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DEPT. OF HEALTH AND HUMAN SERVICES

N-MIECHV

HOME VISITING ASSET ANALYSIS AND READINESS GUIDE

N-MIECHV
Nebraska - Maternal Infant Early Childhood
HOME VISITING

Home Visiting Asset Analysis and Readiness Guide

An Evidence Based Home Visiting System responds to the diverse needs of children and families in your community and provides a unique opportunity for collaboration and partnerships to improve health and development outcomes for children.

PURPOSE

This guide is intended for your use in determining if a Healthy Families America (HFA) model of evidence-based home visiting is an opportunity that will meet the needs of families and support the work you are doing in your community. The determinations you make as part of this process can inform other decision-making at all levels of community planning. HFA can be one of several service strategies embedded in your comprehensive, high-quality early childhood and community system to promote maternal, infant and early childhood health and development, one that relies on the best available research evidence to inform and guide practice.

Home Visiting Asset Analysis and Readiness Guide

Congratulations for facilitating a community assessment to determine assets, capacity and readiness for implementation, augmentation or expansion of a Healthy Families America model of evidence-based home visiting in your community!

The *Nebraska-Maternal, Infant, and Early Childhood Home Visiting (N-MIECHV) Program* developed this guide for community stakeholder groups to assess the existing local system of maternal, infant, and early childhood services in an efficient, structured, and data-driven process. It is used to determine need to implement or expand a Healthy Families America model of evidence-based home visiting; examine local "capacity" and "readiness" to implement services; and come to a logical decision point about moving forward with planning for Home Visiting (HV) services (or not).

HV services are most successful when key components are integrated. These include the following:
- A community that understands the program and supports its development
- Professional development and competency building
- Strong community collaboration, support and ongoing involvement
- Ongoing evaluation of program implementation to achieve continuous quality improvement
- An environment where the need for the program is clearly understood and there is no duplication or competition of efforts
- A spirit of collaboration with other early childhood programs
- Strong local leadership to nurture the development of the services[1]

N–MIECHV is located organizationally within the Department of Health and Human Services, Division of Public Health, and Lifespan Health Services. This guide is intended to help you bring together community stakeholders to comprehensively assess the capacity of your community to provide HFA services. N-MIECHV staff is available to answer questions and provide technical assistance during your process.

> ### Explanation of Acronyms
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> MIECHV: Maternal, Infant and Early Childhood Home Visiting
> N-MIECHV: Nebraska Maternal, Infant and Early Childhood Home Visiting
> EBHV: Evidence Based Home Visiting
> HFA: Healthy Families America
> HomVEE: Home Visiting Evidence of Effectiveness
> HV: Home Visiting

Healthy Families America (HFA) is a model of evidence-based home visiting which is Strengths-Based and Family Centered.

HFA promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home.

Every day, thousands of HFA Family Support and Resource Specialists show how much we value children, partnering with parents to strengthen families and communities.

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[1] Erin Harris, "Six Steps to Successfully Scale Impact in the Nonprofit Sector," The Evaluation Exchange." Harvard Family Research Project, Volume XV no. 1, Spring 2010, www.hfrp.org.

Home Visiting Asset Analysis and Readiness Guide

The guide provides a framework of five (5) steps that assists your community with making an informed, data driven decision. A fillable form template is provided to document the outcomes of this process.

Steps of the Self-Assessment:

1. Identify community stakeholders and build a team.
2. Gather your existing community data and convene the stakeholder team and analyze the data and community context.
3. Assess the existing Early Childhood System (ECS) including Home Visiting Programs.
4. Make a determination about moving forward with the implementation of Healthy Families America model of evidence-based Home Visiting programming in your community.
5. Assess the infrastructure, capacity and readiness for the selected model and determine assets and gaps for implementation.

At this point in the process, your community may desire to move forward with some initial next steps and develop an action plan. This self-assessment provides a framework for the community to summarize their findings and to begin to identify the recommended actions toward implementation.

