and fund the home visitation system are inclusive, responsive, and adaptable to the needs of the programs.
Financing and Sustainability	The home visiting state system is supported by a diverse and stable funding base that ensures the viability and sustainability of both local programs and systems-level support.

Source: ZERO TO THREE (2010)

A total of 24 telephone interviews were conducted with 29 stakeholders; three of these interviews were conducted with two participants at a time, and one interview was with three people. Interviews ranged in length from 45 to 120 minutes, with the majority of interviews concluding in about 80 minutes. The interviews were not audio recorded. The interviewer collected the responses during the course of the interview, entering this information into a database in preparation for analysis.

Data Analysis

Data analysis was an iterative process. We, the members of the evaluation team, met regularly during the course of data collection to debrief interviews, to discuss emerging data trends both within and across the eight key areas, to share new information about home visitation programs and models, and to formulate preliminary findings and recommendations to present to CBEC’s Home Visiting Workgroup. We used researcher triangulation (Denzin, 1970), or peer review (Creswell, 1998), among the researchers to ensure that the interpretations and conclusions we made were robust and data-driven.



We formulated our preliminary findings on themes and presented them to the Home Visiting Workgroup on July 29, 2013. We also shared our preliminary recommendations in a subsequent document sent on August 12, 2013. At each of these points, feedback from the Home Visiting Workgroup served as a member check (Lincoln & Guba, 1985) to assure us that we had adequate understanding of issues pertaining to systemic support for Missouri's home visitation programs. As part of their feedback, the Home Visiting Workgroup also identified valuable sources of additional information that were important to include in our analysis.

FINDINGS

This section is divided into two parts: general themes and themes based on key areas in the modified ZTT self-assessment tool. The completed tool, with frequency counts and summaries of how interviewees responded to the vision statements and specific questions, can be found in Appendix C. The general themes were those that emerged across interview questions from a range of interviewees; these include content-based themes, as well as one theme that is process-based, reflecting *how* people responded. The second section presents themes based on the modified ZTT tool that was composed of eight key areas:

- Needs Assessment and Program Planning;
- Evaluation and Quality Assurance;
- Program Standards;
- Professional Development and Technical Assistance;
- Early Childhood Partnerships and Collaboration;
- Public Engagement;
- Administration and Governance; and
- Financing and Sustainability.

It should be kept in mind that the themes and accompanying text in this section reflect the opinions and perspectives of the interviewees, which includes their varying interpretations of the state of the home visiting system in Missouri.

General Themes

Most of the themes in this section address the needs, gaps, and challenges in establishing a statewide system for home visiting services. However, the first general theme addresses one of the great strengths of the efforts to promote and build a system. (Themes are presented in italics.)



State leadership successfully facilitates meetings between key stakeholders to discuss issues necessary for developing a home visiting system within the broader early childhood system.

CBEC was noted as instrumental in bringing together important stakeholders from a variety of agencies in order to plan a statewide comprehensive early childhood system. CBEC worked, in conjunction with the Home Visiting Workgroup and the ECCS/MIECHV Steering Committee, to ensure that home visiting services are considered as part of a comprehensive array of early childhood services. As noted below in another theme, however, many stakeholders are aware of the general nature of CBEC's efforts to bring stakeholders together yet lack knowledge of the specific work done as a result of these efforts.

Missouri lacks a statewide system to govern and administer all the home visiting initiatives that serve the state.

Given the nature of the ZTT tool, the goals of this evaluation, plus the fact that no single state-level entity governs, administers, or funds all home visiting services in Missouri, it is not surprising that this was the most prevalent theme across topics and interviewees. Many interviewees referenced the "silos" of funding (most specifically, DESE, DSS, and DHSS), which impedes systemic, statewide coordination of home visitation services. Without coordination across all agencies that support home visiting, resources are likely to be used in less efficient ways, with potential duplication of services for families, as well as redundancies with respect to technical assistance and professional development for home visiting providers. However, most interviewees did acknowledge CBEC's efforts in bringing stakeholders together, especially via the Home Visiting Workgroup, as an important initial step in developing and promoting a statewide system.

Lack of consensus on definition, goals, and outcomes of early childhood home visiting services interferes with developing a statewide system.

In order to have an effective system, the system's relevant parts and their inter-relationships should be well-defined and clear to all participants. Many interviewees were unaware of the efforts of the Home Visiting Workgroup to identify these parts and their relationships to each other, including the existence of the Home Visiting Matrix or the definition of early childhood home visiting that is included in CBEC's Early Childhood Strategic Plan. Consensus on the definition, goals, and outcomes of home visiting services in Missouri will help providers of these services across models and agencies to see themselves as part of an integrated and defined system. In addition, effective efforts to identify program standards, core competencies, and shared outcomes will be hampered without a shared understanding of these issues among all stakeholders.



Home visiting services are not necessarily seen as integral to comprehensive early childhood services.

The profile of home visiting services within the early childhood field is not as visible as it could be. In addition to challenges in promoting home visiting services among laypeople and policy makers, interviewees reported challenges within the early childhood field as well. Many professionals within the broader early childhood field, particularly early childhood education, do not appear to value home visitation as much as other early childhood services. Although CBEC has been successful in bringing together key stakeholders, there still is concern among interviewees that home visiting is sometimes considered, as one interviewee said, “the stepchild of early childhood.”

Top-down approaches to developing a home visiting system likely will be counterproductive.

Because most home visiting initiatives developed independently from one another as part of broader systems designed to support young children and their families, there is great diversity among these programs, extending to services provided, populations served, quality of services, and mixes of funding sources. Given these conditions, it is clear that a single, imposed-from-the-top (e.g., the state and/or federal government) effort to establish a system will not work effectively. Interviewees across topics were concerned that the desire to build a system might yield efforts that would have the unintended consequences of making it harder to serve families, especially those who have the most needs. The primary methods in which MIECHV is implemented, via community contractors who select the evidence-based model that best fits their populations, was cited as a good example of a more bottom-up approach to developing the system. The requirements of MIECHV funding, including data gathering on family outcomes, implementing program models with fidelity, and ensuring continuous quality improvement (which includes technical assistance and professional development for home visiting providers), provides a model for how local efforts can be coordinated across sites and state-level entities.

MIECHV grant program is seen as a panacea.

There was a tendency for many interviewees, especially those who were less involved at the state or national level, to see the federal MIECHV program as the potential single answer to the state system problem. However, given that the five counties that are currently served with MIECHV funds—Butler, Dunklin, Jasper, Pemiscot, and Ripley—contain less than 4% of Missouri’s population, this grant program cannot yet serve as the sole basis for the state system. Of course, many aspects of the MIECHV funding, including the merging of the ECCS and MIECHV Steering Committees, the 39 constructs and related benchmarks, as well as the preliminary work on centralized intake and referral systems, provide some solid structures and strategies that might lay the foundation for a truly statewide system.



Responses tended to differ by interviewee position.

Compared to individuals who work in specific agencies implementing home visiting services, interviewees who were associated with state- and national-level agencies (e.g., DESE, DSS, DHSS, PAT National Center) were more likely to know about state efforts to develop and support a system. They were also able to comment more thoroughly with respect to the extent to which that has occurred and what further steps are needed, including providing ideas from other states. Accordingly, people who are closer to the “front line” of providing home visiting services tended to perceive the state system as more fragmented because they lacked the knowledge of what systems level work was happening.

Themes Based on the ZERO TO THREE Tool Key Areas

The themes discussed in this section of the report are distillations of the material provided by interviewees and are directly related to the eight key areas covered by the ZTT tool shown in Appendix C. (Broad areas are underlined; themes are italicized.)

Needs Assessment and Program Planning

Effective statewide efforts for assessing needs and program planning cannot occur without shared definitions and goals of home visiting programs.

Needs assessments and program planning should not happen without examining the full state context for home visitation. Many interviewees noted that, given the aforementioned general theme of lack of consensus with respect to definitions, goals, and outcomes, these critical activities were nearly impossible to accomplish.

Centralized intake, assessment, and referral systems should be implemented with caution, preferably in regions and not statewide.

A centralized system would benefit the most vulnerable populations because it would likely minimize the number of “home entries” by all types of providers, thereby lessening the burden on families, and would ideally better address family needs. In addition, it could potentially save taxpayers money by preventing the duplication of services. However, many interviewees acknowledged that coordination of services will differ by community (e.g., rural and urban), as well as the types of services provided. Thus, those that were in favor of a centralized system preferred that it be implemented regionally in order to be most sensitive to the providers and populations served. These interviewees believed that implementation of regional systems would be more palatable to the professional community; the creation of a centralized statewide system might be viewed as an imposition rather than a solution.



Evaluation and Quality Assurance

Evaluation and quality assurance efforts are funder- and model-driven.

The type of quality assurance, evaluation, and outcomes data required of home visiting programs depends on what entities are funding individual agencies. Most agencies have multiple funding streams and must address multiple reporting structures and outcomes, which is an obstacle when thinking about how to examine quality assurance and evaluation efforts in a statewide system. The formal requirements for continuous quality improvement mandated by MIECHV might serve as a good place to start for a statewide system of quality assurance. However, it was acknowledged that different models for home visiting may result in distinct quality assurance plans. In a similar fashion, the MIECHV constructs and benchmarks were perceived as a potentially fruitful starting point for a common statewide outcomes system.

If common outcomes and/or evaluation indicators are adopted statewide, they need to be sufficiently flexible to address the differences in home visiting models, specific agencies, and populations served.

