Home Is Where the Start Is:

Expanding Home Visiting to Strengthen All of New York's Families

Home is where the *start* is

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Schuyler Center for Analysis and Advocacy

Acknowledgements

The Schuyler Center established a maternal, infant and early childhood Home Visiting Workgroup in 2005 to facilitate discussions among home visiting providers, children's advocates, and state and local agency partners around the role of home visiting in improving outcomes for infants, pregnant women, new parents and families. In 2007, prompted by the work of the group, the Schuyler Center released its first paper on home visiting, *Universal Prenatal/Postpartum Care and Home Visitation: The Plan for an Ideal System in New York State*, laying out a vision for a coordinated set of services for expectant parents and young families in New York.

Now, nearly nine years later, the Workgroup still meets regularly and works together to educate policymakers, advocate for robust funding, foster collaboration and coordination among programs, and promote best practices. With child poverty rates stubbornly high in New York—along with the numerous negative impacts that accompany childhood poverty—we felt that it was time to issue a revised version of *Universal Prenatal/Postpartum Care and Home Visitation* to discuss new data about home visiting's positive outcomes, describe developments with respect to the models, and to recommend expansion of this exceptionally effective approach to supporting and strengthening families.

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Executive Summary

Even with the recession behind us, many New York families—and their children—continue to struggle. In 2014, 24% of New York children ages 0 to 5 lived in households with incomes below the federal poverty line.[1] And, with childhood poverty comes a host of negative outcomes in all areas of children's lives, with effects that can last well into adulthood, including cognitive deficits, chronic health conditions, and changes to parts of the brain that govern learning, memory and emotional functioning.[2,3] Childhood poverty is also widely considered to be the single best predictor of child maltreatment, particularly neglect—a correlation attributed to a number of factors, including that poverty causes families tremendous stress, a factor in abuse and neglect.[4]

While there is no silver bullet for ending childhood poverty, or the negative health, educational and child welfare impacts it can have, evidence-based maternal, infant and early childhood home visiting services come close. Home visiting refers to services that strengthen families with young children by meeting with families in their homes and directly providing or connecting them with health, psychological, parenting and other services, depending on each family's unique needs. Home visiting has proven benefits for all members of participating families, including improved birth outcomes for newborns;[5] increased high school graduation rates for children;[6] increased workforce participation and lower rates of welfare dependency of parents;[7] and reduced instances of child maltreatment in families.[8, 9 10] Home visiting is so effective because it takes a dual-generation, whole-family approach to strengthening families with young children, building on each family's strengths, and addressing each family's weaknesses either directly or by connecting the family to other community resources.

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What is more, home visiting has proven to be a cost-effective intervention that not only requires little in immediate expenditures, but also yields tremendous savings over the lifetime of participant children in the form of lower health care costs and improved earnings as adults.[11] While the cost-benefit ratio varies by program, overall, the benefits of home visiting have been shown to outweigh the costs; in one study, programs were shown to return, on average, $2.24 for each dollar invested.[12]

While a handful of home visiting programs have operated in New York for nearly two decades, with models recognized as uniquely effective, New York State has yet to make a substantial investment in maternal, infant and early childhood home visiting. As a result, less than 5% of New York children ages 0 to 5 living in poverty live in communities served by any home visiting programs.[13]

This paper lays the groundwork for change. It details the proven benefits of home visiting; describes the evidence-based and evidence-informed programs that currently serve New York families; explains how programs are currently funded; makes the case for strengthening home visiting by building a strong and coordinated system; and ends with several recommendations for expanding maternal,

infant and early childhood home visiting to benefit more of New York's children and families. Our recommendations for expanding and improving home visiting in New York State are to:

- **Increase State funding for maternal, infant and early childhood home visiting and make strategic investments to meet community needs.** The State should substantially increase the resources it dedicates to funding these proven, cost-effective programs, and should invest the funds strategically to address the unique needs of each recipient community.
- **Require coordination among programs at the state and community level.** Home visiting programs serve families best when they are coordinated to meet each family's diverse and changing needs.
- **Develop a single point of entry, either at the state level or within communities, that makes program referrals, assists with coordination, and maintains data.** Implementing a single point of entry will streamline referrals and make it easier for families seeking services to connect with a program best suited to meet their particular needs.
- **Require that programs use common metrics to measure outcomes**. To allow for effective coordination of services among programs, it is essential that home visiting programs use the same metrics to measure outcomes.
- **Leverage funding opportunities across sectors.** Home visiting improves outcomes for families and children in a broad range of spheres, including family economic security, child and maternal health, child welfare, school readiness and crime prevention. Accordingly, policymakers and advocates should seek funding for home visiting from a broad range of federal and state funding sources—including health, workforce, criminal justice, education, and social services.

In the end, all of New York's approximately 278,000 young children who live in poverty—along with those near poverty or facing health, social or other challenges—need a real chance to overcome the obstacles these issues present. Home visiting has proven to provide children that chance. It is time for New York to seriously invest in strengthening the state's families through home visiting, and giving all of New York's children the opportunity to thrive.

While "home visiting" encompasses a variety of models and serves a range of populations, in this paper, the Schuyler Center is discussing only maternal, infant and early childhood home visitation, the standard model favored by the federal government. Further, this paper focuses primarily on home visiting models that are not components of another system, but are evidence-based or evidence-informed stand-alone models.

I. Introduction: Home Visiting Is a Proven, Cost-Effective Way to Strengthen Family Economic Security, Lessen Rates of Child Abuse and Neglect, Improve Family Health Outcomes and Improve Children's School Readiness

Across the nation, maternal, infant and early childhood home visiting has been proven to engage new and expecting parents and their children with a broad range of services that support the family and lead to positive health, economic and educational outcomes—and public cost savings—in the short, medium and long term. Home visiting staff work to strengthen families with young children in their homes, assessing each family's needs, providing direct services, coaching parents, connecting families with appropriate services, and monitoring their ongoing well-being. All home visiting programs are voluntary—meaning that families must choose to participate rather than be required to do so.

