

**State of Delaware  
Department of Health & Social Services  
Division of Public Health  
Family Health & Systems Management Section**

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

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**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**  
**MATERNAL AND CHILD HEALTH BUREAU**

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## I. EXECUTIVE SUMMARY

This report serves as the 2010 Home Visiting Needs Assessment for the State of Delaware. Following guidance provided by HRSA and ACF, a data report for several indicator measures was developed for both the State of Delaware and the overall nation. A community level data report was then conducted with the use of aggregated zip codes – or “zones” – as the geographic unit for community. The indicator measures at the zone level were compared to the corresponding indicator measure at the state level and the top five zones for each indicator were highlighted. The zones most frequently highlighted among the top five indicators were classified as “at-risk” communities. Limitations of the analysis were then discussed. A comprehensive list of both direct and indirect home visiting programs currently in place was listed and a narrative outlining gaps in services in these “at-risk” communities was completed.

## II. PERFORMING A STATEWIDE DATA REPORT FOR DELAWARE

Data was collected for each of the indicators (e.g., *Poverty*) and sub-indicators (e.g., *Marijuana Use* under *Substance Abuse*, an indicator) requisite to conduct the Home Visiting Needs Assessment for the State of Delaware. For many of the indicators, data at the national level was also obtained in an effort to provide Delaware’s data results with some context. Data at the national level was not available for some of the indicators due to differences in the methods of reporting – for example, national measures for domestic violence do not necessarily align with the measures designed by the Delaware Domestic Violence Coordinating Council, the source for the state data on this measure.

In all cases, the most recently available and most highly respected data sources were used to perform the analysis. Given this fact, it is important to note that 2000 census data was used for some of the indicators, and therefore, some of the data measures may be outdated. Some of these data sources – particularly the U.S. Department of Health & Human Services, Administration on Children, Youth and Families’ annual *Child Maltreatment* reports – helped to better describe some of the measures without a clear definition. Overall, however, the exact metrics listed in the *Supplemental Information Request for the Submission of the Statewide Needs Assessment* were used in much of the analysis with some exceptions. These exceptions included:

- *High School Completion*. Rather than using high school dropout rates, the percentage of residents at least age 25 years without a high school degree divided by the total number of residents at least age 25 years was taken. This substitute measure more accurately represents high school educational attainment in the population. However, it also counts current residents that may not have lived in Delaware when these residents chose not to and/or could not attain their high school degree.
- *Illicit Drug Use (Other than Marijuana) in Past Month*. This data is not available. The Youth Risk Behavior Survey (YRBS), however, asks high school respondents whether or not they have used cocaine and/or crack in the past month. This is the only illicit drug (other than marijuana) that is asked in this survey with the time frame of use within the previous month. Accordingly, this measure was modified to specifically ask about cocaine and/or crack use.
- *Nonmedical Prescription Drug Use in Past Month*. This data is not explicitly available in the YRBS.

The definition of each of the indicators and the corresponding results for both Delaware and the nation is provided in **TABLE 1**. Note that a “Code” field was added to allow for easy reference to the definition of an indicator when viewing the community level tables (**TABLE 3A** and **TABLE 3B**) in this document.



**TABLE 1. DELAWARE & U.S. RESULTS FOR ALL INDICATORS**

Indicator	Measure			Delaware	U.S.
	Code	Numerator	Denominator		
Child Maltreatment	A1	Reported Substantiated Maltreatment	Total Population Age 0-17 Years	1.03%*	1.02%*
	A2	Reported Substantiated Maltreatment, Medical	Reported Substantiated Maltreatment	1.50%*	1.77%*
	A3	Reported Substantiated Maltreatment, Neglect	Reported Substantiated Maltreatment	41.4%*	64.7%*
	A4	Reported Substantiated Maltreatment, Physical	Reported Substantiated Maltreatment	17.4%*	14.3%*
	A5	Reported Substantiated Maltreatment, Psychological	Reported Substantiated Maltreatment	25.2%*	6.03%*
	A6	Reported Substantiated Maltreatment, Sexual	Reported Substantiated Maltreatment	7.77%*	8.57%*
Crime	B1	Reported Crimes	1,000 Residents	115 <sup>†</sup>	N/A
	B2	Crime Arrests Ages 0-18 Years	100,000 Age 0-18 Years	2,680 <sup>†</sup>	N/A
Domestic Violence	C	Domestic Violence Incidents, Criminal & Non-Criminal	1,000 Residents	33.1 <sup>‡</sup>	N/A
High School Completion	D	Residents Age 25 & Over Without High School Degree	Total Residents Age 25 & Over	17.5% <sup>§</sup>	N/A
Infant Mortality	E	Feto-Infant Deaths, Age Less Than 1 Year	1,000 Live Births	8.54 <sup>**</sup>	6.80 <sup>**</sup>
Low Birth Weight Infants	F	Live Births Less than 2500 Grams	Total Live Births	9.3% <sup>**</sup>	8.1% <sup>**</sup>
Poverty	G	Residents Below 100% FPL	Total Residents	10.3% <sup>††</sup>	13.2% <sup>††</sup>
Premature Birth	H	Live Births Before 37 Weeks	Total Live Births	13.8% <sup>‡‡</sup>	12.3% <sup>‡‡</sup>
Substance Abuse (among youth surveyed)	I1	Binge Alcohol Use in Past Month	Total Youth Surveyed	21.0% <sup>§§</sup>	24.2% <sup>***</sup>
	I2	Cocaine and/or Crack Use in Past Month	Total Youth Surveyed	0.5% <sup>§§</sup>	2.8% <sup>***</sup>
	I3	Marijuana Use in Past Month	Total Youth Surveyed	23.7% <sup>§§</sup>	20.8% <sup>***</sup>
Unemployment	J	Residents Age 16 & Over Unemployed & Seeking Work	Residents Age 16 in Workforce	8.2% <sup>†††</sup>	9.7% <sup>†††</sup>

\* 2006-2008 data. U.S. Department of Health & Human Services, Administration on Children, Youth and Families, Children's Bureau.

† 2004-2008 data. Delaware Office of Management and Budget Statistical Analysis Center.

‡ 2004-2008 data. Delaware Health Statistics Center; Delaware Domestic Violence Coordinating Council.

§ 2000 census data. U.S. Census Bureau.

\*\* 2003-2007 data. Delaware Health Statistics Center.

†† 2008 estimate. U.S. Census Bureau State & County QuickFacts.

‡‡ 2008 data. Kids Count Data Center; National Center for Health Statistics.

§§ 2009 data. Youth Risk Behavior Survey, 11<sup>th</sup> Grade Responses, University of Delaware Center for Drug and Alcohol Studies.

\*\*\* 2009 data. Youth Risk Behavior Surveillance System, CDC.

††† July 2009 data. U.S. Department of Labor, Bureau of Labor Statistics.

### III. DEFINING COMMUNITIES USING AGGREGATED ZIP CODES

#### Choosing a Basic Geographic Unit for Analysis

After completing an analysis of the indicators at the state level, a meticulous study was conducted on what geographic unit would be used to help define the communities at higher risk for adverse outcomes. The county level has some merit as a geographic unit since many agencies report data at this level. County data, however, has its limitations given that Delaware has only three counties and one of these three counties (New Castle) is home to more than half of the state population. Given these facts, it was determined that county level analysis would be too crude. Conversely, Delaware has 196 census tracts that could be aggregated in varying ways to generate larger geographic units for evaluation. Nevertheless, agencies rarely report data at the census tract level rendering this geographic unit to be too minute to conduct analysis. Keeping the benefits and drawbacks of both county and census tract levels in mind, it was decided that zip codes would serve as a geographic unit to balance both accessibility and granularity of data. According to the 2000 census, Delaware has 66 populated zip codes and several agencies report data at this level.

