



AGENDA ITEM: 12
DATE OF MEETING: January 28, 2016
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HOME VISITING: NATIONAL AND STATE STATUS

SUMMARY

This agenda item summarizes key information on the status of home visiting, both nationally and at the state and local levels within California. Presenters will share highlights from home visitation work. Presenters include representatives from Children Now, Department of Public Health – California Home Visiting Program, Early Head Start, and First 5 county commissions.

BACKGROUND

What is home visiting?

Home visiting programs come in many shapes and sizes with varying evidence for effectiveness. Because home visiting is a method of service delivery and not necessarily a theoretical approach, individual programs can differ dramatically. They vary with respect to the age of the child, the risk status of the family, the range of services offered, the intensity of the home visits, and the content of the curriculum used in the program. What home visiting programs share is the belief that services delivered in the home will have a positive impact on families and that altering parenting practices can have long-term benefits for children’s development.

The specific roles that home visitors play also vary and often fall in several different domains. In some cases, the home visitor is meant to be a source of social support; in other cases, home visiting staff act as resource providers, linking families to social supports and providing them with referrals to other resources in the community (e.g., mental health or domestic violence services). Home visitors also often act as literacy teachers, parenting coaches, role models, and experts on topics related to parent and child health and well-being. In particular, nurse home visitors provide information to encourage healthy pregnancy, infant care, and family planning.

Why home visiting and who participates?

Children need support for their physical, cognitive, and social-emotional development in order to thrive. Home visiting programs help families connect to necessary services,

such as health care or community resources, and monitor child development and progress on developmental milestones. These programs have proven to be an effective strategy for strengthening families and saving money over the long term. Research shows they can lead to reduced health care costs, reduced need for remedial education, and increased family self-sufficiency. Some home visiting models have a strong evidence base, backed by rigorous research that supports the models' effectiveness at promoting children's health and development, and strong parenting skills while leading to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states.

In addition to supporting children's health and development, home visiting programs also can help parents link to services and resources. By helping parents enroll in educational and training programs, and pursue employment, home visiting programs can help counteract the negative consequences of economic insecurity and encourage success not only at home, but also in school and at work. Research shows that home visiting programs can help parents increase positive parenting actions and reduce negative ones, have more responsive interactions, create more developmentally stimulating home environments, engage in activities that promote early language and literacy, and gain a further understanding of child development. Targeted families include those at risk for negative child outcomes, pregnant adolescents from socioeconomically disadvantaged families, and families at risk for maltreatment.

What is the funding for home visiting?

In California, evidence-based home visiting programs are supported by federal and local efforts. State general fund dollars do not currently fund home visiting in California, but local communities maximize federal and local funds in order to offer these services to families. In 2014, First 5 county commissions dedicated \$55 million in Proposition 10 tax revenue to home visiting, reaching 24,000 families¹. Over 60 percent of county commissions currently offer home visiting programs, implementing evidence-based models, such as Healthy Families America and Parents as Teachers, as well as locally developed home visiting models. Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding provides approximately \$22.6 million annually, through which the California Home Visiting Program delivers home visiting to 2,200 families. In addition, the statewide network of Early Head Start programs provides home visiting to approximately 9,000 families in extreme poverty each year.

ATTACHMENTS

- A. Home Visiting Models
- B. Home Visiting Programs – Reviewing Evidence of Effectiveness (OPRE Report)
- C. California Home Visiting Program Profile
- D. A High-Yield Investment in Stronger Families

¹ First 5 Association of California, home visiting program information data. (2014).

- E. The Critical First 1,000 Days
- F. California Home Visiting Program Map
- G. Federally-Mandated Benchmarks and Associated Constructs
- H. The Housing Challenge
- I. Home Visiting: National and State Status – PowerPoint

Attachment A: Home Visiting Models

Maternal, Infant, and Early Childhood Home Visiting/California Home Visiting Program

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) supports pregnant women and families and helps at-risk parents of children from birth to kindergarten entry access resources and hone the skills they need to raise children to become physically, socially, and emotionally healthy and ready to learn.

The Health Resources and Services Administration (HRSA), in close partnership with the Administration for Children and Families (ACF), funds states, territories and tribal entities to develop and implement voluntary, evidence-based home visiting programs using models proven to improve child health and to be cost effective. These programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

All HRSA-supported home visiting programs are:

- Locally managed – each state chooses the home visiting models that best meet the needs of its own at-risk communities, then supports local agencies in providing the home visiting services to families in their own communities.
- Voluntary – families choose to participate and can leave the program at any time.

MIECHV has provided more than 1.4 million home visits since 2012 and, in FY 2014, served approximately 115,500 parents and children in 787 counties in all 50 states, the District of Columbia, and five territories.

Congress established the program in 2010 and in March 2014, extended funding through March 2015, building on the initial \$1.5 billion investment. In April 2015, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015, which includes a two-year extension of the Home Visiting Program through FY 2017 at current funding levels. While decades of scientific research has shown home visiting programs can improve child and family outcomes, the MIECHV program is the first nationwide expansion of home visiting following evidence-based models.

Through these federal funds, California established the California Home Visiting Program (CHVP) as a positive parenting program to help vulnerable families independently raise their children. CHVP was created as a result of the Patient Protection and Affordable Care Act (ACA) of 2010. The home visiting program focus is to provide comprehensive, coordinated in-home services to pregnant and newly parenting women that includes supporting positive parenting and improving outcomes for families residing in identified high-risk communities. The federal funding agency, HRSA, defines home visiting as an evidence-based, voluntary program offered to at-risk pregnant women and families with children from birth to kindergarten entry.

CHVP targets, tracks, and reports on participant outcomes, which include: improved maternal and child health; prevention of child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime, including domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

Currently, CHVP funds 26 sites in 24 Local Health Jurisdictions to provide services using one of two nationally recognized, evidence-based home visiting models: Healthy Families America and Nurse-Family Partnership, each of which is described below.

Healthy Families America

One of the models CHVP implements is Healthy Families America (HFA), a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. It is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, mental health, and/or substance abuse issues. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively, and over the long-term (three to five years after the birth of the baby).

HFA has a strong research base, which includes randomized control trials and well-designed quasi-experimental research. To date, research and evaluation indicates impressive outcomes. Reviews of more than 15 evaluation studies of HFA programs in 12 states produced the following outcomes:

- Reduced child maltreatment
- Increased utilization of prenatal care and decreased pre-term, low-weight babies
- Improved parent-child interaction and school readiness
- Decreased dependency on welfare, or TANF (Temporary Assistance to Needy Families), and other social services
- Increased access to primary care medical services
- Increased immunization rates

HFA Program Goals:

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth.
- Cultivate and strengthen nurturing parent-child relationships.

- Promote healthy childhood growth and development.
- Enhance family functioning by reducing risk and building protective factors.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) is another CHVP-approved home visiting model. NFP's maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed for the better. It is a highly acclaimed, evidence-based early childhood intervention program that uses the nurse home-visitation model. The program has been replicated in more than 200 sites nationwide.

Evidence from randomized, controlled trials proves that it is effective and yields consistently positive outcomes for parents and their children. Evaluation results indicate that the nurse home visitation model yields savings to the community four times greater than program costs.

NFP Program Goals:

- Improve pregnancy outcomes by helping women practice sound health-related behaviors, such as obtaining good prenatal care from their physicians, improving their diets, and reducing use of cigarettes, alcohol, and other drugs.
- Improve child health and development by helping parents provide more responsible and competent care for their children.
- Improve families' economic self-sufficiency by helping parents develop a vision for their future, plan future pregnancies, continue their education, and find jobs.

Parents As Teachers

Parents as Teachers (PAT) is an evidence-based home visiting model being implemented in a number of California counties. PAT helps organizations and professionals work with parents during the critical early years of their children's lives (from conception to kindergarten), and the results are powerful. PAT develops curricula that support a parent's role in promoting school readiness and healthy development of children.

