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Issue Brief

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Maximizing the Impact of State Early Childhood Home Visitation Programs

Executive Summary

Early childhood is a critical time for cognitive, social, and behavioral development. The experiences a child has prior to entering kindergarten affect how the brain develops and lay the foundation for success in school and life.[1] Many states have invested in comprehensive early childhood care and education systems that offer a wide range of supports and services to families from the prenatal period through school entry.[2]

Home visiting programs are an important component of state early childhood systems. In a typical home visiting program, trained professionals provide regular, voluntary home visits to at-risk expectant and new parents and offer guidance, risk assessment, and referrals to other services offered in the community. Well-designed programs improve outcomes for children and families, ranging from decreases in child abuse and neglect, enhancements in prenatal and child health, and improvements in school readiness and school success.[3] By reducing long-term costs in state systems, such as human services and special education, home visiting programs can yield more than $5.00 in returns for every $1.00 spent.[4]

States currently rely on federal funds and state revenues to support a range of home visiting program models. In fiscal 2010, 46 states and the District of Columbia committed a total of more than $450 million in federal and state funds to home visiting initiatives.[5] New federal funding authorized under the Patient Protection and Affordable Care Act (ACA) and appropriated by Congress will expand the resources that states can dedicate to home visiting programs during the next five years.

Notwithstanding the promise of home visiting programs, most states lack a coordinated strategy to maximize the impact of such public investments. Many states support home visiting and other early childhood initiatives through multiple agencies, often without a plan to use resources efficiently or a common vision of the outcomes these programs should achieve. States often do not have research-based strategies to promote program effectiveness or program data to guide future funding decisions. As a result, states currently fund programs that vary in quality and that may provide some families with duplicative services and others with none.

As federal ACA funds boost existing states resources, governors have an opportunity to better integrate home visiting programs into an effective and comprehensive early childhood system. Specifically, governors can:

- Promote coordinated planning and shared accountability across the agencies that fund home visiting and other early childhood programs;
- Develop research-based quality standards and support ongoing program improvement; and
- Improve data linkages to track outcomes and better target services.

States continue to experience historic budget shortfalls, but taking these three steps can help ensure that governors make the most of new and existing resources to meet the needs of their state's youngest and most vulnerable children.

What the Research Shows About Home Visiting Programs

Home visiting programs are an important component of state early childhood systems. These voluntary programs support at-risk expectant and new parents in building the knowledge and capacity to nurture their children's healthy development. In a typical home visiting program, trained nurses, social workers, or paraprofessionals visit families regularly for months or years, often beginning during pregnancy. Home visitors provide families with information, guidance, risk assessment, and referrals to other services offered in the community. By reaching families in the home environment, providers serve otherwise hard-to-reach families, model appropriate parenting skills, and tailor services to meet families' unique needs.[6]

Many states require communities to implement specific research-based home visiting program models that guide program content and curricula. In fiscal 2010, about 60 percent of state investments in home visiting supported one or more national program models, such as Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and the Parent Child Home Program. These models vary in their objectives, the background and qualifications of home visitors, the onset and duration of services, and their implementation costs.[7]

Several of these national home visiting program models improve outcomes for children and families, but certain program design characteristics are associated with even greater results. Programs appear to demonstrate more significant outcomes, for example, when serving families with the greatest needs and when offered in coordination with other services, such as center-based early care and education.[8] Additional factors, including home visitor qualifications and the frequency and duration of home visits, also influence program success.[9]

Although outcomes vary, home visiting programs have demonstrated measurable gains in reducing cases of abuse and neglect, improving school readiness and success in school, enhancing prenatal and child health, encouraging good parenting behaviors and attitudes, promoting parental self-sufficiency, and reducing youth crime and delinquency.

