## EVIDENCE-BASED HOME VISITING

HOUSE HUMAN SERVICES COMMITTEE FEBRUARY 22, 2017 MONTPELIER, VERMONT

#### What is Home Visiting?

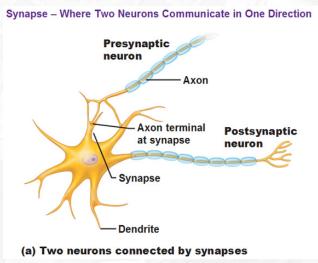
- Prevention strategy used to support pregnant moms and new parents. Home visits:
  - teach parents about infant and child health
  - foster educational development and school readiness
  - prevent child abuse and neglect
- Participation is voluntary
- The focus is often on "high risk" families
- Home visitors may be trained nurses, social workers or child development specialists

## Why are legislators thinking about home visiting?

- Importance of the first three years....and of intervening early
- Home visiting is going on in every state
- Strong return on investment
- Questions about the most effective approaches, coordination between programs, and accountability
- Federal home visiting funding gives state lawmakers an opportunity to fund new home visiting services and strengthen existing programs:
  - Maternal Infant and Early Childhood Home Visiting Program
  - \$1.5 billion over five years (FY2010 FY2014); funding extension through 2017 (\$400 million per year for FY 2016 & 2017)

## **Brain Development and Home Visiting**

- Early experiences shape the actual architecture of the developing brain.
- The first three years are a critical time with the greatest development of neural connections.
- Home visiting promotes key child and adult outcomes:
  - School readiness
  - Academic achievement
  - Reduced juvenile justice and crime
  - Employment



#### **Adverse Early Childhood Experiences (ACE)**

Many chronic diseases in adults are associated with adverse experiences in childhood.



#### Return on Investment

- Effects of quality home visiting:
  - cut the number of low-birth-weight babies by 50 percent
  - reduce the rate of child abuse and neglect by nearly onehalf
  - increase reading and math test scores in grades 1-3 by 25 percent
  - increase children's high school graduation rates by 60 percent
- Cost-benefit studies demonstrate returns on investment from \$1.75 to \$5.70 for every dollar spent:
  - child welfare
  - K-12 special education and grade retention
  - criminal justice expenses

### Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

#### **Legislative Purpose**

- To strengthen and improve the programs and activities carried out under Title V
- To improve coordination of services in at-risk communities
- To identify and provide comprehensive home visiting services to improve outcomes for families in at-risk communities

#### Legislative Requirements

- Develop a statewide needs assessment
- Priority for serving high risk populations
- Improve in required benchmark areas
- Implement evidence-based home visiting models and ensure model fidelity
- Use 75 percent of funds towards evidencebased models; 25 percent for promising practices
- Annual reports



#### **MIECHV** Required Benchmarks

- Improved maternal and newborn health;
- Reduced incidence of child maltreatment, child injuries and ER visits
- Increased school readiness and achievement
- Reduced domestic violence or crime
- Improved family economic self-sufficiency
- Improved coordination and referrals for other community resources and supports



#### **Evidence-based Models**

- \*Child First
- \*Early Head Start-Home Visiting
- \*Early Intervention Program for Adolescent Mother
- \*Early Start (New Zealand)
- \*Family Check-Up for Children
- \*Family Connects
- \*Family Spirit
- \*Health Access Nurturing Development Services (HANDS) Program
- \*Healthy Beginnings

- \*Healthy Families America (HFA)
- \*Home Instruction for Parents of Preschool Youngsters (HIPPY)
- \*Maternal Early Childhood Sustained Home Visiting Program
- \*Minding the Baby
- \*Nurse Family Partnership (NFP)
- \*Parents as Teachers (PAT)
- \*Play and Learning Strategies (PALS)-Infant
- \*SafeCare Augumented

#### **Policy Considerations**

- What key outcomes is the state trying to achieve?
- Is the state funding programs that demonstrate high-quality services and measureable results?
- Are state officials coordinating all home visiting programs as well as connecting them with other early childhood programs?
- Does the state have the capacity to maintain programs?





#### **Funding Options**

- Temporary Assistance For Needy Families (TANF): LA, MN, NJ, NM, MN, TX, UT, VA, WI
- Tobacco Settlement: CO, CA, KS, LA, MT
- General Fund: AL, AR, DE, IA, LA, ME, MA, MN, MO, MS, MT, NJ, OR, TN, TX, VA, WI



#### Legislative Examples

- Arkansas: Requires implementation of statewide, voluntary home visiting services to promote prenatal care and healthy births. Requires the state to use at least 90 percent of funding for evidence-based and promising practice models. Requires state agencies to develop protocols for sharing and reporting program data, a uniform contract for providers, and to explore the inclusion of home visiting data in health-based, education-based or child welfare-based statewide longitudinal data systems.
- Connecticut: Establishes a home visitation program consortium. Requires development of recommendation for implementing the coordination of home visiting programs within the early childhood system that offer a continuum of services to vulnerable families with young children.

#### Legislative Examples

- Rhode Island: Establishes the Rhode Island Family Home Visiting Act. Requires the Department of Health to coordinate a system of early childhood home visiting services that uses evidence-based models proven to improve child and family outcomes and identifies and refers families prenatally or as early after the birth of a child as possible.
- Program for pregnant women and families with children under the age of six. The bill establishes definitions of and funding for evidence-based and promising programs (75 percent and 25 percent, respectively). Requires home visiting programs to be evaluated and provide biennial reports to the legislature.

#### Resources

NCSL Home Visiting: Improving
 Outcomes For Children

HRSA, Maternal & Child Health: Home Visiting

# Questions? Contact

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