MARYLAND
Governor's Office for Children
Promoting the well-being of Maryland's children

State of Maryland Executive Department

Martin O'Malley
Governor

Anthony Brown
Lieutenant Governor

Anne Sheridan
Executive Director

December 6, 2013

The Honorable Martin O'Malley
Governor
100 State Circle
Annapolis, Maryland 21401-1925

Dear Governor O'Malley:

On behalf of the Children's Cabinet, I am writing to submit to you the report required by the Home Visiting Accountability Act of 2012 (SB566/HB 699). Human Services Article §8-506 and 8-507 of the Annotated Code of Maryland required the Governor's Office for Children (GOC) and the Agencies of the Children's Cabinet to review current practices of evidence-based home visiting programs in Maryland in order to make recommendations for the development of a "standardized reporting mechanism for the purpose of collecting information about and monitoring the effectiveness of State-funded home visiting programs." Beginning in FY15, recipients of State funding for home visiting programs will be required to report to GOC on the standardized outcome measures that are adopted by the Children's Cabinet.

The attached report is a collaborative effort amongst members of the Children's Cabinet agencies, home visiting programs, stakeholders, and supporting organizations. The report details the process by which recommendations for standardized reporting measures were determined and then recommended to the Children's Cabinet as well as the next steps once the standardized measures are approved.

The statute requires this report to be submitted at least every two years. It is expected that the next report will include an analysis of the data collected for the standardized measures as reported by the State-funded home visiting programs. This data will be used to inform future decisions regarding home visiting investments and will allow stakeholders to look at home visiting in Maryland through a single lens.

Please do not hesitate to contact me at (410) 767-6211 if you have questions or need additional information.

Sincerely,

Anne Sheridan
Executive Director

cc: Shane Spencer, DBM
Richard Harris, DLS
Sarah Albert, DLS (five copies)

Defining Shared Outcomes for State-Funded Home Visiting Programs in Maryland

A report to the Governor, Senate Finance Committee, House Ways and Means Committee, and the Joint Committee on Children, Youth, and Families

Submitted by the Governor's Office for Children on behalf of the Children's Cabinet

DECEMBER 1, 2013

Table of Contents

Background

Home visiting programs support early parenting practices to confer measurable and long-term benefits for children's development. Home visiting is a method of service delivery and not a theoretical approach or a specific program model. Home visiting promotes early learning, child and maternal health and interventions have been found to prevent child neglect, maltreatment and interpersonal violence.

This report is provided in accordance with the Home Visiting Accountability Act of 2012 (SB566/HB 699). Human Services Article §8-506 and 8-507 of the Annotated Code of Maryland required the Governor's Office for Children (GOC) and the Agencies of the Children's Cabinet to review current practices of evidence-based home visiting programs in Maryland in order to make recommendations for the development of a "standardized reporting mechanism for the purpose of collecting information about and monitoring the effectiveness of State-funded home visiting programs." Beginning in FY15, recipients of State funding for home visiting programs will be required to report to GOC on the standard outcome measures that are adopted by the Children's Cabinet.

There are five evidence-based models of home visiting operating in Maryland:

- Early Head Start (EHS)
- Healthy Families America (HFA)
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)

These five models are included in the list of 13 evidence-based home visiting models approved by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative. While funded with federal grant dollars, MIECHV initiatives are part of the home visiting landscape in Maryland and there is strong collaboration among the partners.

A comprehensive overview of home visiting in Maryland, including MIECHV activities, can be found in Appendix F of this report which is the presentation made by the Children's Cabinet on September 18, 2013 to the Joint Committee on Children, Youth and Families.

Home Visiting Scan and Survey

During the fall and winter of 2012, The Institute for Innovation and Implementation (The Institute) at the University of Maryland School of Social Work completed (on behalf of the Children's Cabinet) a comprehensive scan of home visiting programs in Maryland. This scan was designed to identify current practices related to implementation of home visiting services, as well as current methods and instruments used to measure home visiting outcomes. Thirty-five (35) vendors (100%) responded to the survey, and each of the home visiting models was represented in the survey sample. After completing a quantitative online survey, a representative from each home visiting program participated in a follow-up qualitative phone interview designed to validate and clarify their survey responses and to share any additional perspectives on home visiting implementation in Maryland. Appendix A provides survey

details and findings. Survey results, in turn, informed the development and activities of a home visiting workgroup.

Home Visiting Workgroup

In the spring of 2013, GOC convened a workgroup that included representatives from multiple State agencies and home visiting experts and stakeholders. Appendix B provides a list of workgroup members and their affiliations. Workgroup participants attended two sequential facilitated meetings. During the first meeting (June 25, 2013), participants reviewed the findings of the Institute's scan. The second meeting (September 17, 2013) was devoted to a discussion of specific strategies for tracking home visiting outcomes. On behalf of the Pew Foundation's Home Visiting Campaign, Kay Johnson (Johnson Consulting Group and Geisel Medical School, Dartmouth College) provided technical assistance to GOC and Institute staff as well as guidance during the second workgroup meeting.