- ***Reducing cases of abuse and neglect***, as measured by emergency room visits, data on child injuries, and child protective services reports.[10] For example, the Nurse-Family Partnership, a program model that employs nurses to provide home visits from pregnancy through a child's second birthday, demonstrated a 48 percent reduction in officially verified cases of child abuse and neglect at one program site.[11]
- ***Improving school readiness and success in school***, including gains in early literacy, school performance and behaviors through sixth grade, and lower high school dropout rates.[12] According to one study, the Parent-Child Home Program, a home visiting program that supports toddlers in developing language and literacy skills, significantly increased high school graduation rates; 84 percent of program participants graduated high school, compared with 53 percent of children with similar socioeconomic characteristics who did not participate in the program.[13]
- ***Enhancing prenatal and child health***, as demonstrated by lower rates of low-birthweight births, increased immunizations, and improved child nutrition.[14] For example, Healthy Families New York, a home visiting program for expectant women and families with young children, decreased the percentage of low-birthweight births among at-risk women from 10 percent to 5 percent.[15]
- ***Encouraging good parenting behaviors and attitudes***, such as reliance on nonviolent discipline techniques and parent involvement when children enter kindergarten.[16] For example, parents participating in Early Head Start programs provided significantly more support to their children's language development and learning and exhibited fewer negative parenting behaviors than a control group.[17]
- ***Promoting parental self-sufficiency***, including reduced use of welfare or other public benefits, less substance abuse, and fewer or better-spaced pregnancies.[18] For example, according to a study

in Elmira, New York, mothers participating in Nurse-Family Partnership spent 20 percent less time on welfare than a control group by the time their children were age 15.[19]

- ***Reducing youth crime and delinquency***, as measured by fewer arrests, convictions, and probation violations in the decades following a home visiting intervention.[20] The study of Nurse-Family Partnership in Elmira, New York, found that children receiving home visits were 43 percent less likely to have been arrested and 58 percent less likely to have been convicted by age 19.[21]

In achieving these outcomes, home visiting programs can reduce long-term costs in different state systems, including education, health care, human services, and criminal justice. A cost-benefit study of Nurse-Family Partnership found that each dollar invested in the program yielded $5.70 in long-term societal benefits when serving a high-risk population and $1.26 when serving a lower-risk population. The Home Instruction for Parents of Preschool Youngsters program model, which supports parents of 3- to 5-year-olds in becoming involved in their children's early learning, demonstrated a return of $1.80 for every dollar invested.[22] Specific benefits measured included reduced welfare, special education, and criminal justice costs and increased state revenues when participants earn higher future wages.[23]

Home Visiting Programs Across the States

In 46 states and the District of Columbia, officials reported some state or federal investment in home visiting programs in fiscal 2010.[24] However, considerable variation exists as to which state agencies administer the programs and which funding sources are being used.

States often fund home visiting initiatives through multiple state agencies, with each initiative reflecting the mission of its funding agency. In fiscal 2010, 33 states supported more than one state-level home visiting initiative within and across different agencies and 20 states administered three or more home visiting initiatives.[25] While initiatives may target different populations or geographic areas, it is possible that a family will receive home visits from more than one program providing the same or similar services.

States tap different funding sources to support home visiting programs, including state revenues and federal block grants.[26] According to a recent survey, states dedicated $450 million in federal and state funds explicitly to support these initiatives in fiscal 2010.[27] State revenues make up 40 percent of total funding across the states. Other common sources of revenue for home visiting programs include Medicaid, Temporary Assistance for Needy Families, state tobacco settlement funds, and the Maternal and Child Health Block Grant.

Communities may have access to additional public funds for home visiting, though an exact amount is not always clear. In fiscal 2010, states allocated a total of $912 million in federal and state revenues in block grant funding to communities to meet objectives such as preventing child abuse or improving school readiness. Communities have the flexibility to use these resources to support a range of services for at-risk children and families, including home visiting programs, but how much of these funds are directed to home visiting programs is not known.[28] Finally, federal and state-funded Early Head Start and Head Start programs and early intervention programs for children with special needs also feature home visits by trained professionals as part of the broader early childhood services they offer.

New federal funding, authorized under the Patient Protection and Affordable Care Act of 2010, will significantly expand the resources that states can dedicate to home visiting programs. Through the new Maternal, Infant, and Early Childhood Home Visiting Program, $1.5 billion will be available to states during the next five years to support program models that have demonstrated results through rigorous program evaluations (see Federal Funding for Home Visiting Under the Patient Protection and Affordable Care Act of 2010 on page 4).