Most interviewees saw the benefit in using common outcomes; they wanted to avoid any potential unintentional consequences that might arise from using outcomes or indicators that do not well serve all home visiting programs. MIECHV outcomes, as well as those of PAT, were mentioned as potential resources.

Evaluation is often seen as coming at the expense of direct services.

More resources are needed for rigorous, independent evaluation efforts that provide evidence for the effectiveness of programs. The most rigorous evaluation efforts also tend to be the most expensive. Because of scarcity of resources for home visiting programs, evaluation is perceived by many as competing with direct services for funding priority. Several interviewees noted that most funders only want to provide contracts to providers using already “proven” models (i.e., those that are evidence-based, as determined by the U.S. Department of Health and Human Services, DHHS) and do not want to use funds to assist with evaluating new models of home visitation. It was noted that some models (PAT, NFN) have commissioned their own evaluation studies.

Evaluation results and annual outcome data are not widely available and are not used in program implementation.

Notwithstanding the DHHS website, Home Visiting Evidence of Effectiveness—which lists a large variety of home visiting models and includes information on the research base for their effectiveness and whether they meet DHSS criteria for Evidence-Based Program Models—many interviewees perceived that evaluation results were difficult to access or understand. In addition, many interviewees suggested that home visiting programs would benefit from greater



sharing of their annual outcomes and implementation challenges; typically only funders see this information.

Program Standards

Program standards are model- and funder-specific.

This theme is related to the earlier one referencing how quality assurance and evaluation efforts are dictated by funders as well as programs/models. The models used for home visiting services all have specific standards that are expected of home providers; programs must typically provide evidence of their fidelity of model implementation based on these standards. At the same time, funders often require certain standards that go beyond model standards. This has led to different standards being applied to home visiting programs across the state, with the attendant possibilities for inconsistency and contradiction among those standards.

Creating common standards across diverse programs and models may be difficult due to differing services, as well as concerns about proprietary rights and competition.

Many interviewees believed that common program standards would be useful for Missouri. Some interviewees pointed out that MIECHV requires its grantees to use standards and outcomes that cross program models and agencies, which is a model that could be used for a larger system. However, it was noted that efforts to crosswalk standards, with the goal of creating a set of common program standards, could potentially lead to concerns about infringement of copyright, which is a manifestation of the competition that is perceived to exist for some models and programs.

Professional Development and Technical Assistance

Professional development and technical assistance tend to be model- and funder-specific.

As with quality assurance, evaluation, and standards, the professional development and technical assistance requirements, as well as opportunities, are tied to the home visiting model used by specific agencies and funders' expectations. For example, MIECHV grantees using the Early Head Start (EHS) Home-Based Option said that they accessed technical assistance services and professional development opportunities provided by the Office of Head Start. It should be noted that those working with MIECHV funds referred to more general technical assistance and professional development that was provided by MIECHV personnel, usually via webinars. Many interviewees saw this as a relative strength for Missouri; PAT, EHS, NFN, and NFP all provide initial training and supervision for home visiting professionals.



More professional development is needed to ensure quality service provision within and across programs.

As noted in the theme above, many models and programs offer initial training and supervision opportunities to staff. However, subsequent guidance on professional development is lacking. One of the difficulties in determining professional development is the fact that home visiting is a *strategy*, not a field, and home providers have a variety of professional backgrounds. Unlike early childhood educators, home visiting providers do not have a formal career framework, lattice, or path they can use to guide their education and professional development. Also, given the disparate nature of professionals and required credentialing across programs (e.g., nurses, educators, counselors), establishing common professional development and education opportunities will involve effort. There appears to be a lack of professional development that is targeted solely to home-visiting professionals, outside of in-service trainings offered by specific agencies. The Home Visiting Summit was mentioned by several interviewees as an important source of professional development that could be accessed by a wide range of professionals. In addition, some interviewees indicated that they (or their staff) had attended early childhood professional development sessions listed on the Child Care Aware Workshop Calendar, which they found useful to some extent. It was noted that home visiting professionals have few formal incentives to engage in professional development, outside of credentialing requirements.

Core competencies that cover shared aspects of home visiting as a delivery strategy would be useful for a statewide system.

Establishing shared core competencies across models was acknowledged as an important step towards developing a state system of professional development and technical assistance. Although models differ with respect to the content of services provided, all home visiting professionals share competencies related to “crossing the threshold”: safety, mandated reporting requirements, rapport building, confidentiality, professionalism, and a strength-based approach to working with families.

“Reflective supervision” is a standard in the field, but it is challenging to secure the resources to implement it adequately.

Most interviewees acknowledged that effective supervision with home visiting professionals must go beyond administrative supervision. Reflective supervision, with its emphasis on interpersonal process and dynamics, is a critical method for enhancing the quality of services provided, as well as addressing the mental health of home visiting professionals, who face many challenges when visiting families, especially families with the greatest needs. However, there are currently few opportunities in the state for learning about and enhancing reflective supervision skills. Interviewees hoped to see more training and professional development in this area; they saw it as critical to developing a strong, stable workforce.



Early Childhood Partnerships and Collaboration

Partnership and collaboration are occurring at the local level across the state.

Nearly all interviewees noted that partnering and collaborating were occurring locally and regionally. The nature of these efforts ranged from very informal to highly structured, depending on the agencies, models, and people involved. Most rated these partnerships and collaborations as effective in providing comprehensive early childhood services to families.

Successful efforts at collaborating have happened at the state level but more is needed to develop a statewide system for home visiting.

The efforts of CBEC and the Family and Community Trust (FACT) were highlighted by interviewees as integral endeavors to enhancing statewide partnerships and collaborations across providers of early childhood services. As noted in other themes, state leadership has been effective in bringing together stakeholders from all parts of the early childhood field. However, some interviewees indicated they would like to see more program-level people involved in these efforts, not just representatives of state departments or other state-level agencies. As noted in the last general theme, involving program-level personnel is a double-edged sword; although they can provide excellent insight about the day-to-day details of providing services to families, not all are suitable as stakeholders unless they have the inclination to learn about the systems, processes, and initiatives that are beyond their agencies.

Public Engagement

Public engagement activities have focused on early childhood in general, not home visiting specifically.

Many interviewees, mostly at state- and national-level positions, were aware of education, outreach, and media efforts promoting the importance of early childhood in the development of individuals. These efforts, however, did not focus on home visiting but rather such topics as universal preschool and general child development. Some specific agencies and programs have conducted their own public engagement efforts around home visiting, usually in a local context and not statewide. In addition, statewide legislative advocacy efforts with respect to home visiting are not perceived as strong. This theme relates to the general theme that home visiting is not always viewed as integral within the early childhood field.

Home-visiting specific media campaigns, while potentially useful, must be carefully crafted to avoid exposure fatigue and over-branding.

There were concerns that any statewide media campaigns launched to promote home visiting might backfire if not implemented in the right dosage or contexts, which could “turn off” people to the core message. Other interviewees saw media campaigns as largely ineffective, especially in educating people about their services. As one interviewee stated, “People trust a



person, not a logo.” There was also the perception that focusing on home visiting specifically might dilute or fragment other messaging about early childhood.

Administration and Governance

CBEC’s Home Visiting Workgroup and DHSS’s ECCS/MIECHV Steering Committee have made strides in coordinating home visiting efforts in Missouri but do not have the necessary authority to make statewide decisions.

Most interviewees were aware of the work done by CBEC and DHSS in promoting the coordination of home visiting activities, yet these individuals were concerned that these entities lack power to make decisions that would govern home visiting programs statewide. This theme highlights the tension between the desire for statewide administration of home visiting services and the concerns that top-down administration will be ineffective because of the complexity and diversity of programs, models, and populations served.

There are some local coalitions that connect fairly well with state-level entities on key home visiting issues.

As mentioned in the first theme of Early Childhood Partnerships and Collaboration, there are many local early childhood coalitions, which include home visiting programs, that are striving to connect whenever possible with state agencies. Examples include First Steps (which has specific methods for local coalitions to make their voices heard at DESE), ECCS local teams (which typically include a home visiting perspective and have ties with the ECCS/MIECHV Steering Committee), and local community action agencies (which work closely with DSS if they receive DSS Home Visitation Services funding). These examples can potentially serve as models for how to enhance communications between local early childhood coalitions and relevant state-level agencies, which strengthens the overall home visiting system.

Financing and Sustainability

Lack of funding and resources is a significant barrier to developing a statewide home visiting system.

Almost all interviewees believed that funding was a paramount issue, consuming much administrative effort (to ensure continued funding) and causing anxiety at all levels of the home visiting system. The state budget cuts to PAT that occurred in 2011 were seen as a sign that the state does not support home visitation. It is difficult to develop an effective statewide system if the political will is not in place to properly fund the system, including all its pieces. Although sustainability forecasts differed by program, the economic base of the community, needs of the community, and services available, it was clear that almost all interviewees were concerned about long-term sustainability and were frustrated by the inability to expand programs and services. Exceptions to this were MIECHV contractors, who were pleased that additional funds



have been available via MIECHV and that more resources may be available in the future. On the other hand, as one MIECHV contractor put it, “once the grant ends, so do our services.”

Individual and organizational behaviors change in times of scarcity.

Many interviewees were worried about programs’ ability to maintain high quality services in a context of insufficient funding; technical assistance, professional development, and systems level support are often foregone when the need for services is great. Both organizations and individuals can become short-sighted—and thus not very systems-oriented—when there are insufficient dollars available to implement high quality programs. This leads to competition between programs for what are seen as scarce resources, which detracts from collaborative and system-building efforts.