At the first meeting, a crosswalk of outcomes for various home visiting programs currently operating in Maryland was distributed (see Appendix C). In advance of the second meeting, participants were asked to rate each measure's Value and Feasibility as a standard reporting measure and to prioritize the three standard reporting measures in each of three categories (Home Visiting Services, Parenting Outcomes, and Child Outcomes). The results of the survey were compiled and distributed to participants for discussion at the September meeting. At that meeting, participants strongly advocated for the inclusion of certain measures and there was much rich discussion about the need to prioritize only the most important "headline" measures as well as the desire to include a number of measures that are applicable across the various programs in existence in Maryland. Immediately following the second workgroup meeting, participants were invited to complete an online survey of home visiting outcome measures to be recommended to the Children's Cabinet for Statewide reporting.

Workgroup Recommendations

Workgroup members identified the following four domains as key to tracking home visiting outcomes:

- Child Health
- Maternal Mental Health
- Typical Child Development
- Children's Special Needs

See Appendix D for the recommended measures by domain.

Workgroup participants discussed the challenges inherent in tracking outcomes across home visiting programs using standardized measures, including variability in home visiting participants, differing methods of providing services, and divergent data collection methods. At the same time, workgroup members engaged in a thoughtful dialogue regarding instruments that could be used to allow for standardized measurement within each domain. Appendices D and E provide a synopsis of suggested instruments per domain. Appendix E includes information that compares how instruments are employed across existing home visiting programs. Workgroup participants also recommended that basic demographics and service use be tracked which is also required by the statute.

Next Steps

At the next scheduled meeting of the Children's Cabinet on December 5, 2013, GOC staff will present the recommendations from the workgroup for discussion and approval of the proposed standardized measures. Once the standardized measures have been approved by the Children's Cabinet, next steps include establishing operational definitions and specific assessment instruments for each outcome domain. GOC plans to reconvene the workgroup in 2014 for this purpose. In addition, reporting requirements and processes will be finalized in the Spring of 2014 in order for State Agencies to inform program vendors of the reporting requirements to take effect in FY15.

The statute requires this report to be submitted at least every two years. It is expected that the next report will include an analysis of the data collected for the standardized measures as reported by the State-funded home visiting programs. This data will be used to inform future decisions regarding home visiting investments and will allow stakeholders to look at home visiting in Maryland through a single lens.

APPENDICES

APPENDIX A: SCAN of HOME VISITING PROGRAMS

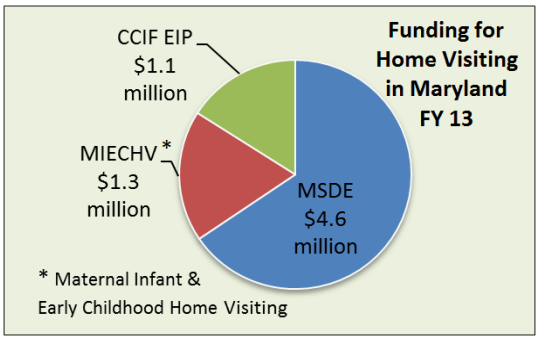
Maryland's Evidence-Based Home Visiting Programs
May 8th, 2013

Home visiting programs aim to support early parenting practices to confer measurable and long-term benefits for children's development. Home visiting is a method of service delivery and not a theoretical approach or specific program model, however. Individual home visiting programs vary with respect to:

- Age of the children served;
- Focus on particular family risk factors;
- Range of services offered;
- Intensity of the home visits;
- Content of curriculum used in the program;
- Expertise of the individuals providing services (i.e., nurses vs. paraprofessionals);
- Effectiveness of program implementation; and
- Range of outcomes observed.

Home Visiting in Maryland

- In FY13, home visiting received 8% of the Children's Cabinet's Early Intervention & Prevention funding.
- $4.6 million of State General Funds were awarded by MSDE to 17 LMB's for home visiting in FY13.
- Federal funds through MIECHV are level at $1.3 million per year supporting 6 jurisdictions, a data system, and administrative support for the project.
- During the 2012 legislative session, a workgroup convened on behalf of the Children's Cabinet recommended against consolidation of existing home visiting programs, while also concluding that increased collaboration and coordination is essential to the progression of home visiting in Maryland.
- Next steps:
  - ◊ Review current practices and suggest how collaboration and coordination can be improved to support home visiting programs and the families they serve.
  - ◊ In response to the 2012 Joint Chairman's Report (JCR), convene another workgroup to make recommendations on consistent data collection and performance measures for home visiting programs.