Step 1: Building a Team

Whether you are starting a new program or expanding existing services, it is important to include a wide variety of stakeholders in the process, such as representatives of early childhood programs and other community services, professionals, researchers, funders, advocates, parents, elected officials, and other community leaders. Family members or Parent Representatives of the community will provide excellent perspective and focus on perception and anecdotal data. Identify and convene a wide variety of stakeholders that represent, but are not limited to, early childhood programs, such as

- Mental health service providers
- Family members
- Early care and education
- Home Visiting
- Head Start
- Early childhood regional planning groups
- Vocational education providers
- College and university faculty
- Domestic Violence service providers

- School administrators
- Community health care providers
- Public and private health providers, public and private
- Local health department
- Substance abuse treatment providers
- Juvenile justice providers
- Child welfare providers
- WIC
- Early Development Network
- Community Action Partnership

Step 2: What does the data tell us?
This step begins with the community group assessing strengths and needs. The group should use existing data and obtain additional information on selected home visiting priorities, target groups, and related community resources as needed. It might be helpful for this part of the process to enlist the assistance of someone familiar with data collection and analysis to assist with the interpretation of the data and answer questions such as:

1. What are the patterns or themes?
2. What are possible reasons for the results?
3. How do these results relate to the Early Childhood System?
4. What does the data say about families and their experiences in the community?
5. Looking at the N-MIECHV Level 1 data and the community's comparison to the state averages, what are your community's primary needs and strengths?
6. How do these strengths and needs compare to other current community priorities and/or initiatives?
7. What community priorities can you identify and/or align (if already identified) that an HFA program might be able to address?

Step 3: Assess the Existing Early Childhood System Including Home Visiting Programs
Before going forward with a new or expanded program or initiative, it is important to map the early childhood services and linkages/relationships/ partnerships currently being offered in your community, including but not limited to an inventory of home visiting services. Based on the map and inventory, provide answers to the following questions:

1. What early childhood and HV services currently exist?
2. What are the major strengths of the current services/programs?
3. What populations are currently not being served, what are areas of need not being met?
4. What geographic locations most lack services?
5. What are the gaps that HFA might fill?
6. What existing networks are present in the community that can assist with building or expanding an HFA program?
7. What systems will need to be developed?
8. What are the existing resources and gaps related to early childhood and HV professional development and competency building?
9. What community services could provide support to a new, expanded or enhanced HFA program?

As appropriate also provide answers to the following focus areas:

1. If home visiting services exist in your community, have these services been well received by families?
2. How well is the community able to meet the model's critical elements related to participant recruitment, staff recruitment and retention and referrals to outside services?

What is the capacity of the community to sustain the cost of the model long term?

Step 2 Data Resource

The resource below will be helpful in examining the data and connecting it to the risk factors identified in the MIECHV guidelines.

County Level 1 Data 2020 N - MIECHV Needs Assessment

Gather any local data available from ECS systems. Be sure to include anecdotal evidence, especially from residents of the community.

Step 4: Decision Point
Based on the analysis developed in Steps 2 and 3, what is your finding related to the community's desire to move forward with implementation of HFA?

1. Moving forward with the expansion of existing services
2. Moving forward with implementation of new HFA programming
3. Target efforts in other areas that have been identified as priorities through this process, for example building capacity or readiness, or building early childhood system.
4. Defer future planning in this area.

Step 5: Assess the infrastructure, capacity and readiness for the selected model and determine assets and gaps for implementation.

Examine basic requirements of the Healthy Families America model and assess provider and /or community capacity and experience, workforce questions, and access to technical assistance and program support needs. Describe the following strengths, barriers and needs related to:

1. Recruitment and engagement of participants
2. Recruitment and retention of qualified staff as required by the model
3. Current level of readiness for model accreditation (if an existing program is considered) and maintaining fidelity to the model
4. Professional development and competency building
5. Connection with and integration into the early childhood system

Next Steps

At this point in the process, your community may desire to move forward with some initial next steps and develop an action plan.