

First 5 Commission of San Diego County

June 7, 2010

Targeted At-Risk Home Visitation

The requests before the Commission are to:

- 1) Receive TPAC and staff recommendations regarding the new Targeted At-Risk Home Visitation Initiative, and
- 2) Provide direction to staff on any concerns to address prior to the request for authorization to release a solicitation to procure home visitation services.

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.*" 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 three meetings, TPAC received presentations, reviewed reports and heard public testimony on targeted home visitation. TPAC's discussions addressed potential at-risk populations, current home visitation programs provided in the county, strategic plan objectives to be addressed by home visitation, and evidence based program models. Staff has continued to research the topic to better inform the development of the Statement of Work.

Recommendations for the Targeted At-Risk Home Visitation Initiative

The recommendations of TPAC and First 5 staff regarding the design of the Commission's Targeted At-Risk Home Visitation (TARHV) initiative are summarized below.

Strategic Plan Outcomes Addressed by the Targeted At-Risk Home Visitation Initiative

The Targeted At-Risk Home Visitation Initiative should address three objectives of the Strategic Plan 2010-2015:

- 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.

At-Risk Population

TPAC recommended that the target population should be identified based on individual risk factors, rather than focus on specific geographic areas. First 5 staff has discussed focusing the TARHV effort in communities where the Commission has other significant investments (e.g. Preschool For All). 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. The size of the population of low income families is larger than can be served with Commission funds allocated for home visitation, and some segments of the population are served by other programs, such as Nurse Family Partnership and Black Infant Health. Staff has been engaged in additional research to determine how to further target the at-risk population.

Staff is conferring with home visiting programs, including those provided through County Public Health Nursing, Maternal, Child and Family Health and Child Welfare Services, to examine existing services and gaps and identify more specific at-risk populations that would be most appropriately served by the Commission's home visitation strategy. A goal of these discussions is to identify and prioritize at-risk families that are not, or will not, be served by existing programs.

Evidence Based Home Visitation Models

After reviewing information regarding the nationally recognized evidence based home visitation models that meet the Commission's criteria of providing intensive services beginning prenatally, TPAC and staff recommend the Healthy Families America (HFA) program model combined with the Parents As Teachers (PAT) "Born to Learn" curriculum. Both HFA and PAT address all three of the strategic plan objectives listed above.

HFA is a paraprofessional home visiting model in which service delivery can begin prenatally or shortly after the birth of a child. It is designed to serve at-risk families, including young single moms, and families at risk for abuse, neglect or domestic violence. The program focuses on maternal and child health, child development and family strengthening. HFA requires use of an evidence-based child development curriculum, and the PAT "Born to Learn" program meets this criteria.

Both HFA and PAT have national training and certification processes. PAT requires training and credentialing as a condition for access to and use of the curriculum and associated materials. The HFA model has a two step process in which service providers initially become affiliates of the national HFA organization and agree to adhere to the critical elements of the model. A two-year period is allowed for self-assessment followed by independent peer review to evaluate the level of the adherence to the model as required for accreditation by the national organization. HFA affiliation and accreditation is available to individual organizations as well as multi-site providers. Staff is researching the potential advantages and disadvantages of these two options, and will develop recommendations for the draft statement of work based on these findings.

Coordination of Resources

TPAC and staff have discussed the potential need for a home visitation resource network that would promote coordinated service referral, avoid duplication of effort and maximize available resources. 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.

Staff recommends that the Commission's TARHV initiative include funding for a countywide coordinator. This entity would be responsible for bringing local home visiting program staff (of Commission-funded as well as other home visiting programs) together with other key community service providers and stakeholders to:

- Share information and coordinate activities;
- Develop clearly defined roles and responsibilities among service providers;
- Establish inter-agency referral procedures and pathways; and
- Host multi-disciplinary training and in-services for home visiting program staff.

A coordinating entity could potentially also be a provider of direct home visiting services, and could also potentially serve as a central body for HFA multi-site accreditation. Staff recommends carving out a specific budget allocation for the countywide coordination function, and placing a cap on the percentage of funds for direct service provision available to the lead organization (specific dollar amounts and percentages to be determined). In order to best meet the needs of the diverse population of at-risk families, it is anticipated that several subcontracts with organizations with specific expertise will be required.

Staff Recommendations

- 1) Receive TPAC and staff recommendations regarding the new Targeted At-Risk Home Visitation Initiative, and
- 2) Provide direction to staff on any concerns to address prior to bringing forward the request for authorization to release a solicitation to procure home visitation services.

Fiscal Impact

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