Scan of Maryland's Evidence-Based Home Visiting Programs

- To facilitate a systematic review of current practices, a survey was created by two experts with Maryland provider input. The survey was administered online (via Qualtrics).
- Each home visiting program in the state was contacted to identify survey respondents.
- The Governor's Office for Children sent a letter and survey invitation to all identified respondents. The survey was distributed **November 19th, 2012** to **35 programs** currently operating across the state. 100% completed the survey.
- Questions addressed fidelity, curricula, staffing, capacity, utilization, and data collection procedures.
- Upon survey completion, follow-up phone interviews were scheduled with each program.
- All Maryland jurisdictions are represented in the sample.

HV Content	% of Programs Addressing Content
Maternal stress, social support & mental health	100%
Community resources/referrals	100%
Facilitating parent-child interaction	97%
Baby & child development	97%
Family dynamics	91%
Self-sufficiency/family needs	91%
Maternal & child health, including prevention	91%
Crisis intervention	88%

86% of programs track the content that they address during home visits.

APPENDIX B:
HOME VISITING WORKGROUP PARTICIPANTS

NAME	AFFILIATION
Earleen Beckman	Garrett County Early Systems of Care
Ann Ciekot	Maryland Family Network
Michael Clark	Queen Anne's County Department of Community Services, Division of Housing/Local Management Board
Shanda Crowder	Department of Human Resources, Social Services Administration
Esther Diggs	Department of Juvenile Services, Behavioral Health and Victim Services
Rebecca Dineen	Baltimore City Department of Health, Maternal and Child Health
George Failla, Jr.	Maryland Department of Disabilities
Rachael Faulkner	Maryland Department of Disabilities
Marcella Franczkowski	Maryland State Department of Education, Division of Special Education/Early Intervention Services
Rolf Grafwallner	Maryland State Department of Education, Division of Early Childhood Development
Linda Heisner	Krieger Fund
Mary LaCasse	Department of Health and Mental Hygiene, Maternal and Child Health Bureau
Clinton MacSherry	Maryland Family Network
Kim Malat	Governor's Office for Children
Ilise Marrazzo	Department of Health and Mental Hygiene, Maternal and Child Health Bureau
Jean Mitchell	Maryland Family Network
Shelly Neal-Edwards	Healthy Families of Queen Anne's/Talbot Counties
Gena O'Keefe	Family League of Baltimore City, Inc. and the Annie E. Casey Foundation
Kaylene Richardson	Early Head Start, Catholic Charities Early Head Start of Harford County
Anne Sheridan	Governor's Office for Children
Cathy Surace	Maryland Disability Law Center
Nancy Vorobey	Maryland State Department of Education, Division of Special Education/Early Intervention
Colleen Wilburn	Home Visiting Alliance
Linda Zang	Maryland State Department of Education, Division of Early Childhood Development

Kay Johnson, (Johnson Consulting Group and Geisel Medical School, Dartmouth College) provided invaluable technical assistance on behalf of the Pew Foundation's Home Visiting Campaign.

Staff support for the workgroup was provided by Lisa Berlin, Sarah Nadiv, and Rebecca Bertell at The Institute for Innovation & Implementation, University of Maryland School of Social Work.

APPENDIX C:
CROSSWALK of HOME VISITING OUTCOMES

Home Visiting Workgroup Measures Ratings (v. 8-8-13)

Directions:

1. Rate each measure's (a) VALUE and (b) FEASIBILITY as a standard reporting measure by selecting a numerical score (1 to 5) in the spaces provided below.
2. Add additional measures you would like to propose as a standard reporting measure under "Other."
3. Prioritize your top three standard reporting measures for each category (HV Services; Parenting Outcomes; and Child Outcomes).

MEASURE	VALUE: Will this measure yield important data? 1= Not important 5= Highly Important	FEASIBILITY: Can we reasonably collect the data? 1= No/low feasibility 5= High feasibility	COMMENTS	Priority Ranking (optional) 1= Highest 3= Lowest
HV Services (Processes)				
Enrollment – number of families being served	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Capacity – extent to which program is fully enrolled	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Home Visitor Caseload	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Home Visit Duration	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Home Visit Frequency	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Missed Visits	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

Predominant Language in which Home Visit Conducted	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Ethnic/racial/language match between home visitor & client	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Content addressed in Home Visits	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Curricula/Models Used	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Fidelity to Curricula/Models	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Home Visitor Supervision (quantity and/or quality)	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Staff Turnover	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Service Referrals* for:				
a. Basic needs (i.e., WIC, TANF)	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
b. Employment	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
c. Education	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
d. Health insurance	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
e. Mental health	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
f. Disabilities/Part C	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

g. Substance abuse	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
h. Domestic violence	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
i. Child care	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
# of MOU's or other formal agreements with other service agencies in the community	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Number of agencies with which the home visitor has a clear point of contact	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Consumer Satisfaction	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Other HV Services?				
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parenting Outcomes				
Prenatal Care	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parental use of alcohol,	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

tobacco, or other illicit drugs				
Inter-birth intervals	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Breastfeeding	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parent support for children's learning and development	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parent knowledge of child development and their child's developmental progress	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parent emotional support for child	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Parent emotional well-being and/or parenting stress	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Other Parenting Measures?				
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Child Outcomes				
Well-child visits	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

