Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program

Supplemental Information Request for the Submission of the Statewide Needs Assessment

Nebraska Department of Health & Human Services

Nebraska ACA Home Visiting Program

HRSA Grant Award #: X02MC19405

September 20, 2010

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A. *Background*

On July 8, 2010, the Nebraska Department of Health and Human Services (NE DHHS) submitted an application in response to the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program, Announcement Number HRSA-1-275. In that application, the Department indicated its intent to apply for a grant and described its plans for conducting the needs assessment. As stated in that application, the Division of Public Health has primary responsibility for conducting the needs assessment in coordination with the Division of Children and Family Services.

Shortly after the Affordable Care Act was signed into law and significantly before the submission of the application on July 8, staff with the Lifespan Health Services Unit within the Division of Public Health began to gather and analyze data to identify at-risk communities. Then, an inventory of early childhood home visitation programs and initiatives was updated during July and August. Consequently, substantial progress had already been made in conducting the needs assessment prior to the issuance of the "Supplemental Information Request (SIR) for the Submission of the Statewide Needs Assessment" on August 19, 2010.

The work completed prior to August 19 was compared to the requirements of the SIR and was found to be congruent, with only some elements missing. Those missing elements have been incorporated into this submission to the extent possible within the time available. Additional details will be provided in the Updated State Plan to be submitted in response to the next SIR.

B. *Identification of At-Risk Communities*

This section describes the process by which the Nebraska Department of Health and Human Services determined the state's counties with the highest risk for poor outcomes that could potentially be addressed though home visitation, as per requirements of the ACA. The goal of the analysis was to transform a large amount of county level data into a form that allowed meaningful comparisons of counties. County was chosen as the unit for describing "community" and for the analysis of risk because it is the smallest geographic unit for which reliable data are generally available across the state.

<u>Methodology</u>

1. Data were collected, as suggested by the Affordable Care Act, based on their availability at the county-level from a valid and reliable data source. Data were cleaned and converted into rates or percentages, as necessary, using denominator data from 2004 through 2008 U.S. Census age-specific county population estimates.

2. From an initial pool of 72 indicators, those that were highly correlated and/or redundant were eliminated, resulting in thirty four (34) different health and well-being indicators.

3. Six of the selected indicators had missing values for one or more counties. Median household income was a significant predictor ($p<.05$) of one of these variables and was used in single predictor linear regression models to generate imputed values. For the five variables where median household income was not a significant predictor, missing values were replaced with the state means.

4. Because infant deaths are rare events, the Infant Mortality Rate (IMR) indicator received special treatment. Counties with very few deaths but also relatively few births have high and unstable IMRs, resulting in misleading comparisons of their mortality experience. Accordingly, counties with 1 to 5 infant deaths over the 5 year period were artificially assigned an IMR of 1.0. All other county IMRs were directly based on their actual number of deaths and births.

5. Each indicator was standardized to have mean=0 and standard deviation (std) =1. This allowed direct comparisons of indicators initially measured on different scales, e.g., Median Household Income ($) vs. Domestic Violence Crisis Calls/100,000 population.

6. Indicators were then sorted into one of eight general risk factors that were selected based on the language of the Affordable Care Act. The eight factors are: 1) child welfare, 2) crime, 3) economics, 4) education, 5) health behaviors, 6) pregnancy outcomes, 7) health outcomes, and 8) social welfare. See Attachment 1 for the indicators and their data sources as sorted into the eight factors.

7. Within each of the eight factors, Principle Components Analysis was used to summarize and develop a weight for the 2 to 6 individual indicators. County scores were generated by multiplying the indicator values by these weights and then summing the products. This resulted in one score per county per factor. See Attachment 2 for a table displaying counties with the highest factor scores from the Principle Components Analysis.

8. County scores were ranked from highest to lowest for each of the 8 factors, with higher scores indicating higher risk. Counties with scores within the top 10% (top 9 counties) of a factor were identified as being “at risk” on that factor.

9. Counties were then assigned a final score based on the following criteria:

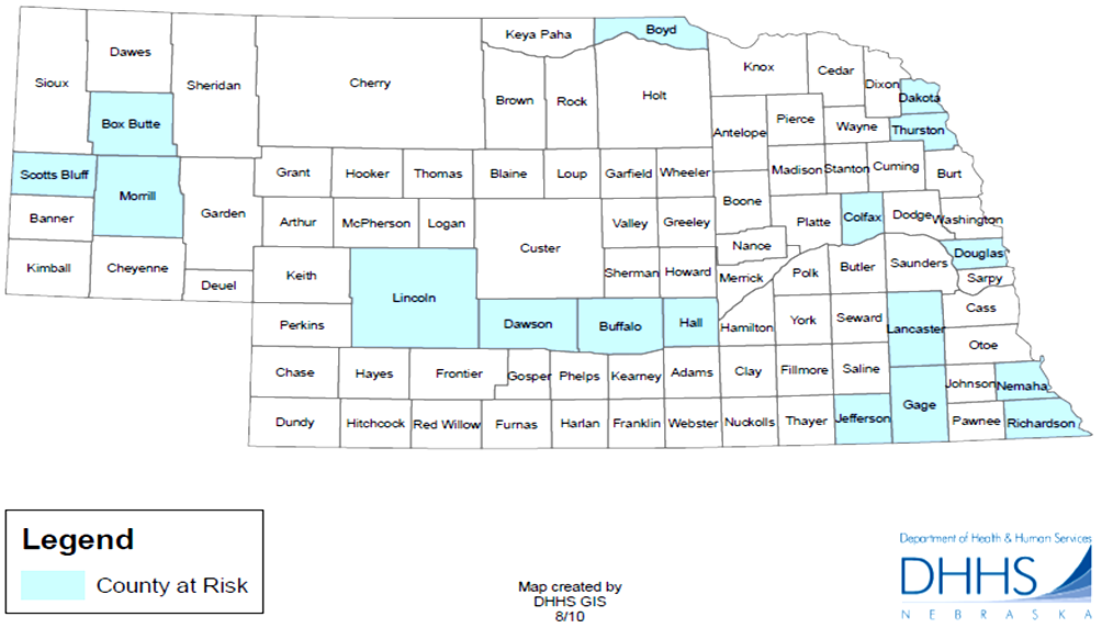
   1= if a county scored within the top 10% for two factors
   2= if a county scored within the top 10% for three factors
   3 = if a county scored within the top 10% of four factors
   4 = if a county scored within the top 10% of five factors
   5 = if a county scored within the top 10% of six or more factors

Findings

The following table describes the 17 counties found to be at highest risk for poor outcomes, based on having scored in the top 10% of two or more factors. These scores were assigned based on the number of top 10% scores. The geographic distribution of the 17 counties is shown in the subsequent map.

County	Child Welfare	Juvenile Crime	Economics	Education	Health Outcomes	Pregnancy Outcomes	Social Welfare	Behaviors	Number of factors	Level 1 Score
Scotts Bluff	√	√	√		√		√	√	6	5
Hall	√			√			√	√	4	3
Lincoln	√	√				√	√		4	3
Colfax				√			√	√	3	2
Dakota				√			√	√	3	2
Dawson				√	√			√	3	2
Douglas	√	√						√	3	2
Thurston			√	√				√	3	2
Box Butte		√					√		2	1
Boyd		√				√			2	1
Buffalo	√	√							2	1
Gage				√	√				2	1
Jefferson	√						√		2	1
Lancaster	√						√		2	1
Morrill		√				√			2	1
Nemaha		√	√						2	1
Richardson			√		√				2	1

Level 1: Nebraska Counties at Risk



Legend

County at Risk

Map created by DHHS GIS 8/10

Department of Health & Human Services
DHHS
NEBRASKA

Required Data Reports

The methodology for identifying at-risk communities was designed and implemented prior to the release of the August 19, 2010 SIR. In fact, the methodology was presented to Nebraska stakeholders during a statewide conference call held on August 16, 2010 and the findings presented through a videoconference on August 18, 2010.

The indicators utilized by Nebraska are consistent with and more extensive than the metrics included in the SIR (page 9). SIR Appendix A has been completed for the State and for each at-risk community, providing explanations and clarifications on variations of data sources and measures. See Attachment 3.

Next Steps

Seventeen at-risk counties geographically scattered across a large state - many rural, some frontier and a few urban, pose significant challenges in planning for effective, well targeted early childhood home visitation. NE DHHS has identified next steps, or levels, for further prioritizing these at-risk communities. See the following section, **C. *Quality and Capacity of Existing Early Childhood Home Visiting Programs in At-Risk Communities,*** for a description of how the 17 at-risk counties will be further scored and sorted.

C. *Quality and Capacity of Existing Early Childhood Home Visiting Programs in At-Risk Communities.*

This section describes the methodology being used to inventory, describe, and provide an initial assessment of existing programs.

