



NYS Home Visiting Coalition



HIPPYUSA[®]
Home Instruction for Parents of Preschool Youngsters



The Parent-Child
Home Program



Prevent Child Abuse
America



healthy
families
america.

Home Visiting: An effective tool for reaching families early and successfully

- 2 generational approach
 - Parents play instrumental role in child's development
 - By helping parents we are helping children
- Early identification and remediation of developmental concerns
- Reaching families who have multiple barriers in receiving services



Economic Arguments

“The later in life we attempt to repair early deficits, the costlier the remediation becomes.”

James Heckman, PhD
Nobel Laureate in Economic Science
University of Chicago



Home Visiting Objectives

- Increased school readiness
- Sustained school success
- Increased positive parenting
- Reduced child abuse and neglect
- Increased parental involvement
- Improved child and mother health
- Improved prenatal health
- Decreased parental crime recidivism
- Increased maternal self-sufficiency



Key Characteristics of an Evidenced-Based Home Visiting Model

- Meeting families where they are
- Voluntary
- Serving Families
- Trained/Supervised home visitors
- Established Dosage - frequency
- Established Duration
- Cultural sensitivity



Ensuring Quality Programs

- Training/Supervision
 - Newly hired home visitors
 - Ongoing staff development
 - Regular supervision
- Annual recertification
 - Program level
 - Individual home visitor
- Annual data reporting



Ensuring Quality Programs

- Model Fidelity
 - Model elements are based in theory, research and practice
 - Program components that need to be in place to ensure quality
- Ongoing Monitoring through Evaluation
 - Collect information both on how program is being delivered (# visits, content, attrition) and outcomes for parents and children
 - Regular program reports



Research Outcomes

- School Readiness
 - Higher scores on achievement and standardized tests
 - Improved early literacy, language, problem solving, social awareness
 - Improved school attendance



Research Outcomes

- Child Abuse and Neglect Prevention
 - Decreased number of documented child abuse cases
 - Lower scores on child maltreatment precursor scale
 - Increased positive interactions between parent and child
 - Increased positive parenting behaviors



Research Outcomes

- Parental Involvement
 - Low-Income parents become as involved in their children's education/schools as parents with more resources.
 - Participating parents had higher scores in the areas of parent-child interaction, bonding, communication, and care-giving.
 - Parents receiving home visiting services are more involved in their children's school and initiated more contacts with teachers.



Research Outcomes

- Sustained School Success
 - Higher high school graduation rates for children and mothers
 - Higher standardized test scores sustained beyond kindergarten



Research Outcomes

- Health Outcomes
 - Increased rate of immunizations
 - Linkages to a medical provider
 - Increase intervals between subsequent pregnancies
 - Decreased infant mortality
 - Reduced number of low birth weight babies
 - Mother smoking cessation



Five National Models working together in NYS and nationally

- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters (HIPPI USA)
- Nurse-Family Partnership
- The Parent-Child Home Program
- Parents as Teachers



Federal Home Visiting Strategy

- **The Education Begins at Home Act, S. 244/H.R. 2205**
- **The Early Support for Families Act, H.R. 2667,**
- **Preventing Unintended Pregnancies, Reducing the Need for Abortion and Supporting Parents Act, H.R. 3312**
- **The Evidence-Based Home Visitation Act, S.1267**
- **Home Visiting Funds in the President's Budget**
- **Home Visiting Provisions in House and Senate Health Care Reform bills**



President's FY2010 Budget Proposal

- \$8.5 billion in mandatory funds over 10 years for states to fund evidence-based home visitation programs for low-income families. Funding will support home visitation models that have been rigorously evaluated and shown to have positive effects on critical outcomes for children and families, with additional funds available for promising programs based on models with experimental or quasi-experimental research evidence of effectiveness that will be rigorously tested to assess their impact.
- Funds from Recovery Act/Budget nearly double the number of children served by Early Head Start