#### Aggregating Zip Codes into “Zones”

Zip codes may vary considerably in population and sizeable demographic differences may exist from one location within a zip code to another. To help mitigate these weaknesses, Delaware’s zip codes were aggregated into 18 “zones” with 2000 census population ranging from 22,573 to 58,301. The zip codes were loosely assigned to each zone by sharing similar rates of the following demographic indicators:

- *High School Completion.* Defined as the percentage of the population age 25 and over without a high school degree.
- *Poverty Level.* Defined as the percentage of the population below the 100% Federal Poverty Level.
- *Unemployment Rate.* Defined as the percentage of the population age 16 and over in the labor force who are unemployed.

The median income reported in the 2000 census for each of the zip codes was taken, and through regression analysis, was assessed as being a fairly robust variable to explain the three demographic indicators above. To ascertain the weighted average median income of each zone, a calculation involving both the population proportion of each zip code within each zone and median income was performed.

In addition to sharing similar demographic characteristics, the zones were designed to surround and not divide regional population centers in Delaware. For example, zone 16 generally encompasses the zip codes in and around the Georgetown area. The major exceptions to this plan include:

- *Dover.* The city has one large zip code by population (19901) in one half of the city and several smaller ones in the other half of the city and surrounding areas. To keep population sizes consistent, the region surrounding the city was split into two zones (12 and 13).
- *Newark.* The city has three zip codes, each of which has a sizeable population. Like Dover, the region was split into multiple zones (8, 9 and 10) in order to maintain consistent population sizes.
- *Wilmington.* The city has several zip codes and the region has considerable socioeconomic diversity. Consequently, zip codes were allocated to zones with particular emphasis on the three demographic indicators above as well as population size.



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The zip code for Dover Air Force Base (19902) was omitted since this zip code has limited data available. According to 2000 census data, this zip code had a population of 380, or less than 0.01% of the state population. As a result, omission of this zip code would likely not affect downstream analysis.

**TABLE 2** presents each of the zones, the zip codes that comprise the zone, the general location of the zone, the total population of the zone, and the weighted median income calculated for the zone. Note the diversity of weighted median incomes in the Wilmington region (zones 1, 2, 3, 4, 5, 6, and 7) as well as the fairly similar weighted median incomes located in the southern regions of the state (zones 15, 16, 17, and 18).

<b>TABLE 2. DEFINITIONS &amp; CHARACTERISTICS OF ZONES</b>				
<b>Zone</b>	<b>Zip Codes</b>	<b>Location</b>	<b>Population<sup>†††</sup></b>	<b>Weighted Median Income<sup>†††</sup></b>
<b>1</b>	19703, 19809	Northeast Wilmington	30,095	\$45,692
<b>2</b>	19803, 19810	North Wilmington	46,479	\$71,235
<b>3</b>	19801, 19802, 19806	East Wilmington	52,556	\$34,281
<b>4</b>	19804, 19805	Central Wilmington	58,301	\$39,421
<b>5</b>	19808	West Wilmington	39,867	\$57,242
<b>6</b>	19707, 19710, 19732, 19736, 19807, 19808	Northwest Wilmington	22,573	\$100,820
<b>7</b>	19706, 19720, 19733	Southeast Wilmington	57,224	\$46,607
<b>8</b>	19711	North Newark	55,852	\$62,258
<b>9</b>	19713	Central Newark	31,220	\$49,910
<b>10</b>	19702	South Newark	44,917	\$54,089
<b>11</b>	19701, 19709, 19730, 19731, 19734	Middletown, Townshend	57,179	\$64,805
<b>12</b>	19904, 19938, 19955, 19977	Smyrna, West Dover	47,178	\$43,518
<b>13</b>	19901	East Dover	31,394	\$37,974
<b>14</b>	19934, 19943, 19953, 19962, 19964, 19979, 19980	Camden, Felton	31,445	\$44,784
<b>15</b>	19941, 19942, 19946, 19950, 19952, 19954, 19960, 19963	Milford, Harrington	40,339	\$38,274
<b>16</b>	19931, 19947, 19951, 19958, 19968, 19971	Georgetown, Lewes	47,230	\$41,659
<b>17</b>	19933, 19940, 19956, 19973	Laurel, Seaford	46,809	\$36,301
<b>18</b>	19930, 19939, 19944, 19945, 19966, 19967, 19970, 19975	Dagsboro, Millsboro	42,562	\$38,895

<sup>†††</sup> 2000 data. U.S. Census Bureau.



#### IV. ASSESSING THE HEALTH INDICATORS FOR EACH ZONE

##### Calculating the Indicator Measures for Each Zone

Zip code level data was available for the following measures:

- *Child Maltreatment*
- *Domestic Violence*
- *High School Completion*
- *Infant Mortality*
- *Low Birth Weight Infants*
- *Poverty*
- *Premature Births*
- *Substance Abuse*
- *Unemployment*

The data measures for each of these indicators are presented in **TABLE 3A** and **TABLE 3B**. In both tables, the “Code” field serves as the reference to **TABLE 1** for defining the indicator measure. For each indicator, the zip code level dataset was obtained from the same dataset as the state level data to afford a straightforward comparison with three exceptions:

- *Child Maltreatment*. The state level data was retrieved from the annual reports on child maltreatment developed by the Administration on Children, Youth and Families at the U.S. Department of Health & Human Services. The zip code level data, however, was based on substantiated investigations of child maltreatment cases based on accepted hotline reports for 2007, 2008, and 2009 made available by the Delaware Division of Family Services.
- *Domestic Violence*. The state level dataset was provided by the Delaware Domestic Violence Coordinating Council whereas the most accessible zip code level dataset was for the percentage of 11<sup>th</sup> graders who witnessed domestic violence in the past month as reported in the 2009 YRBS.
- *Unemployment*. The state unemployment rate differs considerably from the zone unemployment rates since robust state level data for unemployment was made available much more recently (July 2009) as compared to zip code level data for unemployment (2000 census).

Since comparisons between the state and zone level for the *Child Maltreatment*, *Domestic Violence*, and *Unemployment* indicators cannot be accurately conducted, each of the indicators was compared among zones instead; for example, the zones with the top unemployment rates were considered to be representative of at-risk communities as compared to zones with relatively lower unemployment rates.

As of now, the *Crime* indicator does not have reliable data at the zip code level although data is available for these indicators at the county level and census tract level, respectively. Moreover, no cells in **TABLE 3A** and **TABLE 3B** have a denominator value less than 20, signifying an ample population size for data analysis.

##### Determining At-Risk Communities from the Indicator Measures

Although data for some of the indicators and sub-indicators may not yet be available, it was decided that the nine indicators with zip code data would be used for a preliminary determination of at-risk communities. For each of the nine available indicators, the five zones with the highest data measures were highlighted in bold font in **TABLE 3A** and **TABLE 3B**. For example, for *High School Completion*, the data reported in zones 3, 4, 15, 17, and 18 were put in bold as these five zones had the highest percentages of individuals ages 25 and over without a high school degree. As expected, all of the bolded percentages or rates for the top five zones were higher than their corresponding data measure at the state level with the exceptions of *Domestic Violence* and *Unemployment* (these discrepancies are discussed in the preceding section).



