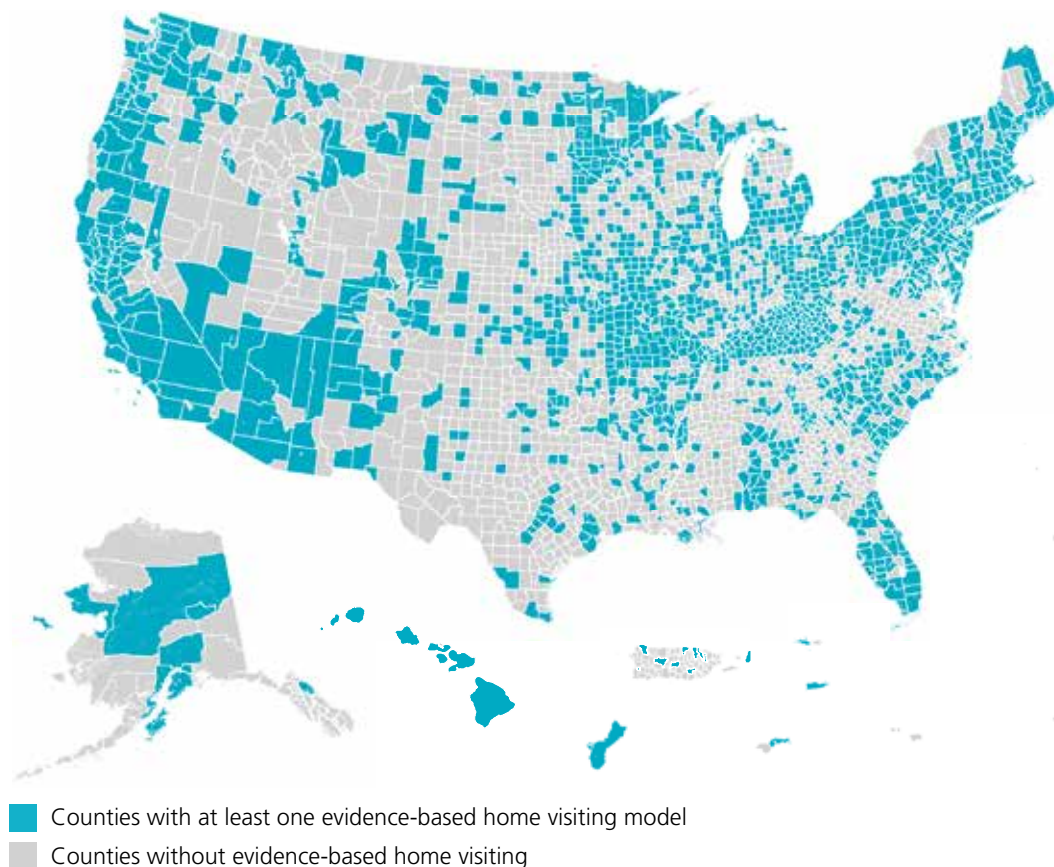


Evidence-Based Home Visiting by County, 2016



Source: National Home Visiting Resource Center, 2018

Did You Know?

- Studies have found a [\\$1.80 to \\$5.70 return on investment](#) for every dollar spent on home visiting.
- Nearly 4 million evidence-based home visits reached more than 300,000 families in 2016.
- Approximately 40 percent of U.S. counties have at least one home visiting agency that offers an evidence-based program.

Home Visiting: Improving Children's and Families' Well-Being

COURTNEY L. HARRISON AND ALISON MAY

Home visiting is a parent-support model designed to improve health and education outcomes for children and their families. It is a voluntary, two-generation (e.g., whole family) model that addresses issues such as health, child development, parenting, education and family violence. Some models target pregnant women and others focus on mothers, fathers and caregivers of young children.

There are many different types of home visiting programs. All models involve trained staff conducting a series of visits to a family's home or a mutually agreed-upon location. Home visitors generally make referrals, share parenting strategies and encourage healthy activities (e.g., smoking cessation and breast feeding).

Over the past 30 years, numerous studies have examined home visiting programs. As of September 2017, [20 programs](#) met the fed-

eral criteria to be considered evidence-based. Evidence-based models have undergone multiple studies in different communities, yielding similar results and therefore providing evidence of their effectiveness.