Federal Funding for Home Visiting Under the Patient Protection and Affordable Care Act of 2010

The 2010 Patient Protection and Affordable Care Act (ACA) authorized $1.5 billion over five years to support the Maternal, Infant, and Early Childhood Home Visiting Program. The U.S. Department of Health and Human Services will distribute funds to states according to a formula that accounts for the number of children in poverty in each state. Congress has appropriated funding, and states have already received their 2010 allocation. Most funds will support program models demonstrating effectiveness based on rigorous evaluation research; up to 25 percent of funds are dedicated to implementation and evaluation of innovative new home visiting approaches.

In 2010, governors were required to designate a lead agency for the new federal home visiting funds. State departments of health are the most common state agency administering the ACA grant program. In partnership with other stakeholders, designated state agencies have developed a statewide home visiting needs assessment and a state plan to invest federal funds. No state match is required, but states may not use federal grants to supplant existing home visiting investments.

More information on this federal program is available from the U.S. Department of Health and Human Services, Administration for Children and Families, at http://www.acf.hhs.gov/, and the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, at http://mchb.hrsa.gov/.

Challenges in Strengthening Home Visiting Services

Notwithstanding the promise of home visiting programs, most states lack a coordinated strategy to maximize the impact of public investments. In most cases, individual home visiting initiatives have evolved separately from one another and from broader systems of support for families and young children. As a result, states currently fund diverse programs that vary in quality and that may provide some families with duplicative services and others with none.

By integrating home visiting programs in a comprehensive state early childhood system, governors have an opportunity to use resources more efficiently and better meet the needs of at-risk families with high-quality services. Specifically, governors can promote improved outcomes for families by shaping policies to address the following three challenges:

- Fragmented program administration and planning;
- Lack of a cohesive strategy to promote program quality and effectiveness; and
- Lack of coordinated data to guide decision making and target services.

Fragmented Program Administration and Planning

Currently, most states administer multiple home visiting initiatives, as well as other early childhood programs that serve a similar at-risk population, separately and through different agencies. Without an effort to coordinate across agencies, states are likely using resources inefficiently. There is potential for some families to receive similar services from more than one provider while other at-risk families are not served. Furthermore, state agencies miss opportunities to pool resources for program administration, data collection, and training and technical assistance for program staff.

With initiatives spread across agencies, states may also lack a common vision and goals for home visiting programs. Policymakers cannot always articulate how these programs complement health, family support, and early care and education initiatives to promote positive outcomes for young children. Moreover, state

leaders may struggle to assess whether current program offerings are well aligned with state priorities and address families' most critical needs.

Lack of a Cohesive Strategy to Promote Program Quality and Effectiveness

Most states lack an overarching statewide strategy to ensure and promote the effectiveness of home visiting programs and to provide accountability for public funds. For example, states often do not have consistent frameworks for the outcomes that home visiting programs should achieve or for quality standards that programs should meet on key factors such as staff qualifications and program design. These standards can also serve as criteria programs must meet to receive public funding. While agency administrators may have program-specific resources for staff training and technical assistance, most states do not have a coordinated infrastructure to support home visiting programs in achieving ongoing quality improvements.

Although evidence-based home visiting program models demonstrate positive outcomes when implemented and studied in optimum conditions, not all programs funded by states may achieve the same success. In some states, public funds support "homegrown" program models that have not been rigorously evaluated. In other cases, states fund evidence-based national models, but communities lack the funding or capacity to implement the model with fidelity to what has worked in national studies.[29] Finally, evidence-based program models that are effective in one setting may not work well in all states and communities without adaptation, particularly in rural communities or states with sizable immigrant populations.

Lack of Coordinated Data to Guide Decision Making and Target Services

State agencies typically collect and maintain data on home visiting and other programs serving children and families in separate program-specific databases. Without consistency and linkages across these data systems, governors cannot answer critical policy questions that could guide decision making and resource allocation for home visiting programs. For example, do families receiving home visits participate in other complementary early childhood, health, and human services programs? Are publicly funded home visits targeted to the most at-risk families in the state? Are some families receiving duplicative services while others remain underserved? What are the long-term developmental and academic outcomes of children participating in programs?

State agencies already collect much of the data that could begin to answer these questions, including the demographics of families enrolled in home visiting programs, information on families' participation in other public programs, assessments of children's developmental progress, and students' academic records in K–12 education. These data, however, are housed across multiple databases; each is typically created to satisfy program-specific reporting requirements, and cannot be linked to provide more comprehensive profiles of families' access to services and children's long-term outcomes.

