The Joint Chairman's Report (JCR) charged the Department of Health and Mental Hygiene (DHMH), Maryland State Department of Education (MSDE) and the Children's Cabinet with reporting on the feasibility of consolidating existing home-visting programs under one agency. In response to the request made in the JCR, the Children's Cabinet requested that the Governor's Office for Children (GOC) convene a workgroup on their behalf, to provide a response to the request. The workgroup met three times consisted of the following participants:

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Decision

The workgroup was tasked with determining the feasibility of consolidating existing home visiting programs under one agency. The group unanimously decided that consolidation would not be beneficial to the State, the home visiting community, or the recipients of home visiting services. In response to statements in the JCR request, regarding home visiting programs being fragmented across the State, the group concluded that increased collaboration could be attained with existing funding, and is, in part, being required by the Home Visiting Accountability Act of 2012. The group then spent the following meetings discussing where collaboration was needed, and developed action steps to address these areas of need.

Background

Chapter 79 – The Home Visiting Accountability Act of 2012

On April 10, 2012, the Home Visiting Accountability Act of 2012 (Act) was signed into law under Chapter 79, (Senate Bill 566, House Bill 699). This Act requires that:

- the State to fund only evidence based or promising practice home visitation programs (as identified in the Home Visiting Evidence of Effectiveness Project of the federal Department of Health and Human Services) for improving parent and child outcomes;
- not less than 75% of State funding for home visiting programs be made available to evidence-based home visiting programs;
- State funded home visiting programs submit regular reports that account for expended funding, identify the number and demographic characteristics of the individuals served, and notes the outcomes achieved by the home visiting programs; and
- GOC develop the reporting and monitoring procedures for State funded home visiting programs.

This bill was supported by each of the State agencies that currently fund home visiting programs. The development of this response is an interim step to full implementation of the requirements of the Act, and request and requires increased coordination and collaboration among the State agencies involved with home visiting programs.

Maintenance of Effort

The request by the JCR mentions the Maintenance of Effort (MOE) requirements for the federal grant Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant awarded to Maryland through DHMH which has the following MOE requirement:

> *Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010*[1].

During the application process, DHMH worked with State agency partners to determine the amount currently being provided to home visitation programs through State funding.

Support for the Decision

The group identified six reasons why consolidation would not be beneficial for the State:

- There are varied funding streams and outcomes for each program;
- There are varied federal requirements for each program;
- The models are diverse, funded by numerous agencies, and having one agency as lead has the potential to create a loss in program diversity;
- Local decision making would be compromised;
- There would be no net savings realized by consolidation; and
- The maintenance of effort required by the MIECHV grant is currently being fulfilled through these varied funding mechanisms and is not impacted by the separation.

Varied Funding Streams and Varied Outcomes

DHMH, MSDE, DHR, and GOC, on behalf of the Children's Cabinet, each provide funding for home visiting programs using various funding streams. It would be difficult to consolidate these

[1] Home Visiting Updated State Plan - OMB Control No. 0915-0336

efforts because each program serves a unique population and the expected outcomes are different for each program.

DHMH administers both the federal Title V-Maternal and Child Health (MCH) Grant Program and the new federal Title V-Section 511 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program authorized under the Affordable Care Act. MIECHV is administered on behalf of the Children's Cabinet and is the only dedicated source of funding for home visiting administered by DHMH. Local health department Core Funds include $4.6 million from the MCH Block Grant. These funds may be allocated to a variety of MCH activities as the discretion of the local health departments, and could include home visiting.

MSDE funds home visiting programs through Local Management Boards (LMBs). Of Maryland's Eight Results for Child Well-Being, the desired result areas for these programs include, babies born healthy, healthy children, children entering school ready to learn, and children safe in their families and communities.

DHR funds home visiting programs through federal Promoting Safe and Stable Family (PSSF) grants. This funding is provided to the local jurisdictions through the local Department of Social Services (LDSS). The LDSS may choose to fund home visiting programs, however, this is not a requirement of the federal grant. This grant's desired outcome is to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement.

Although GOC, on behalf of the Children's Cabinet and with funding through the Children's Cabinet Interagency Fund (CCIF) provides funding for evidence based home visiting programs through the LMBs, there is no dedicated funding for home visiting. LMBs may choose to fund different programs and strategies each year based on local needs. The LMBs must fund programs that align with Children's Cabinet priorities and the State's eight Results for Child Well Being.

Varied Federal Requirements

DHMH receives federal funding for home visiting programs from the MIECHV grant; and DHR receives funding for these programs through the Safe and Stable Families grant. Each of these funding streams has different requirements, different expectations of outcomes, and has unique reporting requirements.

MIECHV requirements: In addition to the standard federal reporting requirements such as audit requirements, payment management requirements and federal financial reports, MIECHV mandates an annual progress report that includes progress to date on program goals and objectives, implementation in targeted at-risk communities, progress toward meeting legislatively mandated benchmarks, home visiting program's CQI efforts, and administration of evidenced based home visiting programs. Additionally, a final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period.

