



Focus on Home Visiting

Presenters:

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National Center for Children in Poverty

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

PROJECT THRIVE



**Linking Policies for Child Health,
Early Learning, and Family Support**

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

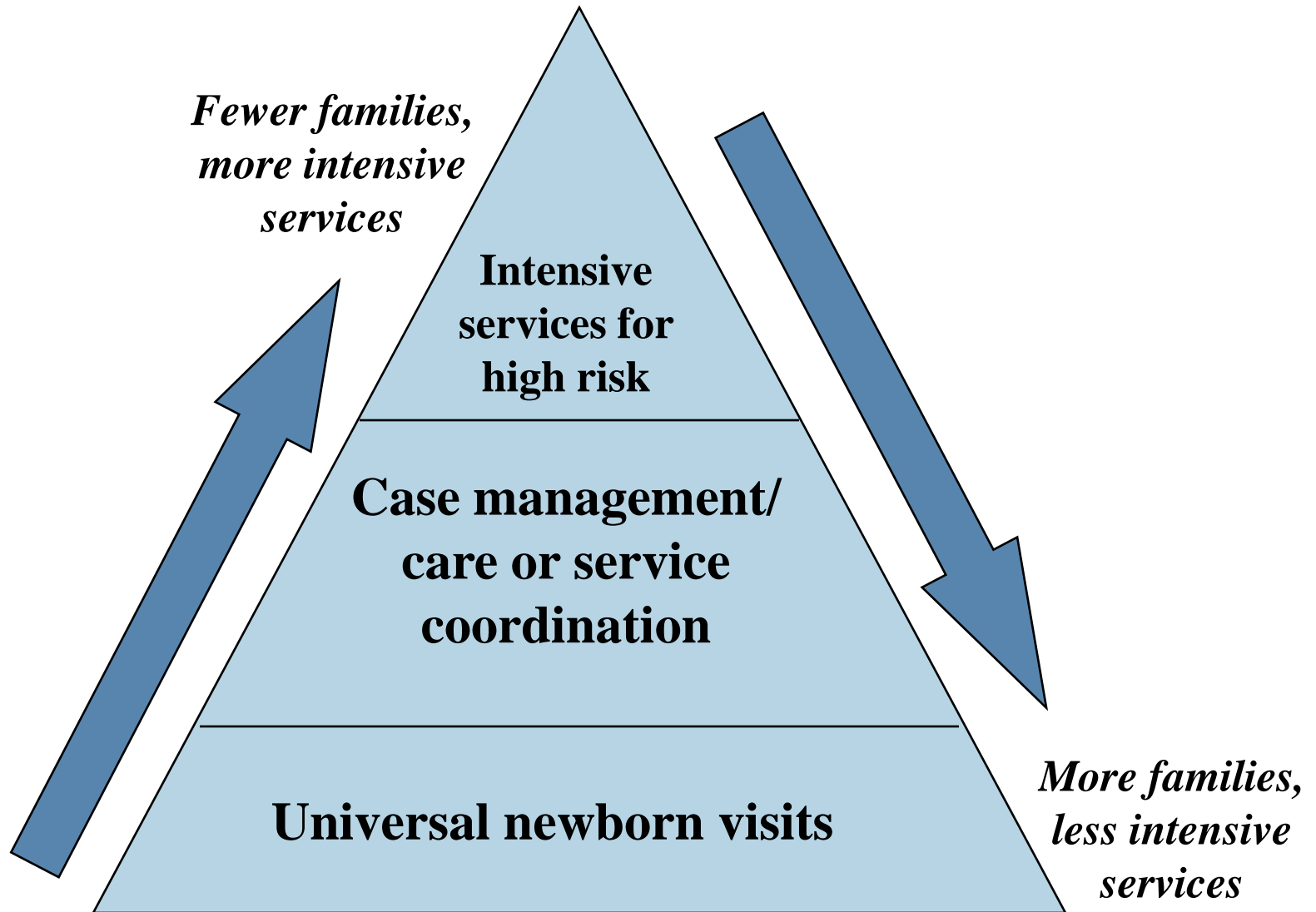
Defining Home Visiting Programs

- 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



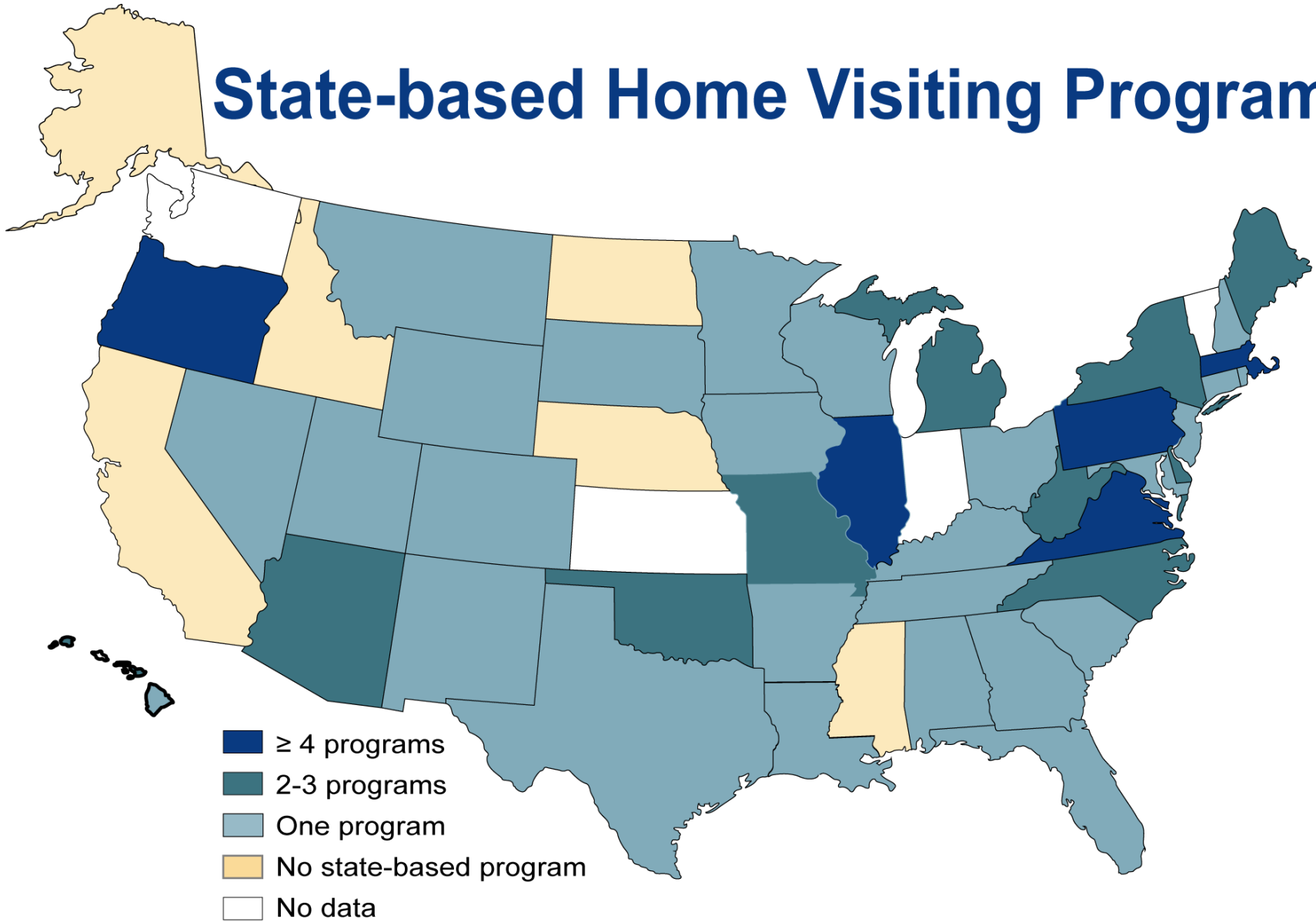