Visits for children to the emergency department for all causes	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Incidences of child injuries requiring medical treatment	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Reported suspected maltreatment for children in the program	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Reported substantiated maltreatment for children in the program	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Child communication, language, and emergent literacy	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Child's general cognitive skills	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Child's positive behavior, emotion regulation, and emotional well being	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Child's physical health and development	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Other Child Outcomes?				
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank
Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.	Priority rank

APPENDIX D:
HOME VISITING OUTCOMES AND SUGGESTED ASSESSMENTS AND INSTRUMENTS FOR EACH

Domains	Child Health	Maternal Mental Health	Typical Child Development	Children's Special Needs
Proposed Standardized Measures	Percent of enrolled children who have received well child check-ups according to the schedule recommended by the American Academy of Pediatrics	Percent of enrolled mothers who have been screened for mental health symptoms • indicate which symptoms [depression, anxiety, trauma, other] • according to which screening instrument	Percent of enrolled children whose development is scored as "typical" according to the Ages and Stages Questionnaire (ASQ-3)	Percent of enrolled children referred to Part C/Early Intervention services for special needs (ITP/Child Find)
Proposed Standardized Measures		Percent of enrolled mothers who have been referred for mental health services	Percent of enrolled children whose socio-emotional development is scored as "typical" according to the Ages and Stages Questionnaire: Socio-emotional (ASQ: SE)	
Proposed Standardized Measures		Percent of enrolled mothers who have actually received supplemental mental health services		
Proposed Standardized Measures		Percent of enrolled mothers whose stress levels is scored over the clinical cutoff for parenting stress according to the Parenting Stress Index		

APPENDIX E:
ADDITIONAL SUGGESTIONS FOR MEASURING HOME VISITING OUTCOMES

Maryland DHMH
Office of Family Planning and Home Visiting
Suggestions for Survey
October 2013

Developmental Delay - #5 on your survey is good- may wish to add two additional numbers to tell the story behind the curve:

1. # referred who are actually seen
2. # seen who actually receive services

Maternal Depression- *Percent of enrolled mothers screened for maternal depression by 12 months postpartum
Justification:

- Shows if screening is being conducted- however does nothing to note follow up or treatment if depressed

HFA City	*HFA*	*NFP*	*EHS*	*PAT*	*HIPPY*
Edinburgh		*Edinburgh*			

Child Development - ASQ-3- *Percent of children that have a score above cutoff** on the ASQ-3+ _____ scale.
Use: The number of children above the cutoff on the ASQ _____ scale at ____ months
Justification:

- Is child developing on target
- Left blank for which form because you may want to review I&T referral data to determine which of the screening tools will be the best indicator to demonstrate what you want to convey.

HFA City	*HFA*	*NFP*	*EHS*	*PAT*	*HIPPY*
ASQ at 6m and 12m		*ASQ at 4m and 10m*			

Possible measures:
(EITHER OR BOTH ED VISITS)
Child Abuse Prevention/Safety/Health - Visits for children the emergency department from all causes - *Percent of children with visits to emergency departments
Justification:

- *child abuse prevention and education on injury prevention and child health*
- *assisted in getting health insurance*
- *logic: accessing care before ED visit becomes necessary/critical*

HFA City	*HFA*	*NFP*	*EHS*	*PAT*	*HIPPY*
Medical Visit Form		*Health Care Form*			

Intimate Partner Violence/Safety/Health - Visits for mothers the emergency department from all causes - *Percent of mothers with visits to emergency departments

Justification:

- domestic violence prevention
- safety education on IPV and health care
- assisted in getting health insurance
- logic: accessing care before ED visit becomes necessary/critical

HFA City	*HFA*	*NFP*	*EHS*	*PAT*	*HIPPY*
Medical Visit Form		Infant Birth Form; Demographics Update; Demographics Intake			

*Stated as percent because it is a fair comparison since the number of children/mothers will change year to year.

+ (a) need to determine which ASQ-3 score you want: communication, problem solving, personal social, fine motor. (b) I&T to run report on 0-6, 7-12, 13-18, 19-24 age groups for most referred concern.

** This is the correct term for the area of concern

Scores beneath the cutoff points indicate a need for further assessment; scores near the cutoff points call for discussion and monitoring; and scores above the cutoff suggest the child is on track developmentally.

