State Home Visiting Programs

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What is Home Visiting?

- Visitors going to the families’ homes to help expectant and new parents.
- Participation is voluntary.
- Visitors may be trained as nurses, social workers or child development specialists.
- Visits teach parents about health, child development and learning activities that foster their child’s development.
- Screenings are provided to help parents identify possible health and developmental issues.
Why should legislators think about home visiting programs?

• Home visiting is already going on in every state.
• Questions about the most effective approaches and coordination between programs.
• Federal home visiting funding gives state officials 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)
Brain Development and Home Visiting

• Early experiences shape brain development in the first two years as children's brain architecture develops.
• Cognitive skills, emotional and social competence, and physical and mental health.
• Key child and adult outcomes:
  • School readiness
  • Academic achievement
  • Juvenile justice and crime
  • Employment
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 one-half
  • 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
What Makes Home Visiting Effective?

• Evidence-based models
  • Nurse Family Partnership
  • Healthy Families America
  • Home Instruction for Parents of Preschool Youngsters (HIPPY)
  • Parents as Teachers
• Locally developed approaches
Research-based Standards

• Targeted
  • First-time parents
  • Single parents
  • Teen parents
  • Substance abuse and/or maternal depression

• Intensive
  • Early
  • Frequent
  • First 2-3 years of child's life

• Specialized training
  • Nurses, social workers, early education specialists
  • Model specific training and curriculum
Key Considerations for State Legislators

- Priority goals
  - improving maternal and child health,
  - increasing school readiness
  - reducing child abuse and neglect

- Funding programs that demonstrate high-quality services and measurable results

- Shifting funding to programs with stronger evidence of effectiveness

- Sustainable home visiting programs
  - Future changes in federal funding
  - Focus investments on programs that produce clear improvement in outcomes
Maternal, Infant and Early Childhood Home Visiting Program

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 statewide needs assessment
• Priority for serving high risk populations
• Improvement in benchmark areas
• Implementation of evidence-based home visiting models and ensuring model fidelity
• 75% of fund to be used towards evidence-based models; 25% for promising practices
• Annual reports
Legislatively Mandated 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

• Healthy Families America
• Child First
• Early Head Start-Home Based
• Early Intervention Program for Adolescent Mothers
• Family Check-Up
• Parents as Teachers
• Home Instruction for Parents of Preschool Youngsters
• Nurse Family Partnership
• Play and Learning Strategies Infant
• The Early Start (New Zealand)
• Health Steps
• Oklahoma Community-Based Family Resource and Support Program
• SafeCare Augmented
Initial Application

• Needs assessments (September 2010)
• Updated State Plans (June 2011)
• FY 2011 Formula Applications (July 2011)
• FY 2012 Formula Awards (September 2012)
• Competitive Awards (July 2011-2013)
State Plan Development

- Benchmark Plan
  - Benchmark and demographic data reporting
- Implementation
  - Home Visiting
  - Coordinated Intake
  - Community Systems Development
- Developing State CQI and evaluation plans
National Evaluation  (part of the federal legislation)

• Mother and Infant Home Visiting Program Evaluation (MIHOPE)
  • Research findings will be presented to Congress
• Further information or questions:
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