



Policy Brief

Early Childhood Home Visiting in California:
The Right Place at the Right Time

September 2014

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Voluntary home visiting is a proven early childhood strategy that helps parents provide the best foundation possible for their children's early development through support, guidance, coaching, and resources. This brief is intended to set the stage for further discussions about how to expand and enhance early childhood home visiting in California.



Making home visiting widely available and accessible will help families raise California's next generation of productive, healthy, and successful adults.

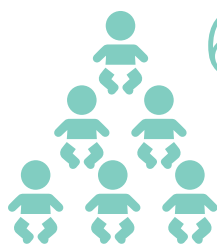
Introduction

The birth of a child can be a simultaneously joyous and challenging time for families. Virtually all parents will struggle with the enormous physical and emotional demands of parenting a very young child, but for too many California families those challenges are additionally compounded by poverty, housing instability, lack of social support, or domestic violence during the early years of parenthood and childhood. Such adverse circumstances can create significant strain within households, introducing stress that disrupts children's development and increases the likelihood of short and long term unfavorable outcomes for both parents and children.

Voluntary early childhood home visiting for expectant and new parents has been shown to improve parenting practices, reduce child maltreatment, increase school readiness, reduce low-weight births, and promote family self-sufficiency.¹ Many families can benefit from home visiting programs. However, for families with high needs or stresses, research has repeatedly shown that home visiting programs can be a strategic public investment that can also yield savings for governments, by reducing costly negative social and educational outcomes over the long and short term.

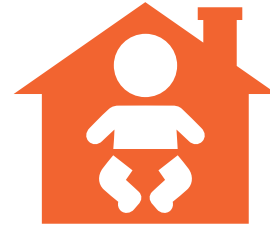
Although 65 percent of California children ages birth to three live in poverty or have other risk factors that indicate they could likely significantly benefit from home visiting,² California home visiting programs reach only 11 percent of families with young children.³ Making voluntary home visiting widely available and accessible would help ensure that families are well-equipped to raise California's next generation of productive, healthy, and successful adults. As home visiting is already embedded in our state's local early childhood efforts, California has a strong foundation to move toward a more comprehensive, coordinated home visiting system.

Only a small number of California's young children have received home visits



65% have 1 or more risk factors and would likely benefit from home visiting

11% have received 1 or more home visits



Based on 1.4 million children age 0 - 3 in California

Home visiting reinforces crucial relationships at a critical developmental stage

During the first three years of a child's life, the neurological foundations for later cognitive and social abilities are laid. Early environments and experiences influence the growing brain in dynamic and complex ways, but one thing is clear: early brain development is maximized within the context of a secure, nurturing, and interactive relationship between children and their parent(s) or caregiver(s). One study found that infants and toddlers who received consistent, positive stimulation from primary caregivers were more likely to later experience favorable outcomes. In contrast, infants and toddlers whose relationships with their primary caregivers were continually disrupted by stress experienced more negative emotional and behavioral challenges in both the long and short term.⁴

High quality early childhood programs, such as home visiting, can mitigate the impacts of adversity and stress on young children.⁵ Home visiting programs help families manage stressors and improve parent-child attachment during the pivotal time from birth to age three when the risk of child maltreatment is at its highest.⁶

California families with young children face many challenges from the start

For families with young children, factors that strain the parent-child relationship can come in many forms. Economic hardship during early childhood can impair children's health and development,⁷ and is linked to lower school achievement.⁸ In 2012, almost 13 percent of all U.S. births were in California,⁹ and nearly half of these children were born into poor families.¹⁰ Our state's infants and toddlers disproportionately live in low-income households,¹¹ and 13 percent live in families with at least one unemployed parent.¹² Families with young children can also be isolated from the services meant to support them. For example, only six percent of income-eligible children under age three are served in publicly-funded early care and education settings.¹³

