Jill Filene
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nhvrc.org
What is the NHVRC?
STATE PROFILE – FLORIDA
Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Florida included Child First, Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Safe and Secure.

Statewide, 99 local agencies operated at least one of these models.

38,805 families served

4,659

home visits provided

4,995

children served

966,400 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Florida who met the following criteria:

- Children < 1
- Single mother
- Parent with no high school diploma
- Teen mothers
- Low income

Of the 966,400 families who could benefit:

59% met one or more of the criteria above

25% met two or more of the criteria above

Notes:

- Public insurance includes Medicaid, Children’s Health Insurance Program, and Tri-Care.
- EHC data may be underestimated. These numbers represent EHC programs providing home-based services only. Data from EHC programs that provide both home-based and center-based services are not included.
- EHC data may be underestimated. These numbers represent EHC programs providing home-based services only.
- Other public insurance includes children and pregnant women. EHC data may be underestimated. These numbers represent EHC programs providing home-based services only.
- Native Hawaiian/Pacific Islander

The NHVRC is led by James Bell Associates in partnership with the Urban Institute.

The views expressed here do not necessarily reflect the views of the Urban Institute. For details about the methodology, see the 2017 Home Visiting Yearbook.
EARLY HEAD START - HOME VISITING

Early Head Start (EHS) provides individualized services to pregnant women, infants, and toddlers to promote the school readiness of young children from low-income families. The model is administered by the Office of Head Start in the U.S. Department of Health and Human Services. EHS supports the mental health and development of children from birth to 3 years old.

What is the model's approach to providing home visiting services?

<table>
<thead>
<tr>
<th>Home visits take place once per week. Services are provided until the child turns 3. There are no age requirements when families should begin to receive services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS-HV's target population includes the following:</td>
</tr>
<tr>
<td>Low-income families</td>
</tr>
<tr>
<td>Teenage mothers or teenage parents</td>
</tr>
<tr>
<td>Parents/caregivers with limited education</td>
</tr>
<tr>
<td>Children with developmental delays or disabilities</td>
</tr>
<tr>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>Families with history of substantiated abuse or neglect</td>
</tr>
<tr>
<td>Families with history of child abuse or neglect/visitation</td>
</tr>
<tr>
<td>Children in foster care</td>
</tr>
</tbody>
</table>

Who is implementing the model?

Home Visitors
EHS-HV employed 4,485 full-time home visitors in 2015. These individuals are required to maintain a caseload of 10 to 12 cases.

Supervisors
EHS-HV supervisor education recommendations and requirements are determined by state or local programs.

Where is the model implemented?

MODEL PROFILE — EARLY HEAD START - HOME VISITING
Families Served Through Evidence-Based Home Visiting in 2015

- **2,454,672** estimated home visits provided
- **51,139** children served

Of the 51,139 children receiving Early Head Start home visiting services in 2015, 22,327 children from 187 exclusively home-based centers are represented in the demographics below.

<table>
<thead>
<tr>
<th>Race and ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver education</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma</td>
</tr>
<tr>
<td>High school diploma or GED</td>
</tr>
<tr>
<td>Some college or training</td>
</tr>
<tr>
<td>Bachelor's degree or higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child age</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 year</td>
</tr>
<tr>
<td>2-3 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child insurance status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
</tr>
<tr>
<td>Private</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary language</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
</tr>
<tr>
<td>Spanish</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

The NAEYC is led by James Bell Associates in partnership with the U.S. Department of Education. The views expressed here do not necessarily reflect those of the foundations. For more information, visit earlyheadstart.gov.
What is home visiting?
Home visiting supports parent engagement.
MIECHV and beyond....
How is home visiting funded?

Braided funding from:

- MIECHV
- Federal sources
- State funding
- Private organizations
There are 18 evidence-based home visiting models.

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST
- Early Head Start-Home Visiting (EHS)
- Early Intervention Program for Adolescent Mothers
- 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 (MECSH)
- Minding the Baby
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Play and Learning Strategies (PALS)
- SafeCare Augmented
Who receives home visiting?

- 2,368,136 home visits provided
- 269,206 families served
- 311,976 children served
Where is home visiting?
What does the evidence show?
Healthy Babies

- 6% of expectant mothers had delayed or no prenatal care.
- 10% of infants were born prematurely.
- 6% of infants died before age 1.