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<b>TABLE 3A. DELAWARE &amp; ZIP CODE ZONE RESULTS FOR ALL INDICATORS, ZONES 1-9</b>											
<b>Indicator</b>	<b>Code</b>	<b>Delaware</b>	<b>ZIP Code Zone</b>								
			<b>Zone 1</b>	<b>Zone 2</b>	<b>Zone 3</b>	<b>Zone 4</b>	<b>Zone 5</b>	<b>Zone 6</b>	<b>Zone 7</b>	<b>Zone 8</b>	<b>Zone 9</b>
<b>Child Maltreatment</b>	<b>A1</b>	<b>1.03%</b>	<b>0.89%</b>	0.13%	<b>1.13%</b>	<b>1.05%</b>	0.29%	0.16%	<b>1.03%</b>	0.43%	0.77%
	<b>A2</b>	<b>1.50%</b>	--	--	--	--	--	--	--	--	--
	<b>A3</b>	<b>41.4%</b>	--	--	--	--	--	--	--	--	--
	<b>A4</b>	<b>17.4%</b>	--	--	--	--	--	--	--	--	--
	<b>A5</b>	<b>25.2%</b>	--	--	--	--	--	--	--	--	--
	<b>A6</b>	<b>7.77%</b>	--	--	--	--	--	--	--	--	--
<b>Crime</b>	<b>B1</b>	<b>115</b>	--	--	--	--	--	--	--	--	--
	<b>B2</b>	<b>2,680</b>	--	--	--	--	--	--	--	--	--
<b>Domestic Violence</b>	<b>C</b>	<b>33.1</b>	2.45%	1.80%	5.26%	<b>7.35%</b>	4.00%	2.74%	<b>9.00%</b>	2.00%	<b>8.00%</b>
<b>High School Completion</b>	<b>D</b>	<b>17.5%</b>	14.00%	6.00%	<b>24.04%</b>	<b>24.60%</b>	11.82%	3.49%	21.23%	7.10%	13.91%
<b>Infant Mortality</b>	<b>E</b>	<b>8.54</b>	<b>11.20</b>	8.77	<b>14.19</b>	9.70	3.71	7.35	<b>10.93</b>	<b>9.71</b>	9.33
<b>Low Birth Weight Infants</b>	<b>F</b>	<b>9.3%</b>	<b>10.67%</b>	7.68%	<b>15.10%</b>	<b>10.22%</b>	6.54%	8.90%	10.66%	7.04%	9.86%
<b>Poverty</b>	<b>G</b>	<b>10.3%</b>	6.68%	2.20%	<b>21.62%</b>	<b>13.84%</b>	3.69%	1.68%	8.03%	<b>11.81%</b>	5.95%
<b>Premature Birth</b>	<b>H</b>	<b>13.8%</b>	<b>14.71%</b>	10.83%	<b>18.07%</b>	<b>14.77%</b>	11.50%	12.31%	<b>14.99%</b>	11.17%	14.56%
<b>Substance Abuse (among youth surveyed)</b>	<b>I1</b>	<b>21.0%</b>	17.94%	<b>25.59%</b>	9.74%	<b>24.62%</b>	21.00%	22.05%	19.00%	<b>27.00%</b>	23.00%
	<b>I2</b>	<b>0.5%</b>	0.00%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	<b>1.00%</b>	0.00%
	<b>I3</b>	<b>23.7%</b>	<b>28.94%</b>	<b>27.40%</b>	24.85%	25.95%	24.00%	19.43%	21.00%	<b>28.00%</b>	<b>31.00%</b>
<b>Unemployment</b>	<b>J</b>	<b>8.2%</b>	2.70%	1.60%	<b>5.63%</b>	<b>4.30%</b>	2.41%	0.71%	2.99%	<b>6.00%</b>	<b>3.49%</b>

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<b>TABLE 3B. DELAWARE &amp; ZIP CODE ZONE RESULTS FOR ALL INDICATORS, ZONES 10-18</b>											
<b>Indicator</b>	<b>Code</b>	<b>Delaware</b>	<b>ZIP Code Zone</b>								
			<b>Zone 10</b>	<b>Zone 11</b>	<b>Zone 12</b>	<b>Zone 13</b>	<b>Zone 14</b>	<b>Zone 15</b>	<b>Zone 16</b>	<b>Zone 17</b>	<b>Zone 18</b>
<b>Child Maltreatment</b>	<b>A1</b>	<b>1.03%</b>	0.68%	0.54%	0.58%	0.72%	0.62%	0.78%	0.70%	0.80%	<b>0.88%</b>
	<b>A2</b>	<b>1.50%</b>	--	--	--	--	--	--	--	--	--
	<b>A3</b>	<b>41.4%</b>	--	--	--	--	--	--	--	--	--
	<b>A4</b>	<b>17.4%</b>	--	--	--	--	--	--	--	--	--
	<b>A5</b>	<b>25.2%</b>	--	--	--	--	--	--	--	--	--
	<b>A6</b>	<b>7.77%</b>	--	--	--	--	--	--	--	--	--
<b>Crime</b>	<b>B1</b>	<b>115</b>	--	--	--	--	--	--	--	--	--
	<b>B2</b>	<b>2,680</b>	--	--	--	--	--	--	--	--	--
<b>Domestic Violence</b>	<b>C</b>	<b>33.1</b>	5.00%	5.59%	5.19%	5.00%	<b>6.48%</b>	3.59%	3.38%	4.96%	<b>7.34%</b>
<b>High School Completion</b>	<b>D</b>	<b>17.5%</b>	11.23%	11.61%	21.87%	16.24%	21.95%	<b>23.67%</b>	20.83%	<b>26.76%</b>	<b>22.81%</b>
<b>Infant Mortality</b>	<b>E</b>	<b>8.54</b>	8.71	5.87	6.67	<b>10.49</b>	7.13	8.03	6.88	7.49	9.52
<b>Low Birth Weight Infants</b>	<b>F</b>	<b>9.3%</b>	9.05%	8.59%	9.71%	<b>10.42%</b>	8.00%	8.19%	7.60%	8.35%	7.34%
<b>Poverty</b>	<b>G</b>	<b>10.3%</b>	6.06%	4.00%	9.79%	<b>12.18%</b>	8.66%	9.91%	9.86%	<b>13.71%</b>	7.99%
<b>Premature Birth</b>	<b>H</b>	<b>13.8%</b>	13.39%	12.67%	12.78%	13.38%	11.82%	13.08%	<b>16.28%</b>	13.59%	14.31%
<b>Substance Abuse (among youth surveyed)</b>	<b>I1</b>	<b>21.0%</b>	19.00%	15.31%	21.99%	22.00%	<b>26.13%</b>	23.15%	22.16%	18.07%	<b>24.60%</b>
	<b>I2</b>	<b>0.5%</b>	0.00%	0.39%	0.86%	<b>2.00%</b>	0.00%	0.22%	<b>1.20%</b>	<b>1.10%</b>	<b>0.94%</b>
	<b>I3</b>	<b>23.7%</b>	<b>29.00%</b>	21.29%	18.98%	25.00%	19.85%	22.24%	24.29%	20.65%	25.25%
<b>Unemployment</b>	<b>J</b>	<b>8.2%</b>	3.36%	2.50%	<b>3.90%</b>	3.22%	3.35%	3.09%	2.32%	3.25%	2.78%



**TABLE 4** displays the zones most frequently reporting data in the top five ranking by percentage or rate for the indicator. Given the number of sub-indicators listed for *Substance Abuse* – that is, codes I1, I2, and I3 – any zone that was ranked in the top five for least one of these sub-indicators was listed only once in **TABLE 4**. This was done to reduce overrepresentation of *Substance Abuse* when defining zones with high-risk.

<b>TABLE 4. “AT-RISK” ZONES</b>			
<b>Zone</b>	<b>Location</b>	<b>Number of Indicators in Top Five Ranking</b>	<b>Indicators (By Code) in Top Five Ranking</b>
<b>4</b>	Central Wilmington	8	A, C, D, F, G, H, I, J
<b>3</b>	East Wilmington	7	A, D, E, F, G, H, J
<b>1</b>	Northeast Wilmington	5	A, E, F, H, I

As indicated in the table above, the top three “at-risk” zones that have indicators in the top five ranking are in the Wilmington area. Moreover, the top two zones listed above – zones 3 and 4 – also have among the lowest median household incomes in Delaware as shown in **TABLE 2**. Zones 5, 6, and 11 – which contain many of the zip codes with the highest median household income in Delaware – do not have any indicators in bold in **TABLE 3A** or **TABLE 3B**, respectively. Of the other zones, 3 had one indicator in the top five; 3 had two indicators in the top five; 3 had three indicators in the top 5; and 3 had four indicators in the top 5.