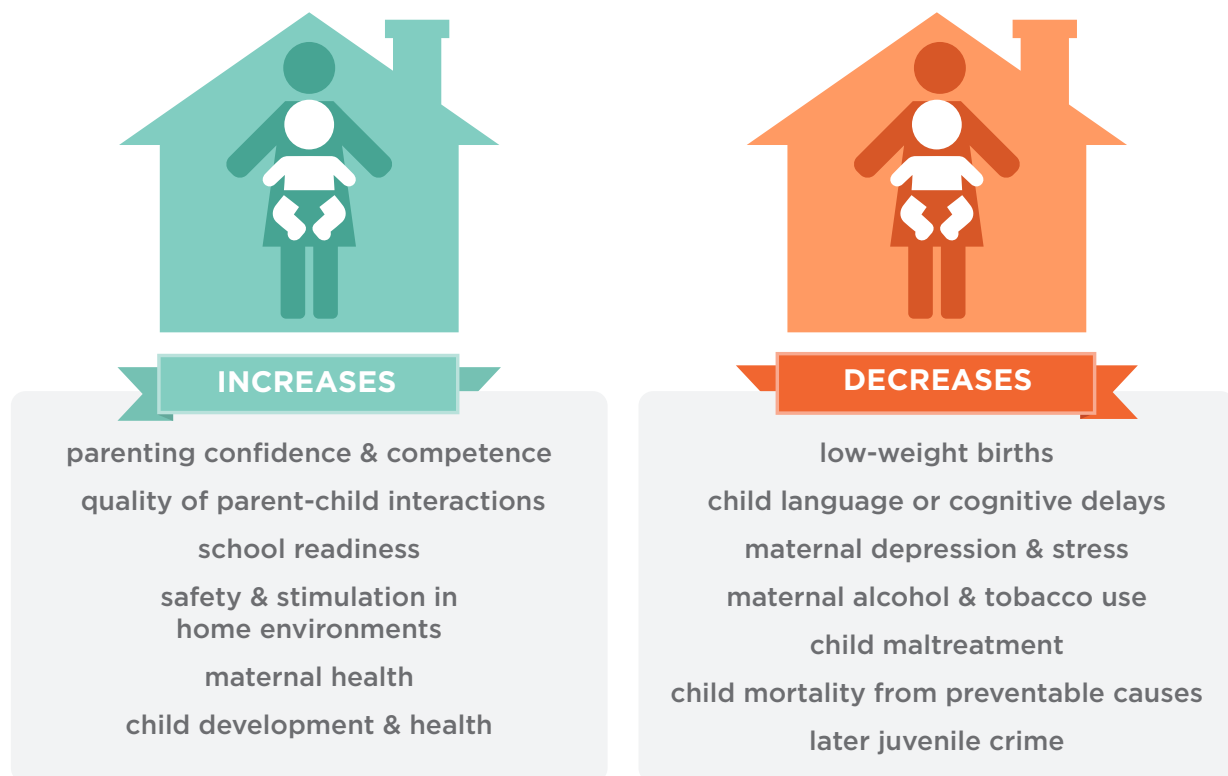
What is home visiting?

Voluntary home visiting is a term describing a spectrum of family-centered health and early learning programs through which trained professionals individually visit expectant and new parents. These trained professionals support parents in promoting their children's health, learning, and development during the critical early childhood years.



When poverty results in an inability to meet basic needs, it has also been associated with serious negative outcomes including child neglect and abuse.^{14,15} Moreover, when stress is chronic, as it is in situations of abuse, neglect, or extreme poverty, scientists have termed it “toxic” because its harmful influence on the developing brain is so great.¹⁶ In California, seven percent of all California children under age three experience recurring neglect and abuse,¹⁷ and approximately one in seven children will be reported to Child Protective Services by age five. Additionally, experts estimate that an even greater number of children will experience events or environments that are detrimental to their safety or development.¹⁸ A recent report determined that as many as 42 percent of California children have experienced at least one adverse childhood experience,¹⁹ including economic hardship, divorce, or violence,²⁰ that could have lasting negative effects on their health and well-being.²¹

The benefits of home visiting²²



Home visiting has lasting positive impacts

Home visiting programs are sound public investments, and are proven to promote child health, school readiness, child development, family economic self-sufficiency, maternal health, and positive parenting practices, while reducing costly social problems such as child maltreatment, juvenile delinquency, family violence, and crime.²³