As background, a detailed listing of Nebraska's Early Childhood Home Visiting Programs was previously developed through Nebraska's Early Childhood Comprehensive Systems (ECCS) project, Together for Kids and Families (TFKF; housed in Public Health). TFKF conducted a survey in 2006 to determine the number of home visitation programs, their locations, and services provided for young children and their families. The electronic survey was e-mailed to programs throughout the state believed to provide home visitation, including educational, health and family support programs serving families with children birth-8 years. Early Developmental Network (Part C) programs were not included as their home visitation services are already well documented. Respondents were also asked to provide information on other programs they were aware of; these contacts were also sent the survey. Survey questions included: information on the organization providing services including demographics of home visitors; program criteria for enrollment; geographic boundaries; focus of home visit and frequency; supervision and training provided to home visitors; funding sources; barriers to providing services as well as barriers for families to receive services and evaluation of home visitation program outcomes.

In 2008, a follow-up survey was conducted to answer additional questions generated by the first survey, particularly around the extent that *additional* services were needed in communities across Nebraska. New questions included: eligibility criteria; funding needs; need in surrounding areas beyond their community; specific populations in need of services (on a waiting list) and family barriers to receiving services. State-wide focus groups were conducted with parents to determine their needs, wants and perceptions regarding home visitation. These groups included both users and non-users of home visitation services.

Methodology

For purposes of the ACA home visiting needs assessment, a new electronic survey instrument was developed and again sent to known and potential providers of early childhood home visitation. A link to this on-line survey was e-mailed to providers the week of July 19th. The survey closed on August 9th. Ninety-six responses were received by that date. A data base was created, permitting sorting of programs by different characteristics.

Upon the identification of the 17 at-risk counties, this data base was sorted to identify those programs that provided services in those counties. Upon receipt of the August 19, 2010 SIR, information gathered through the survey was examined for responses that identified the eight elements listed on page 12 of the SIR (name of program; model or approach; services provided; intended recipient; targeted goals/outcomes; demographic characteristics; numbers served; and geographic area served). A follow-up survey was sent to respondents providing services in the 17 at-risk counties. This survey was developed to collect information on missing SIR elements and to verify accuracy of initial responses.

In addition, local health departments were contacted to assist in identifying programs that had not responded to the July 2010 survey. An updated survey, addressing all SIR elements, was subsequently e-mailed to 18 additional programs. See Attachment 4.

Extent to Which Programs Meet Needs and Gaps

Attachment 5 displays information for 27 home visiting programs identified in the 17 at-risk counties, based on information available through the survey process as of September 17, 2010. The programs listed are limited to those determined to meet the definition of early childhood home visitation as presented in the SIR. Many other programs responding to the initial survey did NOT have home visiting as a primary strategy for the provision of services to pregnant women and/or children birth to kindergarten age and are thus not displayed. Such programs included early intervention services under Part C of IDEA, Head Start ages 4-5, court-ordered family support services, or treatment programs. With these programs excluded, one of the 17 at-risk counties has no early childhood home visitation programs which meet the SIR definition – Boyd County.

For two counties, Buffalo and Dawson, Early Head Start is the only type of home visitation program that meets the SIR definition. Numbers served by Early Head Start in these counties are relatively small and gaps are difficult to measure for an individual county, since programs reported aggregate data for multiple-county service areas.

For the remaining fourteen of the 17 counties, home visiting programs are a mix of Early Head Start and locally administered programs funded with State Funds, Federal Funds, and/or private funds. Models vary, with Parents as Teachers, Healthy Families America, and variations of the Nurse Family Partnership being the most common. Several programs reported not using a published model. Again, data on numbers of families served in a given county has been difficult to obtain, since most providers reported aggregate data for multiple-county service areas.

Of these fourteen counties, two are urban: Douglas and Lancaster Counties. Douglas County had 7 home visiting providers responding to the survey, reporting over 4000 families served in that county and in adjacent Sarpy County. Lancaster County had four home visiting providers respond to the survey, reporting over 1700 families served. The programs in these two counties are more likely to be evidence-based or evidence-informed.

There are numerous limitations to the information collected and reported in Attachment 5. Limitations include but are not limited to:

- Significant variability existed in how programs interpreted and responded to survey questions.
- There is a probability that one or more programs did not receive or respond to the survey.
- Some of the SIR stipulated elements were not adequately addressed in the survey instrument. Demographics were not included in Attachment 5 for this reason.
- In a rural state, programs often serve multiple counties. The survey instrument was not sufficiently detailed to collect county specific data.

Next Steps

The 17 at-risk counties will be further assessed through a second level of analysis. First, the survey limitations described above will be addressed through one-on-one interviews with program providers and follow-up data collection. A much better understanding of the programs and who they serve is needed.

Then, at this second level of analysis, the availability of and gaps in existing early childhood home visitation services will be scored. The greater the gap, the higher the score. This score will be added to the score given to each at-risk county in the first step or level (see the table found in **B. *Identification of At-Risk Communities***). Performance of this next level of analysis is being deferred to the Updated State Plan. As noted, more detailed information is needed for the existing programs in each at-risk county, and an ACA definition and list of evidence-based programs is needed to better compare existing programs to a standard. Analysis will also include a comparison of goals/purposes of existing programs to a county's risk profile.

The third level of analysis will consider feasibility of implementing evidence-based home visitation in a given county. This level of analysis will be complex, requiring detailed and intense conversations with providers and community stakeholders, and will need to take into consideration factors such as economy of scale, community readiness and acceptance, complementary resources and infrastructure, and potential for sustainability. It will also address sub-county factors, refining what "community" means in terms of population centers and service delivery systems. This third level will also be addressed in detail in the Updated State Plan.

D. *Coordination with Title V, CAPTA, and Head Start Needs Assessments*

Staff members with primary responsibility for conducting the 5-year comprehensive needs assessment required by the Title V/MCH Block Grant also have primary responsibility for conducting this ACA home visiting needs assessment. Consequently, a seamless transition from one needs assessment to the next has facilitated access to available data, assessment

methodologies, and relevant findings. In many ways, the home visiting needs assessment is proving to be an important adjunct to and enhancement of the Title V needs assessment completed in July 2010.

The Nebraska Children and Families Foundation (NCFF) is Nebraska's Community-Based Child Abuse Prevention (CB-CAP) Lead Agency. Through the Nebraska Child Abuse Prevention Partnership, the Nebraska Department of Health and Human Services and the NCFF have a well established and productive working relationship. As a result, there has been an active exchange of data and background information between the NCFF and the NE DHHS throughout this needs assessment. For instance, the NCFF had previously conducted an assessment of child wellbeing at the county level, using 6 indicators, and then sorted counties into tiers based on how many indicators for which a county was worse than the state average. Though the methodologies were not identical, the findings of the NCFF child wellbeing assessment have largely affirmed the findings of this ACA home. And because the NCFF assessment was completed earlier, it has since worked extensively with several communities, five of which are among the 17 identified through this home visiting needs assessment (Scotts Bluff, Morrill, Box Butte, Hall County, and Colfax Counties). The detailed community-level assessment for these five counties will be utilized in developing the Updated State Plan.

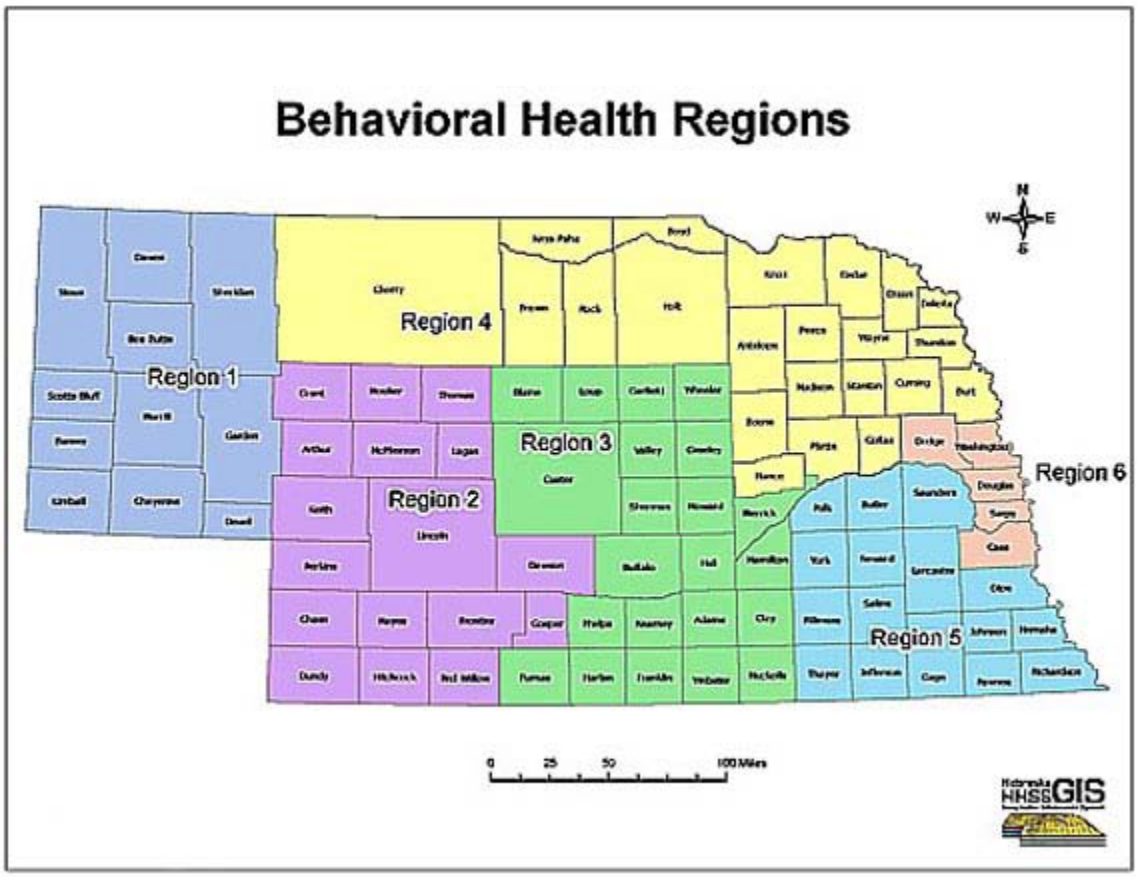
Going forward, the NCFF will be an important collaborator in developing Nebraska's detailed plans for implementing ACA home visiting programs. The NCFF is currently funding a home visiting program in one of the at-risk counties via CB-CAP and Family Preservation Funds. In addition, the NCFF is the administrative agency for Nebraska's Sixpence Endowment Fund, which also supports home visiting programs in an additional three at-risk counties.