Home visiting takes a dual-generation, whole-family approach to strengthening families with young children. In particular, it focuses on developing parenting skills, enhancing child social-emotional and cognitive development, and improving the physical and mental health of parents and children. In the short-term, home vising helps to prevent or reduce the frequency and severity of child abuse and neglect because, through home visiting, parents learn how to manage anger, discipline effectively and without violence, and ask for help when they need it.[14, 15, 16] It has also been shown to improve birth outcomes including reducing the number of low birthweight babies born to mothers in home visiting programs and increasing spacing between pregnancies.[17] In one study, home visiting participation was correlated with a nearly 50% reduction in low birthweight deliveries.[18]

Longer-term outcomes for children in families that engage in home visiting include stronger school performance, fewer behavioral problems, and improved high school graduation rates.[19, 20, 21] Home visiting programs that offer life skills training have been shown to strengthen the economic security of participating families by leading parents to participate at greater rates in job training and higher education.[22] Parents engaged in home visiting are also more likely to be employed.[23] It is also established that participating in home visiting can reduce families' need for Temporary Assistance for Needy Families (TANF), and increase parents' enrollment in job training, education and participation in the workforce.[24, 25]

Home Visiting: An Effective Tool in Child Welfare

Each year there are approximately 160,000 reports of child abuse and/or neglect across New York State; of these, approximately 30% are found to be "indicated," meaning that some credible evidence was found that abuse or maltreatment occurred.[i] Approximately 30,000 children come into contact with New York's foster care system each year.[ii] At the end of 2013, about 19,391 children were living in foster care;[iii] about 45% of those children were between 0–5 years old.[iv]

Home visiting interventions, including referrals and family-strengthening approaches such as modeling positive parenting techniques, have been shown to reduce child maltreatment by up to 50%.[v, vi] Programs often engage with families who have not come into contact with the child welfare system, thus working to build strong families before there is any documented risk of maltreatment to the child.

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[i] *NYS Office of Children and Family Services*. (2013). Annual Report 2013. Retrieved from http://ocfs.ny.gov/main/reports/Annual%20Report%202013.pdf

[ii] Johnson, Cyndy, Phyllis Silver, and Fred Wulczyn. (2013). *Raising the Bar for Health and Mental Health Services for Children in Foster Care: Developing a Model of Managed Care*. Pg. 6.

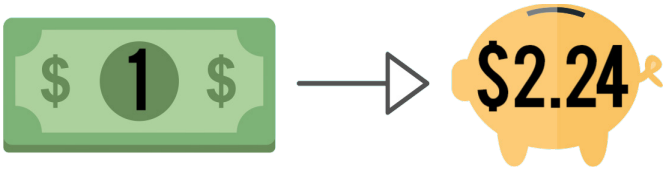
[iii] *NYS Office of Children and Family Services*. (2013). Annual Report 2013; p. 18. Retrieved from http://ocfs.ny.gov/main/reports/Annual%20Report%202013.pdf

[iv] *NYS Office of Children and Family Services*. (2013). Annual Report 2013; p. 17. Retrieved from http://ocfs.ny.gov/main/reports/Annual%20Report%202013.pdf

[v] Reanalysis of Kitzman et al; *Journal of the American Medical Association*.

[vi] Dumont, et al. (2010). *Final Report: A Randomized Trial of Healthy Families New York: Does Home Visiting Prevent Child Maltreatment*.

$1 spent on home visiting can generate a $2.24 return on investment



New York is home to several evidence-based and evidence-informed maternal, infant and early childhood home visiting programs that have documented positive outcomes for children, families and communities. These programs have led to positive outcomes for participating New York children and families that are similar to those outcomes seen across the nation. For example:

- Mothers enrolled in Healthy Families New York (HFNY) have fewer low birthweight babies and are less likely to abuse or neglect their children.[26]
- Children who participate in Home Instruction for Parents of Preschool Youngsters (HIPPY) show better school readiness and performance than their peers, including scoring better on teacher ranking of motivation and adaptation to the classroom.[27]
- Children in the Nurse-Family Partnership® (NFP) program have 48% fewer verified cases of abuse and neglect than a control group by age 15.[28]
- Children served by the Parents as Teachers (PAT) program score higher on measures of achievement, language ability, social development, persistence in task mastery and cognitive development, with greater effects for children from low-income households.[29]
- The Parent-Child Home Program, Inc. (PCHP) has demonstrated that PCHP graduates enter kindergarten with better literacy skills than similarly situated non-Program children have upon leaving kindergarten.[30]

Home Visiting and Health

Mothers who are physically and emotionally ready to care for their children are more likely to be successful parents. Similarly, children who are healthy physically and emotionally are better equipped to learn and thrive. Many different home visiting models have demonstrated significant positive impacts on the health of both children and mothers. While the health-related services vary among home visiting programs, services provided by many programs include connecting families with health insurance; making referrals to health care providers for family members that need it; providing counseling on child development; assessing children's behavioral health and making referrals to providers as needed; monitoring the health of children and parents; educating parents about the health benefits of a healthy lifestyle including creating nutritious meals; engaging in regular physical activity; and monitoring health outcomes. Others assist families with health-related issues in less direct ways, but ensure that family health needs are addressed through referrals and information.

Evidence-based and evidence-informed home visiting is a cost-effective intervention. Home visiting costs, on average, from $2,400 to $7,500 per family per year, depending upon the model and the needs of the family.[31] While the cost-benefit ratio varies by program, overall, the benefits of home visiting have been shown to outweigh the costs; in one study, programs were shown to return, on average, $2.24 for each dollar invested.[32]

While home visiting programs yield results in many of the same areas, models and programs vary in eligibility criteria, outcome measures, practice models, financing and data collection (see Appendix 1). Some target intensive services to very high-risk populations, while others aim for a more universal reach. The State of New York provides fiscal and programmatic support to some while others are sustained by local and charitable funding.

II. Home Visiting in New York State

New York State has a number of home visiting programs across the state, with services concentrated in some of the more populated urban areas. Yet, there are more communities with no home visiting services than communities with them. Most communities are underserved, meaning there are insufficient slots for all the families who would benefit from home visiting. What is more, many families would benefit from the services of more than one program depending on changing family needs because the different programs have various areas of primary focus—with some focusing on improving health, others on school readiness, and others on the prevention of maltreatment.

Total number of children in New York under age five living below the poverty line: **278,442**[33]

Total number of home visiting slots: **12,560**[34]

Unmet need

- Unmet need of children 0-5 in poverty
- Total Home Visiting slots

Home visiting programs should be expanded so that they are available to all vulnerable families who could benefit from their services.

Family Outcomes Measures

To understand how expanded access to home visiting would benefit New York, it is important to look at the data around the health and social outcomes for children and families. Because home visiting programs serve vulnerable families in varied ways—including by improving health, child welfare, education, and family economic security—the indicators of need and the potential outcomes are also found in multiple spheres. Families impacted by one or more of the following issues are often the families who could most benefit from home visiting services.