For example, the Nurse-Family Partnership home visiting program has been shown to reduce child maltreatment by 48 percent,²⁴ children’s behavioral and intellectual problems by 67 percent,²⁵ and youth arrests by 59 percent.²⁶ Children who participated in another home visiting program, Healthy Families America, were half as likely to repeat first grade (3.5% vs. 7.1%) as those who did not participate. They were also more likely to demonstrate skills – such as working cooperatively with others and following oral instructions and classroom rules – that are key measures of school readiness.²⁷

Home visiting programs like these have been found to yield returns of \$2.73²⁸ to \$5.70²⁹ for each dollar invested. A California-specific analysis of Nurse-Family Partnership calculated net public savings of as much as \$39,129 per family, in the form of fewer infant deaths, reduced child maltreatment, and fewer youth crimes in the long term.³⁰ Studies have additionally found that mothers who received home visits during pregnancy were nearly half as likely to deliver low birth weight babies³¹ – saving up to \$40,000 for each averted low-weight birth.³² In 2012, 33,655 babies (6.7%) were born at a low birth weight in California.³³ Reducing this number by half could save the state as much as \$673 million.³⁴

Home visiting programs are diverse in form, but alike in function

Since the 1800s, public health and educational efforts have supported families facing economic hardship and adverse environmental conditions through home visiting. Today, home visiting is a term used to describe a spectrum of family-centered health and early learning programs through which trained professionals individually visit expectant and new parents. These trained professionals support parents in promoting their children's health, learning, and development during the critical early childhood years.

Nationally as well as in California, many different home visiting program models exist. For example, some programs serve only low-income first-time mothers, whereas others are available to any parent with a young child. Additionally, in some programs, families receive one-time visits, while other programs work through a structured sequence of topics with families over many months or even years. Home visiting programs fall along a continuum, and can be generally categorized according to the populations they target and their level of intensity.

The continuum of voluntary home visiting programs

- 1 Universal Programs:** These programs are intended to serve and benefit ALL families with young children, providing general education and support, as well as information about community resources, child development, breastfeeding, and early literacy. Although they may include only one or two visits to a family, they play a critical role in connecting families early on to needed assistance programs and/or more intensive home visiting services.
- 2 Targeted Programs:** These home visiting programs target families with identified risk factors, and provide deeper support and education to parents. They are often structured around a curriculum, and include multiple family visits over a longer duration of time.
- 3 Intensive/Intervention Programs:** The final category of programs targets families with multiple risk factors. These programs deliver intensive in-home education and parent support through rigorous curricula. Visits are frequent and the relationship with the family continues for a long period of time. These programs are often, but not always, national models with established quality control and technical assistance systems as well as ongoing evaluation studies.



These three categories of programs are all necessary components of a robust system. The range of individual home visiting program models is reflective of the broad spectrum of family needs that home visiting can impact. Many experts hail home visiting program diversity as essential to providing parents with choices and ensuring that programs are well-matched with local needs and strengths.

While program models may vary in design, eligibility criteria, content, or intensity, they also share certain common features. All are voluntary and generally include maternal and/or child screenings, activities to strengthen parent-child attachment, activities to enrich children's learning, and information on parenting and child care topics. All programs also facilitate access to health care and other services as needed.

The here and now: home visiting in California

Across California, there are a variety of home visiting programs, administered at local levels through a complex web of policy and financing mechanisms. Home visiting programs utilize assorted public funding mechanisms, primarily from federal (e.g. Title V, Early Head Start) and local (e.g. First 5 Commission, county public health department) sources. Because California does not commit general fund dollars to home visiting, what funding does exist is fragile, fragmented, and does not lie within a single state department's purview or revenue stream.

California has made only minimal policy and financial commitments for home visiting services, but there are some building blocks in place.

In 1998, California legislators enacted a statute that created the California Families and Children Home Visit Program within the California Department of Social Services Office of Child Abuse Prevention. The statute cited the increased likelihood of adverse social, health, and economic outcomes for families living in poverty.³⁵ It called for counties statewide to establish comprehensive local service arrays including individualized family service planning and intensive home visiting. However, this program has been dormant for some time due to lack of funding.

