

## First 5 Commission of San Diego County

May 3, 2010

### Targeted At-Risk Home Visitation

The Commission's 2010 – 2015 Strategic Plan includes "Targeted home visitation for specific at-risk population" under the core strategy, "*Services for pregnant women and families that support healthy infant/toddler development.*" During the strategic planning process, the Commission identified the importance of a *targeted* approach that would reach mothers at the *prenatal* stage, and the planning team recommended an *intensive* home visitation strategy that employed an *evidence based* model with clear outcomes.

Over their last three meetings, TPAC reviewed and discussed information regarding at-risk populations, current home visitation programs provided in the county, strategic plan objectives related to home visitation, and evidence based program models. TPAC's input regarding the design of the Commission's Targeted At-Risk Home Visitation (TARHV) initiative is summarized below.

#### At-Risk Population

The consensus among TPAC members was that the target population should be identified based on individual risk factors, rather than focus on specific geographic areas. The potential for focusing the TARHV effort in communities where the Commission has other significant investments (e.g. Preschool For All) was posed by staff, however TPAC indicated preference for a countywide program. The priority at risk populations identified by TPAC are 1) low income families (below 200% Federal Poverty Level); and 2) pregnant and parenting teens.

Suggestions from staff for further targeting the at risk population to be served by the Commission's TARHV strategy include:

- Low income first time moms who are not enrolled in Nurse Family Partnership (NFP) within the required 28 weeks gestation timeframe
- Teen and transitional adult (up to age 25) women pregnant with a second child
- Unmarried low income pregnant women (data indicate that single women have higher rates of poor birth outcomes)
- Pregnant women identified at risk for child abuse or neglect
- Pregnant women who are victims of domestic violence

#### Coordination of Resources

TPAC discussed the importance of identifying and serving at-risk families not eligible for services through other home visitation programs, such as Nurse Family Partnership, Black Infant Health, California Border Healthy Start, and the San Diego Adolescent Pregnant and Parenting Program (SANDAPP). TPAC also discussed the potential for the development of a home visitation resource network to promote a coordinated service referral, and avoid duplication of effort. Some degree of resource coordination is currently taking place. For example, SANDAPP receives referrals for pregnant teens from Black Infant Health and California Border Healthy Start, and conducts some home visits in conjunction with Public Health Nursing. There appears to be an opportunity for enhanced resource coordination, especially in light of the countywide expansion of HHSA's Nurse Family Partnership and the Commission's new program being added to the array of existing home visitation programs. Some TPAC members felt that if the Commission were to fund a county-wide coordinator, it would be preferable that the coordinating entity not also be a provider of Commission-funded direct home visitation services.

The table below summarizes evidence based home visitation programs currently provided in San Diego County, including the specific target population served, geographic areas served, and the annual number of families served where available. All programs serve low income families, and, with the exception of Project SafeCare, each of the programs listed below provides home visitation services beginning in the prenatal stage.

### Home Visitation Programs In San Diego County

Program	Target Population	Region/Location	Annual Caseload
Nurse Family Partnership	Low income, 1 <sup>st</sup> time moms, enrolled before 28 <sup>th</sup> week of pregnancy	Current: East; South Initial Expansion – All 6 HHS regions	Initial expansion – 1,325 Full expansion – 2,025
Black Infant Health	African American pregnant and parenting women	Available countywide; outreach targeted to Central, East, & North Coastal regions	320
California Border Healthy Start	Enrolls pregnant women in specific zip codes with high rates of poor birth outcomes	Specific zip codes in Central, East and South regions	318
SANDAPP	Pregnant and parenting teens	Countywide	1,700
Horn of Africa Families Together Program	East African pregnant women and families	Primarily in Central region	75
Early Head Start (Home based)	Low income pregnant and post partum women, children 6 weeks to 3 years of age	Countywide	Not available at this time
Project SafeCare	Families at risk for abuse or neglect referred by Child Welfare Services	Countywide	626

### Strategic Plan Outcomes addressed by the Targeted At Risk Home Visitation Strategy

The Commission's Strategic Plan 2010-2015 includes three objectives that could be directly supported by the home visitation strategy:

- 1) Decrease the percentage of children entering kindergarten with undetected and/or untreated developmental, social emotional or behavioral delays or problems.
- 2) Increase the number of households with children ages 0 through 5 that regularly engage in age-appropriate parent-child activities that promote early learning.
- 3) Increase the use of positive parenting practices to promote healthy social emotional development of children ages 0 through 5.