Survey Findings



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

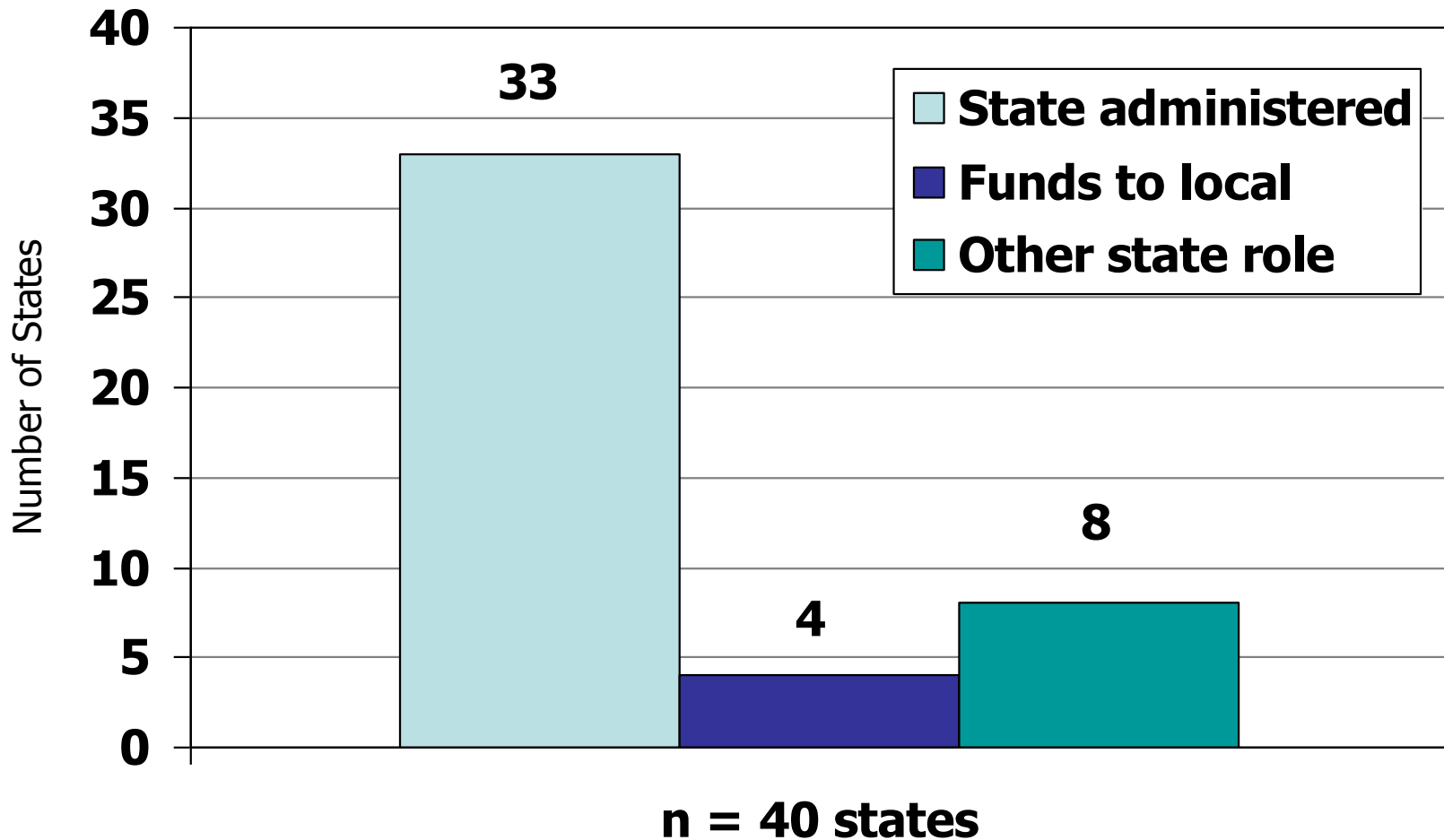
State-based Home Visiting Programs



Source: Home visiting survey, 2007. National Center for Children in Poverty www.nccp.org