Historically and currently, portions of California's Title V allocation have funded home visiting programs at the local level. Through Title V, the federal government allocates funding for states to use to improve maternal and child health, reduce infant mortality, and assist vulnerable families in accessing health services. California is required to match its federal allocation, and then much of this funding is block-granted to counties through the Department of Public Health. In the past, California invested general fund dollars beyond the required match through the block grant program, but those dollars have been eliminated, restored, and then again eliminated during budget negotiations.³⁶

As a result of budget cuts in 2009, local public health entities have reported reducing or eliminating home visiting programs and many other maternal and infant services. Due to flat federal allocations and high demand for direct health services for needy populations – which currently comprise 86.9 percent of California Title V spending³⁷ – many eliminated maternal and infant services, including home visiting, have not yet been restored.

California's infants & toddlers

47% born to low-income families

13% have at least one unemployed parent

6% attend publicly funded early care and education settings

7% experience recurring neglect or abuse





Programs and policies to support and strengthen the well-being of California's infants, toddlers, and their parents are critical to our state's future health and economy.

Some direct federal investment in home visiting occurs through Early Head Start.

In Early Head Start, local entities receive funding directly from the U.S. Department of Health and Human Services, Administration for Children and Families to serve very low-income pregnant women, infants, and toddlers less than three years old. The state neither directly matches nor oversees these programs. California's 85 Early Head Start grantees provide comprehensive child development and family support services through either a center-based or home-based model. Fifty five percent of the 13,360 California children enrolled in Early Head Start receive services through the home-based model,³⁸ in which home visitors meet with families individually on a weekly basis, and support their abilities to promote their children's health and learning.

Additional federal funding opportunities have helped California gain some ground.

In FY2010, in conjunction with the Patient Protection and Affordable Care Act, the federal government amended Title V, dedicating an additional, small slice of funding to expand and enhance state home

visiting efforts, referred to as the Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative. The creation of the MIECHV program has encouraged states to expand home visiting services, align standards, promote partnerships across various home visiting programs, and better integrate home visiting strategies into overall early childhood efforts. Through the MIECHV program, the California Department of Public Health received \$18.7 million in FY2012 and \$20.2 million in FY2013. With this money, California created the California Home Visiting Program (CHVP), and provided funding to 21 local health departments to deliver home visiting services using the Nurse-Family Partnership and Healthy Families America models.

Currently the MIECHV funding program is only authorized through 2015, and its future at the federal level is uncertain. However, this dedicated home visiting funding has enabled California to reach some of our state's most vulnerable families with services. When developing CHVP, the California Department of Public Health conducted a statewide needs assessment and extensively analyzed birth, economic and child welfare indicators.³⁹ It then prioritized expanding home visiting services in communities with the highest concentrations of child and family risk factors, and laid valuable groundwork for possible future expansion of home visiting program capacity through strategic use of local data.

Additionally, the statewide needs assessment found that identified needs far surpass available resources. For instance, 54 of California's 58 counties, or 93 percent, qualified as "at-risk" counties because of high rates of infant mortality, child maltreatment, poverty, crime, substance use, and unemployment. Twenty eight counties, including six of California's most populous counties, had poverty rates higher than the state median. Domestic violence indicators and substantiated child maltreatment rates exceeded the state median in 34 and 35 counties respectively.⁴⁰

The state's largest investments in home visiting services and systems are made by California's local First 5 Commissions.

Established in 1998 by Proposition 10 and funded by tobacco tax revenues, these local entities develop their own strategic plans, striving to best meet community needs, capitalize upon local strengths, and use limited resources most wisely. They dedicated nearly \$55.9 million of funding to home visiting programs in 2014 alone.⁴¹ Decisions about spending priorities are locally controlled, but home visiting programs have been identified as cost-effective and impactful strategies by many First 5 Commissions across the state.

The Legislative Analyst's Office highlighted the statewide system of First 5 Commissions⁴² as a key partner to engage in discussions of home visiting funding, program diversity, and service expansion. In many counties, including Alameda and Los Angeles, the local First 5 Commissions are leading or providing significant support for collaborative efforts across home visiting programs to align program outcomes, build greater service capacity, blend funding, and define goals.