- Poverty. In New York State, 24% of young children live in poor families, defined as having family income below 100% of the federal poverty level (FPL).[35] A child's socioeconomic status is the strongest predictor of academic achievement and poverty is linked to cognitive deficits in children that can manifest as early as nine months of age.[36, 37] Impoverished children are more likely to suffer from poor health than wealthier children, and even transitory childhood poverty yields poorer health outcomes in adulthood.[38] Over half of young children whose parents do not have a high school degree live in poverty.[39] Home visiting helps to connect parents with education, job training and other workforce supports. Building family economic security holds the promise of better outcomes for children for the rest of their lives.[40]

- Teen-headed households. In 2013, more than 11,000 babies were born to mothers 19 years old or younger in New York State.[41] Families headed by teen parents generally have low incomes, few social supports, and inadequate health care; they also generally need assistance to strengthen parenting skills, which is a focus of all home visiting programs.[42]

- Prenatal Care. There were 235,274 live births in New York State in 2013 (the most current year for data). Nearly 1 in 4 of the mothers received prenatal care beginning in mid to late pregnancy or received no prenatal care at all, which can lead to poor outcomes for mother and baby.[43, 44] More black and Hispanic mothers had delayed access to prenatal care, compared with their white, non-Hispanic peers, and more than 10% of teen mothers in New York received late or no prenatal care.[45] Home visiting helps to connect mothers and families to prenatal care earlier in their pregnancies, which has been shown to help improve birth outcomes.[46]

- Infant Mortality. While New York's infant mortality rate overall has improved in recent years, it is still disproportionately and unacceptably high in communities of color. Specifically, the overall rate was 5.8 deaths per 1,000 live births in 2005, declining to 5 per 1,000 in 2012. For non-Hispanic blacks, the rate has also improved, but it still lags far behind the rate for non-black New Yorkers. In 2005, the rate was 10.78 per 1,000, improving to 8.96 per 1,000 in 2012. For Hispanic New Yorkers, the rate of infant mortality, while lower than the average, increased between 2005 and 2012, with the 2005 rate at 4.98 per 1,000, and the 2012 rate at 5.27 per 1,000.[47] The risk factors for infant mortality—including lack of prenatal care, short birth intervals, maternal chronic disease or substance abuse, chronic stress or interpersonal violence—are many of the issues home visiting addresses.[48]

- Child Welfare. In 2015, New York saw 155,844 reports of child abuse and neglect.[49] National data show that close to 75% of maltreatment cases are instances of neglect, rather than abuse.[50] In New York City, for example, over a three-month period, the Administration for Children's Services reported that 71% of New York City's State Central Registry allegations were reports of neglect, educational neglect, and lack of medical care.[51] There is a strong link between poverty and neglect as evidenced by the fact that issues like a lack of housing, transportation and access to substance abuse treatment figure prominently in many child neglect cases. The prevalence of neglect over abuse indicates that there exists a real opportunity in New York for home visiting interventions to reduce child welfare involvement because strengthening the economic security of families, and connecting them to services, is a key component of most home visiting programs.[52] In addition, home visiting programs increase positive parenting, which has been shown to reduce child maltreatment.[53]

- School Readiness. New York currently has no statewide standard to measure school readiness. While children are assessed at entry into the school system, the assessment given is not uniform across the state, so it is difficult to understand how well-prepared New York's children are for school. However, based on national studies, we know that children from poorer households experience language gaps compared to higher income children, and that these gaps persist as children grow older.[54, 55] Home visiting has been shown to improve school readiness by teaching parents the importance of interacting with their infant or young child by singing, storytelling, reading, and drawing.

Law Enforcement Officials Recognize the Power of Home Visiting

Home visiting can have powerful impacts on crime and violence prevention. James R. Voutour, Sheriff of Niagara County and President of the NYS Sheriffs' Association, emphasizes the important role home visiting can play in law enforcement:

> *The more than 250 law enforcement leaders and crime survivors of Fight Crime: Invest in Kids NY, and over 5,500 members nationally, know that the most powerful weapons we have against crime, violence and abuse are the proven programs that help kids get a good start in life. High-quality home visiting for families with infants and young children can deliver strong crime-fighting results, in part by cutting abuse and neglect, so it is essential that New York continue to support and expand home visiting funding.*
>
> *Every year in New York State, there are enough abused and neglected children to fill Madison Square Garden almost four times. Almost four times.*
>
> *I have seen the consequences of child abuse and know that the consequences last for generations. As President of the NYS Sheriffs Association, I can tell you that sheriffs across the state have a father in one part of the prison, and his son in another part. We know a lot about how to break this cycle for many families and alter the outcomes for their children. It is an urgent matter of public safety that we do so now.*

Programs Serving New York State: Evidence-Based and Evidence-Informed Models

There are six evidence-based or evidence-informed home visiting models active in New York State.

- **Evidence-based programs** are those interventions that have been found to be effective through rigorous, peer-reviewed evaluations.[56] To meet the federal Health and Human Services' criteria for evidence-based home visiting, a program must have at least one high- or moderate-quality study showing favorable outcomes in two or more domains, or a program must have at least two high- or moderate-quality studies showing one or more favorable outcome in the same domain.[57]
- **Evidence-informed programs** use the best available research to inform their program design and delivery, allowing for innovation while incorporating lessons from existing research.[58]

Early Head Start (EHS) is an evidence-based grant program that provides low-income pregnant women and families with children from birth to age three with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency. Early Head Start programs are not all exactly the same, but all Head Start programs follow strict performance standards as regulated by the federal government. Early Head Start provides an array of services, including a home visitation component, and all programs must screen enrolled children to assess child development, health, and mental health.

There are 60 Early Head Start programs across New York State. Early Head Start and Head Start are funded by the federal government. The average cost per child per year for a comprehensive set of supports that may include home visiting is between $18,000-$23,000, although costs vary from program to program.[59]

Healthy Families New York (HFNY), which is based on the national Healthy Families America (HFA) model, is an evidence-based program that targets expectant parents and parents with an infant less than three months of age who are considered to be at-risk for child welfare involvement. In the HFNY program, specially trained paraprofessionals deliver home visitation services to participating families until the child reaches five or is enrolled in Head Start or kindergarten.

HFNY currently operates in 36 high-need communities throughout New York State including 12 sites in New York City. Since HFNY began in 1995, the program has provided over half a million home visits to more than 17,000 families. HFNY is primarily funded with State general fund dollars through the Office of Children and Family Services, and federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds through the State Department of Health. The per-family per-year cost averages between $3,500 and $4,000, with slightly higher costs in New York City.[60]

Programs Work Together to Support Families

At the SCO Family of Services in Brooklyn, both Nurse-Family Partnership (NFP) program and Parent-Child Home Program (PCHP) are available to families, and the programs often work together to transition families from one program to the other. NFP supervisors and home visitors work together to identify which graduating families would benefit from receiving continuing services from PCHP and then refer those families to PCHP. PCHP considers these families a priority and does their best to accommodate new NFP graduates.

PCHP staff also attend the biannual NFP graduation ceremonies to advise NFP graduates about continuing home visitation through PCHP and to answer any questions they have. For families with more complex needs, communication between the NFP supervisor and PCHP supervisor is common both before and after the NFP family enrolls in PCHP. Furthermore, families from both programs interact outside of the home visiting program, including when attending SCO's Baby & Me classes.

SCO Family of Services also operates an Early Head Start (EHS) program and the NFP nurses make many referrals to that site, which is a critical support for parents seeking to return to work or school.