Kay Johnson, Results of Home Visiting Survey, NCCP Webinar December 2, 2008

Survey Results: States' Roles in State-based Home Visiting Programs

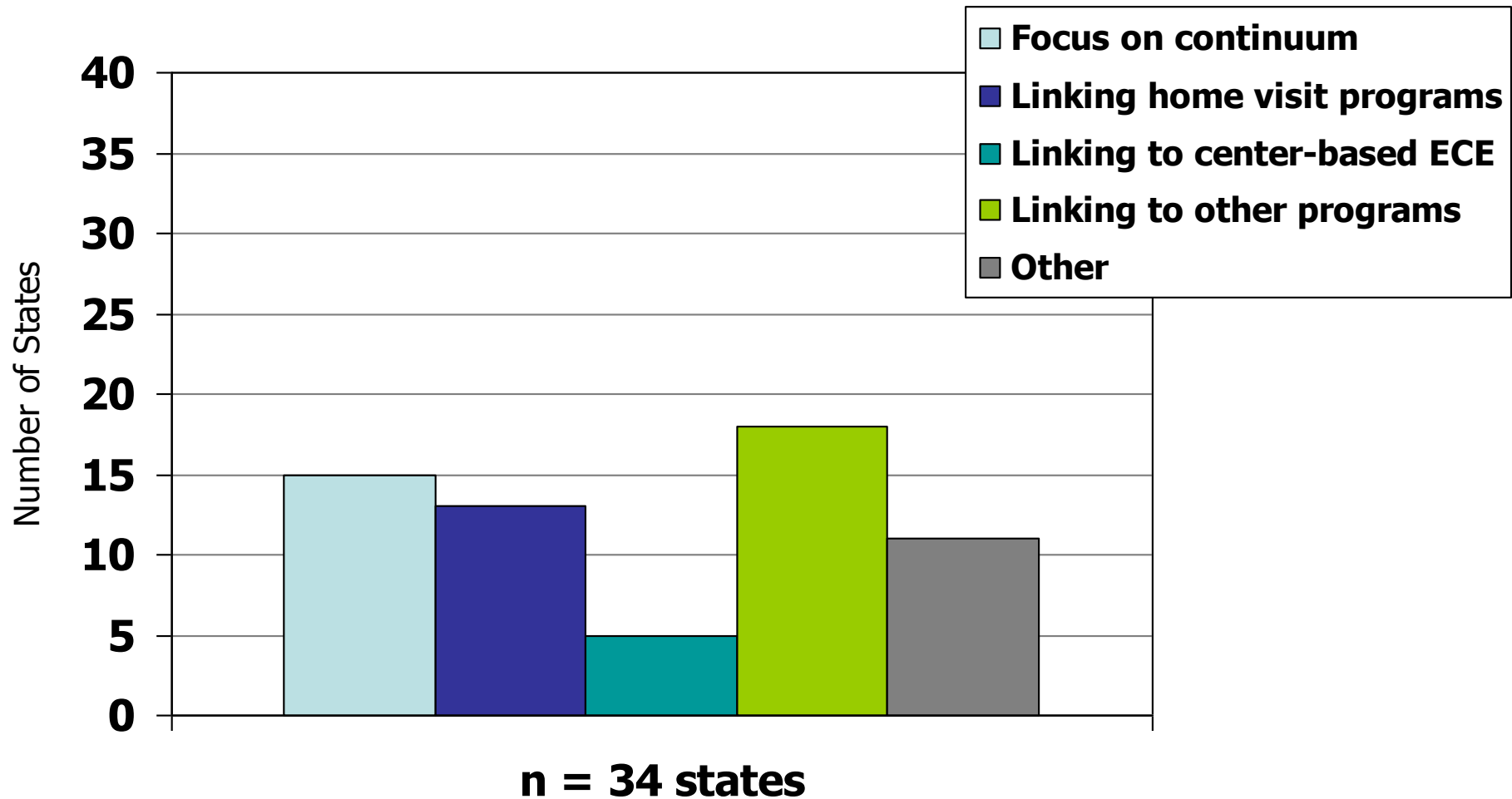


Survey Results:

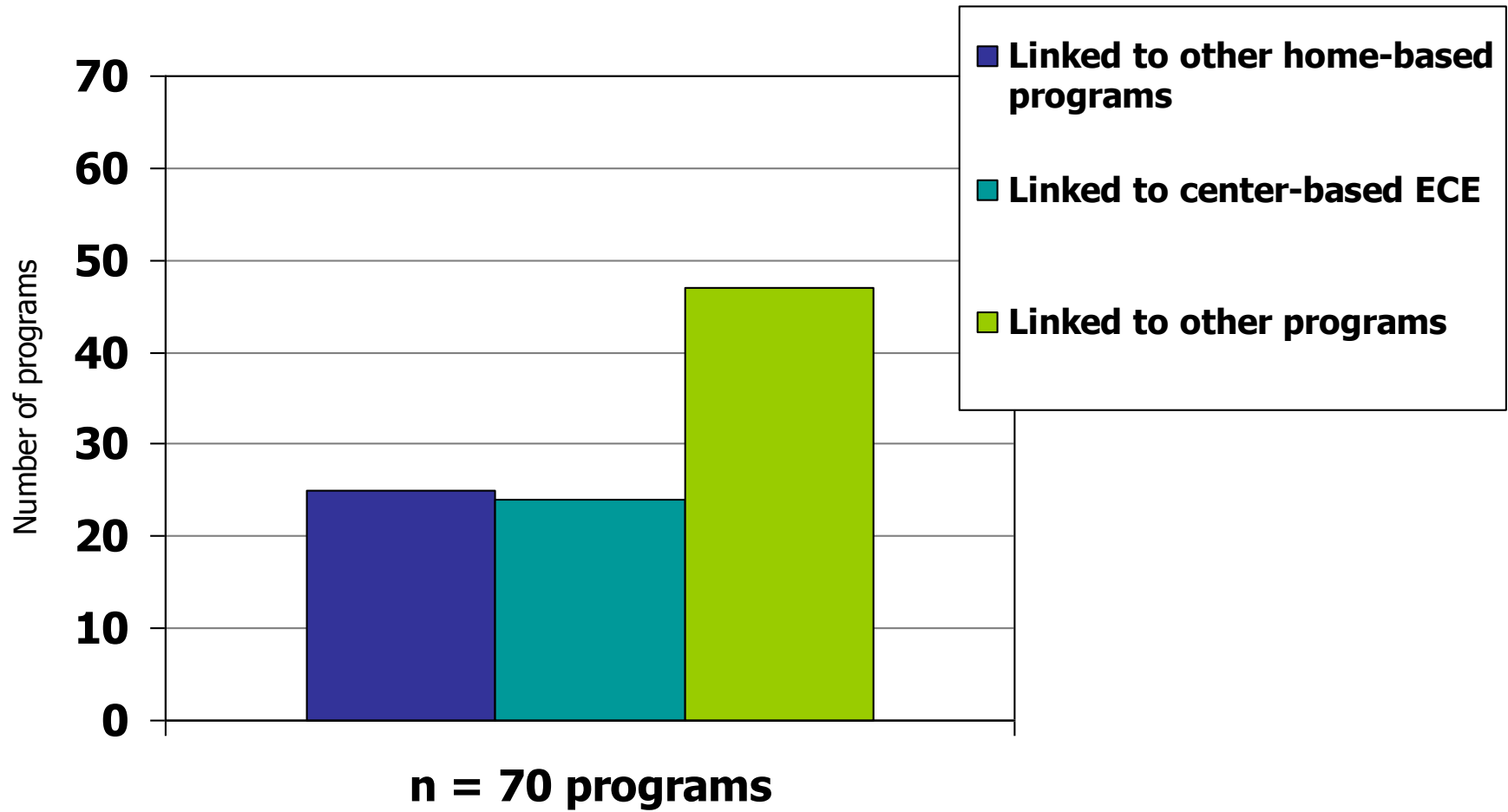
Policy structure for State-based Home Visiting Programs

- 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



Survey Results: Linkages from Individual Home Visiting Programs



Survey Results:

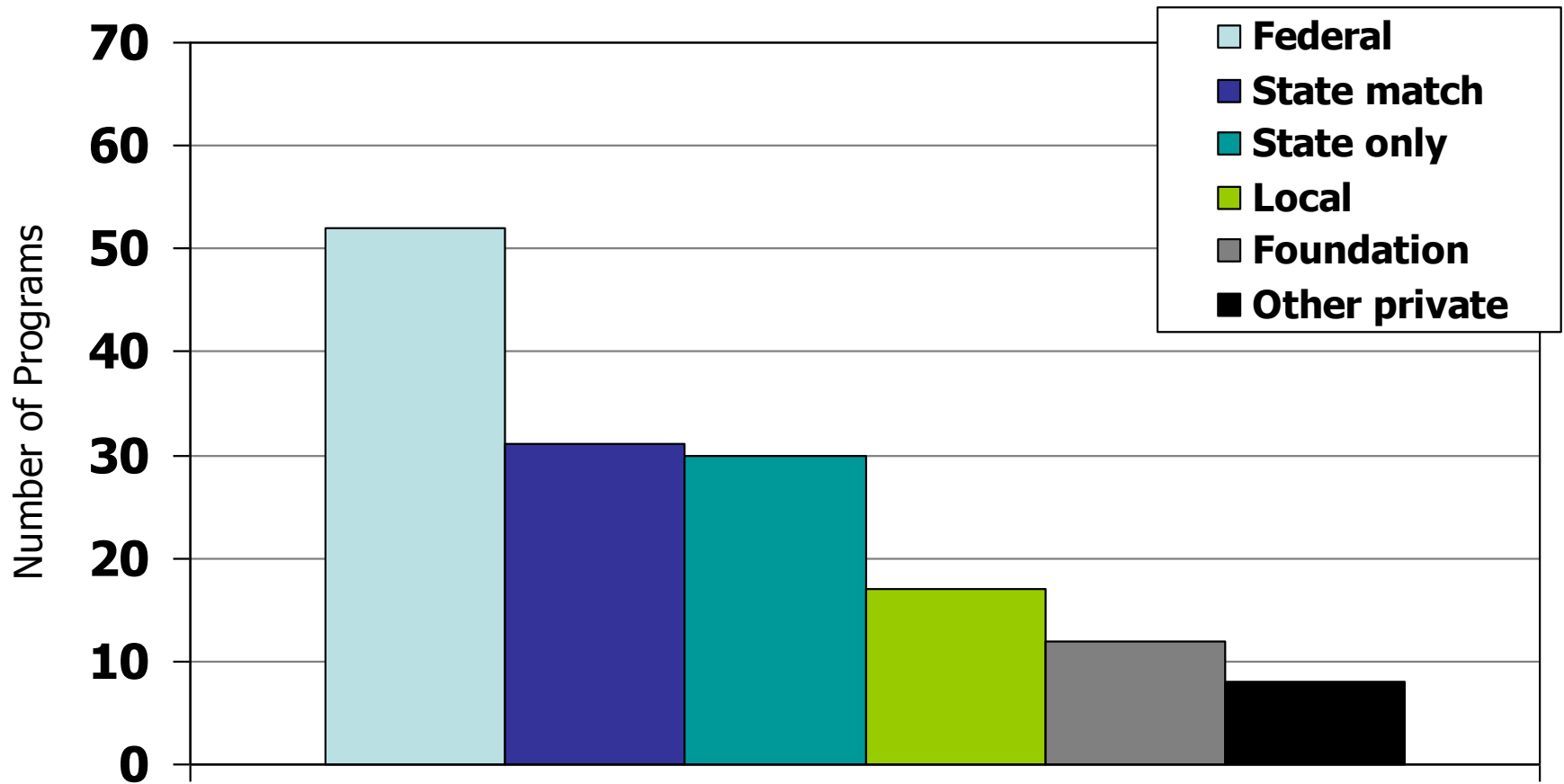
Use of Home Visiting Model Designs

- 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

Home Visiting Interventions Designed for Higher Risk Families

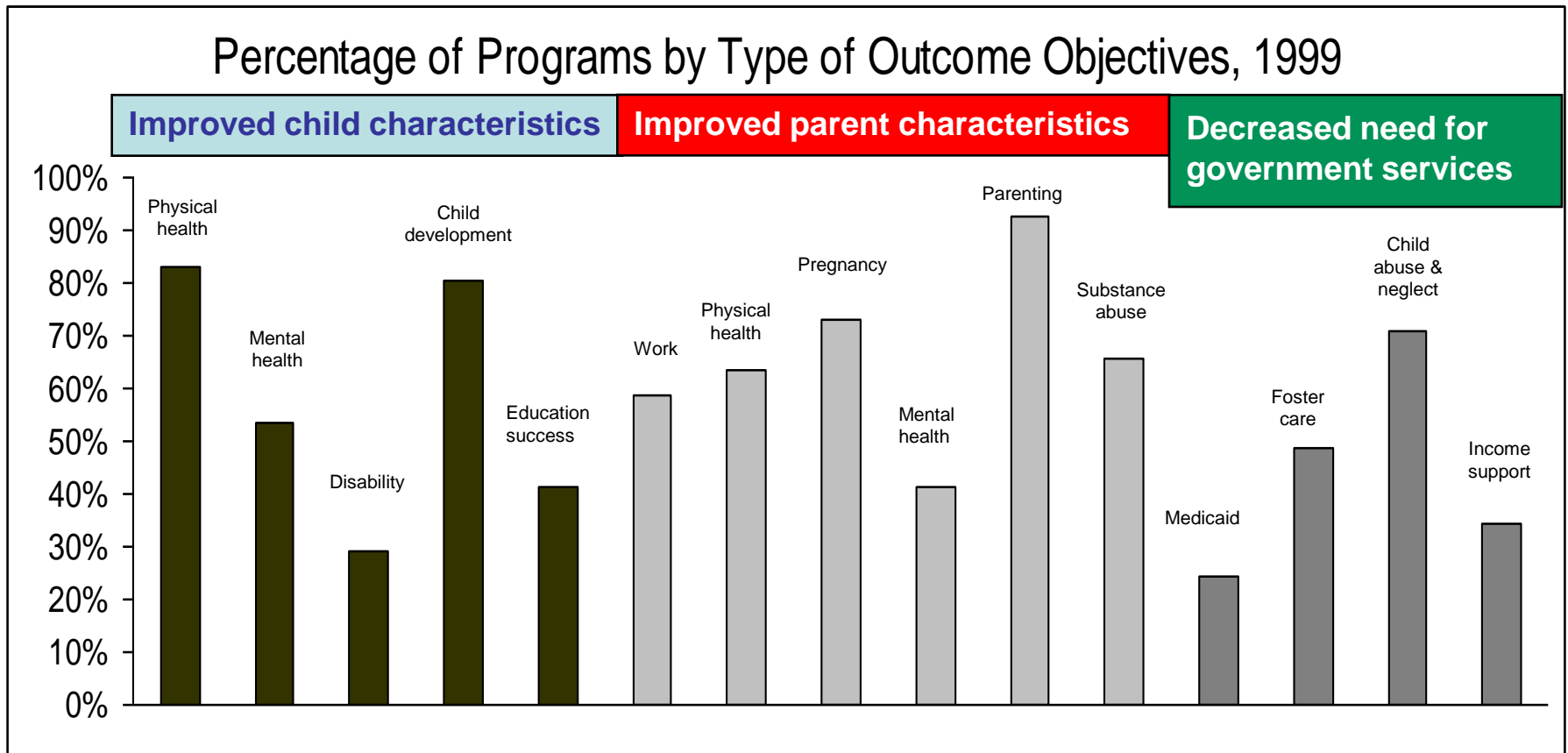
- **55 programs in 31 states reported the intervention is designed to provide more intensive services to families with identified risks and needs**
- **Among these programs, staff support varies:**
 - In 82% staff receive training to screen for risks
(45 of 55 programs)
 - In 71% staff receive training 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