The Director of Nebraska's Head Start State Collaboration Office (HSSCO) is a long standing partner with NE DHHS. Through Nebraska's Early Childhood Comprehensive Systems project, Together for Kids and Families, Nebraska's HSSCO has collaborated in developing and implementing an early childhood strategic plan, including strategies addressing availability and quality of home visitation. The HSSCO Director has also actively facilitated exchanges of information throughout this needs assessment, including collecting Head Start Communitywide Strategic Planning and Needs Assessment documents from Nebraska's Head Start grantees. Collection and assembly of these documents is still underway. Nine of 20 are available as of September 17. A review of these nine indicates that their greatest value will be in conducting a more detailed assessment at a sub-county level and with specific populations in individual counties.

E. *State's Capacity for Providing Substance Abuse Counseling and Treatment Services*

The Division of Behavioral Health, NE DHHS administers public mental health, gambling and substance abuse services for the State of Nebraska. Most of Nebraska's behavioral health services are managed directly by six Regional Behavioral Health Authorities (RBHAs) that contract with local providers for public inpatient, outpatient, emergency and community services. The NE DHHS, Division of Behavioral Health Services provides funding, oversight and technical assistance to the RBHAs. The behavioral health regions have been in operation since 1974, providing services to the state's 93 counties.

The Division of Behavioral Health Services also manages three Regional Centers that are located in Hastings, Norfolk and Lincoln. The Regional Centers care for persons committed by mental health boards or the courts. Lincoln Regional Center provides general psychiatric services, intensive residential treatment, a sex offender community residential program, and secure intermediate and transitional residential services. Norfolk Regional Center provides inpatient mental health and sex offender services. Hastings Regional Center provides residential substance abuse treatment for young men paroled from the Youth Rehabilitation and Treatment Center in Kearney, Nebraska.



The "at risk" communities identified though the ACA Home Visiting Needs Assessment are located throughout the six RBHA's. The following table illustrates the number of at risk counties by region:

Region	Number of Counties	Counties "at Risk"
1	11	3
2	17	2
3	22	2
4	22	4
5	16	5
6	5	1

Types and Numbers of Behavioral Health Providers in Nebraska

In 2010, there are 147 physicians specializing in psychiatry and actively practicing in 12 of Nebraska's 93 counties. There are 66 Advanced Practice Registered Nurses (APRNs) who specialize in psychiatry with primary practices in 13 Nebraska counties. Additionally, three (3) APRNS are dual licensed as an APRN and Licensed Mental Health Practitioner. There are ten (10) Physician Assistants (PAs) who specialize in psychiatry and actively practice in five (5) Nebraska counties. 315 Psychologists actively practice in Nebraska with primary practices in 21 Nebraska counties. Twenty-two (22) Psychologists are dual licensed. There are 1,723 Mental Health Practitioners, Independent Mental Health Practitioners, and Alcohol and Drug Counselors with primary practices in 55 Nebraska counties.

Mental Health Practitioners are the only profession to demonstrate significant growth (all others are declining). In 2008, 235 practicing Mental Health Practitioners were licensed as Independent Mental Health Practitioners with 34 (14 percent) identified as dual licensed. Today, 560 practicing Independent Mental Health Practitioners are licensed with 103 (18 percent) dual licensed.

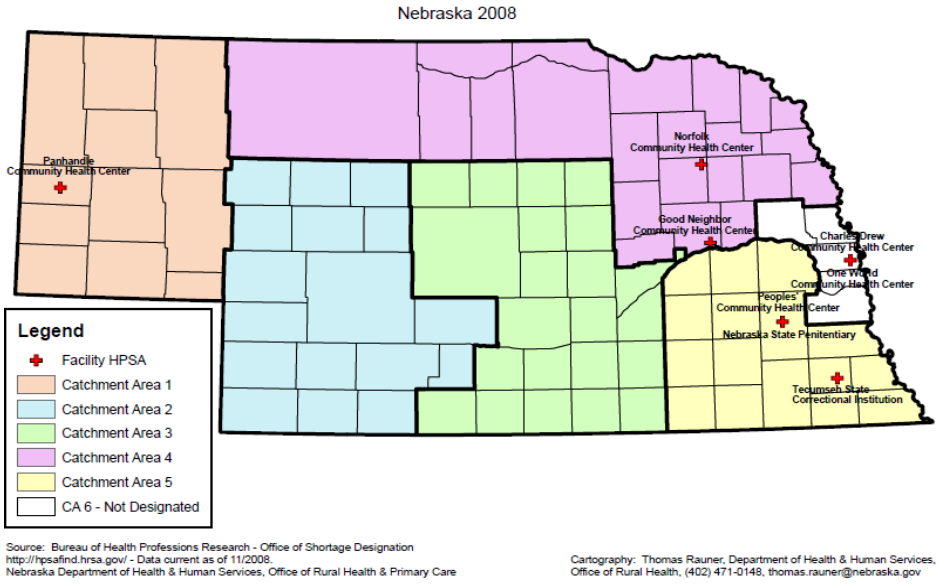
By Overall Work Status Reported in Nebraska

Profession	Full-Time	Part-Time (30-39 hrs/wk)	Part-Time (≤ 29 hrs/wk)	Total
Psychiatrist	114	8	25	147
Advanced Practice Registered Nurse	56	3	7	66
Physician Assistant	7	3	0	10
Alcohol & Drug Counselor	105	10	15	130
Mental Health Practitioner	608	95	201	904
Independent Mental Health Practitioner	337	52	68	457
Psychologist	223	29	46	298
Certified Compulsive Gambling Counselor	5	0	1	6
Single License Subtotal	**1,455**	**200**	**363**	**2,018**

Professional Shortages

The U.S. Department of Health and Human Services has designated a majority of Nebraska's counties (88/93) as Mental Health Professional Shortage Areas (HPSA's); all but one of the six RBHA's has a shortage in providers.

Federally Designated Mental Health Professional Shortage Areas



The HPSA's affect all but one of the counties identified "at risk" through the Home Visiting Needs Assessment. That county, Douglas, is one of five in Region 6. The remaining 16 counties identified as being "at risk" fall into a Federal HPSA.

Region	Counties "at Risk"	Provider Shortage
1	3	Yes
2	2	Yes
3	2	Yes
4	4	Yes
5	5	Yes
6	1	No

<u>Substance Abuse Treatment Services Provided in Nebraska</u>

The following table illustrates the number of publicly funded substance abuse treatment providers in Nebraska. Many providers have facilities in multiple communities and across regions.

Region	Number of Providers	Number of Facilities
1	9	13
2	8	13
3	16	30
4	13	14
5	12	32
6	16	34
Tribal Programs	4	4

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey conducted by SAMSHA designed to collect data on the location, characteristics, and use of alcohol and drug abuse treatment facilities and services throughout the 50 States, the District of

Columbia, and other U.S. jurisdictions. In Nebraska, 114 substance abuse treatment facilities were included in the 2009 N-SSATS, reporting that there were 4,864 clients in substance abuse treatment on March 31, 2009. The survey response rate in Nebraska was 93.1%.