The goal of the PAT program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental

screenings, and linkages and connections for families to needed resources. Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually with more offered to higher-need families. PAT serves families for at least two years between pregnancy and kindergarten. PAT affiliate programs select the target population they plan to serve and the program duration.

In FY 2014–15, PAT served over 125,000 families and nearly 160,000 children in the United States, Canada, and the United Kingdom.

Early Head Start

In California, over 15,000 0 to 2-year-olds are served by the federally funded Early Head Start (EHS) with an additional 3,400 funded by Migrant and Seasonal EHS, and just under 120 with Tribal funded enrollment (18,856 total). Approximately 9,000 of these infants and toddlers in California are enrolled in the home-based option.

EHS provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers, and their families; and pregnant women and their families. Home-Based services are provided through weekly home visits to each enrolled child and family. The home visitor provides child-focused visits that promote the parents' ability to support the child's development. Twice per month, the program offers opportunities for parents and children to come together as a group for learning, discussion, and social activity.

Goals of EHS:

- Provide safe and developmentally enriching caregiving which promotes the physical, cognitive, social, and emotional development of infants and toddlers, and prepares them for future growth and development.
- Support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains.
- Mobilize communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families.
- Ensure the provision of high-quality responsive services to family through the development of trained and caring staff.

Ounce of Prevention Fund

The Ounce of Prevention Fund offers voluntary home visiting services to nearly 1,900 families throughout Illinois on an annual basis. Through evidence-based home visiting programs, parent coaches provide child development and parenting information to help young parents create safe, stimulating home environments; model positive and

language-rich relationships; and ensure families are connected to medical, dental, mental health, and other supports.

In addition, more than 10,000 babies have been born through the Ounce doula program since its inception in 1996. Each year, this program serves approximately 700 expectant mothers. Their doulas are trained, community-based paraprofessionals who work primarily with first-time, teen parents to help them build strong bonds with their babies before the child is born. Doulas provide weekly home visits to encourage prenatal care, offer ongoing support at the hospital during labor and delivery, and provide postpartum home visits for 6 to 8 weeks.

Evaluation of the Ounce of Prevention home visiting and doula programs show that these models are working. Fewer teen parents had a subsequent birth (only 10 percent), 84 percent of the high school students stayed in school, more than 70 percent of parents reported and increased sense of efficacy, and fathers stayed involved — approximately 75 percent of home visiting families had a father involved with the child on at least a weekly basis. In addition, there was a 17 percent increase in amount of time parents spent reading to their children.

References

<https://www.princeton.edu/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=514§ionid=3507>

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<http://www.pewtrusts.org/en/archived-projects/home-visiting-campaign>

<http://www.theounce.org/what-we-do/home-visiting>

<http://www.parentsasteachers.org/about/what-we-do>

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/about-ehs#about>

<http://www.cdph.ca.gov/programs/mcah/pages/hvp-homepage.aspx>

http://www.healthyfamiliesamerica.org/about_us/index.shtml

<http://www.nursefamilypartnership.org/>

<http://mchb.hrsa.gov/programs/homevisiting/>



Home Visiting Programs

Reviewing Evidence of Effectiveness

September 2015

OPRE Report #2015-85b

The Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), part of the U.S. Department of Health and Human Services (DHHS), in collaboration with the DHHS Health Resources and Services Administration, contracted with Mathematica Policy Research to conduct a systematic review of home visiting research. This review, known as the Home Visiting Evidence of Effectiveness (HomVEE) project, determines which home visiting program models have sufficient evidence to meet the DHHS criteria for an “evidence-based early childhood home visiting service delivery model.”

The HomVEE review only includes program models that use home visiting as the primary mode of service delivery and aim to improve outcomes in at least one of eight domains. These domains are (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and school readiness; (5) reductions in child maltreatment; (6) family economic self-sufficiency; (7) linkages and referrals to community resources and supports; and (8) reductions in juvenile delinquency, family violence, and crime.

The HomVEE website:
<http://homvee.acf.hhs.gov/>

Weighing the Evidence

For a meticulous and transparent review of the research, the HomVEE team uses a systematic process. The team first conducts a literature search; screens studies; and prioritizes program models for review, based on factors such as the number and design of the studies and their sample sizes. The team then assesses each eligible impact study (that is, those using randomized controlled trials or quasi-experimental designs) for every prioritized program model and rates the study quality as high, moderate, or low. The HomVEE team rates the causal studies on their ability to produce unbiased estimates of a program model’s effects. This rating system helps the team distinguish between more- and less-rigorous studies; the more rigorous the study, the more confidence the review team has that its findings were caused by the program model itself, rather than by other factors. All studies with a high or moderate rating are used to determine if the program model meets the level of effectiveness specified in the DHHS criteria. The team also creates implementation profiles for all program models included in the review using information from impact studies with a high or moderate

rating, stand-alone implementation studies, and Internet searches. This process is conducted annually.

The DHHS criteria specify that to be considered “evidence based,” program models must have at least (1) one high or moderate quality impact study showing favorable, statistically significant impacts in two or more of the eight outcome domains or (2) two high or moderate quality impact studies, examining separate study samples, that show one or more favorable, statistically significant impacts in the same domain. If a model meets the above criteria based only on findings from randomized controlled trials, then two additional requirements must be met. First, at least one favorable, statistically significant impact must be sustained for at least one year after program enrollment, and, second, at least one favorable, statistically significant impact must be reported in a peer-reviewed journal.¹ Evidence from studies using a single-case design must meet additional requirements to meet the the DHHS criteria, such as the number of single-case design studies, number of cases in those studies, and authorship (see <http://homvee.acf.hhs.gov/Review-Process/4/DHHS-Criteria/19/6> for more information).

Summarizing the Results

As of the 2015 review, HomVEE has reviewed the available evidence on 44 home visiting program models, including impact reviews of 310 studies and implementation reviews of 240 studies.² Some studies are included in both reviews because they contain information on both impacts and implementation.

Evidence of effectiveness: Among the 44 program models reviewed, 19 met the DHHS criteria for an evidence-based early childhood home visiting program model (see table).

19 Program Models Meet DHHS Criteria

Program	Favorable Impacts on Primary Outcome Measures	Favorable Impacts on Secondary Outcome Measures	Sustained Impacts?	Replicated?
Child FIRST	Yes	Yes	Yes	No
Durham Connects/Family Connects	Yes	Yes	Yes	No
Early Head Start-Home Visiting	Yes	Yes	Yes	No
Early Intervention Program for Adolescent Mothers	Yes	Yes	Yes	No
Early Start (New Zealand)	Yes	Yes	Yes	No
Family Check-Up®	Yes	Yes	Yes	Yes
Family Spirit®	Yes	Yes	Yes	Yes
Health Access Nurturing Development Services	Yes	No	Yes	Yes
Healthy Beginnings	Yes	Yes	Yes	No
Healthy Families America	Yes	Yes	Yes	Yes
Healthy Steps (National Evaluation 1996 protocol) <i>These results pertain to Healthy Steps as implemented in the 1996 evaluation, which included home visiting. Home visiting is not the primary service delivery strategy in current model guidelines.</i>	Yes	Yes	Yes	No
Home Instruction for Parents of Preschool Youngsters®	Yes	Yes	Yes	Yes
Maternal Early Childhood Sustained Home Visiting Program	Yes	Yes	Yes	No
Minding the Baby®	Yes	No	Yes	No
Nurse Family Partnership®	Yes	Yes	Yes	Yes
Oklahoma's Community-Based Family Resource and Support Program <i>Implementation support is not currently available for the model as reviewed.</i>	Yes	Yes	Yes	No
Parents as Teachers®	Yes	No	Yes	Yes
Play and Learning Strategies (Infant)	Yes	No	Yes	No
SafeCare Augmented	Yes	No	Yes	No

Note: The table only shows the results from studies with a high or moderate rating.