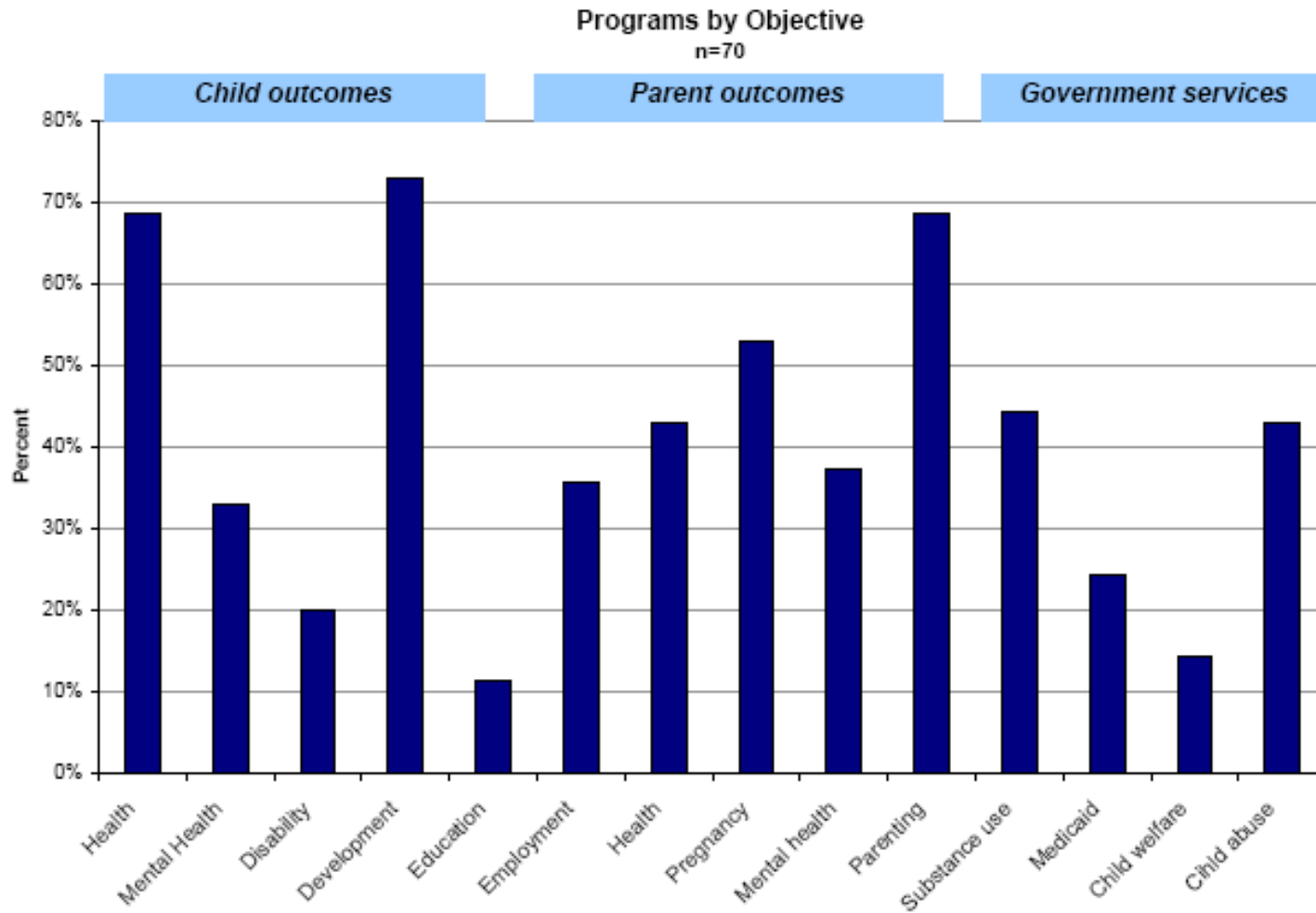


n = 55 programs, 30 states

Fitting program design to goals, 1999



Fitting program design to goals, 2007



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



Expert Observations from NCCP Roundtable

- 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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