Facility Operation

	Facilities		Clients in Treatment on March 31, 2009			
			All Clients		Clients Under Age 18	
	No.	%	No.	%	No.	%
Private non-profit	77	67.5	3,322	68.3	612	80.2
Private for-profit	21	18.4	953	19.6	123	16.1
Local government	5	4.4	154	3.2	5	0.7
State government	0	0.0	0	0.0	0	0.0
Federal government	6	5.3	321	6.6	1	0.1
Dept. of Veterans Affairs	4	3.5	282	5.8	0	0.0
Dept. of Defense	1	0.9	22	0.5	0	0.0
Indian Health Service	1	0.9	17	0.3	1	0.1
Other	0	0.0	0	0.0	0	0.0
Tribal government	5	4.4	114	2.3	22	2.9
Total	**114**	**100.0**	**4,864**	**100.0**	**763**	**100.0**

Type of Care

	Facilities[1]		Clients in Treatment on March 31, 2009				
			All Clients			Clients Under Age 18	
	No.	%	No.	%	Median No. of Clients Per Facility	No.	%
Outpatient	**90**	**78.9**	**3,957**	**81.4**	**25**	**623**	**81.7**
Regular outpatient	88	77.2	2,971	61.1	19		
Intensive outpatient	44	38.6	692	14.2	11		
Day treatment/partial hospitalization	9	7.9	50	1.0	2		
Detoxification	5	4.4	7	0.1	2		
Methadone/buprenorphine	3	2.6	237	4.9	79		
Residential	**41**	**36.0**	**902**	**18.5**	**15**	**140**	**18.3**
Short term	16	14.0	214	4.4	8		
Long term	33	28.9	647	13.3	14		
Detoxification	7	6.1	41	0.8	5		
Hospital Inpatient	**2**	**1.8**	**5**	**0.1**	**3**	**0**	**0.0**
Rehabilitation	2	1.8	2	<.05	1		
Detoxification	2	1.8	3	0.1	2		
Total	**114**		**4,864**	**100.0**	**23**	**763**	**100.0**

[1]Facilities may provide more than one type of care

Demand

In the most recent quarter (April–June, 2010) there were 275 people in Nebraska identified as priority populations who were waiting for services during the thirteen week reporting period, 11 of which were waiting for more than one type of service or service from multiple providers. The majority of identified priority populations waiting for substance abuse service were women with dependent children (40.7%), followed by intravenous drug users (37.1%), mental health board commitments (20.7%), pregnant women (3.3%), and pregnant intravenous drug users (1.1%).

Most people identified as priority populations waiting for substance abuse service were waiting for admission into short-term residential services (48.1%); followed by therapeutic community services (20.8%), dual disorder residential services (12.0%), intensive outpatient services (9.9%), and outpatient services (5.7%). Less than 5% of people waiting for service were waiting for

intermediate residential, halfway house, community support, social setting detox, or therapeutic community for youth.

The average wait for persons identified as priority populations waiting to enter substance abuse treatment is 25.54 days. Women with dependent children have the longest average wait at 31.57 days, followed by mental health board commitments at 23.68 days, intravenous drugs users at 20.5 days, pregnant women at 20.11 days, and pregnant intravenous drug users at 8.67 days. On average, the longest waits for substance abuse services are for therapeutic community (41.86 days), followed by dual disorder residential (30.74 days), short-term residential (21.05 days), intensive outpatient (20.44 days), halfway house (14.33 days), therapeutic community for youth (12 days), outpatient (10.5 days), intermediate residential (10 days), social detox setting (8 days), and community support services (1 day).

Prevention

A statewide advisory council, the Nebraska Partners in Prevention (NePiP), was formed in 2004. It was composed of representatives from key state agencies that administer substance abuse prevention funding and resources. Through collaborative partnerships, NePiP supported the development of state, regional, and community prevention-related capacity and infrastructure to conduct assessment, mobilization, planning, implementation, and evaluation processes. NePiP has piloted the implementation of tools to assist in prevention infrastructure assessment and planning, effective substance abuse prevention planning, and the selection of locally and culturally-appropriate evidence-based strategies.

Chaired by the Lieutenant Governor, NePiP currently includes 23 key stakeholders that continue to mobilize substance abuse prevention efforts at the state, regional, and community levels. NePiP includes representatives from the Department of Health and Human Services, the Department of Education, the State Office of Highway Safety, the State Legislature, the Nebraska Commission on Indian Affairs, the Nebraska Crime Commission, the Drug Enforcement Administration, the University of Nebraska, the U.S. Attorney's Office, and SAMHSA. (A complete list of the current NePiP members is included in Appendix B.) NePiP and its various workgroups and subcommittees have provided a means for state-level stakeholders to talk to each other (sometimes for the first time), learn from each other, and work together towards common substance abuse prevention goals.

In addition to NePIP there are 16 community coalitions across the state. Each coalition has identified desired substance abuse prevention outcomes based on risk and protective factors, and implemented evidence-based strategies in order to achieve those outcomes. The behavioral health regions have assisted the coalitions in the development and implementation of comprehensive substance abuse prevention plans.

Limitations and Next Steps

This is a very broad overview of substance abuse treatment services and gaps in Nebraska based on readily available information. A more extensive look into providers, services, and needs within communities "at risk" is yet to be completed. The analysis is complicated by regional services areas that are not equivocal to "community" (county) level needs. While it is clear that

all but one of the counties identified "at risk" falls within a provider shortage area defined at a regional level, more information is needed to document gaps at the community level.

Division of Public Health personnel will continue to work with their colleagues in the Division of Behavioral Health to better understand the systems of care in which substance abuse treatment and counseling are available to families served through home visitation. The ACA Home Visitation Project Director (also Nebraska's Title V/MCH Director) will be joining the Core Team working on Nebraska's In-Depth Technical Assistance (IDTA) Project. This project is addressing the needs of families entering the child welfare/juvenile services system due to problems related to parental substance use, with particular emphasis on substance exposed infants, methamphetamine dependent parents, and children in out-of-home care, and will offer a unique opportunity to link the work of the two Divisions, as well as with that of the Division of Children and Family Services, the Division of Medicaid and Long Term Care, and the State Court System.

F. *Narrative Summary*

Nebraska's methodology for conducting the home visiting needs assessment consists of three levels:

Level One utilized 34 indicators sorted into 8 general risk factors to identify communities at greatest risk for poor outcomes. Community was defined as a county for this level of the needs assessment because it is the smallest geographic unit for which reliable data are generally available. Within each of the eight factors, Principle Components Analysis was used to summarize and develop a weight for the 2 to 6 individual indicators. County scores were generated by multiplying the indicator values by these weights and then summing the products. This resulted in one score per county per factor. County scores were then ranked from highest to lowest for each of the 8 factors, with higher scores indicating higher risk. Counties with scores within the top 10% (top 9 counties) of a factor were identified as being "at risk" on that factor. Counties were then assigned a final score based on the following criteria:

1= if a county scored within the top 10% for two factors
2= if a county scored within the top 10% for three factors
3 = if a county scored within the top 10% of four factors
4 = if a county scored within the top 10% of five factors
5 = if a county scored within the top 10% of six or more factors

Level One has been completed, and the following seventeen counties identified as being at-risk: Scotts Bluff, Hall, Lincoln, Colfax, Dakota, Dawson, Douglas, Thurston, Box Butte, Boyd, Buffalo, Gate, Jefferson, Lancaster, Morrill, Nemaha, and Richardson.

Level Two of the needs assessment will consider and score the availability of and gaps in existing early childhood home visitation services. The greater the gap, the higher the score. This score will be added to the score given to each at-risk county in the first step or level. Performance of this next level of analysis is being deferred to the Updated State Plan. Though extensive information has been collected on existing home visiting programs in the at-risk counties, even

more detailed information is needed. In particular, better data is needed on numbers of at-risk families being served in a county, and how well existing programs meet the needs of those families. In addition, an ACA definition and list of evidence-based programs is also needed to better compare existing programs to a standard.

Level Three of the needs assessment will consider feasibility of implementing evidence-based home visitation in a given county. This level of analysis will be complex, requiring detailed and intense conversations with providers and community stakeholders, and will need to take into consideration factors such as economy of scale, community readiness and acceptance, complementary resources and infrastructure, and potential for sustainability. This third level will also be addressed in detail in the Updated State Plan.

As noted earlier, seventeen at-risk counties geographically scattered across a large state - many rural, some frontier and a few urban, poses significant challenges in planning for effective, well targeted early childhood home visitation. The next two levels of the needs assessment will be critical in determining how to best use home visiting as a means to improve outcomes for Nebraska's families with young children.