Note that some of the indicators listed in **TABLE 4** appear in greater frequency among the top five ranking than others. In particular, indicators “F” (*Low Birth Weight Infants*) and “H” (*Premature Birth*) appear in all three rows in the above table. This is not surprising given the well-documented links between low birth weight and preterm birth.

Based on these preliminary results, it is suggested that home visiting interventions in Delaware focus on neighborhoods in central and eastern Wilmington, namely zip codes 19801, 19802, 19804, 19805, and 19806. These zip codes are all geographically close to one another, a fact that may assist in streamlining program development and implementation.

#### Recognizing Limitations to the Analysis

This analysis features several limitations. As mentioned earlier, the use of zip codes presents some challenges given the diversity of demographic indicators present within many of these geographic units. Also, one of the primary data sets used in the data analysis – the U.S. Census Bureau – offers data at the zip code level only as of 2000, the last census with reported data. As a result, the need to keep current with state level indicators may not align well with what data is available at a more granular level; the data reported for *Child Maltreatment*, *Domestic Violence*, and *Unemployment* reflect this scenario. In addition, as more indicators are available at the zip code level, it will be possible to firmly articulate what zones are truly at higher risk. Finally, this analysis suggests that all indicators are of equal weight in defining “at-risk” communities. Discussion may be necessary to determine if one or more indicators should be weighted more when conducting this analysis. If a weighted protocol was practiced, the zones designated as being “at-risk” may change and the intervention programs will likely need to be altered accordingly. Additionally, although all the high risk communities uncovered are in the Wilmington area, it is essential to note that the data used in the assessment may not be picking up on additional areas in need. This is particularly true where there has been a recent change in population. For example, rural



Sussex County has witnessed an increase in newly-immigrated Hispanics who may not be captured in the data analysis.

## V. EVALUATING THE QUALITY AND CAPACITY OF EXISTING PROGRAMS/INITIATIVES

The State of Delaware has a wide array of state and federally funded programs which incorporate early childhood home visiting components both as “direct” home visiting programs and “indirect” programs related to home visiting programs. The programs address the indicators below.

### a. **Infant Mortality, Low Birth Weight Infants, Premature Birth: Direct Home Visiting Services**

1. **Home Visiting Program for First-Time Parents:** This program helps first time parents that may feel unsure about how to take care of the new child. It was developed in 1995 as part of a governor’s initiative to offer nurse home visits and support to all of Delaware’s first time parents. Along with reduction of infant mortality, the program strives for early identification of developmental delays. Professional home visits are conducted within 48 hours after maternity discharge, with follow-up and support services as necessary. The visits are administered under the Delaware Division of Public Health and are available statewide.
2. **Delaware Newborn Screening Program (NSP):** This program is available statewide and identifies a number of rare disorders. For every \$1 spent on newborn screening, \$9 in medical care and treatment costs are saved – resulting in a national savings of \$36 million every year.<sup>§§§</sup> The program helps to save money in treatment, home, and institutional cost. The program includes:
  - Newborn Hearing Screening;
  - Newborn Screening for Metabolic Disorders;
  - Autism Surveillance and Registration Program;
  - Birth Defects Surveillance Registry.

The DPH established regulations requiring that all babies be screened for 30 core, treatable conditions. DPH staff supports the screening program by providing follow-up in the home when screenings have not occurred in the hospital (i.e., home births) or a repeat screen is needed. Delaware has an outstanding record in meeting this need. Every birthing hospital participates and DPH public health nurses conduct home visits.

3. **New Directions Early Head Start:** This program is located in Kent County and serves pregnant women and families of children from birth to three in the Kent County area. The program provides both home-based and center-based services for families, with enrollment based on income eligibility. Families learn about child development, health, and how to deal as a family with a newborn. The program offers center-based services year-round at the Kent County Community School in Dover and assists families in setting and meeting goals and tapping into community resources. The program provides home-based services to about 229 mothers annually, with home visits weekly for each participating family. In addition, family gatherings are encouraged twice a month, so that families can

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<sup>§§§</sup> Delaware Newborn Screening Program. (2010, January 28). *What is the Delaware Newborn Screening Program?* Retrieved from Department of Health and Social Services, Division of Public Health website: <http://www.dhss.delaware.gov/dph/chca/dphnsp1.html>.



socialize, share and learn together.

4. **Parents as Teachers (PAT):** The program provides parent education services to parents with first-born children. Beginning at birth up through thirty-six months, parents receive monthly home visits from a trained parent educator. The purpose of each visit is to provide information to parents about their children and strategies to further promote and facilitate their children's development.

The services are available statewide, with programs operating in all three counties. Parents As Teachers is funded and administered by the Delaware Department of Education. The program largely targets PAT services to children most at-risk for later learning challenges. Currently, the PAT program provides services to 1,699 children/families. The emphasis is to provide families with the information and resources necessary to allow them to support their children. This support results in families acquiring the skills to become nurturers of their children's development and their children's first teachers. In 2010, funding from the Community Based Child Abuse Prevention Grant (CBCAPG) was provided to Parents as Teachers to allow for a full time home visitor to be hired and to make weekly home visits to high risk families. This staff person also provides weekly parent groups. The PAT offices are located in Bear, DE, Georgetown, DE, Woodside, DE, and Newark, DE.

5. **Smart Start:** is a home visiting program administered by DPH that provides in-home prenatal services to at - risk pregnant women in all counties in Delaware. Smart Start is a prevention program designed to address the factors that may negatively influence pregnancy outcome and to complement and enhance medical prenatal care. Services are based an assessment of the client's needs and identified risk factors.

Women receive home visits from a registered nurse, social worker and/or nutritionist. The program:

- Provides answers to questions about pregnancy, delivery, and the early days after the birth of the baby;
- Helps women choose the right foods to eat during pregnancy;
- Helps find resources in the community for needs such as housing, utilities, transportation, or child care;
- Teaches an understanding of how the body changes during pregnancy and child birth;
- Teaches parenting skills.

6. **Kids Kare:** The Kids Kare program administered by DPH serves children from birth to age 21 and their families. This home visiting program targets children and families with medical, nutritional, psychosocial, or environmental risk factors that place a child at risk for poor growth and/or development. Families who need education and support, and require considerable care coordination will benefit most from this program. Infants born to mothers in the Smart Start Program are eligible for Kids Kare service ninety days after their birth when there is a need identified for continued interventions. Services are provided by public health registered nurses, nutritionists and social workers..

7. **Children & Families First (CFF):** CFF is a private, non-profit social service agency that strengthens



families and communities by providing a continuum of quality social, educational and mental health services statewide. Services are provided out of six CFF offices, as well as in schools, clients' homes, and other convenient community locations. CFF is a merger of five organizations, including the Children's Bureau, Family Service Delaware, Turnabout Counseling, the Prenatal Association of Delaware, and most recently, The Family & Workplace Connection. CFF is a recipient of the Evidence-Based Home Visiting Grant through the Administration for Children and Families. Through this grant as well as grants from the public and private sector, they have implemented Nurse-Family Partnership in Delaware for the first time and helped convene a statewide Advisory Council on Home Visiting, which includes DPH as a partner agency. In 2010, funding from the CBCAPG to support part of the salary and benefits costs of one nurse home visitor involved in the implementation of the Nurse Family Partnership program. This program will be targeted to first-time, low-income, pregnant females,, particularly teenagers. It is projected that the Nurse-Family Partnership program implemented in January 2010 will serve an additional 100 mothers. The grant funding will also allow expansion next year. CFF has three locations in New Castle County, one in Kent County, and two Sussex County.