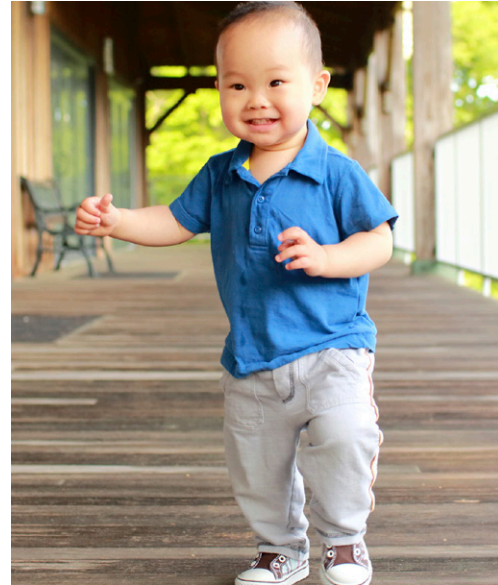
First 5 Commissions additionally fund both established national home visiting program models and locally designed models targeting specific community priorities to achieve their goals. They often blend First 5 dollars with other funding sources. National models, fully or partially funded through First 5 dollars, include Nurse-Family Partnership (9 counties), Healthy Families America (9 counties), Parents as Teachers (12 counties), and Parent Child Home Program (2 counties).⁴³ Additionally, 18 counties have designed universal or targeted home visiting programs specifically tailored to meet their county's needs.⁴⁴ Often, First 5 Commissions fund multiple home visiting programs within a given community and provide coordination and leadership to ensure strong connections to local early education, intervention, health, and child welfare systems.

Looking ahead

Home visiting has been increasingly recognized as an early childhood education, health, child abuse prevention, and family support strategy at the federal level and across the country. Many states have established innovative systems to increase quality, capacity, and financing of home visiting services, and now is an opportune time for California to make the investments necessary to expand and enhance home visiting.

Additionally, there is an increasing awareness of the distinct ways home visiting fits into a larger, comprehensive early childhood policy agenda. California already prioritizes early childhood programs to support families, and voluntary home visiting needs to be considered an additional critical component of our state's portfolio of high quality early learning, health, and child safety services.

In order to move California toward a robust voluntary early childhood home visiting system, two major obstacles must be addressed: 1) the lack of state funding and diminishing nature of current local and federal funding sources, and 2) the need for unifying policy and infrastructure that enhances and supports local home visiting programs and systems. Stakeholders, policymakers, and other community leaders should consider the following initial recommendations for addressing these obstacles.



Now is the time to make the investments necessary to expand and enhance home visiting in our state.

Funding and financing

In order to create meaningful public cost savings, home visiting programs must collectively reach high numbers of families who will benefit the most. Our state must increase the availability of home visiting programs, as well as identify sufficient, sustainable mechanisms for funding these services over the long term.

Take stock: California must inventory existing public spending on home visiting programs, analyze funding sources, and blend funding as appropriate or possible. This will be a complex process given that much spending occurs through local authorities. Nevertheless, stakeholders must commit to finding a collective understanding of existing resources so that future funding commitments can be made strategically and equitably.

Consider impacts: A major goal of prevention programming like home visiting is to reduce other government spending. In analyzing the projected costs of expanding home visiting programs, stakeholders must also understand current levels of California spending in public health, mental health, education, child welfare, and criminal justice systems. Considerations should include the degree to which comprehensive home visiting investments will reduce needs and increase the efficiency of these systems in the long and short term.

Expand resources: In order to sustain and grow California's home visiting program capacity, state and local stakeholders must together articulate target populations for home visiting programs. Stakeholders should then strategically identify new and existing financing mechanisms and funding sources to serve these target populations. In some places in California as well as nationally, Medicaid is used to fund home visiting programs. Many states also utilize Temporary Assistance for Needy Families (TANF) to fund home visiting services for low-income families. Stakeholders should further study if and how these financing mechanisms are currently being used to fund home visiting in California and examine the feasibility of expanding their use for such purposes.

Invest wisely: Building upon the strategic efforts of local First 5 Commissions, Early Head Start programs, and the California Home Visiting Program, state leaders must commit to making wise investments in key places. Specifically, leaders must ensure that at-risk communities and/or high-risk populations receive the highest funding priority and that the available funding is enough to meet the demand and need for services. This can be accomplished – and has been done in many local communities already – through intentional data-driven planning and resource allocation.