The studies show that home visiting programs can improve a variety of social and educational outcomes for children and families. Multiple studies have found that children involved in home visiting are better prepared for school and experience fewer emergency

room visits and less abuse and [neglect](#). Research also indicates that parents who participate in home visiting are more [self-sufficient](#). For example, parents complete more education, have higher employment rates, pay more in taxes, engage in less criminal activity and are less reliant on government programs. However, studies often focus on a specific set of outcomes and not all models address all outcomes.

Studies also have examined the cost-effectiveness of home visiting programs. Overall, they provide a positive return on investment. For example, a study of Home Instruction for Parents of Preschool Youngsters (HIPPI USA) found a [return on investment](#) of \$1.80 for every \$1 invested. A separate study found that the home visiting model [Nurse-Family Partnership](#) (NFP), designed specifically for first-time parents, reduced Temporary Assistance for Needy Families (TANF) payments by [7 percent for nine years](#) post-partum. Many of the savings are due to reduced costs of child protection, fewer children requiring special education or grade retention, and less criminal justice expenses.

Promised returns on investments are contingent on delivering home visiting services as intended. Referred to as fidelity to the model, how home visiting services are delivered is believed to be critical to their success. The various models have been tested with different staff (e.g., nurses, paraprofessionals), goals (e.g., decrease infant mortality, improve school readiness), populations (e.g., first-time pregnant women, low-income parents of toddlers), and durations.

State Action

States have historically led public investment in home visiting. States started funding home visiting in the 1980s and continue to pass legislation to expand programming and increase accountability. For example, in 2015, [Oklahoma](#) required performance outcomes to be measured and reported. In 2017, [Rhode Island](#) required that home visiting services be coordinated across state agencies. Since 2008, at least [22 states](#) have passed home visiting legislation. Today, home visiting programs operate in all 50 states, the District of Columbia and five U.S. territories, each with their own goals.

States rely on a mix of state, private and federal funds to support home visiting programs. In [Louisiana](#), for example, home visiting funding comes from the state general fund, fees on duplicate cop-

ies of birth certificates, tobacco settlement money, TANF, and additional federal sources.

States determine how best to target their funding. Some states only serve first-time parents, focus on healthy births, or target families at risk of child abuse or neglect.

Kentucky Representative Joni Jenkins [explained](#) how the state wants to leverage home visiting programs to prevent families from entering the welfare system. “Right now in Kentucky we are dealing with an exploding number of children in custody... I would love to see us focus more on the front end and I think the results we’ve seen from our [home visiting program] would indicate that could help us to get families stabilized before we have to remove children from their biological home.”

Home visiting enjoys mostly bipartisan support. This is due, in part, to the evidence behind the programs and the return on investment. As Pennsylvania Representative Bryan Cutler [explains](#), “What I like about this approach [home visiting] is all the data... Programs that do the most good deserve state funding, and for me this is top of the list.”

Federal Action

The primary source of federal funding for home visiting is the [Maternal, Infant and Early Childhood Home Visiting](#) (MIECHV) program. It started in 2010 under the Affordable Care Act and was reauthorized in 2015 under the Medicare Access and CHIP Reauthorization Act. In February 2018, it was reauthorized for another five years.

Since 2010, Congress has invested billions of dollars through MIECHV to help states, territories and tribes expand and implement evidence-based home visiting. Current funding provides \$400 million per year through federal fiscal year 2022. Funds can be used for evidence-based programs, innovation, statewide needs assessments, training and technical assistance, and evaluation. Some states, including [Texas](#), use MIECHV funds to support community collaborations working on the systemic issues that influence family health and well-being.

Other federal funds are available to pay for home visiting, including Title V of the Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, Project LAUNCH, Medicaid, Healthy Start, Early Head Start, Child Abuse Prevention and Treatment Act, and the Community-Based Child Abuse Prevention Program.

Additional Resources

- [National Home Visiting Resource Center](#)
- U.S. Department of Health and Human Services [Home Visiting Evidence of Effectiveness](#)
- NCSL webpage, [Home Visiting: Improving Outcomes for Children](#)
- RAND Corporation, [Early Childhood Interventions: Proven Results, Future Promise](#)

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