Program impacts: At least one program model had one or more favorable impacts in all eight domains.³ None of the program models, however, showed reductions in the domain of juvenile delinquency, family violence, and crime as reported using a primary measure. Most program models showed improvement on primary measures of child development and school readiness and positive parenting practices. Healthy Families America had the widest range of impacts, with favorable impacts on primary or secondary measures in all eight outcome areas. Nurse Family Partnership was next, with favorable impacts in seven areas.

Program implementation: HomVEE produces implementation reports regardless of the quality of the studies reviewed. The HomVEE team found that all 19 program models that met the DHHS criteria have been operating for at least three years before the start of the review. Furthermore, 18 of them were associated with a national program office or institute of higher education that provides training and support to local program sites, and 18 had established requirements for the minimum frequency of home visits. Fifteen of the program models also had all three of the following: requirements for staff pre-service training, systems for monitoring fidelity of implementation, and specified content and activities for the home visits.⁴

More Information

Visit the HomVEE website (<http://homvee.acf.hhs.gov>) for detailed information about the review process and results. For more information, please contact the HomVEE team at HomVEE@acf.hhs.gov.

Endnotes

¹ The Patient and Affordable Care Act established a Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that provides funds to states for home visiting programs for at-risk pregnant women and families with children from birth to kindergarten entry (that is, up through age five). The criteria about sustained findings and peer-review publication are consistent with the MIECHV legislation: Section 511 (d)(3)(A)(i)(I).

² Studies included in the review were published or released from January 1979 through December 2014, or were unpublished material received through the HomVEE call for studies that closed in January 2015.

³ The HomVEE team classified outcome measures as primary if data were collected through direct observation, direct assessment, or administrative records, or if self-reported data were collected using a standardized (normed) instrument. Other self-reported measures were classified as secondary.

⁴ These dimensions are identified in the MIECHV legislation; see section 511(d)(3)(A)(i)(I), which includes requirements such as “the model has been in existence for at least 3 years...” and section 511 (d)(3)(B), which specifies requirements such as “well-trained and competent staff, as demonstrated by education and training...” The results are based on available information but do not constitute a formal review of whether the models meet the MIECHV eligibility requirements.



California Home Visiting Program

CHVP

PROFILE



The birth of a baby is an exciting time. It can also be overwhelming, especially for those without a positive parenting model or support network to guide them. The California Home Visiting Program (CHVP) is designed for overburdened families who are at risk for adverse childhood experiences, including child maltreatment, domestic violence, substance abuse and mental illness. Home visiting gives parents the tools and know-how to independently raise their children. It's a preventive

intervention focused on promoting positive parenting and child development. Decades of research on home visiting shows that home visits by a trained professional during pregnancy and in the first few years of life improves the lives of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.¹ Giving children a solid start in their first few years of life increases the opportunity for a brighter, more prosperous future.

OUR GOAL: To promote maternal health and well-being, improve infant and child health and development, strengthen family functioning and cultivate strong communities.

WE SERVE: Pregnant and newly parenting women who have one or more of the following risk factors: Domestic violence, inadequate income, unstable housing, education less than 12 years, substance abuse, and depression and/or mental illness.

SERVICE DELIVERY: Services are provided by either a Public Health Nurse or a paraprofessional in the family's home. Services begin prenatally or right after

the birth of a baby, are offered voluntarily and over 3-5 years. The number of visits is based on need.

OUTCOMES: Research has shown that evidence-based home visiting programs produce positive outcomes that save taxpayer dollars by reducing societal costs associated with child abuse and neglect, poor health and academic failure.¹

FINANCING: The Patient Protection and Affordable Care Act of 2010 established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, which provides funds for evidence-based home visiting in every state.

WHERE WE ARE

- ◆ Alameda
- ◆ Butte
- ◆ Contra Costa
- ◆ Del Norte
- ◆ Fresno
- ◆ Humboldt
- ◆ Imperial
- ◆ Kern
- ◆ Los Angeles
- ◆ Madera
- ◆ Merced
- ◆ Nevada
- ◆ Riverside
- ◆ Sacramento
- ◆ San Diego
- ◆ San Francisco
- ◆ San Mateo
- ◆ Shasta
- ◆ Siskiyou
- ◆ Solano
- ◆ Sonoma
- ◆ Stanislaus
- ◆ Tehama
- ◆ Yolo

RESOURCES:

California Home Visiting Program:

<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

Healthy Families America:

<http://www.healthyfamiliesamerica.org/home/index.shtml>

Nurse-Family Partnership:

<http://www.nursefamilypartnership.org/>

Home Visiting Evidence of Effectiveness:

<http://homvee.acf.hhs.gov/>

PROGRAM SERVICES

Focused on Relationships

Home visiting services are offered in the family's home where teachable moments naturally arise. Working one-on-one with a home visiting professional, families can ask questions, discuss concerns and gain valuable information. Home visitors build relationships as they provide services tailored to each family's needs, such as:

- ◆ Teaching parenting skills and modeling parenting techniques
- ◆ Providing information and guidance on a range of topics, such as safe sleep position, injury prevention and nutrition
- ◆ Providing referrals to address substance abuse, family violence and maternal depression
- ◆ Screening children for developmental delays and facilitating intervention
- ◆ Promoting early learning in the home that emphasizes positive parenting and building a language-rich environment

A Collaborative Approach

A goal of CHVP is to work with home visiting sites to improve early childhood systems of services to ensure pregnant and parenting families receive the services they need. CHVP has developed processes that collect and use information from local sites to inform efforts by state-level agency workgroups to understand and help meet the needs of CHVP families.



CHVP FUNDS TWO EVIDENCE-BASED HOME VISITING MODELS

CHVP local health jurisdictions serve clients using either the Healthy Families America or Nurse-Family Partnership home visiting model, based on the specific needs of the region:

Healthy Families America

- ◆ Serves low-income families who must be enrolled within the first three months after an infant's birth
- ◆ A trained paraprofessional provides one-on-one home visits until the child is 3-5 years old.
- ◆ Uses a strength-based approach
- ◆ Uses motivational interviewing to build on the parents' own interests

Nurse-Family Partnership

- ◆ Serves low-income, first-time moms who must be enrolled by the 28th week of pregnancy
- ◆ A Public Health Nurse provides one-on-one home visits to parents and their babies through two years postpartum
- ◆ Uses a strength-based approach
- ◆ Uses motivational interviewing to build on the parents' own interests

CONTACT IN YOUR AREA:

REFERENCES

¹ US Dept. of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness. <http://homvee.acf.hhs.gov/>



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A High-Yield Investment in Stronger Families

California Home Visiting Program

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 was signed on March 23, 2010. This act established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, which provides funds for evidence-based home visiting to families in at-risk communities.

The California Department of Public Health, Maternal, Child and Adolescent Health Division was designated as the single state entity authorized to apply for and administer program funds on behalf of California.

PROGRAM GOALS

- ◆ Improve maternal and newborn health related issues
- ◆ Improve school readiness and achievement
- ◆ Improve family economic self-sufficiency for at-risk families
- ◆ Reduce child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits
- ◆ Reduce domestic violence
- ◆ Improve coordination and referrals for other community resources and supports
- ◆ Facilitate development of comprehensive early childhood systems

CONTACT US

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WEB: www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx



The first few years of a child's life are critical. Without a strong beginning, the odds of long-term success are diminished. Home visiting is a proven approach to helping new and at-risk families receive a solid start. By helping parents learn how to care for their families, children are safer, healthier and better prepared to succeed in school and in life.

The Maternal, Child and Adolescent Health (MCAH) Division, California Home Visiting Program (CHVP) provides comprehensive and coordinated services for families residing in at-risk communities. Research has shown that laying the foundation for a child's emotional, social and cognitive development reaps benefits for families and society as a whole. Home visiting produces positive outcomes that save taxpayer dollars by reducing societal costs associated with child abuse and neglect, poor health, academic failure and crime.⁶

HOW DOES IT WORK?