Some sources suggest that evidence-based home visitation costs an average of $4000 per year per family. Nebraska applied for and received $740,789 in FFY 2010 ACA home visiting funds. Crudely calculated, with no adjustments for either building new or using existing infrastructure, this level of funding translates to 185 families. With no assumptions that future awards will be greater, investments in evidence-based home visitation programs will thus require careful consideration of many factors. Upon completion of *Level Two* of the needs assessment, counties with both the greatest risk and the greatest gaps will be identified. Then, as part of *Level Three* of the analysis, several factors will need to be considered, and three courses of action will be considered independently and collectively:

- Potential for transforming existing programs into programs that use evidence-based models implemented with fidelity.
- Start up of completely new programs when service patterns in and among towns/cities within the at-risk counties makes sense and maximizes resources and community assets.
- Other, alternative strategies that may be more feasible or reasonable than home visiting when other financing options may exist.

Throughout the remaining levels of this needs assessment and in the development of the Updated State Plan, stakeholder engagement will be crucial. With their input, some difficult decisions will be necessary. Nebraska eagerly awaits the final SIR and its guidance for preparing the Updated State Plan and implementing effective evidence-based home visiting programs.

IDENTIFICATION OF AT-RISK COMMUNITIES
Indicators and Data Sources

	Factor	Indicator	Source	Years
1	Child Welfare	CAN reports (rate)	DHHS/DCF	2005-2009
2	Child Welfare	CAN reports, substantiated (rate)	DHHS/DCF	2005-2009
3	Child Welfare	Office of Juvenile Services (rate)	DHHS/DCF	2005-2009
4	Child Welfare	Out of Home Care (rate)	LHDs	2007
5	Child Welfare	State Wards (rate)	DHHS/DCF	2009
6	Child Welfare	Unintentional Injuries (rate)	HDD	2004-2008
7	Crime	Juvenile Arrests (rate)	LHDs	2007
8	Crime	Juvenile Drug Arrests (rate)	LHDs	2007
9	Crime	Juvenile DUI (rate)	LHDs	2007
10	Crime	Juvenile Violent Crime Arrests (rate)	LHDs	2007
11	Economic	Food Stamps (rate)	DHHS/FAPA	2005-2008
12	Economic	Poverty, All Ages (%)	SAIPE	2004-2008
13	Economic	Unemployment Change, 2009-2010	DOL	2010
14	Economic	Unemployment (%)	RWJ	2008
15	Education	High School Dropouts (%)	NDE	2004-2008
16	Education	Education Less than 9th Grade (%)	LHDs	2000
17	Health Behaviors	Adult Smoking (%)	RWJ	2002-2008
18	Health Behaviors	Binge (%)	RWJ	2000-2006
19	Health Behaviors	Chlamydia (rate)	RWJ	2007
20	Health Behaviors	Inadequate Prenatal Care (%)	DHHS/VR	2003-2007
21	Health Behaviors	No Prenatal Care (%)	DHHS/VR	2003-2007
22	Health Behaviors	Births To Teens (% of all births)	DHHS/VR	2003-2007
23	Pregnancy Outcome	Low Birth Weight (%)	DHHS/VR	2003-2007
24	Pregnancy Outcome	Very Low Birth Weight (%)	DHHS/VR	2003-2007
25	Pregnancy Outcome	Prematurity (%)	DHHS/VR	2003-2007
26	Pregnancy Outcome	Infant Mortality (rate)	LHDs	2004-2008
27	Health Outcomes	Poor/Fair Health (%; self-reported)	RWJ	2002-2008
28	Health Outcomes	Poor Mental Health Days (mean)	RWJ	2002-2008
29	Health Outcomes	Poor Physical Health Days (mean)	RWJ	2002-2008
30	Health Outcomes	Premature Death (YPLL)	RWJ	2004-2006
31	Social Welfare	Aggravated Domestic Violence Complaints (rate)	NCC	2004-2008
32	Social Welfare	Domestic Violence Crisis Line Calls (rate)	LHDs	unknown
33	Social Welfare	Simple Domestic Violence Complaints (rate)	NCC	2004-2008
34	Social Welfare	Single Parent Household (%)	RWJ	2000

Legend:	**DHHS**	**Nebraska Department of Health & Human Services**
	DCF	Division of Children & Families
	LHDs	Local Health Departments - MCH Workbook
	RWJ	Robert Wood Johnson Foundation - 2010 County Health Rankings
	NCC	Nebraska Crime Commission
	FAPA	Financial & Program Analysis Unit
	NDE	Nebraska Department of Education
	SAIPE	US Census - Small Area Income and Poverty Estimates
	DOL	Nebraska Department of Labor
	VR	DHHS/VR

PRINCIPLE COMPONENTS ANALYSIS

Counties within Top 10% of Each of Eight Factors

Child Welfare	Juvenile Crime	Economics	Education	Health Outcomes	Pregnancy Outcomes	Social Welfare	Behaviors
Lincoln	Boyd	Thurston	Dawes	Harlan	Keith	Lancaster	Thurston
Lancaster	Box Butte	Keya Paha	Colfax	Kimball	Pawnee	Box Butte	Douglas
Scotts Bluff	Scotts Bluff	Blaine	Thurston	Scotts Bluff	Frontier	Hall	Hall
Madison	Lincoln	McPherson	Dawson	Gage	Custer	Scotts Bluff	Colfax
Buffalo	Morrill	Scotts Bluff	Dakota	Richardson	Morrill	Lincoln	Thomas
Douglas	Douglas	Nemaha	Cuming	Hitchcock	Grant	Colfax	Scotts Bluff
Jefferson	Stanton	Arthur	Hall	Valley	Lincoln	Jefferson	Dodge
York	Buffalo	Hooker	Gage	Dawson	Boyd	Dakota	Dawson
Hall	Nemaha	Richardson	Holt	Rock	Burt	Saline	Dakota

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Nebraska

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.70	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0690	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	5.99	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.103	SAIPE
Crime Rate: # reported crimes / 1,000 residents	---	---	---	---	423.71	Nebraska Crime Commission
Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19					35.00	
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	19.80	?
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	Nebraska Department of Education
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	17.97	BRFSS
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.30	Nebraska Department of Economic Development
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	7.22	---	---	---	---

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Box Butte

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	8.50	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0727	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	0.00	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.117	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents	---	---	---	---	307.27	**Nebraska Crime Commission**
Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19					68.60	
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	32.30	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.00	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	17.53	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.70	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	9.11	---	---	---	---

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Boyd

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	13.30	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0941	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	0.00	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.134	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	67.57 25.10	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	17.40	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.00	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	16.64	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.20	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	4.61	---	---	---	---

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Buffalo

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.20	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0604	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	6.58	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.107	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	390.39 49.10	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	23.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	18.34	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	2.50	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	4.96	---	---	---	---

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Colfax

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	6.60	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0522	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	8.97	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.103	SAIPE
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	146.32 40.80	Nebraska Crime Commission
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	17.40	?
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	Nebraska Department of Education
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	15.99	BRFSS
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	2.60	Nebraska Department of Economic Development
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	2.36	---	---	---	---

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Dakota

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.60	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0710	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	4.97	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.121	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	236.07 40.70	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	17.40	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	18.04	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	4.10	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	6.58	---	---	---	---

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Dawson

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	8.30	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0638	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	8.16	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.118	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	408.36 48.00	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	40.10	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	16.19	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	4.00	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	3.48	---	---	---	---

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Douglas

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	10.70	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0774	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	6.43	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.116	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents	---	---	---	---	594.61	**Nebraska Crime Commission**
Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19					33.30	
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	7.10	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	18.66	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.70	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	7.64	---	---	---	---

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Gage

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	10.70	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0819	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	2.85	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.103	SAIPE
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	482.31 48.00	Nebraska Crime Commission
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	29.60	?
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	Nebraska Department of Education
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	20.59	BRFSS
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	4.70	Nebraska Department of Economic Development
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	7.49	---	---	---	---

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Hall

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.60	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0658	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	6.42	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.119	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	628.23 32.00	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	23.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	15.14	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.10	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	7.01	---	---	---	---

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Jefferson

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	8.40	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0837	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	4.82	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.107	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	386.14 47.40	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	29.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	16.37	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.90	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	6.65	---	---	---	---

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Lancaster

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.10	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0674	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	6.76	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.102	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents	---	---	---	---	621.27	**Nebraska Crime Commission**
Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19					42.40	
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	40.10	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	19.28	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.10	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	13.79	---	---	---	---

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Lincoln

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	12.70	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0779	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	5.99	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.107	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	548.18 47.70	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	29.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	16.79	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.00	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	10.08	---	---	---	---

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Morrill

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	9.10	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0860	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	10.07	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.152	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	241.28 48.10	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	32.30	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	15.61	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.20	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	9.69	---	---	---	---

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Nemaha

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	7.30	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0608	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	2.34	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.118	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	254.23 36.70	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	29.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	11.87	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	4.60	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	4.19	---	---	---	---

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Richardson

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	11.50	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0742	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	4.78	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.124	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	214.90 28.70	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	29.60	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.01	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	18.82	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	4.30	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	5.43	---	---	---	---