*To learn more about SCO and its programs, visit: http://sco.org/

Home Instruction for Parents of Preschool Youngsters (HIPPY) aims to promote school readiness and support parents' engagement in their child's learning. The HIPPY curriculum is designed for children ages three to five years old, and helps parents prepare children for success in school and beyond. Parents learn to become the facilitator of their child or children's learning process by participating in weekly home visits, and in group meetings held at least six times per year. Role playing is the principal method of instruction used by the HIPPY program.

There is one HIPPY site in New York State, in the Bronx, funded primarily through foundation grants, as well as a grant from the Office of Children and Family Services. The cost per family per year is approximately $2,000.[61]

Nurse-Family Partnership® (NFP) is a national, evidence-based nurse home visiting program that serves first-time, low-income mothers and their families. Specially-trained registered nurses, who carry a caseload of about 25 families, conduct frequent home visits during pregnancy and until the child's second birthday. Visits focus on positive pregnancy outcomes, family and environmental health, nurturing child-caregiver attachment and interactions, maternal life course development, and referrals to needed health and human services.

Currently, NFP operates in 11 New York counties and is funded to serve about 3,100 families at any given time. Funding for NFP includes general revenue funds through the State Office of Temporary and Disability Assistance, federal MIECHV funds passed through the State Department of Health and State funds through the State Department of Health. Other sources that support some NFP sites include city/county funding, private funding and Medicaid. The full cost (including administrative and indirect expenses) per family per year averages $5,300 upstate and $7,500 in NYC/Nassau County.[62]

Parents as Teachers (PAT) is an evidenced-based maternal, infant and early childhood home visiting model designed to support parents as their child's most influential first teachers. The model has four dynamic components: personal visits, developmental and health screenings, group connections, and community resource referral. The PAT model's evidence of effectiveness is supported by randomized controlled trials and quasi-experimental methods and has been shown to produce the following positive outcomes: improved child health and development, prevention of child abuse and neglect, increased school readiness, and increased parent involvement in children's care and education.[63] PAT is delivered by trained parent educators and has a core value of working with moms and dads prenatally all the way through their children's first year of kindergarten.

Emerging Practices

In addition to the evidence-based and evidence-informed programs, New York has many community-based and emerging programs that demonstrate promise. One example is the organization, Power of Two, which uses a model called *Attachment and Bio-Behavioral Catch-Up* (ABC) to help parents build resilience in their children, protecting them from stress and promoting academic achievement and physical and emotional health.*

Power of Two targets parents with a history of trauma, particularly focusing on those involved in the child welfare system, and provides 10 weeks of home visits to a primary caregiver and her/his child, aged 6 months to 2 years. The program launched in New York in 2015, and currently serves families in Brownsville and East New York with plans to expand throughout New York City.**

*To learn more about the ABC model, visit: http://www.infantcaregiverproject.com/
**To learn more about the Power of Two, visit: http://powerof2.nyc/

Enrollment can happen at any time along this continuum. Parents as Teachers programs have flexible eligibility criteria to accept families with multiple children and mainly serve vulnerable families displaying a variety of risk factors.

The Parents as Teachers program is administered by 11 community-based organizations in New York State, serving 1,665 families. PAT programs are funded through a mix of private and local government funding sources, including school district, local departments of social services and others. The cost of model implementation is dependent on community needs and settings, but averages around $3,000 per family per year.[64]

The **Parent-Child Home Program** (PCHP) is an evidence-informed home visiting program that prepares young children for school success by increasing language and literacy skills, enhancing social-emotional development, and strengthening the parent-child relationship. The Program targets families with two- and three-year-olds who face multiple obstacles to educational and economic success, including living in poverty, low parental education level, being a single or teenage parent, experiencing illiteracy, being homeless, and having language barriers. Families receive twice-weekly home visits over a two year period (typically on a school year calendar).

There are 28 program sites in New York. PCHP programs are funded through a mix of local government and private foundation grants. On average, the cost of the Program is $2,500-$3,000 per family per year.[65]

As noted, each of these programs have differing eligibility requirements, program lengths and areas of focus. (See Appendix 1 for a detailed breakdown of the programs). Accordingly, communities can benefit from the presence of multiple programs because a family may be better served by one program than another, or, in some cases, by two or more programs at different stages of the family's life. In fact, programs sometimes work together in communities to best meet families' needs through referrals, "warm" hand-offs, and, in some cases, co-location.

Current Funding

In New York—and across the nation—home visiting programs are funded from a patchwork of different sources, including the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, the federal Maternal and Child Health Block Grant, Temporary Assistance for Needy Families (TANF), federal child abuse prevention funding, state and local government funding sources and

More than **278,000** New York children under age five live in poverty

Fewer than **5%** of them have access to Home Visiting

private sources.[66] In New York State in 2015-16, Healthy Families New York (HFNY) received $23.3 million in state general funds through the Office of Children and Family Services and $3.7 million in federal MIECHV funding through the State Department of Health. Nurse-Family Partnership received $3 million in federal TANF dollars through the State Office of Temporary and Disability Assistance, $1 million in State funds through the State Department of Health and an additional $3.5 million in MIECHV funds passed through the State Department of Health. Early Head Start, meanwhile, received federal Head Start funds to support its program sites. Finally, counties used a combination of State child welfare preventive and education moneys to fund other home visiting programs, such as Parents as Teachers and the Parent-Child Home Program. While theoretically, the numerous potential funding sources could present an opportunity for robust investment in home visiting, in fact, too often home visiting seems to fall through the cracks, and goes unfunded or underfunded.

Inadequate Home Visiting Services to Meet the Need

Despite the presence of several strong programs in parts of the state, home visiting services are available only to a small fraction of the New York families that would benefit from home visiting, including families living in poverty, headed by a teen parent, and those at-risk of entry into the child welfare system. Across the state, there are approximately 12,560 program slots available. In comparison, more than 278,000 New York children under age five live in poverty, meaning that the vast majority of New York's most economically challenged children and families cannot access a program that could substantially improve their educational, economic and health outcomes.[67]

Home Visiting Need: Maps

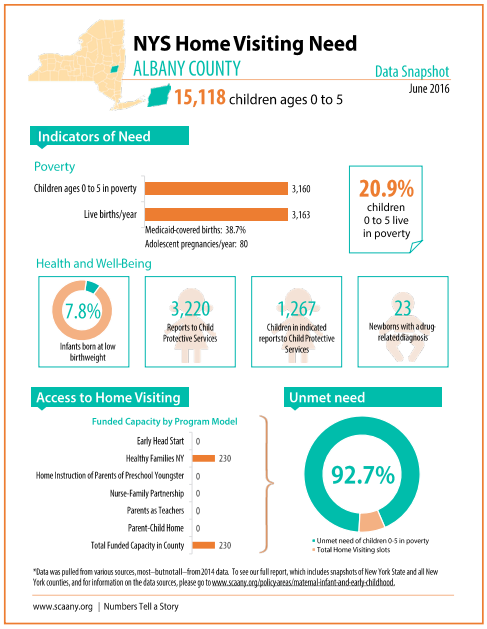
Advocates and service providers have long known that there are vast regions of the state in which home visiting services are unavailable, and that in many areas where programs are available, the number of available slots do not come close to meeting the potential need for services. [68] However, because there did not exist a comprehensive collection of data from evidence-based programs across the state, much of this "knowledge" was anecdotal, and it was difficult to truly understand where the gaps in service lay.