- 8. Resource Mothers Program:** The program administered by Children and Families First helps at-risk pregnant mothers receive the appropriate prenatal and pediatric care to ensure a healthy baby. Resource Mothers help pregnant women and their families' access social services and community resources. They also provide support and make sure the women have information on parenting, nutrition and healthy lifestyles. Resource Mothers can relate to diverse populations, providing services in English and Spanish. They build trusting and supportive relationships with their clients. Resource Mothers are available for emergencies 24 hours a day, 7 days a week until the baby's first birthday. Services are free due to funding by the United Way of Delaware, grants from the State as well as private and corporate contributions. Services are offered in Wilmington, Dover, and Georgetown.

#### **Infant Mortality, Low Birth Weight Infants, Premature Birth: Indirect Home Visiting Services**

- 1. The Delaware Healthy Mother and Infant Consortium (DHMIC):** This consortium was established to help ensure the effective implementation of the recommendations set forth by the Infant Mortality Task Force (IMTF) in 2006. In fiscal year 2009, the DHMIC and its community partnerships with six health care organizations and other private practitioners offered a wide array of services to 9,118 women statewide. Of the 2,264 women who took part in DHMIC's prenatal programs, 94 percent did not experience pregnancy complications. The DHMIC led the effort to increase the number of women receiving preconception and prenatal care.
- 2. The Healthy Women Healthy Babies Program (HWHB):** This program is a systemic initiative that targets the highest-risk women. It was developed by the Division of Public Health (DPH) in partnership with the DHMIC. This science-based approach helps women reach optimal health prior to pregnancy so they have a higher likelihood of delivering a healthy baby in the future. HWHB aims to serve African-American women and women whose most recent pregnancy resulted in a poor birth outcome. The HWHB program offers services such as:



- Preconception/Prenatal care
- Progesterone-17 to women at risk of preterm birth
- Interconception care
- Folic acid
- Reproductive life planning
- Access to social work services
- Contraceptive counseling
- Immunizations for women
- Mental health services
- Nutrition counseling
- Oral health education
- Pre-pregnancy planning
- Family planning
- Tobacco cessation counseling

- 3. Cribs for Kids®:** In June 2009, a partnership was developed between DPH, Nemours Health and Prevention Services of the Nemours Foundation, and the Child Death, Near Death and Stillbirth Commission (CDNDSC) to implement the first Cribs for Kids® program in Delaware. This program targets mothers/families who are in high risk communities such as Wilmington. Any mother is entitled to a free crib if she meets the following criteria:

  - Due to deliver the baby in six weeks;
  - Has an infant who is younger than six months of age;
  - Is unable to purchase a crib by any other means.
- 4. Women, Infant, and Children Program (WIC):** Is a federally-funded program that safeguards the health of low-income pregnant, breastfeeding and postpartum women, and infants and children up to five years of age. The program provides nutritious foods, information on healthy eating, breastfeeding support, and referrals to other healthcare, welfare and social services. WIC mothers, who choose to breastfeed will be given information through counseling and breastfeeding educational materials, support through peer counselors and allows them to be eligible to participate in WIC longer than non-breastfeeding mothers. Mothers also may receive an enhanced food package and breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding. There is a statewide toll-free number available for questions and concerns.
- 5. Delaware Birth Defects Registry:** Is a statewide program that collects and analyzes information on children with birth defects. By collecting information for a statewide registry, Public Health officials identify health, environmental and genetic risk factors which could lead to pinpointing the causes and prevalence of birth defects. The Delaware Birth Defects Registry is designed to collect information on children diagnosed under the age of five with a birth defect. The children are residents of Delaware or their parents are Delaware residents. Confidentiality is a key component of the program. All information is kept in utmost confidence using strict security measures.
- 6. Delaware's Early Childhood Comprehensive Systems Initiative (ECCS):** Is a federal grant project awarded to the DPH in 2003 from the MCHB of the U.S. Department of Health and Human Services. The ECCS project, positioned within the DPH MCH Bureau, is part of a nationwide initiative to build and implement comprehensive systems of care that support family and community approaches to



## STATE OF DELAWARE 2010 HOME VISITING PROGRAM NEEDS ASSESSMENT

promote positive early development and early school success for young children. The overall purpose of the program is to plan, develop, and implement collaborations and partnerships among a broad range of public and private programs to enhance the development of young children, birth through age five, including those children with special health care needs.

The two major goals of ECCS are:

1. Ensure that all of Delaware's children, including those with special health care needs, are healthy and ready to learn by school entry.
2. Ensure that Delaware parents and families have knowledge of- and access to- appropriate services for their children including medical, mental health, quality early care and education, parent education and family supports.

In 2003, Delaware launched a statewide effort to focus on developing, implementing and sustaining comprehensive early childhood programs through collaborative partnerships and multi-agency systems building initiatives. The ECCS program strives to better coordinate the comprehensive early child serving systems and create a system that is well integrated and will connect Delaware families to needed services.

In Delaware, ECCS has been accredited with major systems change efforts across a broad spectrum of early childhood initiatives, most notably early care and education. In 2010, ECCS will heighten statewide awareness in six priority areas to facilitate increased awareness and support effective decision making and policy change to improve health outcomes and support school readiness for young children. These areas include:

1. Addressing Health Disparities for young children and their families;
2. Physical Activity, Obesity and Nutrition prevention in early childhood;
3. Patient-Centered Medical Homes;
4. Developmental Screening;
5. Child Care Health Consultant;
6. Enhancing Statewide Home Visitation.

Delaware ECCS recognizes that current home visiting programs are limited in scope and in need of coordination between the existing programs. As part of its efforts to enhance home visitation, ECCS will be collaborating across agencies and programs providing early childhood home visitation services to increase communication between these programs. Delaware ECCS is in the process of producing an Early Childhood Health and Safety "Call to Action" report which will include information regarding the value of home visiting services and the need to expand these services in Delaware. In terms of specific activities, the ECCS Coordinator serves on the Smart Start implementation committee, the Interagency Coordinating Council and the Delaware Early Childhood Planning Group. These cross agency affiliations support the integration of shared visions.

7. **Child Development Watch – Part C:** The Part C Birth to Three Early Intervention System was created, as a result of Part C, a section of the Individuals with Disabilities Education Act (IDEA), to "enhance the State's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families." The Part C Birth to Three program is funded by both State and Federal Part C dollars.



The Part C Birth to Three program is an interagency effort consisting of the Divisions of Management Services, Public Health, Social Services, Developmental Disabilities Services, and the Division for the Visually Impaired, in Delaware Health and Social Services; the Department of Education; the Department of Services for Children, Youth and Their Families; and private agencies. While Child Development Watch, within the Division of Public Health, is responsible for Part C Birth to Three program operations, the Division of Management Services is responsible for implementing the Part C mandate including service delivery, billing and contractual arrangements with providers.

Under Part C Birth to Three, the following types of services are provided:

- Assistive technology device and services
- Audiology
- Family training and counseling
- Health services
- Medical services for evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Developmental services
- Speech-language pathology
- Transportation

**8. Head Start State Collaborations Office:** The Office of Head Start State Collaboration in the Delaware Department of Education serves as a liaison between the regional Head Start office, Head Start/Early Head Start grantees and state agencies providing services to low-income families. The mission of the Office's Collaboration Project is to create a visible presence for Head Start/Early Head Start at the state level in policymaking, partnerships, initiatives, and decisions that affect low-income children and their families. Goals of this project include: 1) coordinating with and supporting implementation of Early Success, Delaware's early care and education system; 2) ensuring Head Start/ Early Head Start participation in state level initiatives related to educational opportunities, childcare, inclusion, health, literacy, community services, welfare reform, and homelessness; and 3) facilitating the involvement of HS/EHS in state policies, plans, processes, and decisions affecting the HS/EHS eligible population and other low-income families related to dental services, mental health services, and services to children with disabilities.