America's Affordable Health Choices Act, HR 3200

- Title IV-B, Subpart 3 of the Social Security Act, funds distributed through state child welfare administrators.
- Prioritize communities with a high proportion of low-income families or a high incidence of child maltreatment.
- Clear evidence-based home visiting models that have demonstrated positive effects on child and parenting outcomes, such as reducing abuse and neglect and improving child health and development; employ well-trained staff, maintain high quality supervision/ongoing training and professional development; link with other community resources; monitor fidelity to ensure that services are delivered according to the specified model.
- Provide parents with knowledge of age-appropriate child development in cognitive, language, social-emotional, and motor domains (including knowledge of second language acquisition); realistic expectations of age-appropriate child behaviors; health/wellness information; modeling, consulting, and coaching on parenting practices; skills to enhance age-appropriate development; skills to recognize/seek help for issues related to health, developmental delays; help parents become full partners in the education of their children.
- \$750 million over 5 years
- Additional component - a state option, Medicaid claims for nurse home visitation services can be claimed as a Medicaid reimbursement.

America's Healthy Future Act (Senate Finance Committee bill)

- Title V of the Social Security Act, through Maternal and Child Health Block (MCH) agencies
- Eligible programs would need to meet core components that include:
 - Conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant and sustained positive outcomes, when evaluated using well-designed and rigorous randomized controlled, and the evaluation results have been published in a peer-reviewed journal;
 - Same as above, “when evaluated using well-designed and rigorous quasi-experimental research designs.”
- Prioritize at-risk families, determined by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare.
- Grantees would be required to use an evidence-based program models, but can use 25% of the grant to fund a promising new program that would be rigorously evaluated.
- \$1.5 billion over 5 years

The Early Support for Families Act

(H.R. 2667)

- To implement the home visitation initiative proposed in President's FY2010 budget.
- \$2 billion over 5 years in mandatory funding for evidence-based home visitation.
- State formula grants administered through the ACF in HHS. Grants require state matching and maintenance of effort requirements (to supplement, not supplant existing state funding).
- Two-tiered approach. Majority of funds will support programs with the strongest evidence of effectiveness, adhering to clear evidence-based models of home visitation that have demonstrated significant positive effects on important child and parenting outcomes. Grant funds will also support promising program models – those with some evidence of effectiveness and adaptations of previously evaluated programs.
- Prioritize high-need communities, especially those with a high proportion of low-income families or a high incidence of child maltreatment.
- Set-aside 5% for training and technical assistance
- \$10 million annual set-aside for Federal evaluation and training and technical assistance to the states.

The Education Begins at Home Act, S. 244/HR 2205

- The original home visiting legislation that the national programs have been supporting for the past several years and the starting point for the other proposals now in circulation.
- A dedicated federal funding stream to support parents of young children through quality home visitation, to help ensure healthy child development, school readiness and school success and stem the tide of a whole host of health care, social service, criminal justice, special education and child welfare costs in the future.
- Understanding that families with English language learners or with a parent in the military may face additional challenges, EBAH specifically targets funds for these families.
- Governor must designate a lead state agency such as the State education agency or State health and human services agency to carry out grant activities.
- Funds can only be used for home visitation programs that are grounded in empirically-based knowledge on home visiting and linked to determined outcomes.

Preventing Unintended Pregnancies, Reducing the Need for Abortion & Supporting Parents Act,

HR 3312

- Grants to health departments and schools to provide eligible families with education on the health and developmental needs of their infants through visits to their homes by trained home visitors.
- Home visitors will provide referrals for health and social services, provide information on child development, and solicit questions from the families.
- Home visitors will provide: research based information on child health and age appropriate development; advice on parenting, including information on how to develop a strong parent-child relationship and realistic expectations of age-appropriate child behaviors; information on books, videos and parenting workshops in the local region, including programs that facilitate parent-to-parent support services; factually/medically accurate information about contraception; and child health and developmental screening.
- Home visits will be available to families for not be less than 1 year, and families will receive no less than two visits each month, with more frequent visits provided for families with high needs.
- Programs must be proven effective with rigorous scientific research.