To fill this void, in 2015 the Home Visiting Workgroup, in collaboration with the New York State Council on Children and Families, undertook a project to map the availability—and absence—of home visiting services across New York State. Data were collected from each of the research-based programs operating within the state and then mapped geographically across the state, showing availability by county and legislative district. In order to demonstrate unmet need, the maps also display the number of children ages 0-5 years living at or below 185% of the federal poverty line (FPL). Poverty was selected as an indicator of need as it is a common characteristic, across programs, of the populations served.

The maps show the regions of the state that lack access to any home visiting services, and reveal that many areas of the state that also often have high numbers of children in poverty are without any home visiting services. The maps also make clear that even in areas with home visiting programs, the number of available slots rarely comes close to meeting the number of children living in poverty. Through the visualization of the absence or dearth of programs in high-need communities, these maps help illustrate the need for expanded access to home visiting services across the state. *Explore the maps: http://arcg.is/1LikyKn*

Home Visiting Need: County Snapshots

In 2016, Schuyler Center created county snapshots as another tool to shine a light on the tremendous need for expanded home visiting services across the state. The snapshots, like the maps, focus on poverty as a primary indicator of need, and compare that indicator with the number of funded home visiting slots available in each county, and across the state as a whole. (Note: the snapshots use the federal poverty level (FPL) as the principal measure of need, rather than a measure that includes children in near poverty, like 200% of poverty. This means the extent of "need" indicated in the snapshots is very conservative because children and families in near poverty experience many of the same stressors as those under the FPL). The snapshots also highlight other indicators of need, including infants born at low birthweight, number of reports and number of indicated reports to child protective services, and the number of newborns with a drug-related diagnosis. What the snapshots reveal is that across the state, there are home visiting slots to provide services to fewer than 5% of the children who would benefit most from home visiting—those living below 100% of the FPL.



III. Strategic Approach to Home Visiting

New York would benefit from a home visiting *system.* At present, home visiting in New York State consists of a number of high-quality, but uncoordinated programs. Each model has different eligibility criteria, operates programs in different geographic areas, and receives funding from different funding streams. A home visiting system would improve service delivery by ensuring that families in communities served by multiple programs are referred to the program that would best meet their particular needs. A system would also make it easier to identify gaps in services in communities so that scarce resources can be better distributed. Finally, with a coordinated system, it may be easier to leverage home visiting funds, and less likely for home visiting to fall through the cracks at budget time.

Building a Strong, Coordinated System

Workgroup Guiding Principles

The New York State Home Visiting Workgroup recommends the following guiding principles to shape the vision and direction of home visiting in New York State.

Vision

All families either expecting a child, or with young children, would have access to high-quality home visiting services and connected community supports that together promote health, mental health, parenting, self-sufficiency, and school readiness.

Guiding Principles

New York's framework of maternal, infant and early childhood home visiting should assure that:

- The system of home visiting programs and community supports is individualized according to a unique combination of resources and needs in each community.
- Sufficient funding is invested to implement programs with fidelity and to reach all eligible families.
- State investments prioritize evidence-based programs and support promising practices to achieve improved outcomes for mothers, babies and families.

Home visiting reduces child abuse and neglect and need for child welfare services

50% decrease in confirmed child abuse cases for young first time mothers who start home visiting prenatally

- Screening and assessment for services are universal and participation is voluntary.
- Services are individualized and responsive to each family's unique combination of strengths and needs.
- Services are culturally and linguistically sensitive.
- Programs are accountable for research-based outcomes that are evaluated and sustained over time.

Stakeholder Recommendations for Expanding Home Visiting in New York State

In 2014, to gather information and insight from others outside the Home Visiting Workgroup, the Schuyler Center undertook a series of interviews with key home visiting stakeholders from within New York State and across the nation.[69] The goal of the interviews was to identify commonly shared priorities for a coordinated system, and perceived barriers to coordination, as well as existing opportunities to expand access, build links and better coordinate among programs and systems.

The interviews were augmented by a survey of more than 50 individuals, to further expand the reach of our initial interviews and deepen our understanding of the barriers and opportunities for home visiting systems-building.

The interviews and survey responses identified several key elements that could lead to greater coordination of home visiting among programs and with other systems. These elements are building blocks to the creation of a strong and coordinated system, many of which are interconnected to create the avenues necessary to successfully reach and enroll families in the appropriate programs. The identified elements include:

- *Uniform community central intake*: a streamlined process to enroll families in all programs. Central intake would also make it easier for providers to make referrals to services.
- *Community needs assessments*: regional needs assessments, which are used in other State initiatives, would help to determine community needs and appropriately start and expand programs.
- *Triage to programs*: families would be assessed for needs and preferences and then referred to the appropriate program. Triage could be built into central intake. One survey respondent sounded a note of caution, noting that family risk at intake is "a snapshot" while a family's life is "a video." While families may have specific needs at initial intake, their needs grow and change over time. Families then would benefit from the flexibility to move to different programs as their needs change and their children grow.
- *Braided or blended State funding*: funding would be blended or braided at the State level— prior to distribution to counties/communities, to minimize administrative duplication and simplify reporting for programs. (**Blending** refers to the co-mingling of funds into one "pot" from which service dollars, personnel expenses, or other program needs can be funded. **Braiding** occurs when services are funded by multiple funding streams, with careful accounting of how every dollar from each funding stream is spent.[70])
- *A single site of accountability*: this could be a single State agency or a multi-agency body, which would be tasked with funding and decision-making authority for all programs.

Of these elements, participants felt most strongly about the importance of triage at intake and blended State funding streams to program effectiveness.

While these components are key to developing strong coordination for home visiting programs, a system also depends upon a shared understanding of the desired outcomes and progress made by the services provided. To that end, there have been national efforts to develop a shared set of outcomes for maternal, infant and early childhood home visiting.

Building Shared Outcomes

Across the country, there is growing awareness of the importance and benefits of adopting common measures to gauge the effectiveness of home visiting. In 2013, the Pew Charitable Trusts convened home visiting experts from several states to develop the Home Visiting Data for Performance Initiative, a workgroup with the goal of developing and promoting common performance measures across programs and states.[71] The group agreed that the measures had to meet the following criteria: apply universally; be achievable rather than aspirational; utilize existing data; resonate with policymakers; and reflect a policy goal worthy of investment.[72]

The Pew group identified a set of performance indicators, divided into three categories.