Home visiting programs pair new and expectant parents with trained professionals who provide parenting information, resources and support during pregnancy and throughout the child's first years. It's a high-yield investment that strengthens parent-child relationships, increases language and literacy skills, and reduces child abuse and neglect.

Home visiting produces positive outcomes that save taxpayer dollars by reducing societal costs associated with child abuse and neglect, poor health, academic failure, and prevented crime.

RETURN ON INVESTMENT

Research from the Pew Center On The States

- ◆ Home visiting programs have been proven to decrease the incidence of low birth weight births by nearly half—saving states \$28,000-\$40,000 for each one averted.¹
- ◆ Home visiting programs have been proven to cut instances of child abuse and neglect almost in half.^{2,3,4}
- ◆ Home visiting produces positive outcomes that, over time, yield returns of up to \$5.70 per taxpayer dollar spent.⁵
- ◆ Benefits to society per home visiting family served averages \$81,656, according to one Nurse-Family Partnership study.⁴

Home Visiting: The Results

POWER OF TEAMWORK

Helping at-risk children and families thrive requires collaboration among state and community agencies to tackle a variety of challenges. This “shared goals for shared populations” effort is the purpose of the California State Interagency Team (SIT) for Children, Youth and Families.

Within SIT is the CHVP workgroup, focused on improving the quality, efficiency and effectiveness of home visiting through collaboration.

SIT’s CHVP WORKGROUP:

- ◆ California Department of Public Health
- ◆ American Academy of Pediatrics
- ◆ American Indian Infant Health Initiative
- ◆ California Early Childhood Comprehensive Services and California Project LAUNCH
- ◆ California Department of Education
- ◆ California WIC Program
- ◆ California Dept. of Alcohol and Drug Programs
- ◆ California Dept. of Developmental Services, Early Start Program
- ◆ California Department of Health Care Services, Children’s Medical Services, Childhood Health and Disability Prevention and California Children’s Services
- ◆ California Department of Social Services, Office of Child Abuse and Prevention
- ◆ California Domestic Violence Leadership Group
- ◆ Center for the Study of Social Policy
- ◆ Family Resource Center network of California
- ◆ First 5 California
- ◆ MCAH Directors of California
- ◆ Safe and Active Communities—CDPH/State and Local Injuries Control Section

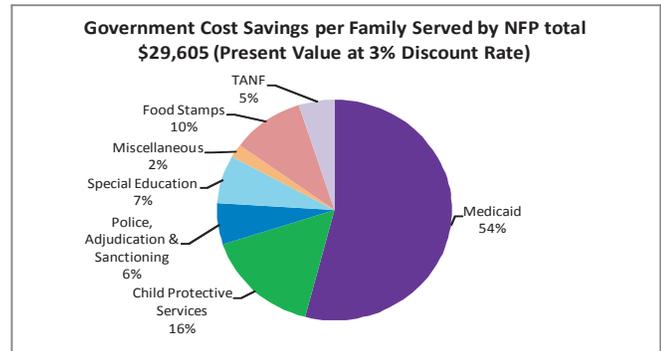
The Pew Center on the States funded a meta-analysis study on the costs, outcomes and return on investment of the **Nurse-Family Partnership (NFP) Home Visiting program**, one of two programs offered through CHVP. NFP Public Health Nurses served 145,704 low-income mothers and their first-borns prior to 2011. Here are some of the findings:⁴

Expected Life Status and Financial Outcomes When First-Time Low-Income Mothers Receive Nurse-Family Partnership Home Visitation Services⁴

OUTCOME	CHANGE
Smoking during pregnancy	24% reduction in tobacco smoked
Complications during pregnancy	27% reduction in pregnancy-induced hypertension
Preterm first births	28% reduction in births below 37 weeks gestation
Infant deaths	60% reduction in risk of infant death
Breastfeeding	14% increase in mothers who attempt to breastfeed
Childhood injuries	38% reduction in injuries treated in emergency departments, ages 0-2
Language development	38% reduction in language delay
Youth criminal offenses	45% reduction in crimes and arrests, ages 11-17
Youth substance abuse	53% reduction in alcohol, tobacco and marijuana use, ages 12-15
Immunizations	23% increase in full immunization, ages 0-2
Food stamp payments	9% reduction through at least year 10 post-partum

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- ⁶ Pew Center on the States. 2009. *Delivering Healthier Babies and Economic Returns. Partnership for America’s Economic Success, Issue Brief #11*. December. Online. www.partnershipforsuccess.org/uploads/200912_00609PAESLongtermCostsBriefpressproof.pdf.
- ⁷ Avellar, S., et al. 2012. *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, D.C.



In 2009, the Department of Health and Human Services launched a review of home visiting research literature, called the Home Visiting Evidence of Effectiveness (HomVEE) study. **Healthy Families America (HFA)**, one of two programs offered through CHVP, was the only evidence-based program to receive favorable impacts in all eight domains:⁷

- ◆ Child Development and School Readiness
- ◆ Child Health
- ◆ Family Economic Self-Sufficiency
- ◆ Linkages and Referrals
- ◆ Maternal Health
- ◆ Positive Parenting Practices
- ◆ Reductions in Child Maltreatment
- ◆ Reductions in Juvenile Delinquency
- ◆ Family Violence and Crime

The Critical First 1,000 Days

California Home Visiting Program

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 was signed on March 23, 2010. This act established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, which provides funds for evidence-based home visiting to families in at-risk communities.

The California Department of Public Health, Maternal, Child and Adolescent Health Division was designated as the single state entity authorized to apply for and administer program funds on behalf of California.

HOW IT WORKS

Home visiting matches parents with trained professionals to provide information and support during pregnancy and throughout their first few years—a critical developmental period.

PROGRAM GOALS

- ◆ Improve maternal and newborn health related issues
- ◆ Improve school readiness and achievement
- ◆ Improve family economic self-sufficiency for at-risk families
- ◆ Reduce child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits
- ◆ Reduce domestic violence
- ◆ Improve coordination and referrals for other community resources and supports
- ◆ Facilitate development of comprehensive early childhood systems

A child's first years are critical for building a foundation for success in school and in life. In fact, the first 1,000 days are considered the most important stage of child development. When a young child experiences adverse events, that foundation begins to crumble.

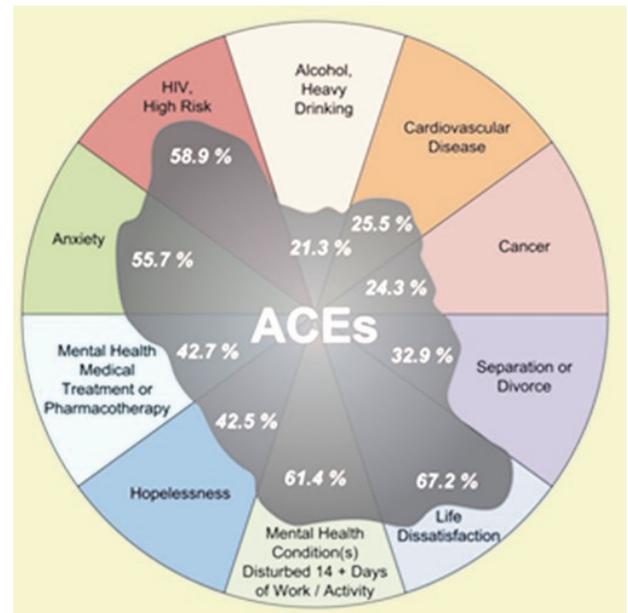
The Adverse Childhood Experiences (ACE) Study—one of the largest ever conducted to assess links between childhood maltreatment and later-life well-being—demonstrated that toxic stress developing in the brain has lifelong effects on learning, behavior and health. These stressors include poverty, neglect and domestic violence. The short and long-term outcomes of these childhood exposures include a multitude of health and social problems, as demonstrated in the diagram here. To access the study, visit <http://www.cdc.gov/ace/>

