

Welcome to the first quarterly issue of the HomeVisiting in Nebraska newsletter.



## The purpose of this newsletter

- To provide a forum for all Nebraska home visiting programs,
- To increase awareness about key issues,
- To improve communication between the state and local home visiting programs,
- To promote information sharing at all levels.

We welcome your feedback, comments or suggestions. Send an email to Sue Spanhake at [sue.spanhake@nebraska.gov](mailto:sue.spanhake@nebraska.gov)



## Research to Policy to Practice: Evidence-based Practice

We see it every week in journal articles, the grants you write, and it seems that each professional discipline has its own definition. Why are funders and policymakers demanding that the resulting services and policies are grounded in research and evidence of effectiveness? But what does evidence-based practice mean? This article will introduce you to this topic and help you think about what it means for your work in home visiting and other early childhood services.

“Evidence” has its roots in President Lyndon Johnson’s Great Society, often called the experimenting society because of the large and expensive

evaluations to see primarily if programs worked or did not work and the information only consisted of an effectiveness grade for a specific program. As millions of dollars continued to be invested in human services, policymakers desired more accountability in programs. This resulted in an evaluation conducted of each new program, funding for a few years, and enough time for one study group. Finally, policymakers looked to replicating local existing programs that proved to be found effective elsewhere. So came to be the strategy of replicating proven programs with evidence-based programming and policies.

A simple definition for evidence-based practice is those programs found to be effective through the evaluation of research and can be replicated in other locations. Eight models were found to be evidence-based for state ACA home visiting programs. They are Early Head Start-Home Based Option, Family Check Up, Healthy Families America (HFA), Healthy Steps, Home Instruction Program for Preschool Youngsters (HIPPI), Nurse-Family Partnership (NSP), Parents as Teachers, and Public Health Nursing – Early Intervention Program. More information about the models can be found at <http://homvee.acf.hhs.gov/>

## What is the ACA MIECHV Program?

This program is being carried out in accordance with new federal law, the Affordable Care Act (ACA), which amends the Social Security Act, Title V, Section 511 by creating the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. The Nebraska program is administered by the Nebraska Department of Health and Human Services (NE DHHS), Division of Public Health, in collaboration with the Division of Children and Family Services. The purpose of the ACA MIECHV formula grant program is to implement evidence-based home visiting in Nebraska using one or more of the federally approved home visiting models.

Nebraska identified the counties of Scotts Bluff, Morrill, and Box Butte as the communities targeted for implementation of this program. A three-level needs assessment process was used to identify these counties, and can be found at [http://www.dhhs.ne.gov/lifespanhealth/Home\\_Visitation/Home-Visiting-Needs-Assessment.htm](http://www.dhhs.ne.gov/lifespanhealth/Home_Visitation/Home-Visiting-Needs-Assessment.htm).



## Benchmarks

Definition of benchmarks: Six required outcome areas for the ACA MIECHV program. Each benchmark is composed of “constructs” specific, measurable items for which data is collected, and all states are required to show quantifiable, measurable improvement on four of the six benchmarks in three years.

- Improved Maternal and Newborn Health
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
- Improvements in School Readiness and Achievement
- Crime or Domestic Violence
- Family Economic Self-Sufficiency
- Coordination and Referrals for Other Community Resources and Supports

In order to achieve this requirement, NE DHHS will establish the Nebraska Home Visiting and Early Childhood Database and Management System to collect client-level data on those served in the home visiting program. A contract has been executed with the University of Kansas Institute for Educational Research and Public Service. This Institute has been successful in creating such a database and system in the state of Kansas.

Currently, the benchmarks are being finalized to meet federal standards. Each benchmark will be featured in future issues of this newsletter.

## Focus on the Panhandle

Through the needs assessment completed in 2010, several counties identified the home visiting they were carrying out to meet the needs of children and families in their area of the state. We would like to focus on a different home visiting program or project in each upcoming newsletter. This issue will provide an update on the ACA Home Visiting Program in the Panhandle.

The Panhandle Public Health District is the local contractor to implement the program in Scotts Bluff, Morrill, and Box Butte counties. After careful consideration, local stakeholders selected the Healthy Families America model and Growing Great Kids curriculum for this program, and training has been scheduled for this fall. Interviews are under way to fill eight newly created staff positions. Home visiting offices will be located in Scottsbluff and current PPHD offices in Bridgeport and Hemingford. Staff members are being hired and trained this Fall with home visits beginning in January.



### SUE SPANHAKE

**Program Coordinator, Nebraska ACA Home Visiting Program**

Sue became the new Program Coordinator for the Nebraska ACA Home Visiting Program in November 2010. While she is new to home visiting, Sue has nearly 22 years of experience working in the Nebraska Department of Health and Human Services.

She began her career as a Family and Consumer Science teacher and taught school for seven years in Nebraska. Previous DHHS positions include Community Health Educator, Behavioral Risk Factor Surveillance System (BRFSS) Coordinator, Performance Measurement Consultant, and Agency Fiscal Note Coordinator. Prior to her current position, Sue was the Program Manager for Perinatal, Child & Adolescent Health and provided oversight for the Nebraska Perinatal Depression Project, and the TUNE Project.

This program is a team effort, and a DHHS team meets on a monthly basis. Members include **Debora Barnes-Josiah, Lynne Brehm, Paula Eurek, Tina Goodwin, Kathy Karsting, Shirley Pickens-White, and Jennifer Severe-Oforah.**



**Please Share  
With Us!**



- Do you have a story you want to share about a local home visiting program?
- Is there a topic you would like to see this newsletter address?
- Other suggestions for the newsletter?

Send your items to Sue Spanhake, Program Coordinator, at [sue.spanhake@nebraska.gov](mailto:sue.spanhake@nebraska.gov) or call Sue at 402-471-1938.

Check out the website for updates to the program at [http://www.dhhs.ne.gov/lifespanshealth/Home\\_Visitation/Home-Visiting-Needs-Assessment.htm](http://www.dhhs.ne.gov/lifespanshealth/Home_Visitation/Home-Visiting-Needs-Assessment.htm)