Strategies to Maximize the Impact of Home Visiting Programs

As new federal funds augment existing state investments in home visiting, governors have an opportunity to integrate home visiting into an effective and comprehensive early childhood system. Several strategies can ensure that states use new and existing resources wisely to ensure more consistently high-quality programs that are better targeted to families' needs with less duplication of effort.

Governors should lead efforts to:

- Promote coordinated planning and shared accountability across the agencies that fund home visiting and other early childhood programs;
- Develop research-based quality standards and support ongoing program improvement; and

- Improve data linkages to track outcomes and better target services.

Promote Interagency Coordination and Shared Accountability

Governors can promote a coordinated state strategy for higher-quality and better-targeted home visiting programs by including these programs under the umbrella of an existing coordinated state early childhood governance body. In recent years, states have developed governance bodies that bridge historically siloed early childhood programs, such as child care, early education, and early intervention for children with special needs. Through coordinated governance, state leaders across agencies are promoting a common set of outcomes for young children and are developing strategic plans to expand program access, increase program quality, and ensure efficient resource use. By including home visiting initiatives in the scope of these governance bodies, governors can support better service delivery across the full continuum of early childhood programs and ultimately improve outcomes for children.

Early childhood governance strategies vary by state, and states may have one or more governing body focused on coordinating these programs and policies. Whichever model of governance a state chooses, governors should ensure that home visiting initiatives are included in the purview of the state's early childhood governing body, such as:

- A state early childhood advisory council that bridges various agencies and stakeholders to advise the governor on a comprehensive early childhood policy agenda;
- A governor's children's cabinet or P–20 council focused on coordinated state policies for children, adolescents, and young adults; or
- A state agency that consolidates administration of the various programs serving vulnerable young children and their families.

Two recent federal developments—federal funding for state early childhood advisory councils and ACA funding—have prompted increased interagency coordination for home visiting in some states. First, in 2010, 45 states and five territories applied for and received three-year federal grants to implement an early childhood advisory council (ECAC). The Head Start Reauthorization Act of 2007 required governors to designate an ECAC to improve the quality, availability, and coordination of programs and services for children from birth to age 5. Composed of governor-appointed stakeholders across agencies and sectors, ECACs are well positioned to serve as a hub for home visiting program coordination and to facilitate linkages with other early childhood services.

Second, the ACA funding opportunity required states to create interagency teams to develop a needs assessment and a state plan to guide new home visiting investments. In many cases, these interagency groups continue to meet regularly, and they will play an ongoing role in promoting a coordinated approach to delivering home visiting services.

States can leverage these recent federal developments to build an interagency early childhood governance body that addresses the full range of early childhood services, including home visiting programs. For example, the **Connecticut** Early Childhood Education Cabinet—designated as the state's governor-led ECAC—has identified home visitation as one of four priority areas. Through its federal ECAC grant, the cabinet plans to appoint a home visitation steering committee to study best practices in home visitation, develop coordination strategies and ensure a continuum of home visitation opportunity for vulnerable families. The Cabinet seeks also to link home visitation with other state priorities, such as early literacy development, father engagement, and family economic stability. The Connecticut Early Childhood Education Cabinet is partnering with an interagency team that worked on the ACA grant application to complete these tasks.

Similarly, the **Virginia** Home Visiting Consortium, a governor-led body, convenes administrators of state home visiting programs managed by five state agencies. The consortium is housed in the department of health, reports to the state's ECAC, and played a leading role in developing the ACA needs assessment and application. Through the consortium, the five agencies are collaborating on policy planning, quality improvement, and efforts to operate programs more efficiently. The agencies have signed a memorandum of understanding and agreed to provide funding for shared training and data collection efforts.

Still another example of state efforts to promote interagency coordination is the **Illinois** Early Learning Council. Designated as the state's governor-led ECAC, the council is comprised of several standing committees, including a Home Visiting Task Force (HVTF). Representatives from advocacy groups and public and private agencies, including those that fund and deliver home visiting services, are on the executive committee that leads the HVTF. This same group will shape and manage the ACA home visiting program in Illinois, working closely with the Illinois Department of Human Services and the Governor's Office of Early Childhood Development for guidance and oversight. The full HVTF, which includes parents and other stakeholders, is engaged in ongoing efforts to promote program quality, access, and coordination across the agencies funding existing programs.

