



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

A Collaborative Approach to Home Visiting Program Planning Using a Statewide Needs Assessment



Objectives

- Describe Massachusetts Maternal, Infant, and Early Childhood's (MA MIECHV) process for incorporating needs assessment findings into programming
- Identify tools and considerations that can be adapted to other home visiting or maternal and child health programs

MA MIECHV Program

- Established in 2010, MIECHV is a federal program supported by the Health Resources and Services Administration and the Administration for Children and Families.
- Goals:
 1. Strengthen and improve the programs and activities delivered by the Title V Maternal and Child Health Block Grant
 2. Improve coordination in early childhood systems of care
 3. Expand evidence-based home visiting services and improve coordination of services for families in priority communities

Background: Program Planning

Goal: *Translate needs assessment and evaluation findings into MA MIECHV programming over the next 5 years*



Needs assessment completed as we began planning for a competitive Request For Response (RFR)



Convened an interdisciplinary program planning team to review needs assessment findings



Developed a program planning process grounded in racial equity, stakeholder engagement, and research practice partnership

Process Overview

Review Findings

What are key recommendations?

Brainstorm Strategies

How would these recommendations look in practice?

Prioritize Strategies

How can we maximize impact with limited resources?

Request for Response (RFR)

Ongoing Implementation

Engage Stakeholders

How do strategies resonate for stakeholders? What are the benefits/drawbacks?

Program Policies and Practices

Address Inequities

How can we maximize our impact on equity?

Addressing Inequities Throughout the Process

Review Findings

Contextualize racial inequities through root cause analysis

Brainstorm Strategies

Tailor services to family and community contexts

Prioritize Strategies

Refine strategies to more explicitly promote racial equity



Request for Response (RFR)

Emphasize accessibility for applicants; recruit diverse review teams & train with equity lens

Ongoing Implementation

Address access barriers inequitably affecting sub-groups

Engage Stakeholders

Listen to stakeholder recommendations to promote equity

Program

Policies and Practices
Frame using a racial equity lens; account for structural and historical context

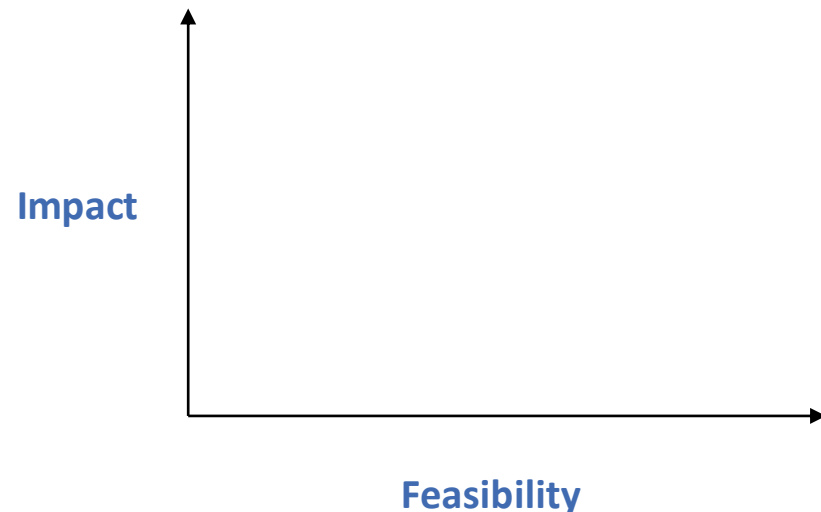
Prioritize Strategies

Impact/Feasibility Rubric

- Systematically rated each RFR-related strategy

Stakeholder Recommendations

- Community Evaluator recommendations
- Listening Sessions with providers
- Advisory Committee meetings



Impact/Feasibility Criteria

Impact

- Improves equity
- Addresses service gaps
- Facilitates collaborations
- Strengthens home visiting workforce

Feasibility

- Within MA MIECHV's scope
- MA MIECHV has a clear role
- Reasonable cost
- Infrastructure
- Sufficient staff capacity
- Minimizes service disruption

