Focus on Home Visiting

Presenters:

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Our Mission: To promote the security, health, and well-being of America’s low-income children and families.

Our Foci: Improved family economic security; Healthy, nurturing families and young children succeeding in school

Our Aim: Research-informed policy and practice that will help young children thrive
Established at the National Center for Children in Poverty (NCCP), Project THRIVE provides public policy analysis and education to support State Early Childhood Comprehensive Systems (ECCS).

This work is supported through a cooperative agreement with the Maternal and Child Health Bureau, HRSA-DHHS.
Results from a Survey of State-based Home Visiting Programs

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What is home visiting?

- Longstanding strategy for serving families, particularly those with social or medical risks
- A “modality” for delivering different interventions, not one specific defined service package
- Used for different purposes - thus confusion...lack of consensus...
The field has moved ahead...

- Nurse Family Partnership (est. >200 sites)
- Parents as Teachers (est. 3,000 sites)
- Early Head Start (est. >700 sites)
- Healthy Families America (est. >450 sites)
- HIPPY (est. 167 sites)
- Healthy Start (> 90 communities with highest infant mortality rates)
- Part C Early Intervention (delivering > 80% of services in home)
- Many state and local variations from above
Defining Home Visiting Programs

- Home visiting programs distinguished by asking three questions:
  1. Does the program design assume home visits as the primary method for delivering the intervention?
  2. Are a majority of services delivered (or a majority of clients served) through home visits?
  3. Are staff trained to deliver services and supports through home visits?

- State-based programs are defined as those administered or coordinated by state agencies.
Typical Purposes of Home Visiting

- **Serve as outreach/resource and referral**
  - Link isolated or higher-risk families to services
  - Facilitate use of preventive care (e.g., prenatal)

- **Change parents and family life**
  - Improve parenting skills (reduce child abuse)
  - Assist parents in changing life course (reduce welfare dependency, treat depression)

- **Promote child health and development**
  - Educate parents about early development
  - Deliver screening and intervention services
  - Address chronic health needs and disabilities
Working across a Continuum of Services

- Universal newborn visits
  - Case management/care or service coordination
    - Intensive services for high risk
      - Fewer families, more intensive services
      - More families, less intensive services
Survey Findings
Survey Design and Methods

- Conducted as part of Improving the Odds project, funded by Buffet Early Childhood Fund
- Instrument designed by Kay Johnson, Jane Knitzer, and Helene Stebbins
- Based on a survey conducted for the Commonwealth Fund in 1999
- Supported by comprehensive literature review
- Piloted & reviewed in June 2007
- Fielded to state MCH leaders mid-2007
- Sent by email and fax, with telephone backup
Survey Results:
States’ Roles in State-based Home Visiting Programs

n = 40 states

- State administered: 33 states
- Funds to local: 4 states
- Other state role: 8 states

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Survey Results:

Policy structure for State-based Home Visiting Programs

- 32 programs in 24 states operate under legislative mandate or with legislated content
  - Does not include:
    - Head Start and Early Head Start
    - Part C Early Intervention programs (without combined home visiting)
    - Healthy Start Infant Mortality Reduction
Survey Results:
Interagency Planning for Home Visiting Programs

- Focus on continuum
- Linking home visit programs
- Linking to center-based ECE
- Linking to other programs
- Other

n = 34 states
Survey Results:
Linkages from Individual Home Visiting Programs

- Linked to other home-based programs
- Linked to center-based ECE
- Linked to other programs

n = 70 programs

Number of programs

n = 70 programs
Survey Results:
Use of Home Visiting Model Designs

- 17 programs across 14 states reported using widely recognized home visiting models
  - Nurse Family Partnership
  - Healthy Families
  - HIPPY
  - Parents as Teachers
- 14 programs in 14 states reported using multi- or blended models
Survey Results:
Home Visiting Interventions Designed for Higher Risk Families

- 55 programs in 31 states reported the intervention is designed to provide more intensive services to families with identified risks and needs

- Among these programs, staff support varies:
  - In 82% staff receive training to screen for risks (45 of 55 programs)
  - In 71% staff receive training in how to intervene (39 of 55 programs)
  - In 56% staff routinely have routine specialist professional back-up support (31 of 55 programs)
Survey Results:
Home Visiting Program Funding Sources

n = 55 programs, 30 states

Number of Programs

Federal
State match
State only
Local
Foundation
Other private
Percentage of Programs by Type of Outcome Objectives, 1999