PSSF requirements: Although not all funding from DHR PSSF supports home visiting programs, all PSSF funded programs must complete pre and post Maryland Family Risk Assessments on each family and submit quarterly reports. These reports include recidivism for Child Protective Services (CPS) and Foster Care.

Diversity in Models

Home visiting programs serve a similar population - families with children, prenatal to age 5. The commonalties in home visiting programs are the ages of the population served and the provision of home visits; however, the populations served have varying needs. Home visiting programs that are funded in Maryland address each of the unique needs.

Each State Agency has a core mission and the home visiting programs funded through the agencies address the individual goals and missions of the funding agency as well as the needs of their constituency. DHMH focuses improving perinatal and early childhood health outcomes, MSDE focuses on developmental functions and school readiness, and DHR focuses on at risk of abuse and neglect populations in the delivery of home visiting services. There is no one model

that would provide all of the intended outcomes that can be attained through home visiting; nor one State Agency whose core mission would align with all of the diverse positive outcomes of home visiting programs.

Evidence-Based Home Visiting Programs Currently Provided in Maryland

The following programs are federally recognized in the Home Visiting Evidence of Effectiveness Project of the federal Department of Health and Human Services and are currently being provided in the State of Maryland:

Early Head Start – Home-Based Option

Population served: Early Head Start (EHS) targets low-income pregnant women and families with children birth to age three years, most of whom are at or below the Federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their State.

Program focus: The program focuses on providing high quality, flexible, and culturally competent child development and parent support services with an emphasis on the role of the parent as the child's first, and most important, relationship. EHS programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services provided in family child care homes).

Healthy Families America (HFA)

Population served: HFA is designed for parents facing challenges such as single parenthood, low income, childhood history of abuse, substance abuse, mental health issues, and/or domestic violence. Individual programs select the specific characteristics of the target population they plan to serve. Families must be enrolled prenatally or within the first three months after a child's birth. Once enrolled, services are provided to families until the child enters kindergarten.

Program focus: HFA aims to (1) reduce child maltreatment; (2) increase use of prenatal care; (3) improve parent-child interactions and school readiness; (4) ensure healthy child development; (5) promote positive parenting; (6) promote family self-sufficiency and decrease dependency on

welfare and other social services; (7) increase access to primary care medical services; and (8) increase immunization rates.

Home Instruction Program for Preschool Youngsters (HIPPY)

Population served: The Home Instruction Program for Preschool Youngsters (HIPPY) aims to promote preschoolers' school readiness by supporting parents in the instruction provided in the home. The program is designed for parents who lack confidence in their ability to prepare their children for school, including parents with past negative school experiences or limited financial resources. The HIPPY program offers weekly activities for 30 weeks of the year, alternating between home visits and group meetings (two one-on-one home visits per month and two group meetings per month). HIPPY sites are encouraged to offer the three-year program serving three to five year olds, but may offer the two-year program for four to five year olds. The home visiting paraprofessionals are typically drawn from the same population that is served by a HIPPY site, and each site is staffed by a professional program coordinator who oversees training and supervision of the home visitors.

Program focus: The Home Instruction Program for Preschool Youngsters (HIPPY) aims to promote preschoolers' school readiness.

Nurse-Family Partnership (NFP)

Population served: The Nurse-Family Partnership (NFP) is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns two years old. During visits, nurses work to reinforce maternal behaviors that are consistent with program goals and that encourage positive behaviors and accomplishments. Topics of the visits include: prenatal care; caring for an infant; and encouraging the emotional, physical, and cognitive development of young children.

Program focus: The Nurse-Family Partnership program aims to improve maternal health and child health; improve pregnancy outcomes; improve child development; and improve economic self-sufficiency of the family.

Parents as Teachers

Population served: The goal of the Parents as Teachers (PAT) program is to provide parents with child development knowledge and parenting support. The PAT model includes home visiting for families and professional development for home visiting. The home visiting component of PAT provides one-on-one home visits, group meetings, developmental screenings, and a resource network for families. Parent educators conduct the home visits, using the Born to Learn curriculum. Local sites decide on the intensity of home visits, ranging from weekly to monthly and the duration during which home visitation is offered. PAT may serve families from pregnancy to kindergarten entry.

Program focus: The Parents as Teachers program aims to provide parents with child development knowledge and improve parenting practices.

With each program having a varied focus, and serving various populations, there is not one State agency whose mission and function would align with the various outcomes. Any one agency would select programs that would align with their core mission, and the State would lose the diversity of programs.

Local Decision Making

For some Agencies, there is no dedicated home visiting funding. Rather, an Agency makes funds available to ensure a desired outcome, to address a certain issue or to impact one or more of the Maryland's Eight Results for Child Well- Being. Local jurisdictions apply for the funds to implement programs and strategies based on local needs and gaps. Maryland is a diverse State and the needs and gaps vary. Consolidation of home visiting programs and centralizing the funding has the potential to adversely affect local decision making and could result in fewer programs funded and families served.

Savings Would Not Occur

While consolidation at first glance would appear to be a cost savings measure, after discussion, the group could not determine the cost savings. The workgroup readily acknowledges the need for the State to seek out means for reducing expenditures. However, each State agency currently works under reduced budgets to fulfill the responsibilities associated with the management of

home visiting programs. The technical knowledge held by an individual agency is unique to that agency.