Priority Area Rankings

As discussed in the Method section, interviewees were asked to list what they perceived as the top three priorities for home visiting programs in Missouri. Table 2 shows how interviewees responded. The priority areas in italics represent key areas from the ZTT tool. Interviewees indicated that the top priorities for developing and improving the home visiting system in Missouri are financing and sustainability, evaluation and quality assurance, and public engagement.

Table 2. Priority Area Rankings of Interviewees

Overall rank	Priority areas	Total number mentioning	Mean rank
1	<i>Financing and Sustainability</i>	13	1.85
2	<i>Evaluation and Quality Assurance</i>	13	2.31
3	<i>Public Engagement</i>	11	1.82
4	<i>Program Standards</i>	9	2.11
5	<i>Early Childhood Partnerships and Collaboration</i>	8	2.13
6	<i>Professional Development and Technical Assistance</i>	6	2.50
7	<i>Needs Assessment and Program Planning</i>	5	1.80
8	Define home visiting; clarify goals and expected outcomes	4	1.50
9	<i>Administration and Governance</i>	2	1.00
10	Family input regarding services	2	2.50
11	Cultural competency of home visitors	1	1.00
12	Centralized system for intake, assessment, referral	1	1.00



Evaluation of Missouri’s Home Visiting System by Key Areas

The ZTT document *Key Components of a Successful Early Childhood Home Visitation System: A Self-Assessment Tool for States* outlines eight crucial areas that are necessary for a functional state system. Table 3 shows the key areas, the vision statements that describe how an ideal state system would look and function in these areas, and the current status of the home visiting system in Missouri. (See Appendix C for specifics about how interviewees responded to these key components.) For the most part, the state does not have a coordinated or unified system that addresses the key components in a comprehensive manner. However, as noted in the table, Missouri has some systemic strengths with respect to Professional Development and Technical Assistance and Early Childhood Partnerships and Collaboration.



Table 3. Comparison of Visions and Current State Status across Key Home Visiting System Areas

Key area	Vision	Current status
Needs Assessment and Program Planning	A system is in place to identify service gaps and plan for program expansion and growth.	<ul style="list-style-type: none"> • No unified state system at this point. • Specific funders plan for gaps, expansion, and growth. • No centralized intake and referral processes have been established.
Evaluation and Quality Assurance	The system collects, analyzes, and monitors data about home visiting to identify program strengths and weaknesses and improve programs.	<ul style="list-style-type: none"> • No state-level system oversees efforts at evaluation and quality assurance; these efforts are currently driven by funders and models. • No common outcomes or evaluation indicators exist across all home visiting programs.
Program Standards	The system promotes adherence to a common set of program standards that ensure model fidelity and a high-quality system of services for young children and their families.	<ul style="list-style-type: none"> • There are no overarching program standards for home visiting programs. • Most programs are evidence-based and adhere to model fidelity as best they can with the support resources available.
Professional Development and Technical Assistance	The state system maintains a highly skilled and competent home visiting workforce and provides useful technical assistance to program sites.	<ul style="list-style-type: none"> • There are some concerns about the competence of the entire workforce. • There is no coordinated state system of professional development or technical assistance to home visiting providers. • Missouri does provide professional development and technical assistance to providers via the training and supervision in place for PAT, EHS, NFN, and NFP models. • Compensation and incentives for professional development continue to be issues for some providers. • No common core competencies exist for all home visiting providers.
Early Childhood Partnerships and Collaboration	The home visiting system formally partners and collaborates with other early childhood services to create a comprehensive system of care for young children and their families.	<ul style="list-style-type: none"> • Strengths in this area include CBEC and ECCS/MIECHV Steering Committee's efforts at bringing together stakeholders and integrating home visiting into the comprehensive early childhood system. • There is a lack of formalized statewide methods for partnering with other service providers (the exception is First Steps). • There are local "pockets of collaboration" that link together early childhood services for families.
Public Engagement	The state system engages a broad range of champions to create the public and political will for home visiting services to be part of a continuum of support for young children and their families.	<ul style="list-style-type: none"> • Very few efforts have occurred at the state level to promote the importance of home visitation, including advocacy and media campaigns. • Most public engagement efforts have focused on the overall importance early childhood in development.
Administration and Governance	The entity or entities that administer and fund the home visitation system are inclusive, responsive, and adaptable to the needs of the programs.	<ul style="list-style-type: none"> • No single entity administers, governs, or funds all home visiting programs in Missouri. • CBEC plays an advisory role with respect to home visiting. • ECCS/MIECHV Steering Committee provides input to the limited MIECHV grant program; also plays an advisory role for home visiting. • Both make efforts to be inclusive, responsive, and adaptable to program needs.
Financing and Sustainability	The home visiting state system is supported by a diverse and stable funding base that ensures the viability and sustainability of both local programs and systems-level support.	<ul style="list-style-type: none"> • In general, funding is not adequate for existing programs and services. • Funding sources for many programs are not diverse, which interferes with plans for sustainability.



RECOMMENDATIONS

We present the following recommendations based on our analysis of the data and relevant contextual information provided to us during the interview process and from CBEC. These recommendations are framed in the context that Missouri lacks a single overarching entity that administers home visiting programs in the state, and the tenor of opinions against the creation of such an entity. These recommended actions are aimed at strengthening and integrating existing components of the current state system of early childhood home visitation. They are listed in order of priority, based on the priorities supplied by interviewees at the end of the interview process (see Table 2), as well as the consideration of priority by the OSEDA evaluation team. However, it should be noted that many of the recommendations are interrelated and that working on aspects of certain recommendations will have implications for other recommended actions. The applicable area(s) of *Missouri's Early Childhood Strategic Plan 2013*, developed by CBEC in partnership with the ECCS, are provided after each general recommendation.

1. Continue to define the intended goals and outcomes of the coordinated early childhood home visiting system in Missouri. (Governance and Leadership; Family Support)

CBEC and its Home Visiting Workgroup should build on their past efforts to forge a more unified system of home visiting. Representatives from the primary funders for home visiting in Missouri—DESE, DSS, and DHSS—along with other key stakeholders, need to build a common understanding of what a common system would address and how it would function given the current and projected funding context.

A. Provide a clear and agreed-upon definition of early childhood home visiting programs.

This definition is part of the CBEC and ECCS strategic plan but has not been extensively vetted among key stakeholders. A widely agreed-upon definition of home visiting services would assist in devising strategies for developing a coordinated state system.

B. Outline what a coordinated state system for early childhood home visiting programs would look like in Missouri.

In order to achieve a more integrated and coordinated state system, relevant stakeholders—especially from DESE, DSS, and DHSS—and advisory groups (e.g., Home Visiting Workgroup, ECCS/MIECHV Steering Committee) should draft a plan outlining what an ideal state system would do and how it would function, including how it would be funded. A concrete plan for a statewide system of home visiting provides direction for next steps and a way to evaluate progress toward a more comprehensive system. Examining the successful systems in other states would be a fruitful first step.



C. Define goals and outcomes of a statewide system for early childhood home visiting programs.

As key stakeholders gather to plan the system, they should address what goals and outcomes will be included in a state system. Given that home visiting is a *strategy* for service delivery, a functional, coordinated system would have shared goals and outcomes that cross all models of home visiting (see 5.A. below for a related recommendation).

2. Increase the awareness of all early childhood professionals—including those involved with home visiting—of CBEC’s efforts aimed at coordinating Missouri’s early childhood system. (Governance and Leadership)

Many stakeholders who were interviewed were not aware of or familiar with CBEC’s roles and activities with respect to home visiting, including the Home Visiting Workgroup, the Home Visiting Matrix, or the *Early Childhood Strategic Plan* (which includes a definition for home visiting programs). A foundational aspect of any state system is clear communication among professionals, and lack of knowledge or familiarity with key components of a fledgling system is symptomatic of communication and outreach difficulties. This recommendation was considered by the OSEDA evaluation team to be a top priority, even though it was not listed as such in Table 2, because of its foundational aspect. We recommend the following specific actions to increase awareness of the important role that CBEC plays with respect to establishing a comprehensive early childhood system, which includes home visiting services.

A. Offer ongoing opportunities for stakeholders to meet in order to share what system-building efforts have been achieved and to contribute to efforts in progress.

Letting stakeholders know about what work has been completed, as well as what needs to happen, is an excellent way to assure that relevant people are “on the same page” with respect to what work has been done towards achieving a state system. The annual Home Visiting Summit offers one such opportunity for stakeholders to meet, and invitations to the summit should ensure that a variety of home visiting providers and stakeholders from all levels (local, regional, and state) attend. Special attention should be paid to enlisting the buy-in of additional program-level and front-line staff, as well as families. In addition, the Home Visiting Matrix should be widely disseminated, which will help educate professionals and the public about service options and potential gaps.



B. Establish a common communications outlet for home visiting programs and professionals.

A common communications outlet would strengthen communication among relevant stakeholders, which is a key to developing an effective statewide system. This outlet could be part of an electronic Home Visiting Resource Center (see 6 below).

3. Cultivate public and political will to provide consistent financial support for home visiting programs. (Financial Resources)

Stakeholders were clear in their opinion that increased funding was definitely needed to encourage the growth of a state system of home visitation. Nearly all the recommendations presented in this report require some sort of funds to implement. Resources are needed to: continue and expand the collaborative work that has already been done; increase the scope and number of home visiting services offered by all programs; ensure that high quality services are being provided (via quality assurance and evaluation efforts, as well as targeted technical assistance and professional development); and ensure the adequate compensation of the workforce, particularly those providing front-line services. The specific recommended actions include both political and financial issues that should be addressed.

