



Learning Session: Identifying Priority Families for Home Visiting Services

By Grace Palmer and Emily Audet

“Prior to starting intentional prioritization, we were offering services to whoever came through our door. From an equity perspective, using data to find families who may not know how to walk through that door is important.”

– Amy Malen, Allegheny County Department of Human Services

On Friday, May 20, 2022, the Government Performance Lab (GPL) led [a discussion with practitioners](#) from three jurisdictions that have expanded access to home visiting programs or similar supports about how they prioritize their outreach efforts to ensure these services reach the families who need them most. Featured speakers included:

- Shalyn Bravens, Director of Family Connects and MIECHV, United Way for Greater Austin
- Kristine Campagna, Associate Director of Community, Health and Equity, Rhode Island Department of Health
- Amy Malen, Assistant Deputy Director, Office of Community Services, Allegheny County Department of Human Services

Over the course of the conversation, participants elevated *three key takeaways*:

1. More broadly accessible program models can help overcome stigma and fear around accessing prevention services.
2. Even agencies testing more “universal” home visiting programs must make choices about how to prioritize their resources.
3. Even simple choices about prioritizing families for outreach or services can carry racial equity and ethical risks, such as increased surveillance bias.

1. More broadly accessible program models can help overcome stigma and fear around accessing prevention services.

Voluntary prevention services often struggle to attract and engage families most in need of support. These programs face a common challenge of deep-seated stigma and fear of potential child protection involvement. Families may experience services that are targeted—for example, those that only serve low-income families or families with substance use issues—as stigmatizing and wish to avoid them. All panelists stressed the importance of testing new strategies to address these barriers by offering

“We are starting to see some repeat families, where they had one baby a couple of years ago and now are having a second, and our Family Connects program is becoming the expected norm for our community. It fulfills one of our goals to make families feel supported and celebrated when they are bringing home their newborn.” - Shalyn Bravens, United Way for Greater Austin

services to a broad population and establishing a norm that all families need help. Increased federal funding, including through the Family First Prevention Services Act and pandemic relief, has allowed many jurisdictions to expand investments in home visiting and to test more universal access to these family wellbeing services.

2. Even agencies testing more “universal” home visiting programs must make choices about how to prioritize their resources.

Truly universal home visiting programs serve every family in a jurisdiction. These models exist in some places but are not currently common in the United States. Many jurisdictions, however, are testing steps towards a “universal” model by making programs more broadly accessible. Given that these approaches typically still are not serving every family, without conscious attention to who is being served, families with the most knowledge of services are often prioritized by default. These families who raise their hand for help on their own, however, are often not the people who most need help. In addition, jurisdictions rarely have the resources or ability to deliver equal supports in all parts of a community or to every family, and not every family needs the same level of support. Decisions about which families should access varied levels of support are also a type of prioritization choice.

“Parenting is hard for everyone. We wanted to design the program with that in mind first. We also, though, know that families with high levels of need are our priority families, and they need a lot of support. We could never offer that level of support to every family, nor does every family need or want it.”
– Amy Malen, Allegheny County Department of Human Services

Panelists described a wide range of ways this prioritization of families shows up in practice:

- **Targeting outreach within a universal program:** While open to all, Rhode Island’s First Connections program automatically refers about 60% of the state’s parents, based on the results of its Newborn Screening Assessment Tool.
- **Providing tiered services:** Allegheny County, PA offers tiers of parental supports from light-touch resources, like a texting service, to customized wraparound supports for families identified as having the greatest need. As another example, Rhode Island uses its short-term home visiting program as a screening method to identify families needing additional help and connect them with more intensive services.
- **Prioritizing a subset of referral sources:** “For Travis County, it was important to offer a service to all families, so we decided to implement our Family Connects program universally at one hospital with the goal to expand access over time. We chose the initial hospital because we had sufficient funding to offer services to the entire birth population served there, and the hospital’s demographics were roughly proportional to the county.”
– Shalyn Bravens, United Way for Greater Austin
- **Using administrative data to identify priority families:** Allegheny County uses a predictive risk model to identify families with the highest likelihood of a home removal by age three and directs its outreach and strongest supports to these families. Other jurisdictions prioritize outreach to families they know are eligible for public benefits, like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), as a proxy for identifying low-income families.

3. Even simple choices about prioritizing families for outreach or services can carry racial equity and ethical risks, such as increased surveillance bias.

Many communities are concerned that risk assessments or other prioritization methods can unintentionally perpetuate or exacerbate existing racial disparities, especially when these models inform decisions about punitive child welfare interventions, like investigations or removals. Because longstanding racial, economic, and other oppressions are closely tied to the factors considered in these risk assessments, they often identify communities of color as facing high risks.

In the context of community-based prevention, many governments hope using risk assessments to identify families facing the most adversity will support *more* equitable service provision. They hope to ensure that communities of color have equitable access to the voluntary services that they have traditionally been cut out from, with the goal of preventing involvement in punitive systems. Thus, preventive services hold potential to alleviate existing racial disparities in the child welfare system, but potential risks—such as increased surveillance of families prioritized for access to these prevention supports—remain.

“We strive to give everyone an experience that’s responsive to their needs, and we have adapted the program accordingly. For example, we now have peer recovery coaches at our birthing hospitals as part of the clinical team. Home visiting isn’t for everyone, so we work with doulas and other community resources to be involved at the local level”
- Kristine Campagna, Rhode Island Department of Health

Examples of strategies panelists described to balance the promise of equitably offering prevention services with the risks of perpetuating harm included:

- **Working with parent advisory councils:** All panelists described utilizing paid parent advisory councils, composed of current and former parent participants, to provide feedback on the program’s data analysis and design.
- **Giving families the opportunity to opt out of involvement in the risk assessment:** In Allegheny County, every family receives a postcard in the mail a few weeks after having a child, reminding them of the program and giving them an opportunity to remove their personal data from the risk assessment process.
- **Regularly analyzing data to monitor potential unintended consequences:** Allegheny County has been closely monitoring rates of referrals from its providers to the child welfare system and has found no evidence of higher referral rates among its providers. This finding suggests that contact with their providers is not increasing the likelihood that a family enters the child welfare system.
- **Engaging community members and performing an ethical review:** Before implementing its screening tool, Allegheny County commissioned an independent ethical review and issued a response. An independent ethical review provides the opportunity for an outside perspective to catch concerns that the team may have overlooked. Making the review public and responding to it can increase public trust in the operation.
- **Providing relevant trainings to staff engaging families and delivering services:** In concert with its parent advisory council, Rhode Island’s program built in trainings on structural racism and surveillance bias for its nurses and staff.
- **Culturally relevant service provision:** All panelists warned that a “one size fits all” approach does not work when providing voluntary prevention services. Panelists described

providing customized supports, in coordination with families themselves, to be responsive to each family's unique needs.

Home visiting and other voluntary prevention programs have the potential to reduce racial disparities in the child welfare system by providing equitable access to preventative family wellbeing support. However, jurisdictions should regularly monitor their programs to ensure that they do not unintentionally increase a family's risk of contact with the child protection system.

For more information, listen to the [full conversation](#) or visit the GPL's [Children & Families webpage](#).

The [Government Performance Lab](#), housed at the Harvard Kennedy School Taubman Center for State and Local Government, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are able to provide experiential learning as well. © Copyright 2023 Harvard Kennedy School Government Performance Lab