



At a Glance:

Missouri Home Visiting State and Federal Funding Fiscal Year 2019

Department of Social Services (DSS): \$543,108

- Home Visiting to Community Partnerships
- Temporary Assistance to Needy Families (TANF) & General Revenue (GR)

\$3,682,038

- Competitive Funds
- Temporary Assistance to Needy Families (TANF) & General Revenue (GR)

Department of Health & Senior Services (DHSS): \$1,244,225

- Competitive Funds
- Maternal & Child Health Block Grant, Title V

\$2,686,928

- Competitive Funds
- Maternal, Infant & Early Childhood Home Visiting (MIECHV)

Department of Elementary & Secondary Education (DESE): \$18,000,000

- Parents As Teachers (PAT) Program
- Early Childhood Development, Education & Care (ECDEC) & General Revenue (GR)

Children's Trust Fund (CTF): \$375,000

- Competitive Funds
- Federal Community-Based Child Abuse Prevention (CBCAP) & CTF Funds



Children's Trust Fund

Missouri's Foundation For Child Abuse Prevention

Strong Families, Safe Kids

What is Home Visiting?

Home visiting is an intervention by social and/or health professionals that involves regular and frequent parent guidance and educational programs, in the homes of at risk families with young children. Significant evidence demonstrates home visiting improves outcomes in maternal and child health, positive parenting practices, child development, school readiness, family economic self-sufficiency, linkages and referrals to community resources and supports; and reductions in child abuse and neglect, juvenile delinquency, family violence and crime.

Expanding and Enhancing Home Visiting in Missouri An analysis by the Missouri Children's Trust Fund (CTF) - March 2019

Home Visiting has Incredible Potential to Prevent Child Abuse

In recent years, our state and country have recognized that Adverse Childhood Experiences (ACEs) are a leading cause of morbidity, mortality and societal dysfunction.ⁱ In essence, the experiences of childhood largely determine the health and well-being of adults. ACEs contribute to poor school performance, increased health care needs, substance abuse disorders, unemployment and crime.

Home visiting mitigates ACEs by increasing family and child resilience and empowering parents to raise healthy, strong children in the face of adversity. Numerous studies and reports have detailed the value and promise of home visiting programs in preventing child abuse.^{ii,iii} The US Commission on the Elimination of Child Abuse Fatalities Report, released in 2016, included recommendations that home visiting services be expanded to reach more families at risk for child abuse and child fatalities. In their final report in December 2016, the Missouri Task Force on the Prevention of Infant Abuse included expanding home visiting services to families at risk of child abuse as one of their key recommendations.

i Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

ii Kahn, Jordan and Moore, Kristen. What Works for Home Visiting Programs: Lessons from Experimental Evaluations of Programs and Interventions. Child Trends Fact Sheet, 2010.

iii See also: <https://homvee.acf.hhs.gov/>



Missouri Lacks a Coordinated Home Visiting System

Home visiting programs in Missouri offer considerable promise for preventing child abuse and neglect and improving child wellness, but the promise of those programs is limited by the lack of an effective, well-coordinated system supporting those services. In 2013 a report commissioned by the Coordinating Board for Early Childhood found that “Missouri lacks a statewide system to govern and administer all the multiple home visiting initiatives that serve the state.” Additionally, the Missouri State Auditor issued a blistering analysis in 2015 after auditing the main state-funded home visiting programs and wrote “Four state agencies administer home visitation programs for families with young children, resulting in inefficiencies and duplicated efforts.” The state of Missouri currently spends approximately \$26 million annually on home visiting, yet the state does not have a clear picture whether home visiting services are targeting those who would benefit most; whether the services are being delivered in a high-quality, efficient manner; or how the people of Missouri are benefitting from this expenditure.

In 2017, Missouri’s home visiting system suffered additional blows because of significant cuts to the Department of Health and Senior Services (DHSS) funding that supports home visiting and because of controversial changes to the home visiting contracts issued by the Department of Social Services (DSS).

Many other states structure their home visiting very differently from Missouri. Nationally, it is considered to be the “gold standard” to have one agency administer home visiting services. This agency collects the same data from all home visiting grantees and provides structured and uniform, continuous quality improvement and training efforts. A unified system also easily allows the agency administering the funds to identify and address gaps in service. This continuity and strategic approach result in a greater capacity to target services based on greatest need, measure the impacts of home visiting and deploy strategies to improve impacts on a statewide basis. Other states have tried innovative funding structures, such as Pay for Success funding models or Medicaid payment for home visiting, in part because the foundation of their home visiting system is strong.