Appendix A

Scotts Bluff

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	7.80	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0711	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	6.58	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.155	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	466.29 65.20	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	32.30	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.02	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	10.11	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	3.70	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	12.50	---	---	---	---

Appendix A

Thurston

Indicator	Title V	CAPTA	Head Start	SAMHSA	(Other)	Other Source
Premature Birth Percent: # live births before 37 weeks / total # live births	6.70	---	---	---	---	---
Low Birth Weight Infants Percent: # resident live births less than 2500 grams / # resident live births	0.0419	---	---	---	---	---
Infant Mortality Rate: # infant deaths age <1 / 1,000 live births	8.71	---	---	---	---	---
Poverty Percent: # residents below 100% FPL / total # residents	---	---	---	---	0.244	**SAIPE**
Crime Rate: # reported crimes / 1,000 residents Rate: # crime arrests ages 0-19 / 100,000 juveniles ages 0-19	---	---	---	---	6.98 0.40	**Nebraska Crime Commission**
Domestic Violence Rate: # domestic violence crisis calls / total # residents	---	---	---	---	17.40	**?**
School Drop-out Rates Percent: # high school drop-outs grades 9-12 / # students beginning 9th grade	---	---	---	---	0.05	**Nebraska Department of Education**
Substance Abuse Prevalence: Binge alchol use in psat month	---	---	---	---	20.28	**BRFSS**
Unemployment Percent: # unemployed and seeking work / # total workforce	---	---	---	---	6.90	**Nebraska Department of Economic Development**
Child Maltreatment Rate: # substantiated reports of child maltreatment / # children ages 0-18	---	8.50	---	---	---	---

Nebraska Home Visiting Survey (2nd)

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Nebraska Home Visiting Survey

Page 1 - Heading

Dear Provider: The Nebraska Department of Health & Human Services, Division of Public Health, is applying for federal funds to expand home visiting services in the state. As part of our application, we are gathering information on existing services. You may have participated in previous surveys (2006 & 2008). The current version is designed to provide a very brief update of resources and needs in Nebraska communities. Thank you for taking a few minutes to complete this survey. If you have any questions, please contact Lynne Brehm, Program Coordinator, Together for Kids and Families/Early Childhood Comprehensive Systems (lynne.brehm@nebraska.gov, or 402/471-1384).

Page 1 - Question 1 - Open Ended - One or More Lines with Prompt

Person / Agency completing survey

- Your Name .....
- Agency Name .....
- Your position in the agency .....
- Agency's home city .....
- Home Visiting Program name .....
- Phone number .....
- Fax number .....
- E-mail .....

Page 1 - Question 2 - Choice - Multiple Answers (Bullets)

Which of these describes your agency? Please select all that apply.

- ☐ Faith-based
- ☐ Hospital-based
- ☐ Private, for profit
- ☐ Private, non-profit
- ☐ Public
- ☐ Other, please specify .....

Page 1 - Question 3 - Choice - One Answer (Bullets) [Mandatory]

Does your agency have a home visiting program?

- ○ Yes
- ○ No. Thank you, you are finished. [Skip to End]

Page 2 - Question 4 - Open Ended - Comments Box

What are intended goals and outcomes of your home visiting intervention? (If you have a formal document that states the goals/outcomes, please email it to dhhs.lifespanhealth@nebraska.gov.)

Page 2 - Question 5 - Open Ended - One Line

Approximately how many families did your home visiting program serve in calendar year 2009?

Page 2 - Question 6 - Choice - Multiple Answers (Bullets)

What age group(s) do you serve?

- ❑ Prenatal
- ❑ 0-3 years
- ❑ 4-5 years
- ❑ 6-8 years
- ❑ Other, please specify

Page 2 - Question 7 - Open Ended - One Line

Of the total number of families you reported in Question 5, approximately what percentage of them are Hispanic?

Page 2 - Question 8 - Rating Scale - Matrix

Of the total number of families you reported in Question 5, approximately what percentage of them fall into each of the following racial groups?

	None	<10%	10-24%	25-49%	50-74%	75-89%	90+%	All	Don't Know
White or Caucasian	❍	❍	❍	❍	❍	❍	❍	❍	❍
Black or African American	❍	❍	❍	❍	❍	❍	❍	❍	❍
Indian or Native American	❍	❍	❍	❍	❍	❍	❍	❍	❍
Asian / Pacific Islander	❍	❍	❍	❍	❍	❍	❍	❍	❍
Multi-Racial	❍	❍	❍	❍	❍	❍	❍	❍	❍

Page 3 - Question 9 - Choice - Multiple Answers (Bullets)

What are the eligibility criteria for entry into your home visitation program? Please select all that apply.

- ❑ Court ordered
- ❑ Fathers
- ❑ Mothers
- ❑ Single parent
- ❑ First time parent
- ❑ Special needs
- ❑ Geographic
- ❑ Teen parent
- ❑ Prior abuse/neglect

- ❑ Income
- ❑ Other, please specify

Page 3 - Question 10 - Choice - One Answer (Bullets)

Is client participation in your program...

- ○ Mandatory
- ○ Voluntary
- ○ Depends on the client

Page 3 - Question 11 - Choice - Multiple Answers (Bullets)

Is client eligibility dependent on enrollment in another program?

- ❑ No
- ❑ Yes, please specify:

Page 3 - Question 12 - Choice - Multiple Answers (Bullets)

What are the geographic boundaries of your home visiting program(s)? Please select all that apply.

- ❑ Neighborhood-based, within our city
- ❑ City-wide
- ❑ County-wide
- ❑ 2 or more counties

Page 3 - Question 13 - Open Ended - One Line [Mandatory]

In what county(ies) does your home visiting program operate?

Page 3 - Question 14 - Choice - One Answer (Bullets)

Are you able to provide clients' race/ethnicity data separately for each of the counties you serve?

- ○ We only serve one county
- ○ No
- ○ Only for some of counties
- ○ Yes, for all of the counties

Page 3 - Question 15 - Choice - Multiple Answers (Bullets)

How are clients referred to your services? Please select all that apply.

- ❑ HHS
- ❑ Other Service Providers
- ❑ Family & friends
- ❑ Self
- ❑ Schools
- ❑ Doctor/Provider
- ❑ Hospital
- ❑ Court

- ❑ Other, please specify

Page 3 - Question 16 - Choice - Multiple Answers (Bullets)

What activities are included during the home visits? Please select all that apply.

- ❑ Crisis intervention
- ❑ Life skills management
- ❑ Coordination Services
- ❑ Early childhood education
- ❑ Health Education
- ❑ Social/Emotional Support
- ❑ Information & Referrals
- ❑ Parent Education
- ❑ Other, please specify

Page 4 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 4 - Question 17 - Yes or No

Volunteers?

- ○ Yes
- ○ No [Skip to 5]

Page 4 - Question 18 - Open Ended - One or More Lines with Prompt

- ✎ Number of Volunteers who deliver home visi _____
- ✎ Approximate total percent time spent by Volunteers in home visiti _____

Page 5 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 5 - Question 19 - Yes or No

Health Educators?

- ○ Yes
- ○ No [Skip to 6]

Page 5 - Question 20 - Open Ended - One or More Lines with Prompt

- ✎ Number of Health Educators who deliver home vis _____
- ✎ Approximate total percent time spent by Health Educators in home visi _____

Page 6 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 6 - Question 21 - Yes or No

Therapists (for example, Physical Therapist, Occupational Therapist, Speech Language Pathologist)?

- ○ Yes
- ○ No [Skip to 7]

Page 6 - Question 22 - Open Ended - One or More Lines with Prompt

- Number of Therapists who deliver home vis _____
- Approximate total percent time spent by Therapists in home visit _____

Page 7 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 7 - Question 23 - Yes or No

Mental Health Practitioners?

- ○ Yes
- ○ No [Skip to 8]

Page 7 - Question 24 - Open Ended - One or More Lines with Prompt

- Number of Mental Health Practitioners who deliver home vis _____
- Approximate total percent time spent by Mental Health Practitioners in home visi _____

Page 8 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 8 - Question 25 - Yes or No

Teachers?

- ○ Yes
- ○ No [Skip to 9]

Page 8 - Question 26 - Open Ended - One or More Lines with Prompt

- Number of Teachers who deliver home vis _____
- Approximate total percent time spent by Teachers in home visit _____

Page 9 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 9 - Question 27 - Yes or No

Social Workers?

- Yes
- No [Skip to 10]

Page 9 - Question 28 - Open Ended - One or More Lines with Prompt

- How many Social Workers deliver home vis
- Approximate total percent time spent by Social Workers in home visit

Page 10 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 10 - Question 29 - Yes or No

Para-Professionals?

- Yes
- No [Skip to 11]

Page 10 - Question 30 - Open Ended - One or More Lines with Prompt

- How many Para-Professionals deliver home vis
- Approximate total percent time spent by Para-Professionals in home visit

Page 11 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 11 - Question 31 - Yes or No

Nurses?