Note: The charts list the actual form the site has to record this data- demonstrating it is collected and where the information comes from.

APPENDIX F:
SEPTEMBER 18, 2013 PRESENTATION TO THE JOINT COMMITTEE on CHILDREN, YOUTH and FAMILIES

Joint Committee on Children, Youth and Families
Home Visiting Accountability Act of 2012

Presentation by the Children's Cabinet

September 18, 2013

What is Home Visiting?

- Home visiting programs offer a variety of family-focused services to expectant parents and families with infants and young children.
- Specific interventions that include evaluation components.
- Not to be confused with programs that offer a home-based component or staff who come to the home for monitoring/follow-up for certain issues.

Home Visiting: An Overview

- According to the Pew Charitable Trusts:
  - "Some of our nation's costliest social problems—like child abuse and neglect, school failure, poverty, unemployment, and crime - are rooted in early childhood.
  - Voluntary home visiting matches parents with trained professionals to provide information and support during pregnancy and throughout their child's first three years - a critical developmental period.
  - Quality, voluntary home visiting leads to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states."

Home Visiting: An Overview

- Maryland has made a strong commitment to early care and education. This commitment can be seen in many areas of the State.
- Home Visiting programs are one piece of the Maryland agenda for early care and education.

Home Visiting: An Overview

- High quality programs improve outcomes:
  - Parent/child relationships
  - Early childhood development
    - Language and literacy skills
  - Reduce child abuse and neglect
  - Family violence

Home Visiting: Results for Child Well-Being

- High quality, evidence based home visiting programs have a positive impact on Maryland's Results for Child Well-Being.
- Results impacted:
  - Babies Born Healthy
  - Healthy Children
  - School Readiness
  - Safety

Current Landscape

- Home Visiting is funded in Maryland by:
  - Maryland State Department of Education
  - Department of Human Resources*
    - Promoting Safe and Stable Families
  - Children's Cabinet Interagency Fund*
    - Based on local needs identified by Local Management Boards
  - Department of Health and Mental Hygiene
    - Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program authorized under the Affordable Care Act

*Not dedicated funding, but locally-programmed.

Evidence Based Home Visiting in Maryland

- Early Head Start – Home-Based Option
- Healthy Families America (HFA)
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)

Joint Chairmen's Report

- The Joint Chairmen'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 visiting programs under one agency.
- Children's Cabinet workgroup convened and staffed by GOC.
- The group unanimously decided that consolidation would not be beneficial to the State, the home visiting community, or the recipients of home visiting services.
- Report issued June 2012.

Joint Chairmen's Report

- Reasons against consolidation:
  - There are varied funding streams and 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 was being fulfilled through these varied funding mechanisms and would not be impacted by the separation.

Joint Chairmen's Report

- While the group did not feel consolidation would produce the best outcomes for the State, increased collaboration and coordination was cited as essential to the progression of home visiting.
- As a result, Home Visiting stakeholders were invited to join the Children's Cabinet's existing Evidence Based Practices Advisory Committee and partner with the group 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.

The Home Visiting Accountability Act of 2012

- Includes new requirements regarding the State's home visiting programs:
  - Evidence Based Programs (EBPs)
    - At least 75% of State funding for Home Visiting shall be made available to EBPs.
  - Data collection
  - Vendor Reporting

The Home Visiting Accountability Act of 2012

- Data Collection and Vendor Reporting
  - Workgroup currently meeting to determine what common measures are best to address monitoring and effectiveness of home visiting programs.
  - Technical assistance provided by the Pew Charitable Trusts.
  - Report due December 1, 2013.

Home Visiting in Maryland

Agency-Specific Details

Governor's Office for Children

Children's Cabinet Interagency Fund (CCIF)

Children's Cabinet Interagency Fund (CCIF)

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.

Children's Cabinet Interagency Fund (CCIF)

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.

Children's Cabinet Interagency Fund (CCIF)

FY13 LMB Programs and Expenditures

Jurisdiction	Program	Amount Awarded	Amount Expended	Model
Baltimore City	B'More for Healthy Babies Home Visiting Programs	329,500	329,500	Healthy Families America
Baltimore County	Healthy Families	113,901	113,901	Healthy Families America
Carroll County	Parents as Teachers	183,478	183,478	Parents as Teachers
Garrett County	Nurse Family Partnership	300,000	300,000	Nurse Family Partnership
Queen Anne's County	Healthy Families	57,616	56,177	Healthy Families America
Talbot County	Healthy Families	82,424	82,424	Healthy Families America
Talbot County	Home Visiting	26,319	25,620	Parents as Teachers
Worcester County	Home Instruction Program for Preschool Youngsters	27,790	27,790	Home Instruction Program for Preschool Youngsters
	Totals	**1,121,028**	**1,118,890**	