Chart 1: Pew Performance Indicators

MATERNAL HEALTH AND ACHIEVEMENT	CHILD HEALTH, DEVELOPMENT, AND SAFETY	PARENTAL SKILLS AND CAPACITY
Maternal depression screening and referral	Child development screening and referral	Parental capacity
Postpartum health care visiting	Child development	Breastfeeding
Interbirth interval	Child maltreatment	
Maternal educational achievement	Well-child visits	
	Maternal smoking or tobacco use	

Measures from: Pew Charitable Trusts. (2015). *Using Data to Measure Performance: A New Framework for Assessing the Effectiveness of Home Visiting.*

While these indicators may not represent everything that each program works to achieve, these indicators represent goals and outcomes that are common across most home visiting programs, and therefore provide a base for shared performance measures. Utilizing these, or similar shared measures, could help New York to track the impact home visiting programs have on the population served.

Standard Measures Can Inform Best Practices

Equally important to strong and coordinated home visiting services is the development and sharing of best practices. Informed by shared outcome measures, best practices can help to guide program implementation and development based upon the successes of similar programs, while still allowing flexibility for services to meet unique community needs. When linked to shared outcomes, best practices can help to facilitate understanding of the issues and lead to more uniform practices and outcomes across the state. The State, or another coordinating body, could help to share information on best practices between programs and regions so that it does not become limited to a single program.

Best practices may be enhanced by the development of a common, basic training program for home visitors across programs.[73] Such training would be supplemental to model-specific trainings, but would help to lay a statewide groundwork for a shared understanding of outcomes and best practices.

Connecting Home Visiting to Existing Systems

It is also essential that home visiting be connected to existing community resources and systems. Home visiting alone is not sufficient to reverse or prevent all of the difficulties faced by high-need families. Programs appear to demonstrate more significant outcomes when offered in coordination with other services.[74] Indeed, a key strength of home visiting is that the staff is trained to identify a broad range of needs of family members—children and parents—and to connect them to community-based supportive services whenever possible.

The importance of home visiting programs being connected to and integrated into existing systems is evident in the case of maternal depression. Maternal depression is highly prevalent in families engaged in a home visiting program, with different studies putting the rate at between 28.5% and 61% at enrollment.[75] Behavioral health assessments and consultations for depression can be undertaken by home visitors. But, to treat the condition and keep the family safe, families may need to be referred to community-based treatment services for ongoing treatment. If community services are not available, affordable and accessible, the home visiting program's intervention is unlikely to lead to a positive outcome. Other important "wrap-around" supports that are essential to aiding families working to provide safe, healthy homes for their children include referrals for housing, transportation, domestic violence services, employment and education. These services and referrals reduce stress and allow families to derive the greatest benefit from home visiting. To truly meet the needs of families and services, a home visiting system must work with other services and systems to build strong connections that allow seamless referrals and address families' needs beyond those served by the home visitation program.

Funding: the Foundation of a System

To reach all families who could benefit from home visiting services, a substantial increase in funding is needed to expand programs into unserved and under-served communities. Furthermore, in order to meet the diverse needs of families within a community, regions must have access to multiple programs which can serve families with specific needs and children of various ages.

An Opportunity to Streamline Funding: Blending & Braiding

Some states—and individual programs—bring together multiple funding streams into a particular program. This method of "blending" and "braiding" funding can allow programs to operate a wide range of services, though it must be applied carefully. When state agencies blend or braid funding at the state level, they simplify and streamline the process for organizations which would otherwise have to apply to multiple governmental sources for funding to support the same, or very similar, programs that provide direct services to children and families. Blending and braiding can also be used to build vital infrastructure such as data systems, staff training, and evaluation by combining resources already allocated for those purposes into a larger pool.

Reporting requirements, accountability standards, and outcome measures vary among funding sources and must be maintained when funding streams are combined. Political and turf issues may also arise when funding is moved from one agency or program to another. For blended and braided funding to work well, states must establish mechanisms that allow for sharing budgets and conducting high level inter-agency negotiations.

IV. Leveraging Existing Opportunities

There are existing State initiatives that can be leveraged to support and strengthen home visiting programs and build coordinated elements that could lead to a strong system. These opportunities exist across sectors, but are particularly strong in health, given New York's investment in and attention to health care.

New York has a long history of supporting maternal and child health as a core function of public health. Numerous programs are funded to provide medical as well as social supports for pregnant women, infants and children at the state and community levels. In addition, health system transformation has opened up new opportunities to engage providers and communities.

Elementary & Secondary Education: Title I

Title I of the federal Elementary and Secondary Education Act provides financial assistance to schools with high numbers of children in poverty to ensure that all children are able to meet challenging State standards. The Act aims to close achievement gaps between poor children and their more affluent peers. The activities supported by Title I include preschool programs and family and parental involvement.[76] This allows participating school districts (those with a high number of children in poverty) the option of using funding to support a home visiting program. Each individual school district determines how to use their Title I funds. A number of New York school districts use funding to support local home visiting programs, including Parents as Teachers and the Parent-Child Home Program.

All participating school districts should be made aware of the opportunity Title I affords to intervene early and address the needs of their children and families through home visiting.

Child Care and Development Fund

The Child Care and Development Fund (CCDF) provides federal funding to states to provide and coordinate child care services. CCDF funds go mostly to support the child care subsidy program, but can also be directed to other early childhood development programs.

The State's 2014-15 plan describes an intent to build State-level linkages between home visiting programs—particularly those funded through MIECHV—and child care providers.[77]

Maternal and Child Health Services Block Grant (Title V)

The Maternal and Child Health Services Block Grant (MCHBG) provides core federal funding to states for maternal and child health (MCH) services under Title V of the Social Security Act. The grant supports state efforts to improve the health and welfare of the nation's mothers and children and can encompass a wide array of direct services to individuals as well as population-based public health activities.

New York State receives $37 million per year and began a new five year funding cycle in October 2015.[78] The funding level is determined by a formula based on the percent of children in poverty. States must match every four dollars of federal Title V money that they receive by at least three dollars of state and/or local money (non-federal dollars).[79]

The MCHBG reflects the priorities of the New York State Department of Health and drives policy and funding decisions for MCH activities. In this funding cycle (2015-2020), New York selected eight core MCH priorities and developed an Action Plan that summarizes objectives, strategies and performance measures to address these priorities across six domains.[80] Because home visiting shows improvements in outcome measures for mothers and children across domains, it can be effectively deployed as a strategy to help the State meet the performance measures. (See Chart 2 for Action Plan priorities.)