- Yes
- No [Skip to 12]

Page 11 - Question 32 - Open Ended - One or More Lines with Prompt

- How many Nurses deliver home visi
- Approximate total percent time spent by Nurses in home visiti

Page 12 - Heading

The next questions are about the personnel that deliver the home visits. Are any of your home visits made by...

Page 12 - Question 33 - Yes or No

Other personnel?

- Yes

- ○ No [Skip to 13]

Page 12 - Question 34 - Open Ended - One or More Lines with Prompt

What kind of personne _____
How many other personnel deliver home vis _____
Approximate total percent time spent by other personnel in home visit _____

Page 13 - Question 35 - Choice - Multiple Answers (Bullets)

What types of formal training in the area of home visitation does your program require for staff without prior entry level qualifications? Please select all that apply.

- ☐ No formal training required
- ☐ Child Development associate
- ☐ Bachelor's degree (nursing, social work, or early childhood)
- ☐ Parents as Teachers (PAT) training
- ☐ In-service training and/or shadowing
- ☐ Other, please specify

Page 13 - Question 36 - Choice - Multiple Answers (Bullets)

What do you see as barriers to your ability to provide services ? Please select all that apply.

- ☐ Cultural barriers
- ☐ Low referral rate
- ☐ Parental follow-through
- ☐ Liability issues
- ☐ Eligibility
- ☐ Geography
- ☐ Availability of trained staff
- ☐ Funding
- ☐ Other, please specify

Page 13 - Question 37 - Choice - Multiple Answers (Bullets)

What is the current source of funding for your home visiting programs? Please select all that apply.

- ☐ Federal funds
- ☐ State funds
- ☐ Other, please specify

Page 13 - Question 38 - Choice - One Answer (Bullets)

If your home visiting program had additional funding, approximately how many more families have you identified as needing services (based on, waiting list, additional recruiting efforts, etc.)? Please select the closest answer.

- ○ Not Applicable/We have not identified any additional families
- ○ 0-5
- ○ 6-10
- ○ 11-25

- ○ 26-50
- ○ more than 50
- ○ Other, please specify

Page 14 - Question 39 - Yes or No

In addition to your program, is there a need in the surrounding area for additional home visitation programs?

- ○ Yes
- ○ No [Skip to 15]

Page 14 - Question 40 - Choice - Multiple Answers (Bullets)

Is the need for additional programs based on lack of services for any of these specific populations ? Please check all that apply.

- ❑ Parents/caregivers experiencing mental health problems
- ❑ Parents/caregivers who are English Language Learners
- ❑ Teen parents
- ❑ Parents/caregivers of newborn(s)
- ❑ Parents/caregivers who need support with family issues
- ❑ Parents/caregivers are experiencing crisis
- ❑ Parents/caregivers needing support with parenting
- ❑ Other, please specify

Page 15 - Question 41 - Choice - One Answer (Bullets)

Do the families you work with tend to prefer the visit in their home or some place outside of their home? Please select the best answer.

- ○ Mostly in their home [Skip to 16]
- ○ Mostly in a community setting
- ○ Pretty evenly split between the two
- ○ No preference
- ○ Other

Page 15 - Question 42 - Open Ended - Comments Box

What reasons have parents given for not wanting visits in their home, e.g., language barriers, lack of privacy or time?

Page 16 - Question 43 - Choice - Multiple Answers (Bullets)

Are there other services that families have requested to support their young children (birth through 5)?

- ❑ Parent-child play groups
- ❑ Centered-based infant care
- ❑ Parenting training

- ❑ Respite services
- ❑ Other, please specify

Page 16 - Question 44 - Choice - Multiple Answers (Bullets)

Are your home visiting services based on one or more of these national models? Please select all that apply.

- ❑ Our services are not based on a national model [Skip to 17]
- ❑ Parents as Teachers (PAT)
- ❑ National Standards for Head Start & Early Head Start
- ❑ Hawaii Early Learning Profile (HELP)
- ❑ Nurse-Family Partnership
- ❑ Healthy Families America
- ❑ Other model, please specify

Page 16 - Question 45 - Yes or No

Is your program implemented with fidelity to the national model?

- ○ Yes
- ○ No
- ○ Additional Comment

Page 17 - Question 46 - Yes or No

Do your programs provide a Hotline number (24 hour assistance)?

- ○ Yes
- ○ No
- ○ Additional Comment

Page 17 - Question 47 - Open Ended - Comments Box

Is there any other information you would like to give us about your home visiting program(s)?

Thank You Page

Thank you very much for completing this survey. Please contact us (lynne.brehm@nebraska.gov) if you would like to remain apprised of the State's home visiting activities.

Screen Out Page

(Standard - Zoomerang branding)

Over Quota Page

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Survey Closed Page

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ACA-Defined Home Visitation Programs
Nebraska At-Risk Communities
September, 2010

KEY

Services Provided:

a = Crisis intervention **b** = Life skills management **c** = Coorindation Services **d** = Early childhood education
e = Health education **f** = Social/emotional support **g** = information and referrals **h** = Parent education
Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	**Regional West Home Care: Regional West Medical Center**	**Early Head Start: NW Community Action Partnership**	**Children's Outreach: Panhandle Public Health District**	**Healthy Start: Great Plains Regional Medical Center**
Model	None identified	PAT, HS & EHS Standards	Nurse-Family Partnership	Nurse-Family Partnership, Healthy Families America
Services	d, e, f, g, h	a, b, c, d, e, f, g, h	e, f, g, h	e, f, g, h
Intended Recipient	Prenatal, Children 0-3	Prenatal, Children 0-3	Children 0-3	Prenatal, Children 0-5
Goals/Outcomes	Skilled Assessment & Intervention	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Social, Physical, and Mental Assessment & Referral, Breastfeeding Support	Healthy Development, Reduction in CA/N, Parent Ed and Support
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	360	110	140	150
Geographic Area Served	***Scotts Bluff County***	***Box Butte,*** Dawes, Sheridan, Cherry Counties	***Box Butte, Morrill,*** Sioux, Dawes, Sheridan, Kimball, Garden, Cheyenne, Deuel Counties	***Lincoln County***
Funding	Federal, State, Other	Federal	Federal & State	Federal, State, Other

KEY

Services Provided:

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Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	Early Head Start: Community Action Partnership of Mid-Nebraska	St. Francis Healthy Start	Early Head Start: CFDP. Inc	Early Head Start: Blue Valley Community Action
Model	PAT, HS & EHS Standards	Hawaii Healthy Start	PAT, HS & EHS Standards	PAT, HS & EHS Standards
Services	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h
Intended Recipient	Children 0-5	Prenatal, Children 0-5	Prenatal, Children 0-3	Prenatal, Children 0-5
Goals/Outcomes	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Optimum Health & Development Outcomes, Breastfeeding Promotion, & CA/N Prevention	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Provide Comprehensive Services to Support Optimal Child & Family Outcomes
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	150	200+	144	40
Geographic Area Served	***Buffalo, Dawson,*** Chase, Dundy, Frontier, Furnas, Gosper, Harlan, Hitchcock, Perkins, + 2 Kansas Counties	30 Mile Radius of Grand Island, NE in ***Hall County***	***Hall*** , Adams, Clay, Webster, Nuckolls, Franklin, Hamilton Counties	***Gage, Jefferson,*** Fillmore, Thayer, Saline, York Counties
Funding	Federal	State	Federal	Federal

KEY

Services Provided:

a = Crisis intervention **b** = Life skills management **c** = Coorindation Services **d** = Early childhood education
e = Health education **f** = Social/emotional support **g** = information and referrals **h** = Parent education
Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	**Sixpence: Public Health Solutions**	**Good Beginnings: Community Medical Center, Falls City**	**Early Head Start: Lincoln Public Schools**	**Early Head Start: Lincoln Action Program**
Model	Nurse-Family Partnership	None reported	HS & EHS Standards	HS & EHS Standards
Services	a, b, c, e, f, g, h	d, e, f, g, h	c, d, e, f, g, h	c, d, e, f, g, h
Intended Recipient	Prenatal, Children 0-3	Children 0-3	Children 0-3	Prenatal & Children 0-3
Goals/Outcomes	Healthy & Supported Families	Healthy Children & Families	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Provide Comprehensive Services to Support Optimal Child & Family Outcomes
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	140	50	68	117
Geographic Area Served	***Gage, Jefferson*** , Fillmore, Saline, Thayer Counties	***Richardson County***	City of Lincoln in ***Lancaster County***	***Lancaster,*** Saunders Counties
Funding	Federal & Other	Other	Federal	Federal

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Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** : At-Risk County

