

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

March 15, 2010

Targeted At Risk Home Visitation

TPAC is asked to provide recommendations for the Commission's consideration with regard to the design of the Commission's new Targeted At Risk Home Visitation program. This program is a component of the core strategy in the Commission's new strategic plan to provide "Services for pregnant women and families that support healthy infant/toddler development."

Specifically, TPAC is asked to review available information about existing services for various at-risk populations to identify areas of unmet need and to develop recommendations for the following aspects of the new Targeted At Risk Home Visitation program:

- Which at risk population(s) should be targeted?
- What outcomes should the program seek to achieve?
- Which evidence-based model(s) should be implemented?

Background

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.*" The Commission has previously funded several programs that provide home visitation services. Through Healthy Development Services, newborn medical home visits for first-time parents, as well as home visits for at-risk families and referrals to Public Health Nursing for high-risk families are provided. Several programs within the Commission's First 5 for Parents Initiative have delivered evidence-based parent education curricula through home visitation. The Commission currently provides partial funding for several other programs that include home visitation among their services, including the Horn of Africa's Families Together Program, the Black Infant Health program and San Diego Adolescent Pregnancy and Parenting Program (SANDAPP).

During the strategic planning process, the planning team reviewed the Commission's currently funded programs and their outcomes, as well as the results of a community needs assessment that identified needs, assets and contributors to the system of services for children ages 0 through 5 and their families. The planning team was tasked with identifying the highest priority activities to be included in the new strategic plan, with direction from the Commission to narrow the focus, with an emphasis on more targeted and intensive services in order to best utilize diminishing resources and produce strong outcomes.

Newborn Medical Home Visiting (NMHV) and At Risk Home Visiting (ARHV) as provided under the Healthy Development Services Initiative were among the programs that were not prioritized during this review process. NBHV was not prioritized because the service would be too costly to sustain as Commission resources decrease, especially if it were to be brought to scale to serve all first time parents in the county and because the single newborn medical home visit is not an evidence-based approach with demonstrated outcomes. ARHV was not prioritized because it also is not an evidence-based model with specific measurable outcomes. ARHV services are provided for a broad range of needs and the intervention varies in type, duration and intensity depending on those needs.

The Commission's First 5 for Parents parent education initiative, which includes home visitation programs, was also not prioritized for inclusion in the new strategic plan. One reason is that the needs assessment identified that other entities in the county provide parent education, such as the community

colleges and adult education programs. Another reason is that it was determined that the Commission's resources for direct services parent education would be best utilized in coordination with the Commission's other major initiatives, Healthy Development Services and Preschool for All.

During the planning process, the Commission requested that the planning team and TPAC consider whether a *targeted* at-risk home visitation model should be considered for inclusion in the new strategic plan. TPAC did not reach a consensus on the matter, however the planning team supported investing in an *intensive* home visitation program for a *targeted, at risk population beginning at the prenatal stage*. The team recommended that this approach use an evidence-based model with clear outcomes, and that the Commission pursue opportunities for leveraging, including using First 5 funds to draw down additional funds for home visitation.

TPAC's Role in Developing the Targeted At Risk Home Visitation Program

At their meeting on February 8, 2010, TPAC began receiving information about current home visitation programs and at risk populations. Information provided to TPAC in advance of the February 8 meeting included a policy brief describing the role of home visitation programs in supporting early childhood development. This article provided an overview of the major national evidence-based models and their outcomes as demonstrated by evaluation research. TPAC received a presentation from Public Health Nursing on their services and target populations; an overview of data on local indicators for at risk groups, including those receiving late or no prenatal care, poor birth outcomes, and births to teens; and an overview of the current home visitation programs currently provided in San Diego County.

A number of questions raised by TPAC members in the discussion that followed are addressed below:

Q: Does research support focusing on first-time parents? What about parents that are not first time parents but didn't get first time parent services?

A: In some models, first time parents are targeted because they are considered to provide the best chance of promoting positive behaviors before negative ones have taken hold (e.g., David Olds' Nurse Family Partnership). Many models do not target first time parents exclusively, e.g. Parents As Teachers, Healthy Families America, Project SafeCare, etc.) The case could be made that families with multiple young children could have greater need for some types of services.

Q: Since access to prenatal care is generally high in the county, should we consider other indicators, such as post partum depression (PPD)? Do moms having 2nd or 3rd babies have higher rates of PPD?

A: At least 10-20% of new mothers develop moderate to severe depression during the first year of postpartum. Primary risk factors for PPD include: 1) A history of depression in previous pregnancies or postpartum period; 2) A previous history of depression prior to conception; 3) A history of depression in blood relatives - the risk of depression is higher with a positive family history and is greatest if a relative experienced a PPD; and 4) Psychosocial risk factors including poor social support, adverse life events, marital instability, and ambivalence towards the pregnancy.

Q: How does San Diego's prenatal care rate compare with Healthy People 2010 objectives?

A: The Healthy People 2010 objective for early prenatal care (care beginning in 1st trimester) is 90%. The overall rate for early prenatal care in San Diego County in 2008 was 81.3.

Q: Would it be possible to have a map showing where certain programs are offered?

Attachment 1 provides a map showing where Black Infant Health (shaded in green) conducts its outreach (program is offered countywide) and where California Border Healthy Start is offered (shaded with diagonal lines). The HHS regions are also outlined on the map.

Chart of Home Visitation Programs in San Diego County

The following items were requested additions to the chart comparing the various home visitation programs in the county and are included in the updated chart (Attachment 2) where possible:

- a) amount of funding and caseloads;
- b) separate out First 5 funds from other funding sources
- c) services provided to military families
- d) leveraging information
- e) names of contractors for First 5 funded programs
- f) names of funders as well as entities providing services for non-First 5 funded programs

Timeline for Targeted At Risk Home Visitation Program Development

The tentative timeline for this project:

- March/April: TPAC discussion/recommendations developed
- May : Recommendation for program design to the Commission, draft of Statement of Work completed
- June: Industry Day (opportunity for community review and feedback on draft SOW), Finalize RFP
- July: Request to Commission for approval to release RFP
- August: Release RFP

Staff Recommendations

TPAC is asked to review information regarding at risk populations and indicators, along with the array of existing home visitation programs and discuss:

- 1) Which at risk populations should be targeted by the Commission's new home visitation program?
 - a. Should the program focus on specific family demographics (i.e. teen parents, low income, immigrant/refugee families, etc.)
 - b. Should the program focus on specific geographic areas? (i.e. areas where there is a higher prevalence of poor perinatal outcomes, teen births, and/or where significant First 5 investment is being made, such as Preschool for All?
 - c. Some combination of a) and b)?

Fiscal Impact

The Commission's 5-Year Program Allocation Plan identifies \$6.2 million per year for FY2010-11 and FY2011-12, \$6.3 per year for the following three years for Targeted Home Visiting.