Chart 2: MCHBG Action Plan Priorities

DOMAINS	STATE PRIORITIES
Maternal and Women's Health	Reduce maternal mortality and morbidity
	Increase use of preconception and interconception (well woman) health care services*
	Increase use of prenatal postpartum health care services*
Perinatal and Infant Health	Reduce infant mortality and morbidity
	Increase use of primary and preventive ("well-baby") care among infants
Child Health	Support and enhance children's social-emotional development and relationships
	Increase use of primary and preventive ("well child") health care services by children*
Children with Special Health Care Needs	Increase supports to address the special health care needs of children and youth
Adolescent Health	Support and enhance adolescents' social-emotional development and relationships
	Increase use of primary and preventive ("well teen") health care services by adolescents*
Cross cutting or Life Course	Increase use of primary and preventive health care across the life course*
	Promote oral health and reduce tooth decay across the life course
	Promote home and community environments that support health, safety, physical activity and health food choices
	Reduce racial, ethnic, economic and geographic disparities, and promote health equity for the MCH population

*as part of cross-cutting priority to increase use of preventive health care services across the life course

Source: Maternal and Child Health Services Title V Block Grant (2015). New York State Department of Health. http://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2016_application.pdf

MICHCs

The Maternal Infant Community Health Collaboratives (MICHCs) are 23 programs funded by the New York State Department of Health to improve maternal and infant health outcomes for high-need women and families in targeted communities and reduce racial, ethnic and economic disparities in those outcomes. MICHCs are designed to promote optimal women's health throughout the reproductive life span, including preconception, perinatal/postpartum and interconception care informed by the social and ecological factors that influence health (individual, community, organizational, policy). MICHCs also use community health workers as home visitors.[81] (See Chart 3 for counties served by MICHC programs).

MICHCs are tasked with developing systems that are accessible, effective, and functionally coordinated or integrated to enable service providers to deliver quality services and promote healthy behaviors. Activities include: coordinating outreach, intake, and referral across community health and social service programs to assure improved communication and collaboration; enrolling women and children in health insurance; engaging women and infants in health care and other supportive services; identifying and addressing risk factors through timely and coordinated counseling, management, referral and follow-up; and ensuring that there are community supports and opportunities in place that help women engage in and maintain healthy behaviors.[82]

The systems-building capacity of the MICHCs and their charge to coordinate services across programs should be maximized through State policies and technical assistance. MICHCs should be expected to identify the necessary mix of resources to meet the needs of families, assist in the development of services to fill gaps and promote coordination. The experiences of the MICHCs, as they identify barriers or develop best practices to address community need and local service structure, should become the basis for future funding and policy development. Continued technical assistance through the Maternal and Child Health Center of Excellence should help the MICHCs fill this role.

Chart 3: Counties Served by the MICHC Program

Albany County	Kings County	Queens County
Broome County	Lewis County	Richmond County
Bronx County	Livingston County	Rockland County
Chautauqua County	Monroe County	St. Lawrence County
Chemung County	Nassau County	Suffolk County
Chenango County	New York County	Sullivan County
Cortland County	Niagara County	Tioga County
Dutchess County	Oneida County	Ulster County
Erie County	Onondaga County	Westchester County
Herkimer County	Orange County	
Jefferson County	Oswego County	

Health System Transformation

In 2014, New York received a federal waiver creating the Delivery System Reform Incentive Payment (DSRIP) program that allows the State up to $6.42 billion in Medicaid savings to transform the health system. The program is designed to stabilize financially distressed hospitals and the safety net providers by re-aligning the delivery system through community-level collaboration and innovation to reduce avoidable hospitalizations and emergency department use. The State also seeks to ensure that health care providers and payers move toward value-based payment. This provides an opportunity for entities that are not traditional medical care providers to secure payment if they can demonstrate their value in improving health outcomes.[83]

DSRIP projects are organized regionally through Performing Provider Systems (PPS). PPSs include hospitals, safety net providers, health homes, behavioral health providers, skilled nursing facilities, federally qualified health centers, and a wide range of community-based organizations. There are 25 PPSs operating throughout the state. Payouts to PPSs will be based on their performance in achieving system transformation, clinical management and population health.

The expansion of home visiting programs can be one of the strategies used to improve maternal and child outcomes, reduce preterm births and meet DSRIP's goal of reducing avoidable hospital use. To leverage this opportunity, home visiting providers and advocates should connect with PPSs and other health care providers and payers, educating them as to the many ways that home visiting has been proven to improve maternal and child health, and making the case that home visiting can support DSRIP goals, so that this proven strategy can be expanded to reach many more families.

Prevention Agenda

The New York State Department of Health's Prevention Agenda 2013-17 is the blueprint for state and local action to improve the health of New Yorkers, developed with input from a wide range of stakeholders. There are five priorities that each have specific focus areas. The plan emphasizes reducing racial, ethnic, disability, socioeconomic and other health disparities. Hospitals and local health departments have selected priority areas to address in their communities.[84]

One priority area is *Promoting Healthy Women, Infants and Children* with the focus areas of *Maternal and Infant Health*, *Child Health* and *Reproductive, Preconception and Inter-Conception Health*. Home visiting programs have outcomes that would improve indicators at the community level in all these areas and should be considered a strategy for communities working to implement interventions for this priority area.

Child and Family Services Review

The State is currently undergoing its third federal review of the State's child welfare services conducted by the federal Health and Human Services Administration for Children and Families' Children's Bureau. The assessment, called the Child and Family Services Review (CFSR), assesses the performance of each state's child welfare services by evaluating indicators related to safety, permanency, and well-being of children and families involved with the child welfare system. Each indicator is compared to a national standard. Since the reviews began in 2000, New York State has performed poorly as compared to the rest of the nation on safety and permanency measures, indicating that children in New York are more likely to experience a recurrence of maltreatment than children in other states, and that those in foster care are less likely to be placed quickly in permanent homes. Of particular concern is that the initial round three CFSR assessments demonstrate that New York ranks at the bottom of all 47 reporting states on the indicator that measures instances of recurrence of abuse and neglect, with 17.8% of our children experiencing a repeat instance of maltreatment within 12 months, compared to a national standard of 9.1%.[85]

Home visiting programs have been proven to increase parents' participation in the workforce and families' overall economic security.

At the conclusion of the review—scheduled to be completed in the fall 2016—the State will be required to submit a Program Improvement Plan (PIP) to the Children's Bureau outlining plans to make improvements in each area in which it was found not to be in substantial conformity with national standards.[86] The federal review process requires that both the onsite review and the development of the PIP include "substantial, meaningful and ongoing" stakeholder participation, and specifically recommends that community partners and stakeholders are invited to participate in local debriefings, the formal discussion that follows the release of the final report, and the development and implementation of the PIP.[87] The development and implementation of the PIP represents an opportunity for home visiting providers and advocates to urge the State to expand home visiting programs to reach more at-risk families because of its proven track record of preventing and reducing instances of child maltreatment.