Evidence shows that families in home visiting are more likely to:
- receive optimal prenatal care.
- carry their babies to full term.
- breastfeed their babies.
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Safe Homes and Nurturing Relationships

The rate of substantiated child abuse was 9 per 1,000 children under 18, with the majority of victims under age 1.

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Optimal Early Learning and Long-Term Achievement

- 64% of fourth graders failed to meet standards for reading proficiency in 2015.

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- have higher academic achievement in grades 1 through 3.
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Evidence shows that families in home visiting are more likely to:
- have higher academic achievement in grades 1 through 3.
Self-Sufficient Parents

- For 45% of children under 18, the head of household had only a high school diploma.
- Approximately 3 in 10 children under age 18 lived in families where no parent had regular, full-time employment.

Evidence shows that families in home visiting are more likely to:
- have higher monthly incomes.
- have more parents enrolled in school.
- have parents in employment.
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Evidence shows that families in home visiting are more likely to:

- have higher monthly incomes.
- have more parents enrolled in school.
- have parents in employment.
Fidelity to the model is key to successful outcomes.
There are multiple ongoing state and national evaluations.
Home Visiting Research, Evaluation, and Quality Improvement Efforts Supported by the Maternal, Infant, and Early Childhood Home Visiting Program

Introduction

Since 2010, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) has significantly expanded evidence-based home visiting services for families with young children. A cornerstone of MIECHV is a platform of research, evaluation, and quality improvement efforts. Examples include:

- Mother and Infant Home Visiting Program Evaluation (MIHOPE)
- Home Visiting Applied Research Collaborative II (HARC II)
- Home Visiting Collaborative Improvement and Innovation Network (HAY CoIN)
- Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Investigator-initiated studies
- Evaluations led by state, territory, and tribal MIECHV awardees

Together, these efforts address topics across home visiting models and locations, providing new insights into the scale-up and implementation of home visiting in diverse contexts.

Mother and Infant Home Visiting Program Evaluation

About: MIHOPE is a national randomized controlled trial to evaluate MIECHV.

Goals and Purpose: MIHOPE aims to examine and document how programs operate in local and state contexts and to identify program features or strategies associated with greater impact.

MIHOPE also assesses the effects of MIECHV services on child and parent outcomes, the health care system, and health care costs. It includes local programs implementing one of four evidence-based approaches: Parents as Teachers, Nurse-Family Partnership, Healthy Families America, and Early Head Start-Home-Based Option.

Who is involved: MIHOPE was launched in 2011 by the Administration for Children and Families in coordination with HRSA within the U.S. Department of Health and Human Services. MIHOPE is conducted by the University of Pittsburgh in partnership with Johns Hopkins University, Mathematica, and the Georgia and Columbia Universities.

Two states (California and Georgia) were randomized to participate in MIHOPE.

Twelve states participate in MIHOPE:
- California
- Georgia
- Illinois
- Iowa
- Kansas
- Michigan
- Nevada
- New Jersey
- Pennsylvania
- South Carolina
- Washington
- Wisconsin

Findings:

- MIHOPE data includes comprehensive data collection and analysis.
- MIHOPE staff surveys and interviews explore local staff perspectives on program implementation.
- MIHOPE staff interviews and program management surveys were conducted after study entry and when the participating programs were not yet fully implementing.
- MIHOPE staff interviews and program management surveys were presented as part of a Report to Congress.

The MIHOPE team is led by PATH and Arizona, in partnership with the Urban Institute. Support and coordination is provided by the Maroon Seaside Foundation and the Robert Wood Johnson Foundation.
Our Reference Catalog houses research & evaluation information.

Reference Catalog

The NHVRC Reference Catalog features home visiting research and evaluation conducted outside of the resource center. Items include evaluation plans, research briefs, conference and poster presentations, cost studies, and fact sheets organized by topic. Inclusion in the NHVRC Reference Catalog does not constitute an endorsement of the product, in whole or in part, or its authors. Please see the bottom of the page for additional information, including our process for selecting items.
What can you do?

1. Spread the word
2. Send us a story
3. Engage with us
4. Explore our website and materials
Kristi’s Home Visiting Story
Join us at info@nhvrc.org!
Questions?