TPAC identified all three of the above objectives as important to be addressed by the Commission's TARHV strategy, noting that the more objectives addressed by the strategy, the more robust the intervention would be.

### Evidence Based Home Visitation Models

TPAC reviewed information regarding the nationally recognized evidence based home visitation models for low income families that meet the Commission's criteria of providing intensive services beginning prenatally. The two national evidence based program models identified and suggested for consideration are Healthy Families America (HFA) and Parents As Teachers (PAT). (Attachments 1 and 2 provide overview information on each of these models.)

TPAC reviewed information on each of these models and discussed the possibility of including both models in the Commission's home visitation strategy. The HFA model requires that an evidence based child development curriculum is provided to clients. A number of HFA programs incorporate PAT as that program component. TPAC discussed the possibility of a hybrid model, taking the best of both models,

however that would then render a program model that was no longer evidence based. Staff recommends, and some TPAC members support, the combination of HFA and PAT. The advantage of this combination is a multi-dimensional home visitation strategy that promotes improved maternal and child health, family strengthening and support, and early childhood development.

### **Program Costs**

Nationally, the average cost for HFA is between \$3,600 and \$4,000 per family per year. The actual annual cost per family varies because the number of visits provided depends on the age of the child. The cost is greatest in the child's first year when the frequency of home visits is highest. The PAT National Center recommends budgeting approximately \$1,500 per family. Locally, program costs have been higher, averaging approximately \$2,500 per family per year. This includes a minimum of monthly home visits, parent group meetings, and developmental screenings. Including the PAT curriculum as part of an HFA model would not significantly increase the cost of the program, as personnel and staffing requirements and the number of home visits provided would remain the same.

The Commission's 5-Year Program Allocation Plan includes \$6.2 million per year for Targeted At Risk Visitation for FY 2010-11 and FY 2011-12, and \$6.3 million per year for the following three years. If the HFA model is selected, the Commission's home visitation strategy could serve an estimated 1,550 to 1,750 families per year. If the PAT curriculum alone is selected, the strategy could serve an estimated 2,480 families per year. For both models, the estimates of the maximum number of families to be served within a year include both new and continuing participants.

### **Issues for Consideration**

#### HFA Accreditation:

- If the HFA model is adopted for the Commission's strategy, should the Commission require that service providers seek accreditation by the National HFA organization?
- Would the HFA affiliation and accreditation process present barriers for potential service providers?
- Would it be advantageous for the Commission's strategy to include a central coordinating entity that could pursue multi-site HFA accreditation with a single application

#### Coordination of services

- Should the Commission fund a home visitation service coordinator that does not provide direct home visitation services?
- Should separate funding be provided for coordination services, or should a prime contractor who subcontracts with the direct service providers also provide overall coordination services?

Staff will research and gather information from community members to help address these questions and inform a proposed program design and proposed Statement of Work requirements for the TARHV initiative.

### **Tentative Timeline for Targeted At Risk Home Visitation Program Development**

- February/March/April 2010: TPAC discussions on TARHV target population and program design.
- May 2010: Summary report to Commission
- June 2010: Draft Statement of Work (SOW) developed; Request Commission approval to release Request for Proposals (RFP); Industry Day - opportunity for community review and feedback on draft SOW
- July 2010: Report back to Commission any recommended changes to SOW based on community input
- August 2010: Finalize and release RFP

### **Staff Recommendation**

None at this time. For information only.

### **Fiscal Impact**

The Commission's 5-Year Program Allocation Plan identifies \$6.2 million per year for FY 2010-11 and FY 2011-12, \$6.3 million per year for fiscal years 12 – 13 through 14 – 15 for Targeted Home Visiting.