A. Partner with advocacy organizations to help raise the profile of home visiting within the branches of state government.

The evidence base for the effectiveness of home visiting services continues to grow and should be highlighted in advocacy efforts to increase the public and political will to fund home visiting programs. Missouri is the home state for two strong programs, Parents as Teachers (PAT) and Nurses for Newborns (NFN), and the political sphere needs to be reminded of the good work that has already occurred in the state. While these advocacy efforts could be part of a broader early childhood advocacy plan, the importance and effectiveness of home visiting should be highlighted so that it is not lost among other early childhood priorities.

B. Consider use of Targeted Case Management (TCM) financing mechanism via Medicaid to support home visiting programs.

This strategy was mentioned as a possible funding source by one interviewee and is discussed in greater detail in the CBEC-commissioned *Missouri Fiscal Analysis of Early Childhood Resources: Final Report* published by Public Consulting Group, Inc. TCM typically involves assessment services, development of care plans, referrals, and monitoring for those families that enroll in Medicaid. Requirements must be met prior to accessing this funding, which will likely not cover all the services provided by home visiting programs.



C. Examine the feasibility of revising the Foundation Formula (state funding for public schools) to include provision of home visiting services by school districts.

This change to the funding formula would provide incentives for school districts to offer home visiting services; the change could simply address provision of services or could take into account the number of services provided per student population. As one interviewee pointed out, without such incentives, school district personnel will not prioritize or increase home visiting services. Given that the Foundation Formula is defined in state law (Section 163.031, RSMo), and the political challenges that would likely accompany any changes, it will take time and effort to determine whether the funding formula could be modified in this manner and to advocate for the change.

D. Examine how other states, particularly those with more developed state home visiting systems, fund home visiting programs.

Looking at the successful funding strategies of states with strong home visiting systems will likely yield good ideas for how Missouri can increase funding. The fiscal analysis commissioned by CBEC may contain some of this information.

E. Offer technical assistance to home visiting programs to bolster their efforts at funding and resource development.

Based on the interviews, some programs have been quite successful in securing stable funding for a period of time. In addition to working at the state level to find more funding, individual programs can enhance their sustainability by looking to local sources of funding (e.g., community or county tax initiatives, United Way support), as well as those provided by foundations and other charitable organizations. Because the skills and knowledge required for successful development of fiscal resources are not typically found in most social service personnel and administrators, providing technical assistance in fiscal development is one way to enhance funding and sustainability using a bottom-up approach.

4. Promote creation of a statewide public education campaign that raises awareness of home visiting services and their benefits. (Public Engagement)

This recommendation, in tandem with the previous general recommendation, aims to increase the motivation of the public as well as political spheres to invest in home visiting. A coordinated campaign with consistent messaging could be a considerable asset in strengthening a state system. By informing the public and politicians of the effectiveness of early childhood home visiting services, what services are available, and what additional steps are needed to make services more widely available, a good public education campaign will cultivate the motivation to ensure that Missouri has a strong system that boosts the well-being of children and families.



A. Examine what other states have done with respect to media campaigns for early childhood generally and home visiting specifically.

The time and expense associated with creating new media campaigns can be decreased by borrowing ideas and tactics from other states with successful public education initiatives. North Carolina's *First 2000 Days* campaign (<http://www.first2000days.org/>) is an excellent example of a general early childhood campaign that addresses the power of strong early learning programs. Good coordination of media campaigns is needed to ensure that the importance of home visiting is not lost among more generalized messaging about the importance of early childhood development.

B. Establish communication strategies aimed at early childhood professionals (the broad field) to increase the awareness of the importance and impact of home visiting services.

Many interviewees had the impression that early childhood professionals outside of home visiting were not as aware of the services provided nor of the evidence base that supports the effectiveness of quality home visiting programs. Making all early childhood professionals cognizant of the power and current scope of home visitation will increase partnerships and collaboration, thereby helping to integrate the system. In addition, it will enhance the capabilities of all early childhood professionals to be successful advocates for home visiting and help in the cause for making home visiting "mainstream" within the broader early childhood community.

5. Facilitate an initiative to create a set of common outcomes and indicators for home visiting programs. (Quality Assurance and Accountability)

A functional state system requires coordinated data on program outcomes in order to guide decision making and to target services for families, as well as to target the necessary technical assistance and professional development services to home visiting personnel. Without common outcomes, decision makers cannot answer crucial policy questions regarding the effectiveness of home visiting programs and the attendant accountability concerns. However, the common outcomes must be responsive to the differences in home visiting models and populations served; all home visiting programs deserve equal chances to demonstrate their effectiveness. A common set of outcomes will potentially lessen the administrative accountability burden and free up resources for service provision and system building.

A. Convene a workgroup to catalog the existing outcomes used by programs.

Most home visiting programs employ outcomes that are specified or suggested by their funders or sponsoring agencies, resulting in an array of outcomes that programs use. Cataloging the outcomes and categorizing them based on focus (e.g., child health,



parent health, parent education, child abuse and neglect prevention) is a crucial first step prior to the determination of a common set of outcomes. Such an endeavor will potentially strengthen communication and awareness among home visiting professionals.

- B. Convene a workgroup to determine which outcomes are most critical to measure, how they can most easily and efficiently be measured, and what processes will be used for aggregating and reporting on the common outcomes.*

One way to obtain strong buy-in to a state system is to get stakeholders to agree on what the important outcomes are for home visiting services. Once those are identified, the workgroup should consider how agreed-upon outcomes can most readily and cost effectively be implemented across models and programs. Because outcome data cover a wide range of information, ranging from simple frequency counts of families served to relatively sophisticated measures of improvement on specific health and mental health measures, it is also crucial to determine how outcomes data will be aggregated for purposes of reporting within the field, as well as to those outside the home visiting and early childhood field. The MIECHV benchmarks and PAT's approach to outcomes could serve as good starting points for this endeavor. This workgroup should also consult with the ECCS/MIECHV Steering Committee to ensure that the current version of the MIECHV benchmarks are as useful and fair as they can be; some program-level interviewees working with MIECHV funding found some of the benchmarks to be problematic (e.g., some do not take into account the length of time a client has been enrolled in the program). It is important to have people who work regularly with data and evaluation as part of the workgroup.

6. Establish an electronic Home Visiting Resource Center. (Quality Assurance and Accountability; Governance and Leadership)

Many interviewees were not aware of available federal, state, or CBEC home visiting resources. A Resource Center could be a central repository of useful home visiting information and resources, as well as provide ways for home visiting professionals to communicate with each other, which can enhance public engagement, advocacy, and efforts to enhance program quality and outcomes. An electronic Resource Center has the potential to be a cornerstone for a state system by acting as a place where professionals can access information and resources to guide technical assistance as well as professional development.

- A. Post relevant documents, including home visiting definition(s), goals, strategic plans, the Home Visiting Matrix, and evaluation results for models and programs.*



B. Post summaries of home visiting research, including analyses of economic impact.

As mentioned in other recommendations, research-based evidence for the effectiveness of home visiting, as well as the short- and long-term economic impacts on families and society as a whole, are useful for advocacy and funding efforts. Because such research evidence can be dense and difficult to understand, special attention should be paid to making the summaries widely accessible to audiences of all types.

C. Post professional development and technical assistance opportunities.

The home visiting workforce would benefit greatly from a centralized location that lists such opportunities. The Child Care Aware of Missouri Workshop Calendar provides a good model for how to make such opportunities easily available to professionals. It is difficult to forge a strong state system without ensuring that home visiting personnel are as skilled and as competent as they can be.

D. Post local and state coalitions that feature partnerships with home visiting programs.

Providing an online catalog of local, regional, and state coalitions that involve home visitation will increase awareness of the systemic aspects of home visiting that already exist in the state. Such listings can also assist with communications between agencies and professionals as they strive to develop new coalitions to meet local, regional, and state needs.

7. Promote professional development and technical assistance opportunities for home visiting professionals. (Quality Assurance and Accountability)

Supporting the existing cadre of home visiting professionals with targeted technical assistance and professional development will help make the workforce more professional (in the cases where the providers are not already credentialed professionals), increase the quality of services provided—thereby enhancing family outcomes—as well as likely decreasing turnover. A functional statewide home visiting system requires well-trained individuals who want to stay in the field. As mentioned in the previous recommendation, an electronic Resource Center could be one method to promote technical assistance and professional development.

A. Facilitate a workgroup to examine the possibility of designing core competencies that cover shared aspects of home visiting as a delivery strategy.

Although different models of home visiting often have distinct *content* focuses (e.g., child and family health outcomes, child abuse and neglect prevention, parent education), they share common *processes* and *skills* related to home visiting as a strategy. All home visiting providers need to have knowledge and skills related to safety,



mandated reporting, confidentiality, professionalism, relationship building, and using a strengths-based approach with families. The Wisconsin Children’s Trust Fund has developed home visiting provider core competencies, as well as home visiting supervisor/manager competencies that can serve as a good starting point for this endeavor (<http://209.15.222.53/index.php?section=corecomp~materials/>).