In addition to ECACs, governor's children's cabinets and P–20 councils can serve as vehicles for connecting home visiting to a broader policy agenda promoting healthy development and learning. At least 29 states have a P–16 or P–20 council,[30] and 24 states have a children's cabinet or other high-level commission focused on children's issues.[31]

The **New Mexico** Children's Cabinet, for example, is a statutory body that includes the governor, the lieutenant governor, and the secretaries of all child-serving state agencies. In 2009, the cabinet reviewed and approved recommendations from a Home Visiting Work Group that will apply to all state-funded home visiting programs. The work group called for a common outcomes framework, program quality standards, and guidance on targeting resources to the most at-risk families.

Finally, a few states have consolidated administration of home visiting programs in one agency that already has a leadership role in serving pregnant women and young children. Although this strategy requires restructuring program administration across agencies, it can support an efficient approach to delivering home visiting programs and promote linkages between related programs serving at-risk children and families.

Through **Ohio**'s Help Me Grow (HMG) initiative, for example, the Ohio Department of Health has consolidated management of all services for families with children below age 3, including home visiting programs and early intervention services for children with special needs. At both the state and local levels, HMG streamlined administration across programs and facilitated the use of common standards of practice, data collection protocols, and eligibility requirements. Local family and child first councils administer the HMG initiative. They help ensure that "no wrong door" exists for families with young children seeking support services and that these families do not receive duplicative home visits from multiple programs.

Similarly, the **Vermont** Department for Children and Families administers Children's Integrated Services, which focuses on prevention and early intervention and includes: home visiting, early intervention, early childhood and family mental health, and quality child care for children in certain high-risk groups. The department requires program coordination and a coordinated screening and referral system at the local level.

Require Research-Based Quality Standards and Promote Ongoing Program Improvement

To ensure accountability for public investments, states are increasingly setting quality standards for all types of early care and education programs and investing in strategies to improve program quality over time. In promoting quality improvement among home visiting programs, states can use several strategies that link outcomes for young children and their families to broader statewide goals in health, education, and family well-being.

When a state funds multiple home visiting program models, a critical first step in promoting the effectiveness of home visiting programs is developing an outcomes framework that bridges program models and connects to state goals for young children. **Ohio**'s Help Me Grow initiative lays out four program goals that drive all home visiting programs: increased healthy pregnancies; improved parenting confidence and competence; improved child health, development, and readiness; and increased family connectedness to community and social supports. The department of health has developed specific outcomes and measures to track progress toward these goals. Similarly, in **Washington**, a public-private home visiting coalition determined that home visiting programs should be measured for their success in achieving two state priorities: school readiness and prevention of child abuse and neglect.

States can then develop research-based program quality standards to guide both state funding decisions and local program implementation. Given the diversity of home visiting program models, two approaches to setting program standards are common. In some states, such as **Illinois**, a state agency may choose to fund only selected evidence-based national program models, with a requirement that grantees adhere to standards and curricula developed by national program offices.

In states that offer significant local discretion in program implementation, state agencies can continue to allow communities flexibility in selecting program models but require programs to meet research-based state quality standards. In **New Mexico**, for example, the state's Home Visiting Work Group developed program quality standards informed by national evidence and an understanding of the state context. The standards address program design, including frequency and duration of visits; curriculum; family recruitment; selection and enrollment processes; staff qualifications; agency record keeping; and evaluation. The standards will inform future funding decisions and ongoing program evaluations.

Finally, to drive program improvement over time, state leaders can develop systematic mechanisms to monitor and evaluate program results and promote quality improvement. For example, the **Washington** Council for Children & Families, housed in the governor's office, uses state and federal funds to support five home visiting models that meet state criteria for evidence of effectiveness. The council has partnered with Washington State University to assess program effectiveness and provide technical assistance on continuous quality improvement to home visiting programs. While focused on fidelity to research-tested models, the university is working with national model developers to consider whether local adaptations are necessary to address unique community-level challenges, such as high rates of parental substance abuse, maternal depression, or domestic violence.

