

Touchpoints for Addressing Substance Use Issues in Home Visiting: Performance Measurement Pilot

Answers to questions about the pilot

Why are the Office of Planning, Research, and Evaluation (OPRE) and the Health Resources and Services Administration (HRSA) conducting this pilot?

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees provide home visiting services for pregnant women and parents of young children. The services help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development. To date, few substance use performance measures have been developed for and tested within home visiting programs.

The purpose of the pilot is to test the way two potential performance measures are defined and provide insights about the feasibility of their collection, the usefulness of the measures in improving services for families with substance misuse problems, and the supports that local implementing agency staff need to implement the measures. Findings from this pilot have the potential to help local implementing agency staff engage and support families with substance use problems more effectively, through the use of these potential performance measures.

What measures are OPRE and HRSA piloting?

The two measures are used as a paired set:

- *Screening for Substance Misuse (SUD-1)* is defined as the percentage of primary caregivers who were screened at least once in the measurement period for unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use using a validated tool.
- *Follow-up for Caregivers at Risk of Substance Misuse (SUD-2)* is defined as the percentage of primary caregivers with a positive screen, measured using a validated tool, for unhealthy alcohol use or drug use who received a follow-up service with a behavioral health provider within 14 days of the positive screen.

How long is the pilot?

The pilot, including data collection, analysis, and reporting, is scheduled to last six months. Local agencies will track progress on the measures for the following four months.

Is participation in the pilot mandatory?

No, participation is voluntary.

Who is conducting the pilot?

OPRE within the Administration for Children and Families (ACF) in collaboration with HRSA selected Mathematica to lead this study. Mathematica is a nonpartisan research firm that designs studies, collects data, and conducts analysis for governments, foundations, and the private sector (www.mathematica-mpr.com).

How were states, agencies, and model representatives identified for participation in the pilot?

Mathematica identified, in consultation with HRSA, MIECHV state awardees that implement two or more home visiting models, have plans to address substance use among the caregivers enrolled in their programs, and anticipate interest in the pilot among their local agencies.

States will identify local implementing agencies for participation in the pilot. They will identify agencies with and without substance use screening experience.

The study team will select representatives from home visiting models that are used in participating local implementing agencies.

What will states be asked to do as part of the pilot?

Participating MIECHV state awardee administrators will be asked to:

- **Identify 5 local implementing agencies** with home visiting programs that meet criteria for the pilot study.
- **Participate in a training webinar** in the first month of the pilot about how local agencies will collect and report data to calculate SUD-1 and SUD-2.
 - Data manager or staff responsible for abstracting data are expected to participate, and other interested staff may attend.
- **Participate in a 90-minute interview** about five-six months after the pilot begins to identify challenges with using the SUD-1 and SUD-2 measures and provide feedback on whether the measures would be useful to MIECHV awardees for improving home visiting services.

What will home visiting model representatives to do as a part of the pilot?

Participating representatives from home visiting models will be asked to participate in a 30- to 45-minute interview to understand how the pilot measures align with current home-visiting-model recommendations and existing requirements for substance use screening and follow-up services.

What will local agencies do as part of the pilot?

Participating local agency staff will be asked to:

- **Participate in a training webinar** in the first month of the pilot about how to collect and report data to calculate SUD-1 and SUD-2.
 - Data manager or staff responsible for abstracting data are expected to participate, and other interested staff may attend.
- **Participate in two check-ins** to discuss data collection with Mathematica, one near the beginning of data collection and one near the end of data collection
- **Collect individual-level information** needed to calculate SUD-1 and SUD-2 on all primary caregivers who enroll in the program during the pilot.
- **Securely transmit the individual-level information** to Mathematica in the sixth month of the pilot.
- **Participate in a one-time interview** about five-six months after the pilot begins to provide feedback on the feasibility of using the measures and whether they are useful. Interviews range from 60 minutes (home visitors and supervisors) to 90 minutes (managers and/or data managers).
 - For each participating local agency, 1 manager or data manager, 1 home visiting supervisor, and 5 home visitors are expected to participate in interviews.

What resources will local agencies receive to support their involvement in the pilot?

Participating local agencies will receive the following technical assistance:

- A Measures Reporting Tool with the data elements that are required to track SUD-1 and SUD-2
- A training webinar and ongoing technical assistance, including two scheduled check-ins, to support the use of Measures Reporting Tool
- A list of examples for validated substance use screening measures.

What type of individual level-information will local agencies collect?

Mathematica will provide local agencies with the Measures Reporting Tool to input information required to calculate the substance use performance measures, including date of enrollment in the home visiting program, date screened for substance use, results of the screen, caregiver receipt of substance use treatment, and date follow-up care was received for caregivers with a positive substance use screen. Local agencies will not provide caregiver name or demographic information.

How will Mathematica use the information collected in the Measures Reporting Tool?

Mathematica will examine the information in the Measures Reporting Tool to understand the feasibility of collecting the data elements necessary to calculate the performance measures. For example, they will look at fields for missing information and if data elements are reported in a standard way across participating agencies. Mathematica will not calculate performance or conduct other quantitative analyses of the data.

How will Mathematica secure the individual-level data?

The SUD-1 and SUD-2 Measures Reporting Tool will be a Microsoft Excel file submitted to Mathematica using an encrypted file-transfer protocol such as BOX. Mathematica will store the tool on a secure network with access restricted to essential project staff. The tool will not be shared with anyone outside of Mathematica essential project staff and Mathematica will destroy the file when the project ends.

Will OPRE or HRSA receive the Measures Reporting Tool?

No. Mathematica will summarize information from the Measures Reporting Tool in a report. Agencies will not be identified in the report.

Will local agencies be compensated for participating in the pilot?

Yes. Each local agency will receive \$250 for participation in technical assistance services and stakeholder interviews, and submission of the Measures Reporting Tool.

How can I get more information about the study?

Please contact Mathematica's study director, Melissa Azur, by phone at 202-250-3518 or by email at MAzur@mathematica-mpr.com. You can also reach our Project Officer at OPRE, Nicole Denmark, by email at Nicole.Denmark@acf.hhs.gov.