**9. Head Start, Early Head Start and Early Childhood Assistance Program:** The Early Childhood Assistance Program (ECAP) consists of 12 state funded pre-kindergarten programs for four-year-olds living at or below the federal poverty level. The ECAPs are administered by the Delaware Department of Education (DOE) and operated by community-based organizations throughout the state, including existing Head Start grantees (which operate three ECAPs), school districts, community organizations and other early childhood agencies. The DOE, in cooperation with the Interagency Resource Management Committee (IRMC), oversees the implementation and operation of the state's pre-kindergarten initiative, called the Early Childhood Assistance Program (ECAP). ECAP was established in 1994 to address the need for improved school readiness by giving income eligible four-year-old children at least one year of preschool and reducing the waiting lists at Head Start centers.



Both Head Start/Early Head Start programs and ECAPs operate according to the Head Start Performance Standards (45 CFR part 1304) to serve preschool children and their families. Approximately 1,926 children between ages three and five are served by the traditional Head Start program. The Division of Public Health participates on the Head Start State Collaboration project, which was established to develop state level partnerships for planning and policy development for Head Start eligible children and their families. Priority areas include welfare reform, health/ oral health care access, childcare, social and emotional wellness, disabilities, educational opportunities, volunteerism, literacy, and homelessness. The Head Start State Collaboration Office director serves on the ECCS Multi-agency State Team and the Delaware Early Childhood Council.

**b. Child Maltreatment: Direct Home Visiting Services**

- 1. Child Death, Near Death and Stillbirth Commission:** Delaware's child death review process was established by legislation passed on July 19, 1995, after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of the commission is to safeguard the health and safety of all Delaware children as set forth in 31 Del. C. c. 3. The key objectives are:
  - Review in a confidential manner and in the home, the deaths of children under the age of 18, near-deaths of abused and/or neglected children and stillbirths occurring after at least 20 weeks of gestation.
  - Provide the Governor, General Assembly and Child Protection Accountability Commission with recommendations to alleviate those practices or conditions that impact the mortality of children.
  - Assist in facilitating appropriate action in response to recommendations.
- 2. The Community Based Child Abuse Prevention Grant:** helps fund previously discussed programs such as the Parents as Teachers Program as well the Nurse-Family Partnership that provide home visiting services to work with families at risk for child maltreatment and to identify warning signs for maltreatment.

**Child Maltreatment: Indirect Home Visiting Services**

- 1. Department of Health and Social Services Division of Social Services Child Care Office:** The Division of Social Services, Child Care Office manages the child care services to support families with young children to enable the caretaker to hold a job, obtain training or meet special needs of the child. Child care may also be provided in child abuse cases to help protect the child. The service is available for children from infancy through twelve years of age. DSS determines eligibility based on the need for service and income. The income limit is currently set at 200% of the Federal Poverty Level (FPL). DPH and DSS-Child Care Office have partnered to ensure that health and safety standards in all licensed child care centers and home statewide are improved through training, technical assistance and regulations.
- 2. Department of Services for Children, Youth, and Their Families:** The department was established in 1983 by the General Assembly of the State of Delaware and collaborates closely with the DPH. Its primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. Its



services include prevention, early intervention, assessment, treatment, permanency, and after care. The Kids Department employs approximately 1,200 staff at 31 locations, who serve over 8,000 children on any given day. Among the workforce are 52 Family Crisis Therapists (FCTs), who work in elementary schools throughout the state. Additionally, the Department provides licenses to nearly 2,200 daycare operations, which provide services for more than 49,000 children in Delaware.

The Division of Child Mental Health Services (DCMHS) increased access to mental health treatment for young (pre-school) children in 2009. DCMHS was awarded the Child Mental Health Initiative (CMHI) grant to create a system of care for infants and young children from birth to 5 years with serious emotional disturbances and their families. This Substance Abuse and Mental Health Services Administration (SAMHSA) grant for \$6 million over 6 years is using SAMHSA recognized evidenced based trainings in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Patient-Centered Interaction Therapy (PCIT) and Infant Caregiver Training. The CMHI grant is primarily a treatment focused grant that will help Delaware rebuild its mental health infrastructure through mass training efforts. To date, forty-four (44) out-patient clinicians in Delaware were trained by DCMHS to use Parent-Child Interaction Therapy (PCIT). PCIT, an evidence-based mental health treatment, is designed to reduce problem behaviors and increase pro-social behaviors for 2-5 year old children with very challenging, disruptive behaviors.

3. **Division of Family Services (DFS):** The department provides services that are child oriented and family focused. The Foster Care staff work with Delaware's foster families to protect and nurture children; meet the children's developmental needs and address developmental delays; support relationships between children and their families; promote permanency planning leading to reunification with the child's family or other safe nurturing relationships intended to last a lifetime. The Office of Child Care Licensing strives for a high standard of care and ensures safe environments for children by providing guidance, training and support to many day care providers throughout the state, and investigating complaints concerning day care facilities. The Division's Office of Children's Services also assesses families with problems and provides them with supportive services to empower them to protect and nurture their children.
4. **Prevent Child Abuse Delaware (PCAD):** The PCAD is tasked to:
  - Promote and/or provide information and/or programs that advance the process of social change in Delaware communities (especially of high risk);
  - Promote and/or provide programs that minimize the likelihood that children will be the victims or perpetrators of abuse or violent acts;
  - Promote and/or provide programs that support parents in their desire to successfully raise their children in safe, nurturing environments that allow children to reach their maximum potential.

PCAD offers a variety of training on issues related to child abuse. Each training is two hours long and has been approved by the Office of Childcare Licensing for 2 credit hours. Training is offered throughout the year at locations in all three counties.

5. **KIDS COUNT:** This initiative is housed in the Center for Community Research and Service at the



University of Delaware and led by a board of committed and concerned child and family advocates from the public and private sectors. KIDS COUNT in Delaware is the authoritative source of key data about the well-being of children and their families in Delaware, and uses the data as a catalyst to form collaborative partnerships with those who can improve their status. KIDS COUNT is funded by the Annie E. Casey Foundation.

**c. Domestic Violence: Direct Home Visiting Services**

At this time there are no home visiting programs to help domestic violence in high-risk communities. This issue is being looked into and will be addressed in step three of Delaware's submission to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. We will conduct analysis and work with stakeholders to best decide how to target communities at risk for domestic violence. The third submission will include a specific plan tailored to address these needs in the community whether it is to establish a new home visiting program or add services to an existing program.

**Domestic Violence: Indirect Home Visiting Services**

- 1. HWHB Program** (previously discussed): This program addresses domestic abuse through the Partner Violence Screen (PVS) which is located in the "Risk Assessment" service in Bundles A and C. This tool has been vetted clinically and has a high sensitivity for uncovering whether an individual is experiencing domestic and/or intimate partner abuse.
  
- 2. Division of Substance Abuse and Mental Health:** Conducts training programs by licensed social workers for state staff on how to detect domestic violence and provide counseling and other tools to address the situation.
  
- 3. Delaware Coalition Against Domestic Violence:** Receives funding in part from the Office on Violence Against Women (OVW). In 2009, DE received \$3,265,970.00 in funding. The current membership of the Coalition includes private, non-profit agencies and programs providing shelter and direct services to adult victims of domestic violence, allied organizations, and caring individuals. The coalition acts as an educational and informational resource for member agencies and the community.  
  
The Coalition engages in a variety of activities, including public education efforts, training initiatives, and systems advocacy. The DCADV works closely with the criminal justice, health care, education, advocacy and social service communities to facilitate the creation of effective policies and programs for battered women and their children.
  
- 4. SAFE Program:** This program is located in Kent and Sussex Counties provides emergency and transitional services, housing assistance, employment, transportation, and educational services.
  
- 5. Domestic Violence Advocacy Centers:** The centers are located in Kent and Sussex Counties provide support for court proceedings and hearings.
  