CALIFORNIA LAGS BEHIND

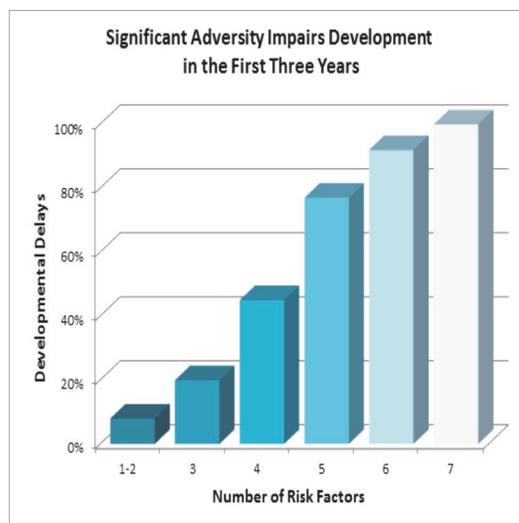
There is cause for concern in California for the future health and well-being of our children:

- ◆ California ranks 42nd in percentage of children with moderate to high risk of developmental, behavioral or social delays.
- ◆ California ranks 40th in percentage with families with no adverse experiences.

EARLY ADVERSITY IMPAIRS FUTURE WELL-BEING



Adverse Childhood Experiences (ACEs) are attributable to numerous lifetime outcomes, such as HIV, cancer and CVD. *Information courtesy of: David W. Willis, MD, FAAP*



Graph courtesy of: Center on the Developing Child at Harvard University

- ◆ Among 0-5-year-olds, California ranks 44th in percentage with one family adverse experience.
- ◆ More than one-third of California children will have an adverse experience between the ages of 0 and 5.
- ◆ Nearly one in five California children will have two or more adverse experiences.
- ◆ An assessment conducted by California Home Visiting Program (CHVP) identified a need for home visiting on all 58 counties—94% having needs in multiple areas.

Source: 2011/2012 National Survey of Children's Health

Every Child Deserves a Solid Start

Need for Home Visiting in all 58 Counties

ACHIEVEMENT GAP

The achievement gap is a social outcome that can be measured. It appears long before kindergarten. It can become evident as early as 9 months of age.

At-risk children who do not receive a high-quality education fare poorly. Check out these numbers:

- ◆ 25% more likely to drop out of school
- ◆ 40% more likely to become a teen parent
- ◆ 50% more likely to be placed in special education
- ◆ 60% more likely to never attend college
- ◆ 70% more likely to be arrested for a violent crime

Early childhood programs are the most cost-effective way to ensure the healthy development of children in poverty and offer the greatest returns to society.

Source: www.ounceofprevention.org

CONTACT US

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Home visiting helps parents give children the solid start every child deserves.

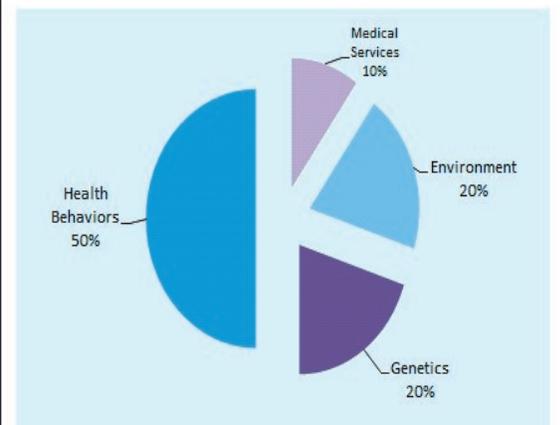
Through home visiting, parents find healthy solutions to stressful circumstances by ensuring they have knowledge of community services, and skills to help keep their children healthy, safe and ready to learn. Home visiting reduces child abuse rates, helps in the early identification of developmental delays and supports family self-sufficiency. Home visiting produces positive outcomes that, over time, yield returns of up to \$5.70 per taxpayer dollar spent. In fact, benefits to society per home visiting family served averages \$81,656, according to one Nurse-Family Partnership study.



OUR APPROACH

The Maternal, Child and Adolescent Health (MCAH) Division, California Home Visiting Program (CHVP) is laying the foundation for children's emotional, social and cognitive development. CHVP pairs new and expectant parents with trained professionals who provide parenting information, resources and support during pregnancy and throughout the child's first years. It's a comprehensive approach involving numerous partners to address the many factors impacting well-being. These factors range from mental health and poverty, to education and housing.

Factors Contributing to Healthy Child Development



SOURCE: Healthy People 2010, US Department of Health and Human Services, 2000

CHVP is uniquely positioned to have an impact on California's future and shift population health and well-being for future generations. By giving children a solid start in their first 1,000 days, the opportunity for a brighter, more prosperous future is greater.

California's 26 MIECHV-Funded Home Visiting Sites

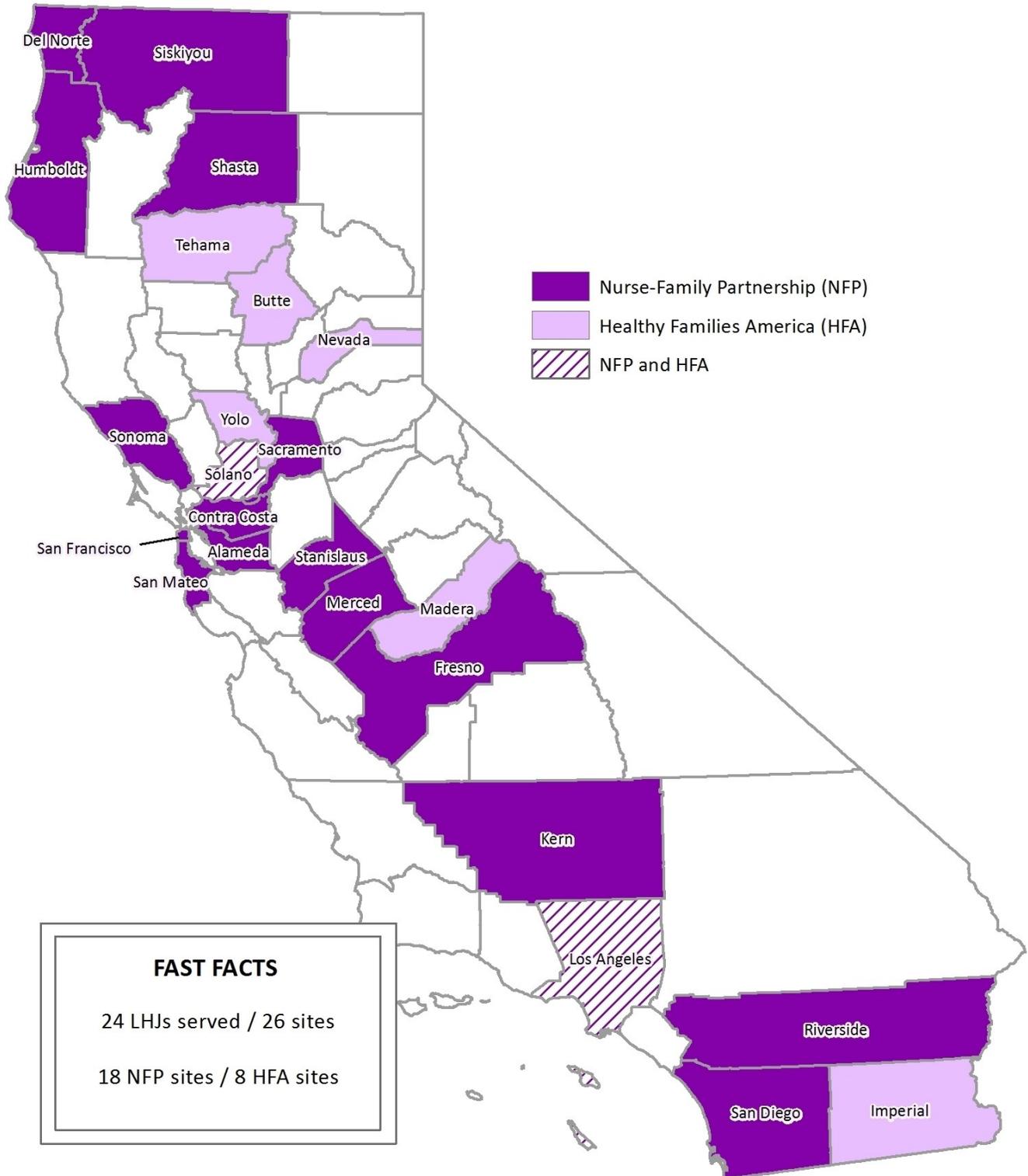
- | | | |
|----------------|-----------------|--------------|
| ◆ Alameda | ◆ Los Angeles | ◆ San Mateo |
| ◆ Butte | ◆ Madera | ◆ Shasta |
| ◆ Contra Costa | ◆ Merced | ◆ Siskiyou |
| ◆ Del Norte | ◆ Nevada | ◆ Solano |
| ◆ Fresno | ◆ Riverside | ◆ Sonoma |
| ◆ Humboldt | ◆ Sacramento | ◆ Stanislaus |
| ◆ Imperial | ◆ San Diego | ◆ Tehama |
| ◆ Kern | ◆ San Francisco | ◆ Yolo |