CCIF: Individuals Served

Jurisdiction	Program	Families Served
Baltimore City	B'More for Healthy Babies Home Visiting Programs	231
Baltimore County	Healthy Families	38
Carroll County	Parents as Teachers	89
Garrett County	Nurse Family Partnership	94
Queen Anne's County	Healthy Families	51
Talbot County	Healthy Families	46
Talbot County	Home Visiting	12
Worcester County	Home Instruction Program for Preschool Youngsters	25
	Total	**586**

CCIF: Outcomes Achieved

- 98% of participating children are fully-immunized. (N=4)
- 99% of participants had no "indicated" Child Protective Services finding while enrolled. (N=3)
- 87% of babies born to participants are 2,500 grams or more. (N=3)

*Above data is aggregated across programs/models. Individual program data is also available.

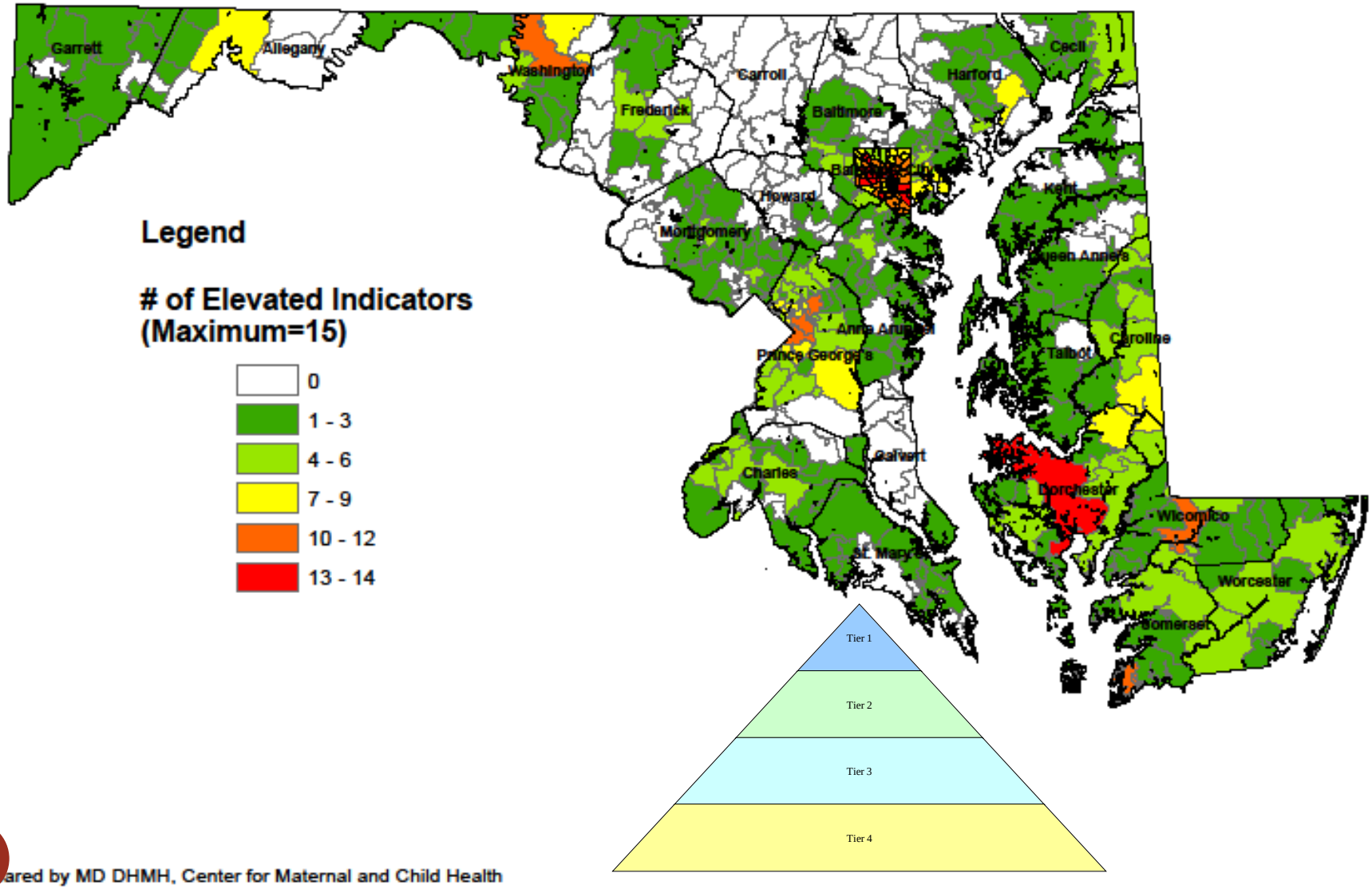
Department of Health and Mental Hygiene

Department of Health and Mental Hygiene (DHMH)