- 6. Abriendo Puertas:** Is located in Sussex County provides transitional housing, court advocacy, transportation and translation and bilingual assistance.



**d. High School Dropouts: Direct Home Visiting Services**

At this time there are no home visiting programs to help reduce high school drop out rates in the state in high risk communities. This issue is being looked into and will be addressed in step three of Delaware's submission to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. We will conduct analysis and work with stakeholders to best decide how to target students at risk for dropping out of high school. The third submission will include a specific plan tailored to address these needs in the community whether it is to establish a new home visiting program or add services to an existing program.

**High School Dropouts: Indirect Home Visiting Services**

**1. Delaware's Promise Dropout Prevention Committee:** This program consists of teachers, administrators and experts in the education field. They meet to discuss best practices and develop programs to keep students who are at high risk of dropping out in school.

**e. Unemployment: Direct Home Visiting Services**

At this time there are no home visiting programs to help reduce the employment rates in the state in high risk communities. This issue is being looked into and will be addressed in step three of Delaware's submission to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. We will conduct analysis and work with stakeholders to best decide how to target unemployment. The third submission will include a specific plan tailored to address these needs in the community whether it is to establish a new home visiting program or add services to an existing program.

**Unemployment: Indirect Home Visiting Services**

**1. The Work Opportunity Tax Credit (WOTC):** The program is designed to help move people from welfare into gainful employment and obtain on-the-job experience. The Delaware Department of Labor administers this program. It joins other tax credits, education, and workforce training programs that help American workers with barriers in employment and prepare for good jobs; ease their transition from job to job; benefit from the creation of effective regional economic development strategies; and create high performance workplaces. This program gives federal tax credits as an incentive for private sector businesses to hire individuals from thirteen targeted groups.

**f. Poverty: Direct Home Visiting Services**

**1. New Directions Early Head Start** (Previously discussed): This program serves families living below poverty guidelines.

**2. Smart Start** (Previously discussed): The program is a nurse home visiting program that provides in-home prenatal services to Medicaid-eligible, pregnant women.

**3. Resource Mothers Program** (Previously discussed): The program helps at-risk pregnant mothers receive the appropriate prenatal and pediatric care to ensure a healthy baby for no charge.

**4. Nurse Family Partnership** (Previously discussed): Services are provided to first time, low income



women which is defined as at or below 250% of the poverty level.

**Poverty: Indirect Home Visiting Services**

1. **Child Poverty Task Force:** The task force meets regularly to discuss policy, programs, and best practices in reducing poverty among high risk populations.
2. **Women, Infant, and Children Program (WIC)** (Previously discussed): A federally-funded program that safeguards the health of low-income pregnant, breastfeeding and postpartum women, and infants and children up to five years of age.
3. **KIDS COUNT** (Previously discussed): The program provides valuable data and statistics on child maltreatment that is used for policy and program decisions.
4. **Head Start, Early Head Start and Early Childhood Assistance Program** (Previously discussed): The ECAP consists of 12 state funded pre-kindergarten programs for four-year-olds living at or below the federal poverty level.

**g. Crime: Direct Home Visiting Services**

At this time there are no home visiting programs to help reduce crime in high risk communities. This issue is being looked into and will be addressed in step three of Delaware's submission to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. We will conduct analysis and work with stakeholders to best decide how to target crime in communities at risk. The third submission will include a specific plan tailored to address these needs in the community whether it is to establish a new home visiting program or add services to an existing program.

**Crime: Indirect Home Visiting Services**

1. **Division of Youth Rehabilitative Services (DYRS):** Provides services to youth who have been adjudicated delinquent and ordered by the court system to receive rehabilitative services. DYRS works closely with the community and DPH through the Community Advisory Board, DYRS serves approximately 5,000 youth per year, ranging from probation to secure care incarceration. In Delaware, there are five secure care facilities that provide secure detention for youth and 24-hour custodial care and treatment for incarcerated, adjudicated youth. Secure care also provides appropriate education, treatment, counseling, recreation, vocational training, medical care, and family focused case management for youth in secure residential facilities. Furthermore, the DYRS Community Services unit provides probation and aftercare services to approximately 3,000 youth per year, in addition to overseeing 47 contracts with providers offering residential and nonresidential programs and services. Community Services operate to ensure that the risks to the public is minimized, youth are served in the least restrictive environment appropriate for their needs, and the families of the youth are strengthened through Community Services intervention.
2. **Prevention, Intervention and Treatment Services:** are provided through the following organizations in the City of Wilmington, which are federally funded by the Weed and Seed program grant (Weed and Seed, September 2010): Bethel Temple CDC, H. Fletcher Brown Boys and Girls



Club, the Wilmington Job Corps Center, the Delaware Center for Justice and Project Stay Free.

- Bethel Temple CDC sponsored a federally funded afterschool program housed at New Destiny Fellowship Church, with the Weed and Seed coordinator acting as instructor and counselor. In addition to after-school tutoring and summer education enhancement programs, the Bethel Temple CDC program also offered domestic violence and dating awareness presentations for 6th to 8th grade students, a 16-week Abstinence Program for 11 to 15 years olds, and a Video Smart program which integrates recreation (video gaming), education, and non-violence.
- The H. Fletcher Brown Boys and Girls Club offers tutoring and other after school programs. The Boys and Girls Club facility includes a computer room, a game area, a gymnasium and an indoor swimming pool. Federal funds allowed the club to extend their hours of operation to evenings and weekends.
- The Wilmington Job Corps Center offers courses in culinary arts, facilities maintenance, office administration, and nursing assistant training, GED and High School Diploma classes, English literacy education, as well as a college preparation program.
- The Delaware Center of Justice, a non-profit United Way, used federal funds to help pay for the DCJ Girl's Teen Summit. The summit targeted at risk girls between the ages of 11 and 15 years old who lived in the 19801 and 19802 zip codes. The two topics of the summit included "There to Here", which discussed overcoming the challenges associated with living in neighborhoods with gangs and gun violence, and "Bridging the Gap Between law Enforcement and the Community".
- Project Stay Free is a community-based nonprofit that provides case management, substance abuse counseling, mental health evaluations, and family support services to juvenile offenders who are under the supervision of the state Division of Youth Rehabilitative Services.

**h. Substance Abuse: Direct Home Visiting Services**

At this time there are no home visiting programs that provide substance abuse treatment and counseling services to high risk communities. This issue is being looked into and will be addressed in step three of submission to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. We will conduct analysis and work with stakeholders to best decide how to target substance abuse. The third submission will include a specific plan tailored to address these needs in the community whether it is to establish a new home visiting program or add services to an existing program.

**Substance Abuse: Indirect Home Visiting Services**

1. **D.A.R.E. (Drug Abuse Resistance Education):** A Dover-police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.
2. **DPH School-based health centers (SBHCs):** offer medical care to children and adolescents as well as organize extensive school-based and community-based health promotion efforts. SBHCs are located in 27 out of Delaware's 31 public high schools. SBHCs in Delaware provide numerous services related to substance abuse. SBHCs provide individual and family counseling, group counseling, and referral for long-term counseling and evaluations for substance abuse. The centers



also make available information on tobacco, alcohol, and drug use. In the 2010 school year, SBHCs will also offer screenings for substance abuse through the validated Risk Assessment (CRAFFT) from *Bright Futures Adolescent Supplemental Questionnaire*.

**3. Division of Substance Abuse and Mental Health (DSAMH):** This group provides public drug and alcohol treatment services, primarily through contracts with private agencies. Services include:

- Screening and evaluation;
- Outpatient counseling;
- Opioid treatment, including methadone maintenance;
- Continuous treatment team programs for individuals with long-term,
- Disabling alcohol and drug dependence disorders;
- Less intensive case management services offered through the outpatient counseling agencies;
- Detoxification; and residential services.