B. Provide additional resources for professional development and technical assistance in reflective supervision.

Efforts in this area should focus on both the *why* and *how* of reflective supervision. Many professionals may not be aware of the power of reflective supervision for maintaining quality service provision and enhancing general staff effectiveness, including promoting the mental health of home visiting providers. Once professionals are convinced of the benefits of reflective supervision, they often need more professional development in implementing it appropriately in the social services setting. Some suggestions for addressing these issues include providing reflective supervision tracks or strands at conferences and consulting with other mental health and social service professionals who have used this technique regularly in their work.

C. Explore ways to provide incentives for professional development.

Many home visiting providers are credentialed professionals—such as registered nurses and licensed counselors and social workers—who may not require incentives outside of their credentialing to continue their professional development. However, other home visiting providers may require incentives to engage in the continual process of professional development. One suggested strategy for such providers is to set up processes so that in-service training counts for a school district salary scale, clock hour training, or college credit.

8. Explore the use of centralized systems for intake, assessment, and referral for regions (not statewide). (Family Support; Governance and Leadership; Quality Assurance and Accountability)

As discussed in the Findings section, there are concerns that moving towards the adoption of a statewide centralized system for intake, assessment, and referral will be tremendously challenging, which may result in a long period of “fixing” the system, thereby alienating both families and home visiting professionals. Thus, the recommendation is to consider piloting a centralized system in a large community or region that offers substantial amounts of home visiting services.



A. Build on already existing efforts to pilot the viability of centralized systems.

One of the goals of the original MIECHV grant was to establish a centralized intake system for Pemiscot and Dunklin counties. Although plans for moving forward with a centralized intake system in these counties have been put on hold, these past discussions regarding regional centralized systems in the counties served by MIECHV funds serve as a starting point for moving forward with pilots of a regional system for centralized intake, assessment, and referral. In addition, Davidson County, TN—part of the Nashville metropolitan area—has had a centralized system since 1997, housed within the Metro Public Health Department. Families are encouraged, but not required, to use the centralized system. In planning any pilot of a regional system, it is recommended that the Home Visiting Workgroup consult with the relevant personnel from the Tennessee Metro Public Health Department as well as those involved with the Missouri efforts via MIECHV to identify which strategies will likely be most useful for establishing centralized regional systems and what obstacles and pitfalls potentially exist. In addition, pilot planning should involve stakeholders who have knowledge of Missouri’s efforts to establish a statewide longitudinal data system (LDS). Although inclusion of any home visiting data in the LDS is premature, the pilot planning—as well as any subsequent efforts to extend the pilot—should take into account that such data may be incorporated into the LDS in the future.



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APPENDIX A

Original ZERO TO THREE Self-Assessment tool

KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM

A Self-Assessment Tool for States

A growing body of evidence demonstrates that home visitation can be an effective method of delivering family support and child development services. For several decades, national home visiting models have been evolving. Home visitors have been honing their practice through ongoing research, evaluation, and innovation to meet the growing and ever-changing needs of our nation's families and young children.

Recent home visiting funds allocated by the 2010 Patient Protection and Affordable Care Act present a tremendous opportunity to help meet the needs of the most at-risk infants, toddlers, and their families. While the new funds will expand evidence-based home visiting programs, they will also create inevitable challenges as states wrestle with how to replicate high-quality programs and maintain model fidelity. Strong and collaborative home visiting state systems provide the infrastructure to support these important decisions.

Tips for Using the Self-Assessment Tool


- **Involve key stakeholders:** This tool is most relevant when completed by and shared with a diverse group of stakeholders involved in home visiting efforts across the state. In states where multiple home visiting models exist, it is beneficial to involve representatives from all models so that the completed tool reflects the full breadth of home visiting efforts in the state.
- **Divide responsibility for the self-assessment:** The tool covers a broad range of content areas, from administration to evaluation. It is important to ensure that appropriate individuals complete the relevant content areas. This division of labor could be accomplished through multiple methods; however, a single entity that coordinates the process, synthesizes the information, and disseminates the results is important.
- **Use the results:** The tool has been designed to be action-oriented. Each component provides space for both next steps and an opportunity to rank the priority of that component for the state. This format will encourage states to create a plan for prioritizing and embarking upon those key next steps.

This self-assessment tool, developed by ZERO TO THREE, helps states:

- Define the home visiting system
- Assess the home visiting system's capacity
- Prioritize areas for improvement

In addition to assisting states in preparing for the federal home visiting grant application process, the tool will be useful for ongoing assessment and continuous quality improvement.

If your state uses the self-assessment tool, ZERO TO THREE would like your feedback on the tool, the process, and the results in your state. If you would like to share your experience, please contact Barbara Gebhard at bgebhard@zerotothree.org.



GETTING STARTED: HOME VISITING INVENTORY

Please list the state's existing home visiting program models, populations served, geographic area covered, and basic services provided.

Program Models	Populations Served	Geographic Area Covered	Basic Services Provided
1.			
2.			
3.			
4.			
5.			

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KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



NEEDS ASSESSMENT AND PROGRAM PLANNING

Vision: A system is in place to identify service gaps and plan for program expansion and growth.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. If the state has multiple home visiting models, does it have centralized intake and assessment mechanisms in place or established criteria that determine how families are assigned to particular program models?				
2. Do centralized data systems collect information on key home visiting indicators and statistics?				
3. Has the state completed an assessment of gaps in service delivery?				
4. Is there a state plan to determine a process for program expansion?				
5. Is there a mechanism in place to provide funding, technical assistance, and support to new program sites?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



EVALUATION AND QUALITY ASSURANCE

Vision: The system collects, analyzes, and monitors data about home visiting to identify program strengths and weaknesses and improve programs.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Does the home visiting state system have a quality assurance plan?				
2. Are program-specific quality assurance efforts integrated with state- or federal-level regulations and monitoring?				
3. Has the state identified common outcome or evaluation indicators across multiple program models?				
4. Do the state and individual programs allocate resources to enable rigorous, independent evaluation efforts?				
5. Does the system have an established method to disseminate evaluation results and determine implications for program implementation?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



PROGRAM STANDARDS

Vision: The system promotes adherence to a common set of program standards that ensure model fidelity and a high-quality system of services for young children and their families.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Is there a system to track what standards monitor program fidelity in the state?				
2. Has the state made an effort to "cross-walk" program standards or create a common set of standards to assist local programs that may integrate multiple models?				
3. Do program standards address key program implementation areas, such as professional development, technical assistance, supervision, and cultural relevance?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE

Vision: *The state system maintains a highly skilled and competent home visiting workforce and provides useful technical assistance to program sites.*

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Has the state determined core competencies for home visiting providers?				
2. Are training systems in place that meet home visiting model requirements but also allow for appropriate training across models?				
3. Does the system provide adequate resources and support to home visiting supervisors?				
4. Are incentives in place to link professional development with course credit and higher compensation?				
5. Does the home visiting system identify and address the technical assistance needs of individual program sites?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
(on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



EARLY CHILDHOOD PARTNERSHIPS AND COLLABORATION

Vision: *The home visiting system formally partners and collaborates with other early childhood services to create a comprehensive system of care for young children and their families.*

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Does state leadership bring together key stakeholders from an array of early childhood and related services to inform home visiting system development efforts?				
2. Are transition policies or MOUs in place to create seamless continuity of services for families enrolled in multiple early childhood programs?				
3. Are funding streams coordinated to streamline administrative requirements and minimize competition?				
4. Does the state think holistically and consider home visiting to be a strategy connected to and dependent upon an array of early childhood services?				
5. Does the state integrate home visitation planning with other early childhood planning efforts?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
(on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



PUBLIC ENGAGEMENT

Vision: The state system engages a broad range of champions to create the public and political will for home visiting services to be part of a continuum of support for young children and their families.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Are efforts underway to educate the public and cultivate champions to support home visitation?				
2. Are marketing and outreach efforts underway to craft and frame a message to promote home visiting?				
3. Does the state proactively engage the media to highlight the benefits of home visiting?				
4. Are state-level legislative hearings, national or state conferences, and other venues seized upon to engage the public?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



ADMINISTRATION AND GOVERNANCE

Vision: The entity or entities that administer and fund the home visitation system are inclusive, responsive, and adaptable to the needs of the programs.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Does a state-level entity coordinate home visiting efforts in the state?				
2. Do coalitions exist at the local level to connect with the state level on key home visiting issues?				
3. Are key stakeholders engaged in home visiting planning and implementation efforts?				
4. Does a strategic plan or financial plan exist and guide home visiting planning efforts?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



FINANCING AND SUSTAINABILITY

The home visiting state system is supported by a diverse and stable funding base that ensures the viability and sustainability of both local programs and systems-level support.

Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1. Does the state collect in one place all available information about sources of home visiting funding?				
2. Is adequate funding available to support the existing program sites?				
3. Is funding available for program expansion?				
4. Is funding designated for technical assistance and systems-level support to programs?				
5. Are the sources of funding diverse and stable enough to enable the home visiting system to plan for sustainability?				

State Status and Notes

Next Steps

- 1.
- 2.
- 3.
- 4.
- 5.

Priority Ranking
 (on a scale of 1–10)



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



STATE-SPECIFIC CONSIDERATIONS

Given that each state has its own unique constellation of home visiting services, the following templates provide an opportunity to add state-specific home visiting components to the state's self-assessment.

COMPONENT				
Vision:				
Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1.				
2.				
3.				
4.				
5.				
State Status and Notes				
Next Steps				
1.				
2.				
3.				
4.				
5.				
Priority Ranking (on a scale of 1–10)				



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



COMPONENT				
Vision:				
Questions to Consider	Yes	If Yes, Is It Sufficient?	No	If No, Where Is a Place to Start?
1.				
2.				
3.				
4.				
5.				
State Status and Notes				
Next Steps				
1.				
2.				
3.				
4.				
5.				
Priority Ranking (on a scale of 1–10)				



KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM



SUMMARY OF PRIORITY RANKINGS

To help determine your state's priority areas for improvement, list the components based on their priority rankings in the checklists above.