Embrace diversity: There is widespread national emphasis on a handful of home visiting program models whose effectiveness has been extensively studied and affirmed. However, our state also has a diverse array of promising, locally designed home visiting programs. There are universal programs intended to reach isolated families and engage them with needed supports as early as possible, as well as targeted and intensive programs. These locally designed models are not yet recognized as evidence-based but possess many of the research-recognized core components of high-quality, successful home visiting programs.⁴⁵ Local and state stakeholders should work together to ensure that there are common, widely applicable metrics to demonstrate impact across the entire continuum of program intensity. Both evidence-based and evidence-informed models should have the opportunity to show their effectiveness and access state funding.

Building a system

Sustainable financing is an enormous piece of the puzzle, but policy, data, and partnerships are also important. Currently, home visiting programs are not well-connected either at regional or state levels. Local system coordination and integration also vary across communities. In order to widely improve child and family outcomes while effectively using available resources, known best practices must be promoted and state-level frameworks for intended outcomes, eligibility, and target populations must be established. Home visiting programs must coordinate and collaborate, locally and statewide, in order to realize cross-program cost efficiencies, effectively reach targeted populations, and gather robust information about outcomes.

At the local level: Comprehensive, innovative approaches exist at local levels and provide a critical foundation for expanding home visiting programs in the future. Local program diversity and control must be preserved and maximized. County stakeholders need to ensure coordination of program efforts, leveraged funding, and shared local visions are in place. Counties must also build and support effective referral networks that ensure eligible families are connected to the level of home visiting service that will best meet their needs.

At the state level: Policymakers should define the purpose, target populations, and expected outcomes of future public investments in home visiting, so that outputs are measurable across program models and individual communities. Supports for interagency and cross-program coordination must be strengthened. Toward this end, the California Department of Public Health has convened interagency teams to begin work related to home visiting and toxic stress mitigation. Additionally, the California Home Visiting Program is currently exploring how to collect impact and use data across multiple home visiting program models. It will be essential to provide additional high-level support and resources for these efforts.

At both levels: Local and state stakeholders must commit to partnering with one another and coordinating a continuum of early childhood home visiting services that can address a wide range of family needs and achieve results in a cost-effective manner. Further, stakeholders will likely need to support the development of additional research and data systems in order to expand knowledge of existing programs and programming gaps. Home visiting programs should be incorporated into both local and state planning as well as policy efforts related to early childhood learning, health, mental health, and child welfare.

