

Outcomes Measurement Plan for Act 528 of 2013:
An Act to Improve the Health and Stability of Arkansas Families

Compiled by: Arkansas Department of Health
Division of Childcare and Early Childhood Education in the Arkansas Department of Human Services
The State Child Abuse and Neglect Prevention Board

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Executive Summary

Act 528 of 2013 prioritized investment in evidence-based home visiting programs in Arkansas. For the first time, it is required that at least 90% of state investment must be in evidence-based models. Secondly, the legislation required an interdepartmental biannual report on the scope of services provided, the costs, and program outcomes to be compiled by the State Child Abuse and Neglect Prevention Board [Children's Trust Fund], with the Arkansas Department of Health [ADH], and the Division of Childcare and Early Childhood Education in the Department of Human Services [DCCS]. A plan outlining the data to be collected and methods used for the biannual report was to be submitted to the Legislative Council and Governor by October 1, 2014 and is reported below. The first biannual report will be submitted on October 1, 2016.

A growing body of research suggests that synapse formation in the brain is largely dependent on early childhood experiences. Sensory pathways, language, and higher cognitive function have been shown to have peak development during the first year of life. Building on that very early development, the initial three years are critical to setting the stage for maximum achievement during the years of formal education. Therefore, investments in quality, evidence-based programs, such as home visiting, have shown a high rate of public return when priorities include involvement of parents, early beginnings, and the targeting of at-risk populations. With continued efforts, Arkansas could become a national leader in positive childhood development efforts.

Reporting Overview

The reporting requirements in Act 528 includes data collection for: demographic data of the families being served, costs of services provided to enrolled families, indicators that measure outcomes for each of the nine areas of program goals, and other information to assist in the understanding of program effectiveness. This report will be a consolidated effort of the three named state entities and will be built, to the extent possible, on existing data sets for home visiting programs in Arkansas. The report will also incorporate the latest information currently being developed on a national level through the Pew Charitable Trusts Home Visiting Campaign Data Initiative. Thus, this initial Outcome Measurement Plan documents the efforts to date by the three entities to achieve common definitions, as well as a description of basic data to be included in the report. Since the field of home visiting evaluation is currently the subject of concentrated national professional efforts, it is the intent of the Arkansas entities included in Act 528 to incorporate as much of the soon-to-be-published national recommendations as soon as they become available.

Currently, data is being collected in a variety of formats by each of the state entities included. The Children's Trust Fund uses an in-house Excel spreadsheet system to collect primary demographic and operational information for the funded programs. The Arkansas Department of Health uses an Arkansas-developed version of the Efforts To Outcomes [ETO] data system for their Competitive Federal Maternal Infant and Early Childhood Home Visiting Program [MIECHV] and a model-specific ETO system for the Federal Formula MIECHV program using the Nurse-Family Partnership [NFP]. The Division of Childcare and Early Childhood Education uses a state-based Child Outcome Planning and Administration [COPA] database to monitor and manage both its home visiting and center-based early childhood programs. The Data Element Migration Chart attached to this report identifies the data elements envisioned for use in the Act 528 report.

The three state entities agree that data should be collected on a state fiscal year basis in order to provide information consistent with funding cycles and to provide the time needed to assemble the report for submission to the Legislative Council and the Governor. The initial data collection period will be July 1, 2014 through June 30, 2016, with the initial report delivered by October 1, 2016. The entities also propose to create an Act 528 Draft Report, with data collected from an initial six month period, and will revise any data collection and reporting efforts for better accuracy and clarity for the rest of the reporting.

Specific Reporting Elements

Act 528 requires reporting of demographic information of families being served. The data will be collected separately, by the particular entity, and then aggregated into one document. Demographic items proposed for inclusion in this report are:

- Age of mother at enrollment [to determine percentage of teen mothers]
- Age of target child
- Mother's educational status at enrollment and at end of program year
- Mother's employment status at enrollment and end of program year [to be reported as program goal statistic]
- Participation of child in a medical home
- Immunizations of target child are current
- Home visiting program information regarding whether a child abuse/neglect report has been substantiated by caregiver report during program year
- Zip code of enrolled family

Act 528 includes home visit program goals:

- Build healthy parent and child relationships
- Empower families to be self-sufficient
- Enhance social and emotional development
- Improve maternal, infant, or child health outcome, including reducing preterm births
- Improve the health of the family
- Increase school readiness
- Promote positive parenting practices
- Support cognitive development of children
- Reduce incidences of child maltreatment and injury

These program goals are more difficult to measure than the demographic indicators listed above, as there is no single data element that can be tied to each item, and because not every program will have each goal as a key component of their specific model focus. For example, prevention of preterm births are not a central focus of the home visiting programs targeting children age 3 – 5; nor is school readiness a primary focus of models focusing on pre-birth through age 3. Thus, in the report the state entities will identify which goals are applicable for each program. All home visiting programs subject to Act 528 currently conduct periodic developmental screening of participating children, although instruments employed and scheduled evaluation times vary by program model and funding stream. The biannual report of Act 528 will include reporting on developmental milestones by children involved in home visiting programs in a clear and concise manner.

To be labeled as such, evidence-based home visiting models have been found by independent review to have positive impact on particular developmental progress and/or increased positive parenting behavior. It can be inferred, therefore, that adherence to such model content will have the positive impact on child development and family interactions that have been established by model. Thus, this report will address compliance with model, frequency of visits, and adherence to curriculum as an indirect measure of success.

Act 528 also calls for the reporting of cost per family served. The state entities will report according to their particular funding stream regulations and practices. For federally-funded programs, expended funds per family enrolled will be used. For Arkansas Better Chance-funded programs, the set rate per target child [representing 60% of total cost] will be used to identify program cost per child on an annual basis. For Trust Fund programs, expended funds per family will be used. A common definition of enrolled family status is being developed across models for clearer reporting.

A model reporting chart is included in the following pages.

As mentioned in the Act as a point of exploration, the required combined effort of Arkansas Department of Health, the Division of Childcare and Early Childhood Education in the Arkansas Department of Human Services and the State Child Abuse and Neglect Prevention Board has already proven the need for a longitudinal study of the progress of participants involved in early childhood services in the state, like that of home visits. A better understanding of how children from various “at risk” environments/situations develop, as compared to the general Arkansas child population, will be critical in our understanding of the public-return of the investment in maternal, infant, and childhood home visiting. While we work to evaluate investment in home visiting programs in the state, full longitudinal evaluation is encouraged.

Act 528 Consolidated Program Reporting

Reporting Period: _____

Prepared by: _____

Report Item	Ch. Tst Fund Source	HIPPY		PAT		HFA ETO	NFP ETO	FBBH ETO	Aggregate Across Models	COMMENTS
		ETO	COPA	ETO	COPA					
DEMOGRAPHICS										
Mother Age [Average]										
Target Child Age [Average]										
Mother educ. status at enrollment [Average]										
Mother educ. status at end of program [Average]										
For infants, did mother breastfeed for initial six months [Average]										
Does anyone in the home smoke on a regular basis [YorN] [Number of each]										
Does target child have medical home = % yes										
Target child immunization status = %current[include will child visits]										
Child abuse/neglect reports made = % of enrolled children										
ZIP Code of enrolled family = State map with number by ZIP										

Legend of Programs Listed Above	
Ch. Tst Fund	Arkansas Children's Trust Fund
HIPPY	Home Instruction for Parents of Preschool Youngsters
PAT	Parents as Teachers
HFA	Healthy Families America
NFP	Nurse-Family Partnership
FBBH	Following Baby Back Home
ETO	Efforts to Outcomes
COPA	Child Outcome Planning and Administration