The recommendations that follow are an attempt to create a dialogue on how we improve and expand home visiting services in Missouri. As with any policy issue, there are multiple viewpoints of the nature of the problem and the solution—and no hard and fast “truth.” What

is clear, though, is that we have an obligation to critically analyze our current structure and continuously work to make it better. Only through dialogue, and in some measure,



through constructive conflict, will we make changes that offer opportunities to more effectively reach families and improve the health and safety of Missouri children.

These recommendations are based on a detailed analysis of Missouri’s home visiting system, including three round table discussions convened by the Children’s Trust Fund (CTF), participation in several round table events with FLOURISH and Generate Health in St. Louis, and numerous discussions with state agency administrators and home visiting programs throughout the state.

What does it mean to be evidence-based?

For years, home visiting models and funders have vigorously debated what it means to be evidence-based and whether or not programs that are not evidence-based should be funded. This seemingly simple question has resulted in “model wars” or an over-emphasis on debating the merits of particular models and a lack of attention to building a system for home visiting.

What evidence-based means is that at a certain time and place using rigorous program evaluation methodologies, a program has shown to improve child outcomes or reduce child abuse and neglect in a specific population. Often to receive this designation, a program has been shown to have an impact across multiple studies, in different types of populations. However, that does not mean that this program will automatically be able to produce similar outcomes in different environments or all environments. The program’s fidelity to the model, the capacity and skill of the home visitors and the program’s effective integration into the fabric of a community all determine whether an evidence-based model creates the same impact in a different environment. Many “evidence-based” programs also have evidence showing they produce no effect. Thus, only funding “evidence-based” programs is based on an overly simplistic assumption that these programs will automatically create impact.

As we continue to consider how to allocate limited funding in Missouri, we suggest a different way of looking at “evidence” that acknowledges the complexity of what truly creates impact. Instead of classifying certain models as “evidence-based” and other programs as not, and basing funding solely on that designation, we should identify core components of programs that have been shown to improve outcomes for children (i.e. a structured curriculum addressing risk and protective factors, sufficient visit frequency, appropriate training of home visitors) and measure quality and program impacts at the local level. State funded programs should collect known quality indicators, engage in structured continuous quality improvement and receive on-going quality training.

The focus of this approach is on what a particular program is doing right now—its data, integration into the community, capacity and continuous quality improvement, as opposed to what happened with a similar program in a different location with different community dynamics.

RECOMMENDATIONS

Issue: Home visiting agencies in Missouri operate in an uncoordinated and inefficient manner. As a result, there is systematic waste, an inability to coordinate services and no method to measure the collective impact of funding.

Recommendation A:

- a. Designate one state agency to receive and distribute all home visiting funding.
- b. This agency would be responsible for:
 - data collection
 - continuous quality improvement efforts
 - training
 - establishing and maintaining standards of excellence for all home visiting models supported
 - identifying and addressing gaps and barriers in service

OR, an alternative would be:

Recommendation B:

- a. Create a multi-agency home visiting collaborative to collectively manage funds in a coordinated approach that minimizes waste and maximizes collective impact.
- b. This collaboration would be responsible for:
 - data collection
 - continuous quality improvement efforts
 - training
 - establishing and maintaining standards of excellence for all home visiting models supported
 - identifying and addressing gaps and barriers in service
- c. The state agencies would have to meet regularly, engage in shared decision-making and bridge gaps in disciplines, perspectives and trust for this recommendation to be successful. Approaching the issue this way has the benefit of bringing together the strengths and funding opportunities associated with each agency.
- d. Create a unified data collection system, or shared outcome metrics, for all home visiting agencies funded by the state of Missouri. This will allow for comparison of the performance of various funded home visiting programs across state agencies and allow for coordinated quality improvement efforts statewide.
- e. The Missouri Departments of Elementary & Secondary Education (DESE) and Social Services (DSS) should begin collecting the Maternal, Infant & Early Childhood Home Visiting (MIECHV) performance indicators currently being collected by the Missouri Department of Health & Senior Services (DHSS). These data points are best practice and have been well vetted across the United States. DHSS has invested considerable resources in developing the capacity to collect these performance measures, and other state agencies could benefit from their already existing data collection infrastructure. CTF will begin collecting the MIECHV performance indicators in July 2019, and DSS and DESE could relatively easily begin doing so as well.