Conclusion

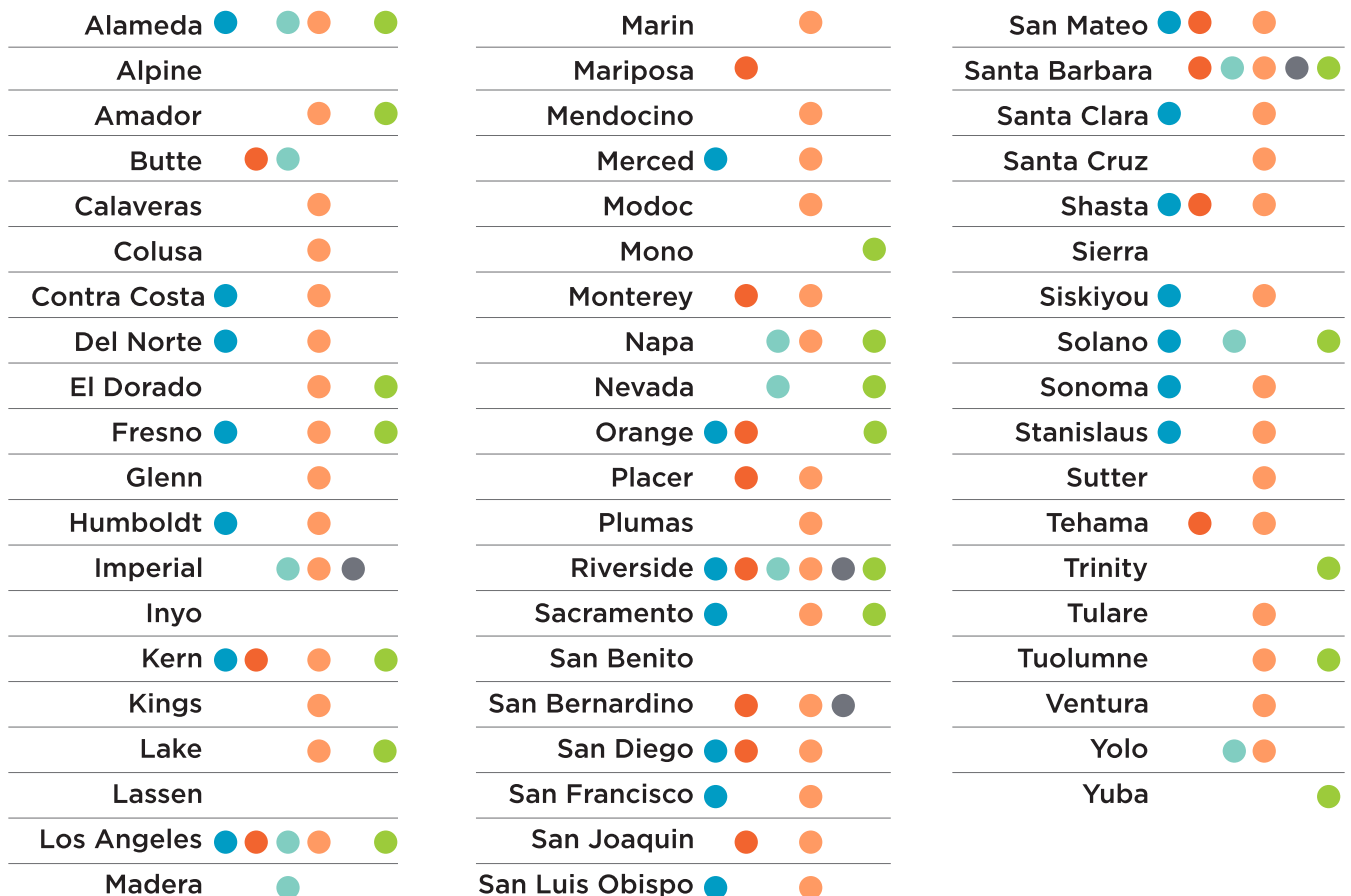
California parents of young children face enormous challenges as they work to prepare their children for school and life. Many factors can introduce stress into households, disrupting the relationships and interactions that are critical to healthy child development. With favorable cost-to-benefit ratios and compelling evidence of effectiveness, home visiting programs can ameliorate these stresses, and yield positive outcomes for families as well as reduce costly negative outcomes for governments.

Policymakers and state leaders can and should do more to promote the health, education, and safety of our state's children during their pivotal early childhood years. Home visiting is proven to improve parenting practices, promote children's health, and increase school readiness. Additionally, it is a powerful tool for preventing child maltreatment and juvenile delinquency. Expanding and enhancing home visiting in California is a strategic opportunity to invest in California's next generation, and now is the time. Home visiting programs are effective, positioned for growth, and can deliver results in the long and short term.

Home visiting in California

- The **Nurse-Family Partnership (NFP)** serves first-time, low-income mothers with one-on-one home visits by a trained public health registered nurse. Visits begin early in pregnancy and conclude when the child turns 2 years old. NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.
- The **Parents as Teachers (PAT)** program provides parents with child development knowledge and parenting support. PAT seeks to detect developmental delays and health issues early, and has been shown to prevent child maltreatment and increase child school readiness. PAT includes one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families.
- **Healthy Families America (HFA)** goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness. HFA visits begin prenatally or shortly after a child's birth and continue until children are between 3 and 5 years old.
- **Early Head Start (EHS)** targets low-income pregnant women and families with children from birth through age 3, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act. EHS home-based services include weekly 90-minute home visits and group socialization activities. Approximately 55% of California's total EHS services are delivered through the home-based model.
- **Home Instruction for Parents of Preschool Youngsters (HIPPIY)** aims to promote preschoolers' school readiness and support parents as their children's first teacher. HIPPIY offers weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings monthly or at least six times a year.
- Additionally, unique **locally designed home visiting models** exist across the state and are identified in the chart below.

Program Locations



Endnotes

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