Priority Ranking	State System Component:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at <http://www.zerotothree.org/policy>.



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APPENDIX B

Modified ZERO TO THREE Self-Assessment Tool

Introduction	
<p>Hi, this is _____ calling about the Home Visiting project sponsored by the Coordinating Board for Early Childhood. Is this still a good time to talk?</p>	
<p>[If no, reschedule]</p>	
<p>[If yes] Great! I'm going to be taking some notes as we talk, so you may hear some typing.</p>	
<p>I also want to let you know that we're not contacting you to single your organization out in any way. We're looking to get a broad understanding of HV programs in Missouri. This broad understanding is based on your personal perspective. If you don't know how to respond, or prefer not to answer, that's OK.</p>	
<p>When we produce our written report, we will report our findings as a whole and not identify individual respondents in any way.</p>	
<p>It's also important to let you know that if you have any questions as we go, please let me know.</p>	
<p>Let's get started by helping me understand a little more about how you fit into the picture of Home Visiting programs in Missouri. I have your name and organizational information as _____ is this correct? [enter correct info below, and proceed with protocol]</p>	
<p>*1. Who is being interviewed? (note: name and organization are required)</p>	
Name:	<input type="text"/>
Organization:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
<p>*2. How are you involved with Home Visiting (HV) programs in Missouri?</p>	
<input type="text"/>	
<input type="text"/>	
<p>3. What is your role at (organization name)?</p>	
<input type="text"/>	
<input type="text"/>	
<p>*4. How long have you been involved with home visiting programs, in general?</p>	
Number of years	<input type="text"/>
Number of months	<input type="text"/>



5. (if they wish to provide further qualitative information on the length of their involvement in HV programs, that information may be recorded here)

There are eight main topics I'd like to discuss with you today. For each of these topics, I will read you a vision statement, and ask for your reaction to that statement. Then there will be 3-5 main questions about each topic.

Do you have any questions before we get started? [if yes, answer]

Okay, let's get started. [proceed to next section]



Needs Assessment and Program Planning

This set of questions has to do with the issues of Needs Assessment and program planning.

*1. What is your reaction to this statement?

Vision: A system is in place to identify service gaps and plan for program expansion and growth.

*2. Let's talk about the issue of centralized intake and assessment processes for MO home visiting programs. A centralized system would coordinate intake, assessment, and referral for appropriate services. Are you aware of any such processes or systems?

Yes: Is it sufficient?

No: Where to start?

(possible probes: How would having a centralized data system affect the work of your organization? Does your organization see value in there being a centralized intake and assessment mechanism? If so, what would be the first step to take in accomplishing this?)

Explanation

*3. Has the state completed an assessment of gaps in service delivery?

Yes: Is it sufficient?

No: Where to start?

(possible probes: Has your organization assessed gaps in service delivery? If yes, have these efforts informed similar work in other organizations? In what ways?)

Explanation

*4. Does the state have a process for determining program expansion?

Yes: Is it sufficient?

No: Where to start?

(examples: number served, geographic coverage, new populations, more staff, new delivery modes/methods?)

Explanation



***5. Is there a mechanism in place to provide funding, technical assistance, and support to new program sites at the state level?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Where does your organization go for information on funding, TA, and support to new sites?)

Explanation



Evaluation and Quality Assurance

This section is about evaluation and quality assurance

*1. What is your reaction to this statement?

Vision: The system collects, analyzes, and monitors data about home visiting to identify program strengths and weaknesses and improve programs.

*2. Does the state have a quality assurance plan for home visiting programs?

Yes: Is it sufficient?

No: Where to start?

(possible probes: How does your organization address quality assurance?)

Explanation

*3. Of the home visiting programs you know, are their program-specific quality assurance efforts guided by state- or federal-level regulations?

Yes: Is this sufficient?

No: Where to start?

(possible probes: If so, in what ways, if any, does your group align these efforts?)

Explanation

*4. Has the state identified common outcome or evaluation indicators for home visiting programs?

Yes: Are they sufficient?

No: Where to start?

(possible probes: To what source/s does your organization look for outcome or evaluation indicators?)

Explanation



***5. Do the state and individual programs allocate resources to enable rigorous, independent evaluation efforts?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Does your organization engage in rigorous, independent evaluation efforts? Are these efforts intermittent or ongoing, such as part of an overall evaluation plan?)

Explanation

***6. Is there an established method in Missouri to disseminate evaluation results and determine implications for program implementation?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Does your organization share/use evaluation results with/from other programs? What mechanisms exist to facilitate this occurring?)

Explanation

Program Standards

Let's talk about program standards

* 1. What is your reaction to this statement?

Vision: The system promotes adherence to a common set of program standards that ensure model fidelity and a high-quality system of services for young children and their families.

* 2. Are there overarching standards that address home visiting practices in Missouri?

Yes: Are they sufficient?

No: Where to start?

(possible probes: How does your organization address the issue of program standards? Are there standards for some areas or populations served? How does your organization ensure that comparable services are provided across program sites?)

Explanation

* 3. Do program standards address key program implementation areas, such as professional development, technical assistance, supervision, and cultural relevance?

Yes: Is it sufficient?

No: Where to start?

(possible probes: How does your organization address these areas?)

Explanation

* 4. Has the state made an effort to "cross-walk" program standards or create a common set of standards to assist local programs that may integrate multiple delivery methods?

Yes: Is it sufficient?

No: Where to start?

(possible probes: Have you collaborated with others to share standards?)

Explanation



Professional Development and Technical Assistance

This next section is about professional development and technical assistance.

[Note for interviewer: Standards refer to guidelines for program delivery; core competencies apply to individuals doing home visiting.]

*** 1. What is your reaction to this statement?**

Vision: The state system maintains a highly skilled and competent home visiting workforce and provides useful technical assistance to program sites.

*** 2. Has the state determined core competencies for home visiting providers?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Has your organization identified core competencies for HV providers? How were these identified?)

Explanation

*** 3. Do current training systems meet both individual program requirements as well as requirements for MO home visiting programs in general?**

(e.g., Are the trainings that are available for HV staff relevant to their work in your program? Are the available trainings generally relevant for home visitors from all programs?)

Yes: Is it sufficient?

No: Where to start?

(possible probes: In what types of training does your organization engage? Are these trainings provided in conjunction with other HV providers or other programs serving youth and families?)

Explanation



***4. Does the system provide adequate resources and support to home visiting supervisors (those who oversee home visiting providers)?**

Yes: Is this sufficient?

No: Where to start?

(possible probes: What sorts of supports are available within your organization or within Missouri to support home visiting supervisors?)

Explanation

***5. Are incentives in place to reward professional development with course credit and higher compensation?**

[interviewer note: possible incentives might include college credit, continuing education units/contact hours, earning or maintaining a CDA credential]

Yes: Are they sufficient?

No: Where to start?

(possible probes: What incentives do those working in the HV field have for professional development activities?)

Explanation

***6. Does the home visiting system identify and address the technical assistance (TA) needs of individual program sites?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: How does your organization address TA needs? Who typically provides the TA?)

Explanation



Early Childhood Partnerships and Collaboration

The next area is early childhood partnerships and collaboration.

*** 1. What is your reaction to this statement?**

Vision: The home visiting system formally partners and collaborates with other early childhood services to create a comprehensive system of care for young children and their families.

*** 2. Does state leadership bring together key stakeholders from an array of early childhood and related services to work on developing (or improving) a home visiting system?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What organizations provide leadership in home visiting? Are there other important stakeholders who need to be included?)

Explanation

*** 3. Are transition policies or MOUs in place to facilitate continuity of services for families enrolled in multiple early childhood programs?**

Yes: Are they sufficient?

No: Where to start?

(possible probes: Does your organization have policies in place to deal with transitions between programs or coordination of services between multiple programs?)

Explanation



***4. Are funding opportunities coordinated to streamline administrative requirements and minimize competition?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Does your organization have experience in ways funding has been successfully shared with other programs? Or, do you have examples of how this has been done successfully?)

Explanation

***5. Does the state think holistically and consider home visiting to be a strategy connected to and integrated with an array of early childhood services?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Are there some early childhood services that HV programs are more integrated with than others? Or, are your organization's services integrated more fully with certain early childhood services?)

Explanation

***6. Does the state integrate home visitation planning with other early childhood planning efforts?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: To what extent do you feel HV programs are at the table with other early childhood programs' planning efforts? What would facilitate the inclusion of HV programs?)

Explanation



Public Engagement

The next few questions pertain to the issue of Public Engagement

*** 1. What is your reaction to this statement?**

Vision: The state system engages a broad range of champions to create the public and political will for home visiting services to be part of a continuum of support for young children and their families.

*** 2. Are efforts underway to educate the public and cultivate champions to support home visitation?**

Yes: Are they sufficient?

No: Where to start?

(possible probes: Do you know of any coalition-building efforts for home visiting issues? Have there been advocacy efforts?)

Explanation

*** 3. Are marketing and outreach efforts underway to craft and frame a message to promote home visiting?**

Yes: Are they sufficient?

No: Where to start?

(possible probes: Have products such as billboards, fliers, or social media messages been used to promote HV?)