The Evidence-Based Home Visitation Act, S. 1267

- Title V of the Social Security Act administered by HHS.
- \$100 million mandatory funds in FY10 through a competitive grants to States, Tribes, Territories, local public and private entities for home visiting programs that improve prenatal, maternal/newborn health, child health/development, school readiness/academic achievement, and maternal employment.
- Programs with the strongest evidence of effectiveness in producing long-term, benefits to pregnant women and children from birth-5. High quality home visitation programs that show significant promise of effectiveness but do not meet the highest evidentiary standards can also receive funding. The Secretary determines funding percentages among programs that fulfill the goals of this legislation.
- The CDC determines program classification and the process by which programs progress from “high quality” to “strongest,” based on its work identifying evidence-based, effective community interventions and defining evidentiary standards.
- Local agencies must implement an approved model and must abide by the requirements, if any, of the national or regional home visitation program model.
- Secretary shall provide training, technical assistance, data support, quality assurance; and may contract out these responsibilities where greater fidelity to the program model is likely to result than if the responsibilities are carried out by HRSA.
- Grantees must match federal funds, may include in-kind contributions. Secretary may waive matching requirements due to economic hardship.
- State Medicaid programs have the option to reimburse home visitation programs that provide Medicaid-covered services to parents and children who qualify for Medicaid. States may make payments based on the average cost per visit.

The State Picture

- The work to build a comprehensive system in New York...



The Home is Where the Start Is Proposal



Our Friends in Home Visiting

New York State:

- Department of Health
- Office of Children and Family Services
- Council on Children and Families
- Office of Mental Health
- Education Department
- Association of County Health Officers



Our Friends in Home Visiting

- Prevent Child Abuse New York
- Fight Crime: Invest in Kids
- Nurse-Family Partnership
- Healthy Families New York
- The Parent-Child Home Program
- Parents as Teachers
- Parsons Child and Family Center
- Perinatal Networks
- New York CAN 0-5 Committee

Our Plan

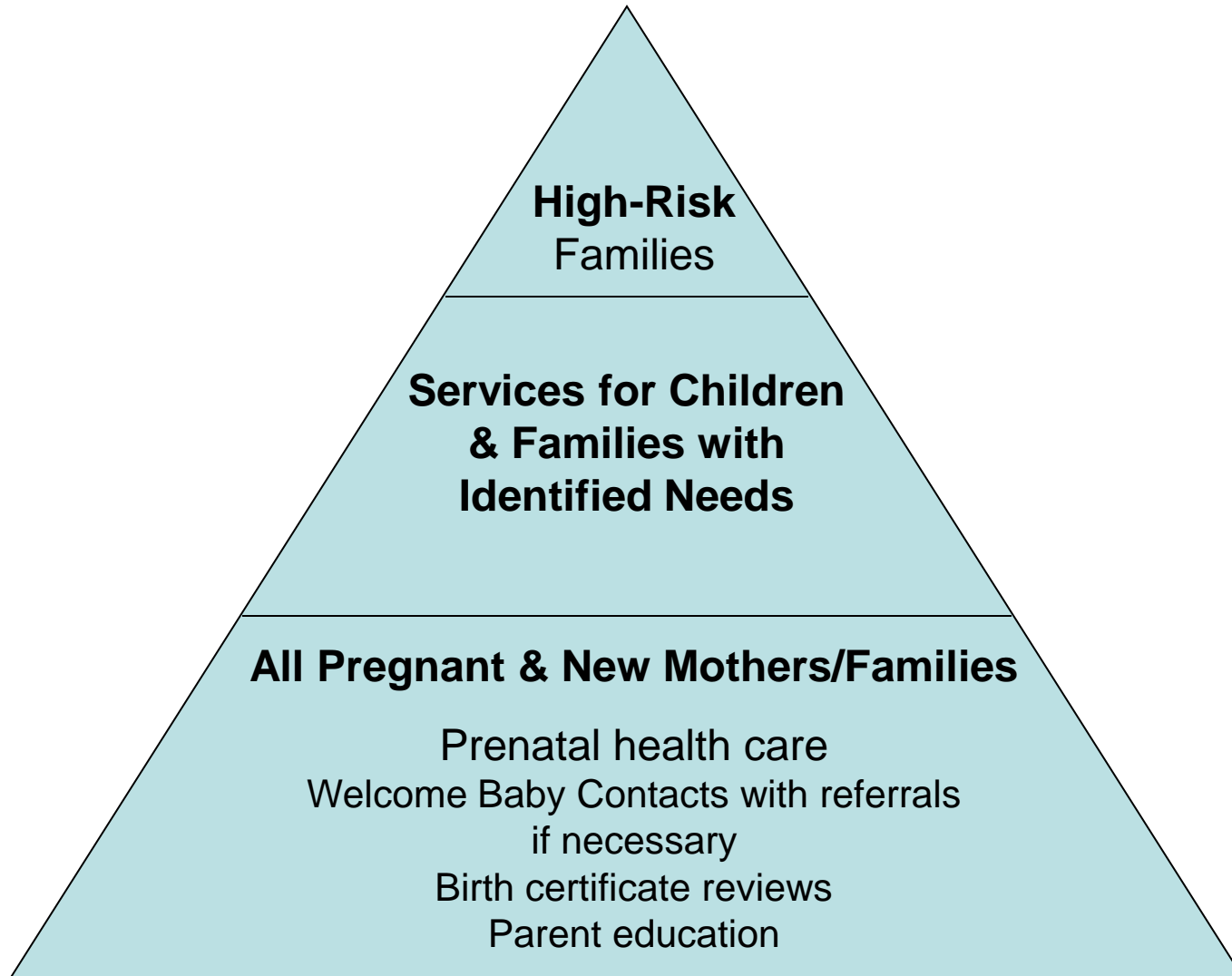
- System of universal prenatal care, postpartum screening, and comprehensive home visiting.