The residential services include short-term/variable length-of-stay treatment (30 days or less), long-term treatment, and halfway houses. One residential treatment program is targeted specifically to women, including pregnant women and women with infants. The Division also has specialized case management for adult offenders with alcohol/drug abuse problems who are involved in the Drug Courts. The case management is provided through the Division's Treatment Access Center (TASC).

The DSAMH provides alcohol and drug abuse prevention programs that address a number of high-risk and under served populations and geographic areas in the State. These programs include Fetal Alcohol Syndrome/Fetal Drug Effects prevention (statewide) and prevention activities in targeted areas of the City of Wilmington and in Kent and Sussex Counties. The following substance abuse prevention programs are funded by the state (Data reflects Delaware State Fiscal Year 2009 (FY09):

- The Latin American Community Center (LACC) Drug and Alcohol Prevention program serves the Hispanic community in Wilmington for adults 18-25 years old. 2095 people have been served through this program.
- The Brandywine Counseling, Inc. (BCI) Drug and Alcohol Prevention Program serves adults 18 to 25 year olds in New Castle County. 24 people have been served through this program.
- The BCI Fetal Alcohol Spectrum Disorder serves women of Childbearing age in New Castle County.

**4. Division of Prevention and Behavioral Health Services (DPBHS)**

The DPBHS is responsible for youth and family prevention programs. DPBHS funds and oversees five prevention programs statewide, which directly serve almost 1800 youth with evidence-based programs funded through the SAPTBG and Safe and Drug Free Schools funds. DPBHS provides training and support for community coalitions, including the Delaware Prevention Network Alliance and the Faith-based Coalition. It has historically housed the National Prevention Network representative from Delaware, although that responsibility has recently been shifted to the Single State Agency (SSA), DSAMH. The DPBHS is also responsible for youth treatment of substance abuse and mental health disorders, and works closely with its partners in the Department of Services for Children, Youth and Their Families, for prevention, child welfare and youth rehabilitative



services. Prevention programming is aimed at youth in crisis and not targeted toward substance use, although it may include it.

The following list indicates substance abuse prevention programs funded by the state within the Division of Prevention and Behavioral Health Services (Data reflects Delaware State Fiscal Year 2008 – 2009 (FY08/09):

- The Delaware Prevention Network Alliance implements the All Stars program which serves youth (ages 11 to 14) statewide. 720 people have been served.
- Jewish Family Services (JFS) implements Project Towards No Drug Abuse which serves youth (ages 14 to 19) statewide. 91 people have been served.
- JFS implements the Media Matters program for adjudicated youth (ages 13-18) statewide. 91 people have been served.
- LACC and West End Neighborhood House (WENH) implement Too Good for Drugs and Violence which serves youth (ages 2 to 18). 158 people have been served.

**5. Office of Highway Safety:** The Office of Highway Safety is responsible for enforcing underage drinking laws and administers substance abuse prevention programs, which are funded by the state, and include the following:

- The Youth to Eliminate Loss of Life Program serves youth in 42 high schools statewide for more than 10 years.
- The SCOPE program has served over 100 youth in Sussex County in 2008 & 2009.
- The Police Athletic League has served 200 youths in the lower Wilmington Area in 2008.
- The American Legion Post 25 Baseball Program serves youth in the Middletown area. 30 people have been served in 2008.

Beginning in 2008, a comprehensive strategic planning development process was undertaken and led by the Division of Substance Abuse and Mental Health, a recipient of the Strategic Prevention Framework State Incentive Grant. The following agencies participated in the Prevention Resources and Assets assessment: The Division of Public Health; The Department of Health and Social Services- Division of Substance Abuse and Mental Health; The Department of Services for Youth, Children, and Their Families- Division of Prevention and Behavioral Health Services; and The Office of Highway Safety. These agencies identified gaps in services including: mental health and obesity services; the collection and evaluation of adult data; a need for more services in Kent and Sussex Counties; the need for more services around consequences and prevention; and more collaboration between agencies.

## VI. UNCOVERING GAPS IN HOME VISITING SERVICES

Based on the findings from the preliminary data analysis described in section IV, home visiting interventions in Delaware are needed in neighborhoods in central and eastern Wilmington, specifically zip codes 19801, 19802, 19804, 19805, and 19806. Despite the number of programs that are related directly and indirectly to home visiting as listed in section V, there exists a strong need to increase the availability of home visiting services. This will continue to be a priority for the State, particularly in high-risk populations like teens or families who have multiple risk factors, including substance abuse, domestic violence, living in poverty and



single parent homes.

As discussed, communities of high risk were established by aggregating zip codes into 18 “zones” of population ranging from 22,573 to 58,301. The zip codes were loosely assigned to each zone by sharing similar rates demographic indicators. In addition to sharing similar demographic characteristics, the zones were designed to surround and not divide regional population centers in Delaware; for example, zone 16 encompasses the zip codes in and around the Georgetown area. The major exceptions to this plan included Dover, Newark, and Wilmington.

A service gap in need of addressing is the lack of coordination of and communication between existing programs. The most recent Head Start Needs Assessment mentions home visiting only to note that several of its providers stated that they have “no working relationship” with home visiting programs.\*\*\*\* The programs that exclusively provide home visiting services are based in different agencies with separate funding streams (DPH, DOE, Medicaid, and Private non-profit). There is no system for collecting and comparing data to determine the extent of their coverage or the outcomes of their efforts.

The lack of data also makes it difficult to identify any possible underserved communities. In general, home visiting is targeted towards those who meet the criteria of the individual program, regardless of where they live. Program criteria tend to narrow the purpose of the home visiting as well as restrict who receives visits.

Medicaid’s Smart Start addresses a wide variety of needs in obtaining social services and nutrition education, but is limited by staff resources. There are no established criteria for entry or exit from the program. Parents as Teachers targets children most at-risk for later learning challenges and the Nurse Family Partnership focuses on first time pregnant mothers with risk factors associated with child maltreatment. There is a clear need for home visiting that addresses a wide variety of needs and targets those families who live in communities where those needs are most prevalent.

Furthermore, a gap exists in home visiting services for women with mental health problems. This is especially the case for pregnant women. Pregnant women cannot take medication so they are particular vulnerable and need a lot of attention. Furthermore, women with a history of mental illness may require additional home services after giving birth to prevent any postpartum depression.

The gaps identified in this needs assessment are currently being explored. We are developing a plan to address the gaps in home visiting services in high risk communities. The third submission to the grant will further explore the needs of high risk communities and how we plan to bridge the gaps.

## **VII. ADDRESSING UNMET NEEDS**

The results of the needs assessment clearly reveal unmet needs in central and eastern Wilmington, located in

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\*\*\*\* Delaware Department of Education. (August, 2009). *Delaware Head Start State Collaboration Office Needs Assessment 2009*



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the most populated county in the state. Services gaps clearly exist in direct and indirect services for domestic violence prevention, high school completion, poverty and crime. Addressing these needs will take many more resources than exist in one single program. It will require a concerted effort across all home visiting programs and other initiatives that focus on early intervention, prevention and treatment. Delaware has committed and invested partners who believe in the strength of maternal, infant and early childhood home visiting as a strategy, within a larger health and social services system, to improve the health and well-being of families.

Specific strategies to address unmet needs include:

- Adapting existing programs to use evidence-based home visiting strategies. This includes a science-based curriculum and proven program model that meets the threshold of “evidence-based” per HRSA and ACF guidelines. This applies specifically to Smart Start and Resource Mothers.
- Developing a “single point of entry” for home visiting services statewide. Through this single entry point families will be directed to the program most in line with their needs.
- Sharing data across all home visiting programs. This includes data on families (with appropriate consent) and outcomes data. This will contribute to seamless transfers among programs and assist with longitudinal data tracking of outcomes.

Additional strategies will be outlined in the home visiting state plan to be developed in early 2011 with guidance from HRSA and ACF.