When multiple agencies support home visiting programs, an interagency approach to improving program quality offers an opportunity to use public resources more efficiently. Focusing on the importance of a well-qualified home visiting workforce, **Virginia**'s Home Visiting Consortium identified core knowledge areas for home visitors and developed 12 modules that serve as a required basic training for all early childhood home visitors in the state. Five agencies pool existing resources to fund training.

Improve Data Linkages to Track Program Outcomes and Better Target Services

Better information on state programs and outcomes for children can help policymakers adjust existing policies and resource allocations to better support what is working. Although most states collect data on

home visiting programs, policymakers are hampered by an inability to connect key data about children and their families across the multiple agencies and databases that collect and store the information.

Many states are developing coordinated, longitudinal early childhood data systems that link existing program-specific databases to allow governors and other state policymakers to understand developmental and school readiness outcomes for children, improvements in programs, and qualifications and professional development participation across the early childhood workforce. When connected to K–12 and higher education data, these systems enable policymakers to track the outcomes of children in early childhood programs over time. Several states have dedicated a portion of their federal ECAC grants or grants from the U.S. Department of Education to support coordination of early childhood data.[32]

By incorporating home visiting program data into these larger coordinated data systems, state leaders can make better use of data to measure progress, make decisions, and track outcomes. Ultimately, leaders will have better information on whether home visiting programs are well targeted to at-risk families and whether participating families receive needed services. Through a common child identifier that links with K–12 data, policymakers can also track children's long-term developmental and academic outcomes.[33]

Pennsylvania's Early Learning Network (ELN) is a coordinated early childhood data system that pulls together data on children served by publicly funded programs, including state-funded home visiting programs. ELN provides a unique identifier for all young children in the system that links to the student identifier used in the K–12 system. As a result, state leaders can monitor outcomes of children receiving home visits through assessments and academic achievement in K–12. They can also better understand which program models produce the most significant outcomes. Through a program risk and reach report that is published annually by the Pennsylvania Office of Early Child Development and Learning, state leaders track which communities are served by home visiting programs and whether programs are targeted to the most at-risk communities.

Similarly, in **Ohio**, the Early Track system captures data for children from birth to age 3 in home visiting and early intervention programs at the child level, family level, and provider level, as well as information collected through developmental screening and assessment tools. This system allows state and county agencies to monitor who is served and children's developmental progress. Legislation passed in 2008 required the state to issue a statewide student identifier for use in preschool special education and K–12 education data systems for each child in Early Track. This requirement will eventually provide preschool and K–12 educators with information on students' developmental progress. It will also enable state leaders to track the outcomes of program participants over time.

Finally, the **Illinois** State Board of Education (ISBE) Student Information System (SIS) includes a unique identifier for children in publicly funded pre-kindergarten, which links to K–12 data. SIS will soon include children in home visiting programs, funded through ISBE's prevention initiative. For each child in the system, ISBE tracks program participation and child-level demographic information, including criteria for being "at risk." In aggregate, the state will use ISBE data to support longitudinal research on child outcomes.

States also have an opportunity to link program data to an assessment of community needs to ensure programs serve the geographic areas and specific at-risk populations that stand to benefit the most. The statewide needs assessment, required by the ACA grant opportunity, asked states to identify communities with concentrations of risk factors, such as poverty, premature births, substance abuse, and child maltreatment, as well as the extent to which these communities are served by current home visiting programs. This information, in tandem with coordinated state data systems, can promote data-driven decisions that maximize the impact of public investments.

A Look Ahead

Evidence-based home visitation programs can achieve positive academic and nonacademic outcomes for children and families and long-term savings for states. Yet, as states face ongoing budget shortfalls in fiscal 2011 and beyond, governors face difficult decisions about how to use limited resources to invest in programs serving young children.

In the current state fiscal environment, governors are leading a dialogue not only about how to reduce state spending, but also about how to use existing state funds wisely. By building a comprehensive early childhood system that includes home visiting programs, governors are well equipped to promote efficient use of existing funds, invest in programs with a proven evidence base, and make resource allocation decisions informed by data.

Finally, governors can capitalize on a five-year infusion of federal funds for home visiting, even as state budget situations remain bleak. Although ACA federal funding is for the short term, this opportunity requires interagency collaboration to support evidence-based home visiting programs. With stakeholders already working across agencies to develop plans for how to spend federal grants, now is an opportune time to integrate home visiting into an effective and comprehensive early childhood system.

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