Administering Agency: Maternal and Child Health Bureau

Federal Program: Maryland Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Maryland Map of Elevated Indicators as Identified through the 2010 Needs Assessment



ared by MD DHMH, Center for Maternal and Child Health

DHMH: State Funds Spent

$0.00

DHMH: Federal Funds Received

MIECHV Formula Funds

Federal FY 2010 - $ 1 million

Federal FY 2011 - $ 1.3 million

Federal FY 2012 - $ 1.3 million

MIECHV Expansion Funds

Federal FY 2013 - $ 6.4 million

DHMH: Individuals Served

Jurisdiction	Local Site	Model	Current Non-MIECHV Funding	Current Formula MIECHV Funding	Number of Visits as of 6/10/13
Baltimore City	BC-NFP	NFP	0	51	775
	Healthy Start	HFA	0	85	420
	Sinai	HFA	0	22	217
	Family Tree	HFA	0	33	121
	Bon Secours	HFA	0	28	145
	DRU/Mondawmin	HFA	129	60	339
Dorchester	HF Dorchester	HFA	55	30	299
Washington	HS of Washington County	EHS	54	12	477
	Wash. County Hlth Dept	HFA	55	23	554
Lower Shore	HF Lower Shore-Somerset	HFA	108	13	181
	Wicomico Hlth Dept HFA	HFA	34	30	99
Prince George's	Mary's Center	HFA	0	15	Total
	Bright Beginnings	HFA	0	15	for all
	HF PG County	HFA	90	30	463

DHMH: Outcomes Achieved

- Transitioned seven non-evidence based programs to HFA
- Added an NFP program in Baltimore City
- Provided funding to six jurisdictions most at risk
- Built a data collection system

Department of Human Resources

Department of Human Resources (DHR)

Promoting Safe and Stable Families (PSSF) Program

DHR: PSSF Funds*

Jurisdiction	PSSF FY13 Allocation
Charles County	$98,578
Queen Anne's County	$60,000
Somerset County	$142,310
St. Mary's County	$76,796
TOTAL	$377,684

*PSSF funds are comprised of Federal Funds with a 25% state match. The state match is included in the allocation

DHR: Individuals Served

Jurisdiction	Home Visiting Program	# of Families Served
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	91
Queen Anne's County	The Healthy Families Queen Anne's/Talbot program provides home visiting services to first time parents to prevent child abuse and neglect, encourage child development, and improve parent-child interactions.	29
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings, and extensive referrals to other resources.	40
St. Mary's County	A home visiting program that strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	40

DHR: Outcomes Achieved

- Measure of Success
  - Goal: 80% of the families would not receive an indicated Child Protective Services (CPS) finding or experience an Out-of-Home Placement 6 and 12 months post-closing.

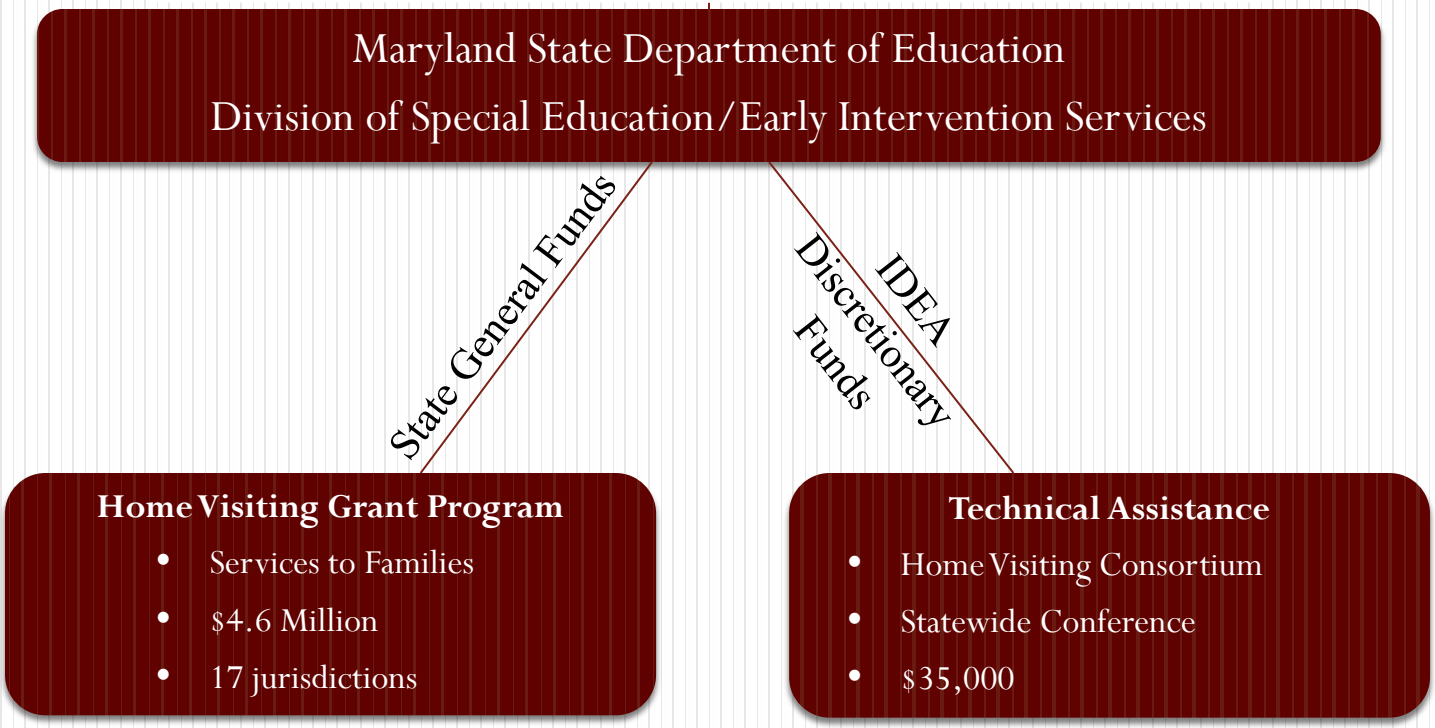
Jurisdiction	Outcomes based on FY 12 data
Charles County	No indicated abuse and no Out-of-Home Placement between 6 and 12 months post-closing.
Queen Anne's County	No indicated abuse and no Out-of-Home Placement between 6 and 12 months post-closing.
Somerset County	1 indicated abuse/neglect and no Out-of-Home Placement between 6 months post-closing.
St. Mary's County	No indicated abuse and no Out-of-Home Placement between 6 and 12 months post-closing.