Issue: Home visiting is currently driven by a model approach, with multiple home visiting models competing with each other. These models are often evidence-based, but that evidence comes from model use in different locations with different community dynamics and resources. A reliance on a designation of evidence-based oversimplifies home visiting and creates a false assurance of effectiveness.

Recommendation:

- a. Use real-time data from funded home visiting programs to evaluate effectiveness on the ground in the many unique communities throughout Missouri. Quality improvement, fiscal incentives based on performance and shared learning from effective programs will allow home visiting agencies in Missouri to have a true positive impact demonstrated by the data. Competition is also fostered by comparing outcomes among home visiting agencies.

Issue: The Department of Elementary and Secondary Education (DESE), which administers the largest amount of state home visiting funding [exclusively for the Parents as Teachers (PAT) program], does not require that funded programs operate with fidelity to the PAT model, reducing the effectiveness and impact of those funds.

Recommendation:

- a. DESE should require state funds to be used only for PAT programs that operate with fidelity to the PAT model, including year-round visits, sufficient visit frequency and targeting at-risk families. PAT, when administered to national PAT standards, has been shown to prevent child abuse and neglect and increase school readiness along with other positive benefits. However, utilizing the curriculum, without year-round visits or sufficient visit frequency, has not been shown to prevent child abuse and neglect or address other measures of child well-being.
- b. DESE should put into place an evaluation for the PAT program. Currently, DESE collects very limited data or outcome metrics on the impact of PAT.
- c. All PAT funds should be spent serving at-risk families.

Issue: State agencies and funders are often out of touch with the needs of on-the-ground service providers and can implement policy or funding changes in ways that hurt rather than help home visiting in Missouri.

Recommendation:

- a. Establish a home visiting advisory panel to inform state decision-making on home visiting services.





Issue: The Department of Social Services (DSS) has made significant changes to how they administer home visiting funding in the last several years. Many of those changes have increased the quality of services being provided, but others merit a reevaluation as the program evolves.

Recommendation:

- a. DSS should amend its current requirement that 70 percent of families served by DSS funded home visiting be referred by Children’s Division (CD), and instead, require only half of referrals to come from CD. The current 70 percent requirement was put into effect to increase supports available to CD workers who often struggled to find home visitors who were able and willing to serve families who were involved in the child welfare system. As CD has continued to refine and implement its home visiting program, it has been clear that the program is both secondary and tertiary prevention—designed to reach high risk families, as well as families that have already experienced abuse. Because home visiting is a modality that works best as an early intervention strategy, it is beneficial for DSS to continue to invest a sizable percentage of their funds in serving families that are at risk, but have not yet crossed the line to perpetrating child abuse and neglect.
- b. PAT programs following quality standards set by PAT national should again become eligible for DSS home visiting funding. Because of concerns that PAT programs were not operating with fidelity to the PAT model and not appropriately tracking/documenting visits, DSS no longer supports home visiting programs using the PAT model. The PAT model, however, when implemented to fidelity, has been shown to reduce child abuse and neglect.

Issue: Home visiting agencies often operate independently in the same communities, with little ongoing collaboration or shared programming. This creates inefficiencies and overlap in services.

Recommendation:

- a. Develop regional infrastructure to support on-the-ground implementation of home visiting services that have been shown to be effective. Successful programs should collaborate with struggling or new programs in different but demographically similar regions. Home visiting agencies in St. Louis and Kansas City face similar challenges. Similarly, successful home visiting agencies in rural areas may help “mentor” new home visiting agencies in different rural areas.

Issue: Home visiting is underfunded in Missouri and unavailable in large regions of Missouri.

Recommendation:

- a. The state should do a cost analysis to determine the amount of dollars saved in health care utilization and child welfare services by providing home visiting services to at-risk families.
- b. Medicaid is used to fund home visiting in several states. This is a feasible method to increase early interventions that save money in years to come.
- c. The state should partner with a private funder to create a Pay for Success model, incentivizing effective service and promoting coordinated private investment.
- d. The General Assembly should increase funding for home visiting services in Missouri.
- e. Funders of all kinds should direct increased funds towards rural home visiting programs.
- f. Home visiting agencies and models should join together to advocate for home visiting services in Missouri, creating a “Home Visiting Coalition.” Greater partnership and cooperation among models at the statewide level could be instrumental in increasing public support for home visiting.



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