Name of Program	**Parenting Support Project: Cedars**	**MCH, Healthy Homes, Parenting Support Project: Lincoln - Lancaster County Health Dept.**	**Early Head Start: Omaha Public Schools**	**Early Head Start: Salvation Army**
Model	Healthy Families America	Healthy Families America	HS & EHS Standards	PAT, HS & EHS Standards
Services	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h	c, g	d, e, f, g, h
Intended Recipient	Prenatal & Children 0-5, First time Parents & their children	Prenatal & Children 0-3	Prenatal & Children 0-3	Prenatal & Children 0-3
Goals/Outcomes	Prevent child abuse & neglect; Improve child health & development; Increase positive parenting.	Reduce Risk Factors to improve birth outcomes, reduce health disparities & CA/N, Promote Breastfeeding	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Provide Comprehensive Services to Support Optimal Child & Family Outcomes
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	35	1,507	1, 013	140
Geographic Area Served	***Lancaster County***	***Lancaster County***	***Douglas County***	***Douglas County***
Funding	State	Federal, State, Other	Federal	Federal

KEY

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e = Health education **f** = Social/emotional support **g** = information and referrals **h** = Parent education
Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	**VNA/CSI Home Visitation; Teen Parent Program: Child Savings Institute**	**VNA Family Services: Visiting Nurse Association**	**Children & Family Center: NE Children's Home**	**Omaha Healthy Start: Charles Drew Health Center**
Model	Nurse-Family Partnership, Healthy Families America	Nurse-Family Partnership	Nurturing Parenting Program; Home-Builders	Healthy Start
Services	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h	a, b, c, e, f, g, h
Intended Recipient	Prenatal & Children 0-3	Prenatal 0-13, & 13-44 years. Pregnant & Parenting 0-3	Prenatal & Children 0-5, Targeting Teen Parents	Prenatal & Children 0-3
Goals/Outcomes	CA/N Prevention, Self Sufficiency, Education Completion, Healthy Attachment	Improve Birth Outcomes, Promote Optimum Health & Development, Reduce injury & death, Promote parental self-sufficiency	Prenatal Care, Enhance Parenting Skills, Safe nurturing environments, Positive Developmental Outcomes	Reduction of infant mortality
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	125	2,336	Pgm. Started in 2010	400
Geographic Area Served	***Douglas*** & Sarpy Counties	***Douglas*** & Sarpy Counties	Neighborhood in Omaha, NE in ***Douglas*** **County**	***Douglas County***
Funding	Federal, State, Other	Federal, State, Other	Federal, State, Other	Federal

KEY

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e = Health education **f** = Social/emotional support **g** = information and referrals **h** = Parent education

Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	**Public Health Nursing: Fred Leroy Health & Wellness Center**	**Early Head Start & Sixpence: Central NE Community Services**	**Healthy Families Nebraska Program: Columbus Community Hospital**	**East Central District Health Department/ Good Neighbor Health Center**
Model	I H S Public Health Nursing Home Visiting	PAT, HS & EHS Standards	Healthy Families	Healthy Families
Services	b, c, e, f, g, h	a, b, c, d, e, f, g, h		
Intended Recipient	Prenatal & Children 0-8	Prenatal & Children 0-3	Prenatal, Children 0-3 with plans to extend to age 5	Two visits (prenatal and postpartum)
Goals/Outcomes	Interventions to promote health & education	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	Promote self-improvement, enhance self-esteem, encourage independence	
Demographic Characteristics	TBD	TBD	TBD	TBD
# of Families Served in Service Area	45	150		50-100
Geographic Area Served	***Douglas*** & Sarpy Counties	***Colfax,*** Sherman, Howard, Greeley, Custer, Garfield, Valley, Brown, Holt, Platte Counties	Platte, ***Colfax*** , Boone, Nance Counties	Polk, Butler, York, Seward, Boone, Nance, Platte, ***Colfax*** Counties
Funding	Federal	Federal, Other	Federal	Federal

KEY

Services Provided:

a = Crisis intervention **b** = Life skills management **c** = Coorindation Services **d** = Early childhood education
e = Health education **f** = Social/emotional support **g** = information and referrals **h** = Parent education
Demographic Characteristics: **TBD** = To Be Determined **Geographic Area Served:** ***Bold Italics*** **:** At-Risk County

Name of Program	**Early Head Start: Boys & Girls Home**	**Operation Great Start, Operation Building Blocks: Goldenrod Hills Community Action**	**Public Health Nursing: Winnebago Tribe of NE**
Model	Partners for a healthy baby	Natl. Standards for HS/EHS, Healthy Families America, LA Babies, Utah Dept. of Health Precon-ception Care	None reported
Services	b, c, d, e, f, g ,h	a, b, c, d, e, f, g, h	a, b, c, d, e, f, g, h
Intended Recipient	Prenatal & Children 0-3	Prenatal & Children 0-8, Teen Parents	Prenatal & Children 0-5, All ages
Goals/Outcomes	Provide Comprehensive Services to Support Optimal Child & Family Outcomes	CA/N & infant mortality Reduction, Breastfeeding Promotion, preventa-tive services	Not available
Demographic Characteristics	TBD	TBD	TBD
# of Families Served in Service Area	30	200	100
Geographic Area Served	***Dakota, Thurston*** , Knox, Cedar, Dixon, Wayne Counties	***Thurston*** , Burt, Cuming, Madison, Stanton, Knox, Pierce, Antelope, Wayne, Dixon, Cedar, Dodge Counties	Tribal boundaries & Native Americans who receive care at I H S facilities; Tribal boundaries are in ***Thurston*** County
Funding	Federal	Federal, State	Federal

DHHS
Nebraska Department of Health and Human Services

State of Nebraska
Dave Heineman, Governor

September 20, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

As you know, the Nebraska Department of Health and Human Services (NE DHHS) is the designated entity for conducting Nebraska's home visiting needs assessment required by the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. Responsibility for collecting, analyzing, and interpreting the necessary data and information was assigned to the Division of Public Health (PH), one of DHHS' six divisions.

The Division of Public Health also has responsibility for administering the Title V/Maternal and Child Health Block Grant. The Division of Behavioral Health is one of the other six Divisions in the NE DHHS, and is the State of Nebraska's Single State Agency for Substance Abuse Services.

As the Directors of the Divisions of Public Health and Behavioral Health, we concur with and support the needs assessment findings.

Through this needs assessment, the both Divisions have gained a much better understanding of Nebraska communities and their relative concentrations of at-risk families. The needs assessment will not only guide implementation of evidence-based home visiting programs, but also the enhancement of systems that promote improved outcomes for young children and their families.

Sincerely,

Joann Schaefer, MD
Chief Medical Officer – State of Nebraska
Director, Division of Public Health
Department of Health and Human Services

Scot L. Adams, Ph.D., Director
Division of Behavioral Health
Department of Health and Human Services

Head Start-State Collaboration Office

Eleanor Kirkland, Director
PO Box 94987 • 301 Centennial Mall South • Lincoln, NE 68509-94987
Telephone (402) 471-3501 • Fax (402) 471-0117 • Email: eleanor.kirkland@nebraska.gov
http://www.nde.state.ne.us/ECH/hssco.html

September 13, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

As you know, the Nebraska Department of Health and Human Services (NE DHHS) is the designated entity for conducting Nebraska's home visiting needs assessment required by the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. Responsibility for collecting, analyzing, and interpreting the necessary data and information was assigned to the Division of Public Health (PH), one of DHHS' six divisions.

The Nebraska Department of Education is the State of Nebraska's designated agency for the Head Start-State Collaboration Office. As the Director of that Office, I concur with and support the needs assessment findings.

The Nebraska Head Start-State Collaboration Office has been actively engaged in the assessment and is engaging Nebraska's Head Start and Early Head Start Programs to access their most current community needs assessments. I look forward to the ongoing partnership to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention and family support services for at risk children and families.

Sincerely,

Eleanor Shirley-Kirkland, M.A., C.S.W.
Head Start Early Childhood Systems Director
Nebraska Head Start-State Collaboration Office

Nebraska Children
AND FAMILIES FOUNDATION

September 17, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

As you know, the Nebraska Department of Health and Human Services (NE DHHS) is the designated entity for conducting Nebraska's home visiting needs assessment required by the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. Responsibility for collecting, analyzing, and interpreting the necessary data and information was assigned to the Division of Public Health (PH), one of DHHS' six divisions.

The Nebraska Children and Families Foundation (NCFF) is the State of Nebraska's designated agency for Title II of CAPTA. As the President of the NCFF, I concur with and support the needs assessment findings. We are currently working in five counties that align with the needs assessment to build capacity and infrastructure and to support positive parent child interaction. We also administer and provide consultation to the programs in the Sixpence Early Childhood Endowment program that serves at risk children and families across the state.

Nebraska Children and Families Foundation staff members have been engaged in the needs assessment, assuring that the assessment process fully considered the CAPTA inventory of unmet needs and current community-based and prevention focused programs and activities to prevent child abuse and neglect. The NCFF looks forward to the ongoing partnership to promote effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention and family support services for at risk children and families.

Sincerely,

Mary Jo Pankoke

Mary Jo Pankoke, President
Nebraska Children and Families Foundation

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