- **Improved child characteristics**
  - Physical health
  - Mental health
  - Disability
  - Education success

- **Improved parent characteristics**
  - Child development
  - Work
  - Physical health
  - Pregnancy
  - Mental health

- **Decreased need for government services**
  - Parenting
  - Substance abuse
  - Child abuse & neglect
  - Foster care
  - Income support
  - Medicaid
Fitting program design to goals, 2007

Programs by Objective
n=70

Child outcomes  Parent outcomes  Government services

Percent

Health  Mental Health  Disability  Development  Education  Employment  Health  Pregnancy  Mental health  Parenting  Substance use  Medicaid  Child welfare  Child abuse
What is the landscape?

- Home visiting is a means to deliver multiple services to address different needs

- States manage or coordinate many programs
  - Multiple, sometimes overlapping programs
  - Program design and objectives not aligned
  - Insufficient resources to assure access & quality
  - Not addressing needs of highest risk families
  - Diverse funding sources, not blended, yield competition for dollars
How are states strengthening home visiting programs?
States’ Experience: Leadership to link pieces along continuum of services

- Oregon and Virginia
  - Gubernatorial initiatives to create a continuum of services

- Virginia and New Mexico
  - Task Force recommendations to improve continuum and better allocate resources
States’ Experience: *Build on capacity*

- **Pennsylvania**
  - Coordinating and improving multiple efforts (e.g., Nurse Family Partnership/DPW, Early Headstart, Elks, EPSDT, Early Childhood Mental Health, Part C Early Intervention)

- **Maine**
  - Aim is universal service capacity; continuum of needs and services
States’ Experience: Support to communities to assure quality

- **Kentucky**
  - State leadership and support for training, quality assurance, technical assistance, evaluation and funding to all counties

- **Nebraska**
  - Shared expectations based on the evidence and state assistance (no state program, TA, support and coordination)
States’ Experience: *Part C Links*

- **Ohio**
  - Help Me Grow integrated home visiting and Part C Early Intervention

- **Vermont**
  - Continuum; differential payment strategy
  - Now planning for linkage to early childhood mental health and Part C early intervention services
Conclusions
Communities and families need an array of services to address the needs of young children and their families.

Programs are inventing their own tools and curricula that are not always research informed.

Programs are limited by lack of research on blended models, although they are using them.

Available funding often drives policy and program decisions.

Cultural competency is critical.
Opportunities for action
Strategies that Support Better Services Across Systems and Programs

- Research points to importance of some program characteristics
  - Staff, intensity, curriculum, continuity
- Targeting higher risk families without sufficient service intensity, fidelity, & quality
- Match with family/child needs
  - e.g. prenatal care vs. parenting skills vs. child disability
- Programs insufficient to meet objectives
Opportunities for action

Strategies that Support Better Services Across Systems and Programs

- Better align and coordinate multiple home visiting programs
- Create linkages to center-based early care and education, as well as health, mental health, child welfare and other service systems
- Integrate and link to effective strategies for serving higher risk families
- Maximize multiple funding streams
Opportunities for action
Strategies designed to strengthen services within home visiting programs

- Intentional program design, with fidelity to research-informed models as necessary
- Staff training and development
- Continuous quality improvement
Recommendations: National

- Creation of multi-state learning collaboratives.
- More research on how to effectively deliver different models of service.
- Federal leadership to support state and local programs.
- Federal legislation that supports state home visiting efforts.
- Increase understanding of the role and limits of home visiting in the early childhood agenda.
Recommendations: State

- Support a continuum of early childhood services to address a range of family needs and achieve results in a cost-effective manner.
- Strengthen cross-program & interagency coordination.
- Help programs align the home visiting intervention to family needs.
- Refine program objectives and outcome measures.
- Promote quality and assure staff training and supervision.
- Analyze current spending on home visiting programs and blend funding where appropriate.
- Support research and data systems that expand knowledge of programs and gaps.
Leadership Needed

National and state leadership is needed to help:

- coordinate resources,
- overcome turf barriers,
- assure research-informed practice,
- make it work for families, and
- achieve results.
For more information, visit us at www.nccp.org

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