California Home Visiting Program

MAP

Funded Local Health Jurisdictions



Federally-Mandated Benchmarks and Associated Constructs

Benchmark (6)	Constructs (35)	
I. Improved Maternal and Newborn Health	<ul style="list-style-type: none"> • Prenatal care • Tobacco use • Preconception • Inter-birth intervals 	<ul style="list-style-type: none"> • Maternal depression screening • Breastfeeding • Well-child visits • Insurance status
II. Prevention of Child Injuries, Abuse, Neglect or Maltreatment	<ul style="list-style-type: none"> • Child ED visits (all cause) • Mother ED visits (all cause) • Child injury prevention • Child injuries that require treatment 	<ul style="list-style-type: none"> • Suspected child maltreatment • Substantiated child maltreatment • First time victims of maltreatment
III. Improvements in School Readiness and Achievements	<ul style="list-style-type: none"> • Parent support for child's learning, • Parent knowledge of child development • Parent-child relationship • Parent emotional well-being • Child's communication 	<ul style="list-style-type: none"> • Child's cognitive skills • Child's positive approach to learning • Child's emotional well-being • Child development
IV. Domestic Violence	<ul style="list-style-type: none"> • Screening for DV • Referrals made to DV Services 	<ul style="list-style-type: none"> • Completed safety plans
V. Family Economic Self-Sufficiency	<ul style="list-style-type: none"> • Income and benefits • Employment or education 	<ul style="list-style-type: none"> • Insurance status
VI. Coordination and Referrals	<ul style="list-style-type: none"> • Families identified for services • Families who received a referral • MOU's with social service agencies 	<ul style="list-style-type: none"> • Information sharing with agencies • Completed referrals



California Home Visiting Program: The Housing Challenge

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 was signed on March 23, 2010. This act established the **Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program**, which provides funds for evidence-based home visiting to families in at-risk communities.

The California Department of Public Health, Maternal, Child and Adolescent Health Division was designated as the single state entity authorized to apply for and administer program funds on behalf of California.

CHVP GOALS

- ◆ Improve maternal and newborn health related issues
- ◆ Improve school readiness and achievement
- ◆ Improve family economic self-sufficiency for at-risk families
- ◆ Reduce child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits
- ◆ Reduce domestic violence
- ◆ Improve coordination and referrals for other community resources and supports
- ◆ Facilitate development of comprehensive early childhood systems

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Safe, affordable, stable housing is essential for the healthy growth and development of children. Children experiencing homelessness are four times more likely to show delayed development, have three times the rate of emotional and behavioral problems, have twice the rate of learning disabilities and are sick four times as often as other children.



Despite the importance of housing stability to children’s development and health, families are the fastest-growing segment of the homeless population and now make up one-third of California’s homeless population.¹

BARRIERS TO FINDING A HOME

Of the 22 California Home Visiting Program (CHVP) sites, 73% identify housing as one of the top three local gaps in services for their home visiting clients. Sites report that barriers for families experiencing unstable housing include:

- ◆ Inadequate resources available in their communities
- ◆ Long wait lists for publicly-funded housing and Housing Choice Vouchers (Section 8)
- ◆ High cost of housing
- ◆ Lack of employment opportunities to afford safe, stable housing
- ◆ Substandard housing conditions, with families refusing to report conditions, fearing eviction
- ◆ Policies that exclude persons under age 18 from signing leases or living unaccompanied in shelters, creating barriers for pregnant or parenting youth

DID YOU KNOW?

- ◆ Estimates show that over 122,000 California children under the age of 6 are homeless²
- ◆ Emergency shelter for families with children is often more expensive than permanent supportive housing
- ◆ Federal support for low-income housing fell 49% from 1980 to 2003³
- ◆ Public housing and the Housing Choice Voucher program are the primary referral resources used when directing low-income clients to stable housing
- ◆ The average wait for public housing is 20 months³
- ◆ The average wait for Housing Choice Vouchers is almost 3 years³

73% of CHVP sites report housing as one of the top three service gaps for their home visiting clients

“Homelessness is not caused merely by a lack of shelter, but rather by a variety of underlying, unmet needs, including physical, economic and social.”

—U.S. Department of Housing and Urban Development



Maternal, Child and Adolescent Health Division, California Home Visiting Program

TAPPING LOCAL RESOURCES

Living in unstable housing situations can limit the number and types of support services provided to pregnant and parenting families. Home visitors are especially challenged to keep track of "couch surfing" families in order to provide services.

Efforts to assist home visiting clients to find housing most often take the form of signing up families for public housing and Housing Choice Vouchers. Home visitors also refer clients to temporary and emergency local housing services.

COMMON COMMUNITY HOUSING SERVICES

- ◆ **CHURCHES:** Rotating emergency shelters
- ◆ **NONPROFITS:** Temporary housing provided by non-profit and faith-based organizations
- ◆ **COMMUNITY AGENCIES:** Short-term vouchers for local motels

TURNING TO THE STATE

CA Department of Community Services & Development (CSD)

The CSD funds locally-targeted initiatives and projects that address community needs, including housing needs. For example, CSD awarded funds in 2013 to the Sacramento Employment and Training Agency to provide case management, child care and subsidized work experience opportunities for pregnant and parenting youth currently or recently homeless. Learn more at <http://www.csd.ca.gov/>

Housing as Part of a Comprehensive Spectrum of Services

Housing support is a vital part of a comprehensive spectrum of services for pregnant and parenting families. CHVP's home visiting sites estimate that roughly one-quarter of their clients need safe, stable housing. Many clients "couch surf" or live in motels, multifamily apartments, storage facilities, tents in wooded areas or cars. For at-risk parents attempting to stabilize their families, accessing resources to meet housing needs can be extremely challenging.

MIECHV funding through CHVP provides the opportunity to integrate home visiting programs into early childhood development systems at the state and local levels. An integrated system includes supports around emergency, temporary and permanent housing for families with children prenatal to 5.

HOUSING COALITIONS

Local Continuums of Care

Continuums of Care (CoC) are HUD-funded community-based coalitions that organize to address homelessness and housing issues. CoCs exist in most California counties.

Home visiting programs can integrate themselves into local systems by networking with other groups interested in providing services to at-risk families, such as those represented in a CoC. Staff can attend local CoC meetings and invite CoC representatives to sit on their Community Advisory Boards.