Maryland State Department of Education

Maryland State Department of Education (MSDE)

- The MSDE, Division of Special Education/Early Intervention Services has had responsibility for administering a home visiting grant program since 2006.
- The focus of the grant program is on services for families identified as at-risk, with children under the age of 5, as well as pregnant and parenting teens.

Maryland State Department of Education (MSDE)



MSDE: State Funds Spent

- Through the MSDE home visiting grant program, over 4.6 million in State General Funds have been awarded annually to 17 Local Management Boards.
- Funding has remained level since the program was transferred to MSDE in 2006 (TANF from 2006 to State General Funds in 2012).
- MSDE provides $35,000 in additional IDEA discretionary funding to support the Home Visiting Consortium and an annual statewide conference.

MSDE: Individuals Served**

Jurisdiction	Funding	Number of Families Assessed	Families Receiving Home Visiting Services
Allegany	$55,567	-NA-	45 pregnant and/or parenting teens
Baltimore City*	$596,143	90	190
Baltimore County	$281,505	60	77
Calvert	$253,780	15	28
Caroline	$76,043	-NA-	30
Charles	$348,722	75	75
Dorchester*	$363,132	120	65
Frederick	$310,740	36	60
Garrett	$387,562	25	80
Howard	$321,686	150	75
Kent	$64,025	-NA-	23
Montgomery	$179,248	-NA-	20
Prince George's*	$180,900	25	35
Queen Anne's	$296,372	58	47
Somerset*	$299,562	40	75
Washington*	$277,993	62	98
Wicomico*	$298,363	80	55

*Jurisdictions marked with an asterisk provide home visiting services to communities identified as most at-risk in Maryland's State Plan for a comprehensive and coordinated statewide system under the Affordable Care Act federal grant

**Services provided vary in intensity and frequency depending on the unique circumstances of each family. Additionally, local home visiting programs engage in outreach and parenting education activities that impact families who may not be formally enrolled in home visiting services due to a lesser risk status, but who nevertheless experience benefits as a result of participation.

MSDE: Outcomes Achieved

- State Indicators provide basis for measuring results
  - Babies Born Healthy
    - Infant Mortality - r*ate of deaths occurring to infants under 1 year of age: 0% to less than 5%*
    - Low Birth Weight - p*ercentage of babies born at low birth weight, weighting less than 2500 grams (5.5 pounds): less than 10% of enrolled families*
  - Healthy Children
    - Immunization - *percentage of children fully immunized by age two: 90% +of children*
  - Children Enter School Ready to Learn
    - Kindergarten Assessment - *percentage of kindergarten students who have reached one of three levels of readiness on the Work Sampling System Kindergarten Assessment: 100% of children screened and referred to the Local Infants & Toddlers Program or Local School System Child Find Office for further evaluation (with family approval)*
  - Children Safe in their families and home
    - Abuse and Neglect - *rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated: <10% of child injuries due to lack of health & safety practices*

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