This System of Services

Would Include:

- **Universal contact of all pregnant women and new families.**
- **Assessments for parent, child and family health, mental health, developmental, social, literacy and other service needs.**
- **Early intervention through referrals to coordinated supports and services.**
- **Home visiting services of varying duration and intensity according to the child's and family's needs.**

The Home Visiting Pyramid



The Home Visiting Pyramid

- **Universal:** Home visiting services for all expectant and new mothers/families. Program techniques are based on promising practices or on research-/evidence-based practices.
- **Targeted:** Services for children and families with identified needs, such as mental illness, substance abuse, speech and language issues, or physical disability. Program techniques are based on promising practices or on research-/evidence-based practices.
- **Intensive:** Services for families and children at high-risk for issues such as abuse and neglect, homelessness, and poverty. Teen parents also fall into this category. Programs must be evidence-based.*

*Evidence-based programs are defined as those that have the following characteristics:

- a specific model, curriculum, or protocol in implementation;
- specific written materials that set out components and goals of the practice protocols;
- a description of intensity and frequency of services, including program outcomes;
- a description of educational requirements of home visiting staff, ongoing training, support and supervision; and
- data documenting a statistically significant impact on the stated goals and desired outcomes.

Broadening Our Scope

- *Winning Beginning NY* added home visiting to its agenda in December 2008.
- It is now a formal part of the coalition's plan for a 0-5 continuum of services.

WBNY's Legislative Agenda

- Restore funding for the Healthy Families New York program for a total of \$25 million.
- Maintain \$5 million in funding for the Nurse-Family Partnership program, as well as Community Optional Preventive Spending (COPS) funds for home visiting programs.

Community Level Collaborations

Providing a Continuum of Services for Families

- Among home visiting organizations
- More broadly between range of social service organizations
- Cross Training
- Referrals between organizations
 - Serving families sequentially
 - Specialized services for at risk families



New York Contacts for National Home Visiting Programs

- HIPPY – Judith Santos
jsantos@hippyusa.org
- NFP – Renee Nogales
rnogales@ppv.org
- PCAA – Michelle Gross
mgross@preventchildabuse.org
- PCHP – Andre Eaton
aeaton@parent-child.org
- PAT – Mary Haust
mhaust@aol.com

