First 5 Commission of San Diego County
Technical and Professional Advisory Committee

April 19, 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 planning team advised that the Commission invest in an *intensive* home visitation program for a *targeted, at risk population beginning at the prenatal stage*. The team also recommended that this approach use an evidence-based model with clear outcomes.

Over their last two meetings, TPAC has reviewed and discussed information regarding at risk populations and current home visitation programs.

On February 8, 2010, TPAC:

- received a presentation on home visitation services provided by County Health & Human Services Agency (HHSA) Public Health Nursing;
- reviewed data on perinatal outcomes in the county by HHSA regions and by key demographic characteristics (e.g., ethnicity, age); and
- received information about other home visitation programs currently conducted in San Diego County.

On March 15, 2010, TPAC:

- received presentations on key indicators from the Report Card on Children and Families 2009 and the Status of Children 0 – 5 (a Commission report from 2008);
- reviewed information about at risk populations served by existing program; and
- discussed which at risk population should be considered a priority for the Commission's new home visitation strategy.

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 two priority risk factors identified by TPAC are 1) low income; and 2) teen parents.

Estimating the Size of Target Population
At their March 15, 2010 meeting, TPAC requested data on the number of births by income level to identify the potential size of the at-risk target population. Commission staff has been unable to locate these specific data, however several closely related variables can be useful in estimating the number of births to low income families:

Group		**Estimated annual figures**
Annual Births in San Diego County		**47,000**
Children ages 0 -17 in poverty (100% FPL) (2008)	16.6%	7,802
Children 0 – 5 under 200% Federal Poverty Level (FPL) (2007) adjusted for annual births	34%	15,980
Births where Medi-Cal is principal source of payment for delivery (average, 2007 & 2008)	32%	15,040
Women giving birth with less than high school graduate/GED education level (average, 2007 & 2008)	*17%	*7990

* This figure is likely underreported as maternal education level is "unknown" for 12% of recorded births.

National data indicate that birth rates have declined recently due at least in part to the national economic downturn[i] (birth rates in San Diego County declined slightly between 2007 and 2008) and it is likely that the proportion of families living in poverty has increased since 2008 due to local economic conditions. Using these estimates to project the potential size of the target population for the Commission's home visitation strategy is also complicated by additional factors, including the proportion of low income families eligible for home visitation services provided by other programs, and the proportion of families that would decline participation in home visitation services.

Another method for estimating the size of the potential target population is to consider the number of families receiving At Risk Home Visitation services through the Commission's Healthy Development Services Initiative (HDS). In FY 2007/08, 788 children received "high intensity" services through this program and another 1369 children received "low intensity" services.[1]

Methods to Identify Families
Low income at risk families to be served by the Commission's new targeted home visitation strategy could be identified and referred through a number of existing programs and services:

- The Commission's Healthcare Access Initiative (HCA) assists low income pregnant women with enrolling in Medi-Cal; HCA providers could be instrumental in identifying and referring potentially eligible families.

- Services through HHSA's Nurse Family Partnership (NFP) will be limited to first-time low income mothers who enroll prior to 28 weeks gestation. NFP could potentially refer at risk low income families who either are not first time parents or are identified later than the enrollment criteria of 28 weeks gestation or less.

- Given the array of home visitation programs serving low-come families and teen parents (including NFP, Black Infant Health, San Diego Adolescent Pregnant and Parenting Program/SANDAPP, California Border Healthy Start, Early Head Start, Project SafeCare and programs serving military families), the Commission's strategy might include the development of a coordinated home visitation resource network that identifies at risk families and links them with the appropriate service. This could potentially allow for best utilization of resources and avoid duplication of effort.

Potential Outcomes for the Commission's 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.

Evidence Based Home Visitation Models
The selection of a model for the Commission's home visitation strategy is driven by the identified target population and the outcomes to be achieved. In addition, the Commission has indicated that the strategy should be evidence-based and begin prenatally. Attachment 1 provides an overview of the national evidence-based home visitation models for young children and their families. Given the parameters established for the Commission's home visitation strategy, the two national evidence-based program models suggested for consideration are Healthy Families America and Parents As Teachers. Attachments 3 and 4 provide detailed descriptions of these models. Program highlights are summarized below:

[1] High intensity services home visiting services in HDS are defined as those lasting as long as 24 months and involving intensive case management and follow-up; duration of low intensity services is one to three months.