Maintenance of Effort (MOE) Requirements

In 2010, the State agencies collaborated through the Children's Cabinet and reported the amount of funding that was currently being provided by the State of Maryland for home visiting programs. Recently, the same State agencies reviewed the total amount allocated in Fiscal Year 2013 (FY13), and the total is now $50,000 higher than the amount reported on the federal grant application. The Children's Cabinet agencies will continue to monitor the MOE and funding for home visiting programs to ensure that the minimum is being maintained, in accordance with the MOE requirement, and will encourage increases in funding for home visiting programs.

Collaboration and Coordination

While the group did not feel consolidation would produce the best outcomes for the State, increased collaboration and coordination is essential to the progression of home visiting. Increased collaboration and coordination could be achieved in the following areas:

Increased coordination for trainings. The Home Visiting Alliance reports that the community of home visitors sees a need for increased coordination in trainings for their community. The following activities were recommended in order to foster increased coordination.

- MSDE, in collaboration with the Maryland Family Network (MFN), provides a statewide clearinghouse calendar of trainings and events that may be of interest to home visitors. This calendar can link associated programs and State agency websites in order to provide increased access to trainings.
- MSDE and MFN sponsor an annual conference though the Early Childhood Consortium that includes home visiting trainings. MSDE will review the agenda of this Consortium and coordinate with other State agency partners to maximize the benefits of this conference for the home visiting community and other early care and education professionals. An increased focus on coaching, and using a mentoring approach for training, and increased opportunity for networking were recommended for inclusion in the planning for the next conference.

- A recommendation was made by the group to include a survey of home visitors, and their supervisors to ensure that the training needs are currently meeting the needs of their programs, and to help plan out what trainings could be used. HVA, MFN and MSDE have agreed to work collaboratively to ensure that adequate and appropriate training is available to the home visiting community.

Grant writing coordination There was a recommendation made during the workgroup for Maryland to increase coordination around grant writing. The Children's Cabinet will continue to coordinate efforts to respond to grants that support home visiting programs within the State of Maryland.

Reporting requirements of the Home Visiting Accountability Act of 2012 The Act requires GOC and the agencies represented on the Children's Cabinet develop a report on or before December 1, 2013, and at least every two years thereafter. This requirement will ensure that consistent coordination and collaboration occur for implementation of state-funded home visiting programs, and that outcomes for these programs be measured in a purposeful manner to ensure the programs are effective and delivering the expected outcomes.

Coordination to develop Home Visiting commonalities The reporting requirements of the Act will require a set of measurable criteria to be developed for home visiting programs. The members of this group foresee an opportunity for a common language to be developed amongst evidence-based home visiting programs, but that also allows the unique qualities of each program to be examined. The work required by the Act will generate this needed, and desired language.

Coordination in data collection. The Act requires standardized reporting to monitor the effectiveness of State-funded home visiting programs. The group acknowledges that greater coordination in data collection is another method by which the various partners and stakeholders can coordinate the State funded home visiting programs. The group developed several questions regarding how to collect data, what should be collected, how it should be reported, and what is the most cost efficient means for collection and maintenance of the data. This topic will be reviewed and a process will be developed in the larger report required by the Act; however, the group developed several ideas for how the home visiting community could develop a data system

and/or simply a mechanism by which the requirements of the Act can be met. The following statements are a few ideas developed by the group:

- Data and trends could be gathered through the Evidence-Based Practices Advisory Committee that is located at The Institute for Innovation and Implementation (The Institute) at the University of Maryland. Currently, the Children's Cabinet provides funding to The Institute to gather, track, and analyze provider-level and state-level data and to provide support and technical assistance to stakeholders (including providers) developing, implementing, and evaluating evidence-based practices and programs funded through the Children's Cabinet. The Children's Cabinet has adopted home visiting as a prioritized EBP, and therefore could expand the scope of services currently provided by The Institute to include home visiting. This would allow The Institute to become a central hub for collecting and analyzing program data and tracking performance for home visiting programs, as well as allowing affinity groups to support the efforts of the programs.
- MIECHV has a requirement to create a data system. Currently, DHMH is developing an Effort to Outcomes (ETO) system that will gather the federally required six (6) benchmarks, and 37 measures. This system could be expanded to meet the needs of the home visiting community; however, this option could be costly.
- Currently, the Children's Cabinet requires LMBs to compile data related to home visiting into a document that is based on best practices of Results Based Accountability. This practice could be expanded to all State-funded home visiting programs.
- GOC also maintains a web-based system that was developed for another purpose, but could be modified to be repository for home visiting programs data.

While there are benefits and drawbacks to each of these options, but coordinating to develop a means to collect data is both essential and achievable.

Summary

The workgroup is submitting this report to the Joint Chairmen's Committee with the full support of all participating parties. The workgroup thanks the Joint Chairmen's Committee for making this request, as the request provided an opportunity to gather stakeholders and State agencies

together to review current practices and determine the manner in which collaboration and coordination could be improved to support the home visiting programs, and benefit the families receiving their services.