Empire State Poverty Reduction Initiative

The 2017 New York State Budget includes $25 million to fund planning and implementation grants that will be available to 16 local anti-poverty task forces in 15 high-poverty municipalities and the borough of the Bronx. After a planning phase, each task force is to select one or more projects to implement that will reduce poverty in the community, or its effects. While the Initiative does not designate any one aspect of poverty that communities should address, it does specifically mention childhood poverty as one of the issues local task forces should consider targeting.[88]

This Initiative represents another opportunity for home visiting providers and advocates to raise awareness about the many ways in which home visiting can strengthen families, and improve the lives of children—including by reducing poverty in families with young children. Home visiting programs have been proven to increase parents' participation in the workforce and to reduce their reliance on welfare income supports.[89] Home visiting providers and advocates should consider becoming involved in local anti-poverty task forces, and make the case that innovative home visiting programs should be selected as a task force-funded project. It should be noted that a shortcoming of the Initiative is that chosen projects cannot require ongoing state financial support. However, an innovative and successful home visiting program that is piloted as a task force project would likely be able to secure federal, foundation or private funding to continue.

V. Recommendations to Expand Home Visiting Services to Benefit More of New York's Children and Families

- **Increase funding for maternal, infant and early childhood home visiting and make strategic investments to meet community needs.** The State should substantially increase the resources it dedicates to funding these proven, cost-effective programs, and should invest the funds strategically to address the unique needs of each recipient community. Ultimately, communities across the state should receive sufficient funding to offer multiple programs to meet the diverse needs of their families.

- **Require coordination among programs at the state and community level**. Home visiting programs serve families best when they are coordinated to meet each family's diverse and changing needs. Accordingly, funding should be predicated upon an agreement by programs to coordinate their provision of services.

Home visiting programs serve families best when they are coordinated to meet each family's diverse and changing needs.

- **Develop a single point of entry, either at the state level or within communities, that makes program referrals, assists with coordination, and maintains data.** Implementing a single point of entry will streamline referrals and make it easier for families seeking services to connect with a program best suited to meet their particular needs. The data collection piece will allow for quick and ongoing identification of gaps or redundancies in services in a given community to ensure on an ongoing basis that funds are targeted to meet the communities' needs.

- **Require that programs use common metrics to measure outcomes.** To allow for effective coordination of services among programs, it is essential that home visiting programs use the same metrics to measure outcomes. Common metrics will also facilitate targeted and strategic investments to ensure that communities can effectively gauge whether the programs they are offering can meet the diverse needs of their families. New York should develop a common set of metrics that would be used for reporting whenever State funding is involved.

- **Leverage funding opportunities across sectors.** As detailed in this paper, home visiting improves outcomes for families and children in a broad range of spheres, including family economic security, child and maternal health, child welfare, school readiness and crime prevention. Accordingly, policymakers and advocates should seek funding for home visiting from a broad range of federal and state funding sources—including health, workforce, criminal justice, education, and social services.

Conclusion

Home visiting holds the promise to help New York State move the needle on some of the most vexing problems confronting its children—including poverty, maltreatment, and educational and health disparities. But that promise cannot be realized unless New York makes a substantial investment in strengthening families with maternal, infant and early childhood home visiting. This paper offers a framework for expanding services in a cost-effective, coordinated and strategic way so that all of New York's children can garner the many benefits of these proven programs.

Endnotes

[1] *U.S. Census Bureau*. 2010-2014 ACS 5-Year Estimates. Table B17001: Poverty Status in the Past 12 Months by Sex by Age. http://factfinder.census.gov/

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[6] See footnote 21 and surrounding discussion. To review other studies relevant to this topic, see *Home Visiting Evidence of Effectiveness: Child Development and School Readiness.* http://homvee.acf.hhs.gov/Outcome/2/Child-Development-and-School-Readiness/3/1

[7] See footnotes 24 and 25 and surrounding discussion. To review other studies relevant to this topic, see *Home Visiting Evidence of Effectiveness: Family Economic Self Sufficiency*. http://homvee.acf.hhs.gov/Outcome/2/Family-Economic-Self-Sufficiency/7/1

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Appendix 1

Overview of Select Evidence-Based and Evidence-Informed Home Visiting Programs

Program	Program Description	Program Goals	Target Population	Service Delivery
Early Head Start (EHS)	Service provided through center-based, home-based or mixed models, with visits by trained home visitors. Focus on: prenatal outcomes, health family functioning & school readiness.	Promote healthy prenatal outcomes for pregnant women. Enhance the development of very young children. Promote healthy family functioning.	Serves families from pregnancy until child turns 3.	By trained professionals.
Healthy Families New York (HFNY)	Home-based services to expectant families and new parents. Trained home visitors provide support, child development & parenting information to reduce family stress. Participants screened to identify risk factors & stressors.	Identify overburdened families needing support. Promote positive parent-child interaction. Ensure optimal prenatal care. Promote healthy growth & development. Enhance family functioning. Prevent child abuse & neglect. Promote parental self-sufficiency.	Enrolls expectant parents and parents with an infant less than 3 months old; serves until age 5.	By specially-trained family support professionals.
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Based around a developmentally appropriate curriculum, HIPPY supports parents in their role as their child's first and most important teacher. Role play is the principle method of teaching, and home visits are interspersed with group meetings.	Promote school readiness. Support parents' engagement in their child's learning. Strengthen children's cognitive skills, early literacy skills, social/emotional and physical development.	Serves children 3-5 years old.	Trained home visitors, hired from the community.
Nurse-Family Partnership (NFP)	Intensive home visiting provided by an RN who uses clinical assessment skills to deliver a comprehensive, nationally-proven prevention model. Focus on: family & environmental health, maternal-child attachment, nurturing child-caregiver interactions, maternal life course development, referrals to health & human services.	Help women improve pregnancy outcomes. Help parents improve child's health & development. Help parents become economically self-sufficient.	Enrolls low-income, first-time mothers in pregnancy (first two trimesters) and serves until child turns 2.	By registered nurses.
Parents as Teachers (PAT)	Certified parent educators work with families through visits, child screenings, group connections, and connecting families to resources. The evidence-based model focuses on: parent-child interaction, development-centered parenting & family well-being. Organizations can replicate the model, use the curriculum independently, or blend the PAT approach into existing programming.	Increase parents' knowledge of early childhood development & improve parenting practices. Provide early detection of developmental delays & health issues. Prevent child abuse & neglect. Increase children's school readiness & success.	Serves families from pregnancy to kindergarten entry.	By trained professionals and parent educators.
The Parent-Child Home Program (PCHP)	Through a research-proven model, PCHP prepares children for school success by increasing language & literacy skills, enhancing social-emotional development, and strengthening parent-child relationships. Parents become children's teachers & advocates: reading, playing, talking & learning together.	Prepare children challenged by poverty for success in school. Stimulate parent-child verbal interaction. Enable children to gain critical language and literacy skills.	Two-year program serves families with 2- and 3-year-olds (can enter as young as 16 months and stay until age 4).	By specially-trained paraprofessionals.

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