SPOTLIGHT ON INTEGRATION

Child Development and Housing Collaboration in Antelope Valley

Local collaborations that serve children 0-5 and their families can yield positive outcomes. In Antelope Valley, California, five service partners with expertise in domestic violence, mental health services and early childhood development collaborated to form a program for at-risk and homeless young mothers. One of the goals of this five-year, multi-site initiative was to increase collaboration between the child development and housing/homelessness service sectors. The demonstration project showed that 75% of children who received services demonstrated improved developmental screening scores.

WORKING TOWARD A SOLUTION

State, County and Local Recommendations

Many agencies and groups recognize the need for safe, stable housing for families of young children. Recommendations from the U.S. Administration for Children and Families, National Network for Youth, California Homeless Youth Project and Housing California include:



- ◆ **Prioritizing homeless children** in the provision of services
- ◆ **Increasing appropriate access for young families** in shelters, transitional housing and permanent supportive housing
- ◆ **Improving coordination of services** with housing resources to help pregnant and parenting youth succeed in maintaining stable housing

References

- ¹ "Focusing on Solutions: Family Homelessness." A Housing California Fact Sheet. www.housingca.org
- ² An estimated 292,624 California children (0-17) are homeless; 122,000 is an estimate based on research that suggests 42% of all homeless children are aged 0-5. See "America's Youngest Outcasts: State Report Card on Child Homelessness. California." The National Center on Family Homelessness. www.familyhomelessness.org
- ³ "The Characteristics and Needs of Families Experiencing Homelessness." The National Center on Family Homelessness. www.familyhomelessness.org

"The Housing Challenge" was created in partnership with the Department of Housing and Community Development and the California Homeless Youth Project at the California Research Bureau.





Home Visiting: National and State Status



Summary

This agenda item summarizes key information on the status of home visitation both nationally and within California at the state and local levels. Presenters will share highlights from home visitation work.

Presenters

Children Now

California Department of Public Health - California Home Visiting Program

Early Head Start

First 5 county commissions

What is Home Visiting?

- A method of service delivery, offering a range of resources and supports
- A way to support families and children with the highest needs that will have a positive impact and can create long-term benefits for children's development
- Depending on the model, the visitor may provide social support, health information, family planning, or act as a resource provider, literacy teacher, or parenting coach

Why Home Visiting?

- Programs help families connect to necessary services, such as health care and community resources
- Help families monitor child development and progress
- Counteract negative consequences of economic insecurity and encourage success both at home, in school and at work
- Promote children's health and development and strong parenting skills
- Helps to reduce the number of children in the social welfare, mental health, and juvenile corrections systems

What are the funding sources for home visiting?

- First 5 County Commissions – \$55 million in 2014
- California Home Visiting Program, supported by federal Maternal Infant, and Early Childhood Home Visiting dollars – \$22.6 million annually
- Federal Early Head Start funding

Home Visiting Family Support

A National Perspective

Presentation to
First 5
California



Who we are



Giannina Perez

Senior Director, Early Childhood Policy, Children Now



About Children Now

Children Now is the leading non-partisan national, state and local research, policy development, and advocacy organization dedicated to improving children's overall well-being.

Today's presentation

Setting the stage

Overview of national investments and activities

Lessons learned

Examples from across the country

Opportunities to Partner

Elevating home visiting family support in California

Setting the stage

.....
Federal investment and national interest

Maternal Infant and Early Childhood Home Visiting (MIECHV)

- First nationwide expansion
- Funded through 2017
- 2,200 CA families



Lessons from MIECHV

- Increased momentum
- Coordination and accountability
- Sustainability



National Scan

- All using federal funding (MIECHV and EHS)
- 30 states using General or other state appropriated funds
- 21 states using Medicaid
- 12 states using TANF



Lessons learned

- Increasing interest
- Blending and braiding
- Support for national and local models



Opportunities to Partner

First 5 Commission can help elevate home visiting family support:

- Policymaker **champion building**
- **Highlighting need and investments** using First 5 and other data
- Supporting **State Home Visiting Coalition** efforts



Thank you for all you do for California's
kids and families!





California Home Visiting Program

Presentation to the
First 5 California Children and
Families Commission
January 28, 2016

Kristen Rogers, PhD
Chief, California Home Visiting Program

*California Department of Public Health
Maternal, Child and Adolescent Health Division
California Home Visiting Program*

Image: Istock Photo



Home Visiting Authorization

- The Patient Protection and Affordable Care Act (ACA) of 2010, amended Title V of the Social Security Act by adding Section 511 titled, “Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program”
- \$1.5 billion over the first five years
 - Reauthorization in March 2015, extended MIECHV through FFY 2017
- California Department of Public Health (CDPH) is the lead agency for the MIECHV Program
- Implementation began in CA in June, 2012

MIECHV Goals

- Provide voluntary, evidence-based home visiting services to pregnant women and families with young children birth to age five.
- Monitor and report on six federally-mandated Benchmarks and associated 35 Constructs:
 1. Improvement in Maternal and Newborn Health
 2. Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and the Reduction of Emergency Department Visits
 3. Improvement in School Readiness and Achievements
 4. Reduction of Domestic Violence
 5. Increase in Family Economic Self-Sufficiency
 6. Increase in the Coordination and Referrals to Community Resources, Social Services and Support

(See CHVP handout entitled, “Federally-Mandated Benchmarks and Associated Constructs”)

Federal Priority/Target Populations

- Pregnant women under age 21
- Families in at-risk communities
- Low-income families
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home
- Families with children with low student achievement
- Families with children with developmental delays or disabilities

Evidence-Based Home Visiting Outcomes¹⁻⁶

- Mothers who have access to home visiting services had lower rates of:
 - Pregnancy-induced hypertension;
 - Emergency department visits for mother and/or child;
 - Smoking during pregnancy;
 - Complications during pregnancy;
 - Low birth weight and preterm births;
 - Second pregnancies (and longer intervals between children);
 - Child abuse and neglect;
 - Poor infant and child health;
 - Ongoing use of TANF and food stamps;
 - Childhood injuries; and
 - Infant deaths.

More Evidence-Based Outcomes¹⁻⁶

- Research has also shown that these programs increase or improve the following:
 - Prenatal care visits;
 - Breastfeeding rates;
 - Immunization rates;
 - Child language development; and
 - School readiness.

Return-On-Investment (ROI)⁷

- Evidence-based home visiting programs are shown to decrease the incidence of low birth-weight infants among home visiting participants by nearly half, avoiding an estimated \$28,000-\$40,000 in health care and other costs for each one that is averted.
- For every public health dollar invested in home visiting, a savings of \$2.88 can be achieved
- Among high-risk clients (those with multiple “adverse childhood experiences”), the savings increases to \$5.70 per dollar spent.

(See CHVP handout on ROI entitled, “A High-Yield Investment in Stronger Families.”)

What is the California Home Visiting Program (CHVP)?



Image: Istock Photo

California Home Visiting Program (CHVP)

- Purpose of CHVP
 - Voluntary program that pairs at-risk new and expectant parents with public health nurses or para-professionals who provide:
 - Comprehensive, coordinated in-home services to promote positive parenting
 - Assistance and education to have a health pregnancy and delivery
 - Assistance for vulnerable families to independently raise their children
 - Screen, link and refer families to local, community-based services
 - Improve outcomes for families residing in identified at-risk communities
- Frequency of home visits:
 - Once/week during pregnancy and for the first 6 months of the infant's life; then every other week until the child is 2-5 years of age, depending on need and risk

(For more information, see CHVP handouts entitled, "CHVP Profile" and "The Critical First 1,000 Days")

26 CHVP Communities in 24 Local Health Jurisdictions

NFP	HFA
Alameda	Butte
Contra Costa	Imperial
Fresno	Los Angeles, Antelope Valley
Kern	Madera
Los Angeles, DPH	Nevada
Los Angeles, USD	Solano
Merced	Tehama
Riverside	Yolo
Sacramento North	
Sacramento South	
San Diego	
San Francisco	
San Mateo	
Shasta	
Solano	(See CHVP handout of CA Map)
Sonoma	
Stanislaus	
Tri-Consortium: Del Norte; Siskiyou; Humboldt	