Explanation

*** 4. Does the state proactively engage the media to highlight the benefits of home visiting?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Do you know of any news conferences, press releases, news stories, etc.?)

Explanation



***5. Are state-level legislative hearings, national or state conferences, and other venues seized upon to engage the public?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What would facilitate this happening?)

Explanation



Administration and Governance

The questions in this section are about Administration and Governance.

***1. What is your reaction to this statement?**

Vision: The entity or entities that administer and fund the home visitation system are inclusive, responsive, and adaptable to the needs of the programs.

***2. Does a state-level entity coordinate home visiting efforts in Missouri?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: Who are the leaders in coordinating HV efforts?)

Explanation

***3. Do coalitions exist at the local level to connect with the state level on key home visiting issues?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: How could local or regional issues be addressed within a statewide perspective?)

Explanation

***4. Are key stakeholders engaged in home visiting planning and implementation efforts?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What could be done to engage stakeholders?)

Explanation



***5. Does a strategic plan or financial plan exist and guide home visiting planning efforts?**

Yes: Is it sufficient?

No: Where to start?

Explanation



Financing and Sustainability

This set of questions deals with Financing and Sustainability.

***1. What is your reaction to this statement?**

Vision: The home visiting state system is supported by a diverse and stable funding base that ensures the viability and sustainability of both local programs and systems-level support.

***2. Does the state collect in one place all available information about sources of home visiting funding?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What do you see as the key sources of information on HV funding?)

Explanation

***3. Is adequate funding available to support the existing program sites?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What are the challenges with funding? Service methods, audience types, geographic areas, other? What are some Ideas for addressing these challenges?)

Explanation

***4. Is funding available for program expansion?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What are the challenges with funding? Service methods, audience types, geographic areas, other? What are some Ideas for addressing these challenges?)

Explanation



*** 5. Is funding designated for technical assistance and systems-level support to programs?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What types of TA or support should be a priority?)

Explanation

*** 6. Are the sources of funding diverse and stable enough to enable the home visiting system to plan for sustainability?**

Yes: Is it sufficient?

No: Where to start?

(possible probes: What would help with sustainability efforts? Do you know of any examples that could serve as a model for program sustainability?)

Explanation

Conclusion

I just have a couple of final questions, and then we'll be done.

*** 1. Of the items we've discussed today, what do you think are 3 top priorities for Home Visiting programs in Missouri?**

2. Is there anything else you feel important for our project to understand about home visiting programs, that we haven't discussed today?

3. As we complete our analyses, may I contact you if I have any further questions or need to clarify anything?

Yes

No

Comments (e.g., how to contact, availability)



APPENDIX C

Summary Data for Missouri from the Modified ZERO TO THREE Self-Assessment Tool

NEEDS ASSESSMENT AND PROGRAM PLANNING		
<p>What is your reaction to this statement? <i>Vision: A system is in place to identify service gaps and plan for program expansion and growth.</i></p> <p>Summary of Responses: No unified system at present; would be good in order to avoid service duplication.</p>		
Questions	Responses (frequency)	
1. Let's talk about the issue of centralized intake and assessment processes for MO home visiting programs. A centralized system would coordinate intake, assessment, and referral for appropriate services. Are you aware of any such processes or systems?	Yes – 10.7% (3)	No – 89.3% (25)
<p>Summary of Responses: There is no statewide unified system at present. Some regions are trying to do this; MIECHV grant requires it. Some believe that centralized intake would be useful. Other express skepticism about whether centralization will ultimately be helpful due to local, regional needs and differences in program models.</p>		
2. Has the state completed an assessment of gaps in service delivery?	Yes – 39.3% (11)	No – 60.7% (17)
<p>Summary of Responses: Application for MIECHV grant required it, and the CBEC Home Visiting Matrix is a good start towards assessing gaps. (Program-level interviewees were more likely to reference MIECHV needs assessment rather than the Matrix.) Establishing the goals of home visiting programs overall would be useful in this endeavor, as well as identifying high-risk factors and those communities that have the greatest need.</p>		
3. Does the state have a process for determining program expansion?	Yes – 21.4% (6)	No – 78.6% (22)
<p>Summary of Responses: No, there is not a unified process for all programs across the state. Expansion efforts are determined by funding (e.g., MIECHV, DSS). Possible starting points include looking at what high quality programs, such as PAT, do. (Program-level interviewees were more likely, compared to others, to assume a unified state-level process is in place.)</p>		
4. Is there a mechanism in place to provide funding, technical assistance, and support to new program sites at the state level?	Yes – 21.4% (6)	No – 78.6% (22)
<p>Summary of Responses: Support for new program sites is based on funding streams. We need to ensure that support and technical assistance efforts are securely funded. (State department interviewees were more likely, compared to others, to say there are some mechanisms in place, although most said they are not sufficient.)</p>		



EVALUATION AND QUALITY ASSURANCE

What is your reaction to this statement?

Vision: The system collects, analyzes, and monitors data about home visiting to identify program strengths and weaknesses and improve programs.

Summary of Responses:

Interviewees acknowledged that no such data system or processes exist, due to different requirements from funders, but they believe that data and evaluation activities are essential to ensure quality.

Questions	Responses (frequency)	
1. Does the state have a quality assurance plan for home visiting programs?	Yes – 21.4% (6)	No – 78.6% (22)
Summary of Responses: Quality assurance is funder- and model-driven. MIECHV has formal requirements for Continuous Quality Improvement CQI, which could be a good place to start. Different models and purposes for home visiting may result in different quality assurance plans.		
2. Of the home visiting programs you know, are their program specific quality assurance efforts guided by state or federal level regulations?	Yes – 71.4% (20)	No – 28.6% (8)
Summary of Responses: Quality assurance is funder- and model-driven; MIECHV requires CQI but processes are decided by the state.		
3. Has the state identified common outcome or evaluation indicators for home visiting programs?	Yes – 17.9% (5)	No – 82.1% (19)
Summary of Responses: This has not happened; outcomes differ by funder. MIECHV has indicators that might be a useful starting point, as well as PAT. (Program-level interviewees showed a tendency, compared to others, to mention MIECHV benchmarks.) However, many opined that any common outcomes/indicators must be flexible enough to address the differences in home visiting programs and the populations they serve.		
4. Do the state and individual programs allocate resources to enable rigorous, independent evaluation efforts?	Yes – 7.1% (2)	No – 92.9% (26)
Summary of Responses: Evaluation is not a top priority. Most believe that more resources are needed for evaluation; rigorous, independent evaluation is expensive. Some programs (PAT, Nurses for Newborns) have commissioned their own evaluation studies. (Some program-level interviewees had difficulty distinguishing independent evaluation from other data-gathering endeavors.)		
5. Is there an established method in Missouri to disseminate evaluation results and determine implications for program implementation?	Yes – 3.6% (1)	No – 96.4% (27)
Summary of Responses: Most agreed there is no centralized place for disseminating results; programs typically give results to funders. These results could be useful to all programs, so some suggestions were made to have a neutral party oversee this endeavor.		



PROGRAM STANDARDS

What is your reaction to this statement?

Vision: The system promotes adherence to a common set of program standards that ensure model fidelity and a high-quality system of services for young children and their families.

Summary of Responses:

The vision is good but is currently not happening in a systemic fashion statewide for all programs and services. Most programs are evidence-based and make good efforts to achieve model fidelity.

Questions	Responses (frequency)	
1. Are there overarching standards that address home visiting practices in Missouri?	Yes – 3.4% (1)	No – 96.6% (28)
<p>Summary of Responses: There are not overarching standards currently. Possible starting points include the MIECHV standards and standards from other states that are successful with coordinating home visiting programs.</p>		
2. Do program standards address key program implementation areas, such as professional development, technical assistance, supervision, and cultural relevance?	Yes – 31.0% (9)	No – 69.0% (20)
<p>Summary of Responses: Some program standards (e.g., PAT, MIECHV, EHS) do, but there are no overarching standards for the state. Any common standards developed should address these issues.</p>		
3. Has the state made an effort to “crosswalk” program standards or create a common set of standards to assist local programs that may integrate multiple delivery methods?	Yes – 17.2% (5)	No – 82.8% (24)
<p>Summary of Responses: Most agreed this has not happened but that it would be a good idea. However, it is a complicated endeavor due to the differences in program models, concerns about proprietary rights and competition.</p>		



PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE

What is your reaction to this statement?

Vision: The state system maintains a highly skilled and competent home visiting workforce and provides useful technical assistance to program sites.

Summary of Responses:

Most agreed this is a worthy vision but some are concerned that not all home visiting providers are as competent as they should be. However, Missouri has some strengths in this area due to the training and supervision models in place for PAT, EHS, NFN, and NFP.