Impact/Feasibility Criteria

Impact Criteria
1. Improves equity
a. Centers groups facing systemic oppression (i.e. strategy/approach is specifically designed to work for groups facing systemic oppression)
b. Does not ignore or worsen existing racial and other inequities or produce other unintended outcomes.
c. Accounts for historical and structural context (i.e. places the responsibility on systems and policies, rather than the individual)
d. There is current or future opportunity to address underlying racial and other inequities that exist across systems (e.g. health, education, child welfare).
2. Addresses gaps in current MIECHV service delivery
a. Responds to emerging issues identified in the MIECHV needs assessment.
b. Equitably reaches eligible populations that are not currently being reached
c. Addresses unmet needs among populations served by MIECHV
3. Facilitates collaborations
a. Does not create competition among stakeholders (e.g. programs), or duplicate services within MIECHV or local home visiting programs
b. Facilitates cross-sector collaborations that promote equity (e.g. collaborative solutions to systems barriers affecting families and providers)
c. There is opportunity for new or improved partnerships with internal and external groups (e.g. home visiting coalitions)
4. Strengthens home visiting workforce
a. Contributes to a well-supported workforce that reflects a diversity of lived experience and expertise (e.g. language capacity, career ladders)
b. Provides home visitors with the tools to deliver services or implement strategy/approach (trainings, supports, etc.)
c. Builds home visitor capacity to respond to barriers families face (e.g. advocacy, tools and resources to respond to inequitable policies, practices, etc.)
Impact Rating (Low: meets 0-1 criteria, Medium 2-3, High: 4)

Feasibility Criteria
1. Within the scope of home visiting
a. Aligns with MIECHV performance measures (e.g. safe sleep, developmental screening, depression screening).
b. Aligns with HRSA home visiting priority areas (e.g. recruitment, staff retention, etc.)
c. Has potential for impact through home visiting beyond federal benchmarks and priorities (e.g. addressing institutional racism, community organizing/advocacy, populations not on HRSA priority list (e.g. children and youth with special health needs))
2. MIECHV has a clear role
a. The role of MIECHV as partner or lead is realistic (e.g. MIECHV's role in approach/strategy is within MIECHV's influence).
b. It is clear who would be responsible for this strategy/approach (e.g. state or home visiting agency; organization, team, or individual).
3. Reasonable cost
a. This approach/strategy does not require a significant amount of funding, or a significant reallocation of funding.
4. Infrastructure
a. DPH has the infrastructure to support this strategy/approach, or the ability to develop the necessary supports (e.g. with existing resources, trainings, partnerships).
b. This strategy/approach could be implemented at scale (i.e. available to all MIECHV programs that would benefit)
5. Sufficient staff capacity
a. DPH staff have the capacity to implement/administer this strategy/approach.
b. The strategy/approach would make home visitors' jobs easier or would not add undue burden.
6. Minimizes service disruption
a. Ability to implement without staff layoffs or families losing services, or there is the potential to mitigate this disruption
Feasibility Rating (Low: meets 0-2 criteria, Medium 3-4, High: 5-6)

Resulting RFR Focus Areas

- ***Integrate a racial equity lens*** into all aspects of programs, policies, and practice in order to address structural racism
- ***Tailor evidence-based home visiting services*** to respond to shifting community and family contexts
- ***Emphasize outreach*** focused on promoting voluntary and equitable access to services
- ***Support varying family structures***, including non-custodial parents and grandparents caring for grandchildren
- ***Develop a workforce*** that values lived experience
- ***Implement innovative staffing structures*** including enhancements such as cross-training or designated positions to meet program needs
- ***Facilitate home visiting networks*** that contribute to coordination of services within MA MIECHV communities
- ***Develop and enhance formal collaborations*** with cross-sector partners

Lessons Learned

- Try not to be constrained by feasibility in early stages of planning
- Build in funding and time (both timelines and staff time) to support various avenues for stakeholder engagement
- Allow for an iterative process (but keep moving forward)
- Work to clearly define strategies before prioritization
- Meaningful change can be made without additional funding