Administration of CHVP at the Local-Level

- Funding for CHVP sites is administered through local County Departments of Public Health
 - The counties provide primary oversight of all home-visiting activities
- Four of the 26 CHVP-funded Local Health Jurisdictions contract home visiting out to community-based organizations (CBOs)
- Other home visiting programs in California
 - County First 5 Commission funding
 - Local MCAH program funding

Two CHVP Models:

(1) Healthy Families America (HFA)

- Eligibility
 - Targets women with adverse childhood experiences (ACEs); as well as history of trauma, intimate partner violence, and mental health and/or substance use issues
 - Women may be pregnant, newly parenting or with children in the home
- Model Specifications
 - Home Visitors are para-professionals, professionals and/or nurses
 - Flexible curriculum is designed to empower parents
 - Services begin intensively (1-2 times/week) and then continue less intensively (bi-weekly) up to five years after birth
 - Intensity adjusts to client need over time

Two CHVP Models:

(2) Nurse Family Partnership (NFP)

- Eligibility
 - First time moms living in poverty
 - Must be enrolled prior to 28 weeks gestation
- Model Specifications
 - Services provided until their babies reach two years of age
 - Rigorous standards for enrollment, staffing, program fidelity, caseload
 - Home visits are weekly during pregnancy; bi-weekly postpartum
 - Home Visitors are only Public Health Nurses

Three Major Components of CHVP

- Statewide Data System
 - Over 1,000 variables
 - Standardized method of data collection and analysis
 - Continuous monitoring and annual reporting of federally-mandated Benchmarks/Constructs
 - Provide timely data to LHJs for local needs
- Continuous Quality Improvement
 - Monitor and provide technical assistance of local implementation
 - Monitor improvement of Benchmarks/Constructs
- Systems Integration Monitoring and Evaluation
 - Integrate local systems of care for efficiency
 - Local-level and state-level systems integration efforts

(See CHVP handout entitled, “The Housing Challenge” as an example of collaboration between CHVP and state partners to affect local change)

The Future of CHVP

- Federal Grant
 - Responded to HRSA's 2016 FOA
 - \$22.2 million for continuation of existing sites
- Working closely with California First 5 Assoc.
- 2016 Home Visiting Summit (August 1-2; Sacramento)
 - State and Key Stakeholder Summit Partners:
 - First 5 Association, First 5 California, First 5 Los Angeles, CDSS, CDE, CDDS, DHCS, CA Head Start Association, Children Now, County Behavioral Health Directors Association of CA, American Academy of Pediatrics (CA Chapter)

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4. Kitzman H, Olds DL, Sidora K, Henderson CR Jr, Hanks C, Cole R, Luckey DW, Bondy J, Cole K, Glazner J. [Enduring effects of nurse home visitation on maternal life course: a 3-year follow-up of a randomized trial](#). JAMA. 2000 Apr 19;283(15):1983-9.
5. Olds DL, Eckenrode J, Henderson CR Jr, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettitt LM, Luckey D. [Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial](#). JAMA. 1997 Aug 27;278(8):637-43.
6. Eckenrode J, Campa M, Luckey DW, Henderson CR Jr, Cole R, Kitzman H, Anson E, Sidora-Arcoleo K, Powers J, Olds D. [Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial](#). Arch Pediatr Adolesc Med. 2010 Jan;164(1):9-15. doi: 10.1001/archpediatrics.2009.240. Erratum in: Arch Pediatr Adolesc Med. 2010 May;164(5):424.
7. Pew Center on the States, 2009.

Questions?

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Image: Istock Photo

Early Head Start in California

Stacey Scarborough
Early Head Start Director
Venice Family Clinic



Early Head Start

Early Head Start is a program of the Department of Health and Human Services located in the Administration for Children and Families.

Department of Health and Human Services

Administration for Children and Families

Office of Head Start

10 Regional Offices plus
Tribal/Migrant Office

Region IX
Arizona, California, Nevada
Hawaii, Territories of the U.S.

Venice Family Clinic
Children First Early Head Start

Program Components

- Early Childhood Education
- Parent Education
- Child Health, Safety and Wellness
- Nutrition Services
- Dental Services – children & pregnant women
- Mental Health Services for Children and Families
- Referrals to Community Resources
- Individualized Services for children with disabilities



Home-Based Services



Comprehensive Program brought into the home every week for 1.5 hours to support child development and the parent-child relationship.

(Partners For A Healthy Baby, Florida State University)

48 minimum visits annually

Lesson plans include:

Child development

Health and safety

Nutrition

Community referrals for social services

Mental Health

Parent Involvement

Individualized Family Service Plan (IFPA)



Parent



Child

Play Groups

- 2x/month for Home-Based Children and Parents
- Lesson Plans that connect to IFPA and Home-Based Lesson Plans
- Goal is to strengthen the parent-child relationship
- Relationships form the foundation through which healthy social and emotional development happens for young children
- Hand-washing, Dental Hygiene and Nutrition
 - Family style meal service
 - USDA approved meals
 - R.D. approved menus
 - Tooth brushing
 - Parent participation in Menu Planning



Comprehensive Services: Health

Parent Involvement

Individualized Services

Tracking Procedures



Application



Enrollment



Entry



Screening for Developmental, Sensory and Behavioral Concerns (referrals as needed)



45 days



Medical home, insurance, well child exam & shots up-to-date, dental exam, further testing & follow up, CES-D

90 days



Ongoing care



Periodic observation and recordings. Identify new or recurring health concerns.



Transition

Comprehensive Services: Health

Health

- Health and safety
- Nutrition
- Mental Health
- Oral Health
- Medical/Dental Home with Insurance
- Prenatal Care



45 days

- OAE hearing screen
- Vision Screen
- Nutrition Assessment
- ASQ-3
- ASQ:SE

90 days

- Dental Exam
- Hemoglobin
- Blood Lead Test
- Home Safety Checklist
- Height/Weight Charted
- CES-D

Ongoing

- Well-child visits according to EPSDT schedule
- Immunizations
- Developmental Assessment
- Health Education

Comprehensive Services: Family & Community Partnerships

Family goal setting

- Assessment of strengths and needs
- Develop IFPA
- Monitor IFPA
- Transition services
- Accessing community services & resources



Community Partnerships (examples)

- St. John's Child and Family Development Center - Partnerships for Families
- Westside Regional Center Early Start Program
- St. Joseph Center
- Westside Infant-Family Network
- Curtis Tucker Health Center-Inglewood
- St. Margaret's Center-Inglewood
- Didi Hirsch-Inglewood
- UCLA Venice Dental Center

Research Findings

EHS Home Based for Parents

- At 24 months old, EHS parents compared to control group parents
 - Provided significantly more stimulating home environments
 - Participated in more bedtime reading
 - Had greater knowledge of child development
- At 36 months old, EHS parents:
 - Reported greater involvement in education and training activities
 - Reported less parenting stress
 - Were more supportive during play and continued to report less parenting stress

Research Findings

EHS Home Based for Children

- Compared to control group children, home based EHS children at 24 and 36 months old showed stronger vocabulary development.
- At 36 months old, the program children more strongly engaged their parents during play, a measure of social-emotional development.
- There were also positive impacts on child cognitive and language development at 36 months old.

EHS contributions to School Readiness and Family Functioning

Impact on children two years after completing Early Head Start:

- There were significant favorable impacts of the program on two aspects of children's socio-emotional development, behavior problems, and approaches to learning.
- There were positive impacts on vocabulary for Spanish-speaking children but not for English-speaking children.
- There were significant impacts on the probability of being in formal programs.
- For Parents, EHS continued to have significant impacts on support for children's learning evidenced in three measures: daily reading, the home environment and teaching activities.
- A reduction in their risk for depression.
- There were sustained impacts for low and moderate risk groups. Among the highest risk families, some favorable impacts on parenting and the home environment emerged by the time the children were about 5.