Healthy Families America (HFA): This program model has been implemented in over 450 sites across the country and extensively evaluated using randomized controlled trials. The model establishes a set of critical elements for program implementation that produce the following outcomes:

- Reduced birth complications
- Higher birth weights
- Increased breastfeeding
- Linkage to medical home
- Increased immunization rates
- Improved parenting attitudes
- Increased knowledge of child development
- Improved home environment
- Positive parent-child interaction

HFA is considered a paraprofessional model, in that it does not require a specific degree or credential for home visitors. It does include extensive training and focuses on the home visitor's ability to establish strong positive relationships with the families served. The model calls for bi-weekly home visits during the prenatal stage, then weekly visits for 6 to 9 months post-partum, fading from bi-weekly to monthly to quarterly as the child ages. The model is designed to serve the family until the child reaches 5 years of age, however due to attrition associated with family mobility, the average duration of services is usually less than five years. Individual programs may elect to provide services to an earlier specified age.

Parents As Teachers: The Parents as Teachers (PAT) Born to Learn model focuses on early child development through implementation of four service delivery components.

1) Personal visits in which parent educators share age-appropriate child development information with parents, help parents learn to observe their child's development, address parenting concerns, and engage the family in activities that provide meaningful parent/child interaction and support the child's development;
2) Parent group meetings provide opportunities to discuss information about parenting issues and child development. Parents learn from and support each other, observe their children with other children, and practice parenting skills;
3) Screening for early identification of potential developmental delays and/or health, vision and hearing problems;
4) Resource network - Parent educators help families identify and connect with needed resources and overcome barriers to accessing services. Programs take an active role in establishing ongoing collaborative relationships with community agencies and organizations that offer additional family services.

The PAT program model has also been extensively evaluated and shown to be effective in producing positive outcomes for children and families including improved child cognitive, language and social development and improved parenting practices to support child development, including increases in parents reading to their children:

PAT child outcomes:

- Children at age 3 are significantly more advanced in language, problem solving and other cognitive abilities, and social development than comparison children.
- Children score higher on kindergarten readiness tests and on standardized measures of reading, math and language in first through fourth grades.

PAT parent and family outcomes:

- Parents are more involved in their children's schooling.
- Parents are more confident in their parenting skills and knowledge.
- Families have lower rates of suspected or documented incidents of child abuse and neglect than comparison groups or state averages.

A number of HFA programs incorporate PAT as their evidence-based curriculum to support child development. As such, a possibility for the Commission's at risk home visitation would be to combine these two program models. The advantage of this combination would be a multi-dimensional home visitation strategy that would promote improved maternal and child health, family strengthening and support, and early childhood development.

Program Costs
Nationally, the average cost for HFA is between $3600 and $4000 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 $1500 per family; locally program costs have been higher, averaging approximately $2500 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 for Targeted At Risk Visitation for FY 2010/11 and FY 2011/12, and $6.3 million 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.

Revised Timeline for Targeted At Risk Home Visitation Program Development
The revised timeline for this project is as follows:
- March/April: TPAC discusses at risk target populations, desired outcomes and evidence based models
- May : Staff recommendation for program design to the Commission
- June: 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: Report back to Commission any recommended changes to SOW based on community input
- August: Finalize and release RFP

Staff Recommendation
TPAC is asked to review information provided on potential evidence based home visitation program models and discuss the following questions:

1) Should the Commission's Targeted At Risk Home Visitation strategy include the development of a home visitation resource network to ensure coordinated service referral and avoid duplication of effort?
2) Which of the Strategic Plan objectives should the home visitation strategy seek to achieve? Three key objectives are identified as having the potential to directly be addressed through this strategy – should the strategy address all three objectives?
3) Should the Commission's home visitation strategy be based on the Healthy Families America model, the Parents As Teachers Born to Learn model, or a combination of these two evidence-based models?

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 per year for the following three years for Targeted Home Visiting.

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[i] http://pewsocialtrends.org/assets/pdf/753-birth-rates-recession.pdf