Questions	Responses (frequency)	
1. Has the state determined core competencies for home visiting providers?	Yes – 10.3% (3)	No – 89.7% (26)
<p>Summary of Responses: Not at this point. Some programs have developed their own. Some acknowledged that this might be difficult to accomplish given the different program purposes and qualifications of home visiting providers, although all people visiting homes have some processes in common (safety, rapport-building, mandated reporting).</p>		
2. Do current training systems meet both individual program requirements as well as requirements for MO home visiting programs in general?	Yes – 20.7% (6)	No – 79.3% (23)
<p>Summary of Responses: Almost all disagreed with this statement; there is no statewide training specifically aimed at home visiting providers. Current early childhood training offered for clock hours is not always seen as relevant or helpful. However, current model-specific and agency-specific training is seen as working well.</p>		
3. Does the system provide adequate resources and support to home visiting supervisors (those who oversee home visiting providers)?	Yes – 31.0% (9)	No – 69.0% (20)
<p>Summary of Responses: For the most part, people indicated ‘no.’ The importance of “reflective supervision” was mentioned by several; supervision in home visiting needs to go beyond simply being administrative. Many interviewees do not practice it or know much about it; some wonder how it would work in certain contexts (e.g., principal as supervisor in a school district). More resources and training are needed to effectively implement a reflective supervision model.</p>		
4. Are incentives in place to reward professional development with course credit and higher compensation?	Yes – 3.4% (1)	No – 96.6% (28)
<p>Summary of Responses: Most agreed this has not happened across the state but exists for some programs depending on context (e.g., PAT). Major issues include lack of funding and differences in education/professional development needs for home visiting providers across different programs and models, which makes a career path/ladder difficult to define.</p>		
5. Does the home visiting system identify and address the technical assistance (TA) needs of individual program sites?	Yes – 24.1% (7)	No – 75.9% (22)
<p>Summary of Responses: MIECHV and DSS do this to some extent at the program level; other funders also address technical assistance needs. Decisions regarding technical assistance needs must take into account program-level needs.</p>		



EARLY CHILDHOOD PARTNERSHIPS AND COLLABORATION

What is your reaction to this statement?

Vision: The home visiting system formally partners and collaborates with other early childhood services to create a comprehensive system of care for young children and their families.

Summary of Responses:

This was acknowledged as an important goal that was not happening formally or completely at the state level (the merging of ECCS/MIECHV Steering Committees was mentioned by some as an important step). Local providers collaborate and partner as best they can with other local early childhood service providers.

Questions	Responses (frequency)	
1. Does state leadership bring together key stakeholders from an array of early childhood and related services to work on developing (or improving) a home visiting system?	Yes – 70.4% (19)	No – 29.6% (8)
Summary of Responses: The majority agreed this was happening to some extent via CBEC and Family and Community Trust (FACT). However, these efforts need to continue with more stakeholders, including provider, at the table.		
2. Are transition policies or MOUs in place to facilitate continuity of services for families enrolled in multiple early childhood programs?	Yes – 29.6% (8)	No – 70.4% (19)
Summary of Responses: This is happening at a local level but is not completely formalized at a state system level. However, some state agencies are working on this. The First Steps way of approaching transitions and MOUs was highlighted as a formalized system that does this well. Continuity of services and ease of access to services was viewed as VERY important for families. One noted obstacle was the need to meet quotas, which drives competition between service providers over referrals.		
3. Are funding opportunities coordinated to streamline administrative requirements and minimize competition?	Yes – 0.0% (0)	No – 100.0% (27)
Summary of Responses: Most see this as a big issue with home visiting programs, especially those that offer similar services to similar populations. The CBEC fiscal analysis report should be helpful in this regard. In addition, via Missouri FACT, DSS allows community partnerships to respond to bids as a single entity, which helps simplify the funding process. (Program-level people tended to know less about this issue.)		
4. Does the state think holistically and consider home visiting to be a strategy connected to and integrated with an array of early childhood services?	Yes – 59.3% (16)	No – 40.7% (11)
Summary of Responses: Most agreed with this statement to some extent, pointing to the work of CBEC and MIECHV/ECCS Steering Committee. However, many opined that home visiting has not always been as integral to “early childhood.”		
5. Does the state integrate home visitation planning with other early childhood planning efforts?	Yes – 55.6% (15)	No – 44.4% (12)
Summary of Responses: Many agreed with this statement, but almost all believe that more work is necessary, especially due to the state “silos” that exist (although program-level interviewees were less likely to reference the “silos.”)		



PUBLIC ENGAGEMENT

What is your reaction to this statement?

Vision: The state system engages a broad range of champions to create the public and political will for home visiting services to be part of a continuum of support for young children and their families.

Summary of Responses:

Interviewees acknowledged the value of the vision but believe relatively little has been done with respect to public engagement. Most state efforts have focused on general early childhood topics, such as universal pre-K. There have been some local public engagement efforts.

Questions	Responses (frequency)	
1. Are efforts underway to educate the public and cultivate champions to support home visitation?	Yes – 29.6% (8)	No – 70.4% (19)
Summary of Responses: Some participants agreed with this statement, especially for early childhood overall, but most did not. Some specific programs have done good jobs at this, including PAT and hospitals with home visiting services.		
2. Are marketing and outreach efforts underway to craft and frame a message to promote home visiting?	Yes – 29.6% (8)	No – 70.4% (19)
Summary of Responses: Most disagreed with this statement. There appear to be media campaign efforts for early childhood in general but not home visiting specifically. Concerns were expressed about the efficacy of such an endeavor (exposure fatigue; parents trust a person not a logo or campaign). Agencies tend to do this themselves.		
3. Does the state proactively engage the media to highlight the benefits of home visiting?	Yes – 3.7% (0)	No – 96.3% (26)
Summary of Responses: Most were not aware of any such efforts. There is some momentum for media campaigns regarding early childhood in general but not home visiting specifically.		
4. Are state level legislative hearings, national or state conferences, and other venues seized upon to engage the public?	Yes – 25.9% (7)	No – 74.1% (20)
Summary of Responses: Some people were unaware of any efforts; others indicated that this has been done to some extent, particularly by national models, but could be improved upon. (State- and national-level interviewees were more likely to say ‘Yes’ to this question.)		



ADMINISTRATION AND GOVERNANCE

What is your reaction to this statement?

Vision: The entity or entities that administer and fund the home visitation system are inclusive, responsive, and adaptable to the needs of the programs.

Summary of Responses:

There is no system for the entire state; funders try as best they can to be responsive to program needs.

Questions	Responses (frequency)	
1. Does a state level entity coordinate home visiting efforts in Missouri?	Yes – 7.4% (2)	No – 92.6% (25)
<p>Summary of Responses: Most indicated ‘no’ to this statement, although CBEC Home Visiting Workgroup and ECCS/MIECHV Steering Committee were mentioned. However, the Workgroup has the purpose of making recommendations and not overseeing home visiting programs statewide, whereas the Steering Committee has the charge of overseeing the state implementation of MIECHV.</p>		
2. Do coalitions exist at the local level to connect with the state level on key home visiting issues?	Yes – 74.1% (20)	No – 25.9% (7)
<p>Summary of Responses: Most agreed with this statement; there are numerous examples of “pockets of collaboration” across the state, including community partnerships and other coalitions. Current MIECHV contractors (those receiving funds) are encouraged to build such coalitions. One suggestion was to use local early childhood boards, built around Head Start, to link local services, including home visiting, to state-level entities.</p>		
3. Are key stakeholders engaged in home visiting planning and implementation efforts?	Yes – 74.1% (20)	No – 25.9% (7)
<p>Summary of Responses: Most agreed with this statement, citing CBEC’s Home Visiting Workgroup and the ECCS/MIECHV Steering Committee. Getting representation from families, Medicaid, and additional home visiting providers were mentioned as ways of increasing stakeholder efforts.</p>		
4. Does a strategic plan or financial plan exist and guide home visiting planning efforts?	Yes – 14.8% (4)	No – 85.2% (23)
<p>Summary of Responses: Most disagreed with this statement. CBEC and ECCS/MIECHV have strategic plans—but no financial plans.</p>		



FINANCING AND SUSTAINABILITY

What is your reaction to this statement?

Vision: The home visiting state system is supported by a diverse and stable funding base that ensures the viability and sustainability of both local programs and systems-level support.

Summary of Responses:

Great idea but Missouri does not currently have this vision. The current climate is particularly difficult and is prone to competition. Local program funding sources can be diverse (e.g., community grants, county taxes).

Questions	Responses (frequency)	
1. Does the state collect in one place all available information about sources of home visiting funding?	Yes – 7.4% (2)	No – 92.6% (25)
<p>Summary of Responses: Some believed that various entities (legislature, state departments) had information on some forms of funding but that a comprehensive list was not available. Some outside agencies (Hawthorne Institute, Pew) have attempted to do this for states. CBEC’s fiscal analysis will likely be a good start.</p>		
2. Is adequate funding available to support the existing program sites?	Yes – 7.4% (2)	No – 92.6% (25)
<p>Summary of Responses: Almost all disagreed with this statement. MIECHV is only in five counties, big cuts occurred two years ago to PAT, and there is not sufficient money, especially in rural areas, to support what is required/legislated by the state.</p>		
3. Is funding available for program expansion?	Yes – 33.3% (9)	No – 66.7% (18)
<p>Summary of Responses: MIECHV has funds for program expansion. In addition, other funders may allow for program expansion, but there is little coordination at the state level. PAT National Center’s changes for being an affiliate (24 visits a year to families with the highest needs) were highlighted as potential obstacle for expansion.</p>		
4. Is funding designated for technical assistance and systems level support to programs?	Yes – 40.7% (11)	No – 59.3% (16)
<p>Summary of Responses: A majority disagreed with this statement. Some pointed to PAT and MIECHV’s non-model-specific efforts but there is no statewide system for addressing the technical assistance needs of home visiting providers. Many worry about maintaining high quality services without adequate support.</p>		
5. Are the sources of funding diverse and stable enough to enable the home visiting system to plan for sustainability?	Yes – 7.4% (2)	No – 92.6% (25)
<p>Summary of Responses: Almost all disagreed with this statement. The sense is that MO is in the same boat as most states: there is diversity in funding but little stability. Funding is partially a function of public and political will.</p>		

