

HOME VISITING

Home visiting is a proven, voluntary strategy of providing services such as parent education, mentoring and family supports to families in their homes. By helping parents learn how to best care for their children and themselves, families reap the benefits: children are safer, healthier, better prepared to learn and more likely to become successful adults. In addition, the parents themselves learn to become more self-sufficient and successful, improving their own trajectory as they improve that of their children, thus improving the lives of families two generations at a time. Priority is often given to families experiencing risk factors related to poverty, maternal age, substance abuse, or violence.

WHAT IS THE NEED?

All parents need support to succeed at the challenging and rewarding job of parenthood. Parenting can be stressful, particularly in the context of unsafe or unstable relationships, homes, and neighborhoods. Some parents have friends, families, adequate income, and other supports already in place to help them along the way. Many others do not. These are the families who most need the help that home visiting provides.

- In the greater Richmond and Petersburg region, there are 13,695 children under six whose families live in deep poverty.
- There were 334 babies born to mothers between the ages of 15 and 17 in 2009.
- Almost 15 percent of babies are born to mothers with less than a twelfth grade education.
- There were 276 founded cases of abuse and neglect of children under nine in 2009, roughly two-thirds of which were of children younger than five.ⁱ

Home visiting programs in the greater Richmond and Petersburg region currently have the capacity to serve 1,146 families with young children, but the need is much greater. Conservative estimates indicate that 3,848 families are in need of home visiting at any given time.

Estimated Need for Home Visiting in Select Localities in the Region						
	Chesterfield	Hanover	Henrico	Petersburg	Richmond	Totals
Number of families	813	160	889	289	1,697	3,848

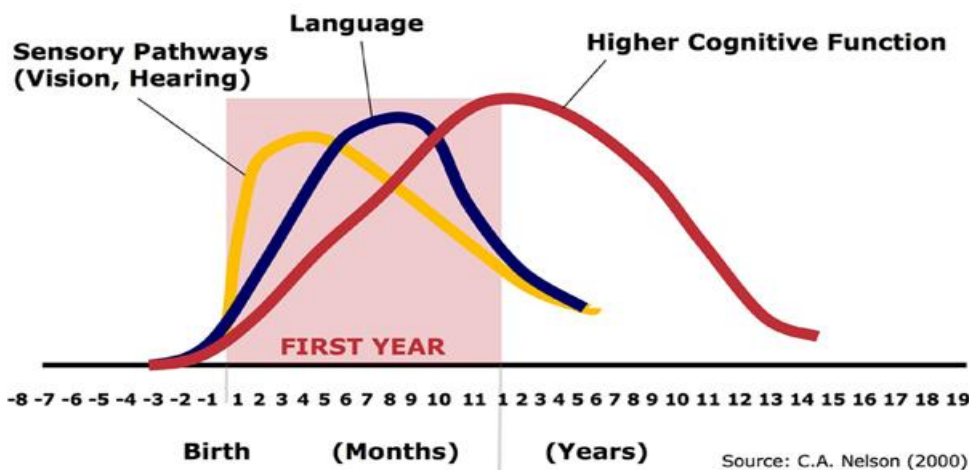
WHY DOES IT MATTER?

1. The first and greatest reason for investing in home visiting programs is because a child’s brain development can’t wait. Prenatal and early childhood development represents a critically sensitive window of opportunity and vulnerability in a child’s life. Early experiences literally shape how the brain gets built.

WHY DOES IT MATTER? *(Continued)*

 **Center on the Developing Child**
HARVARD UNIVERSITY

Human Brain Development
Neural Connections for Different Functions Develop Sequentially



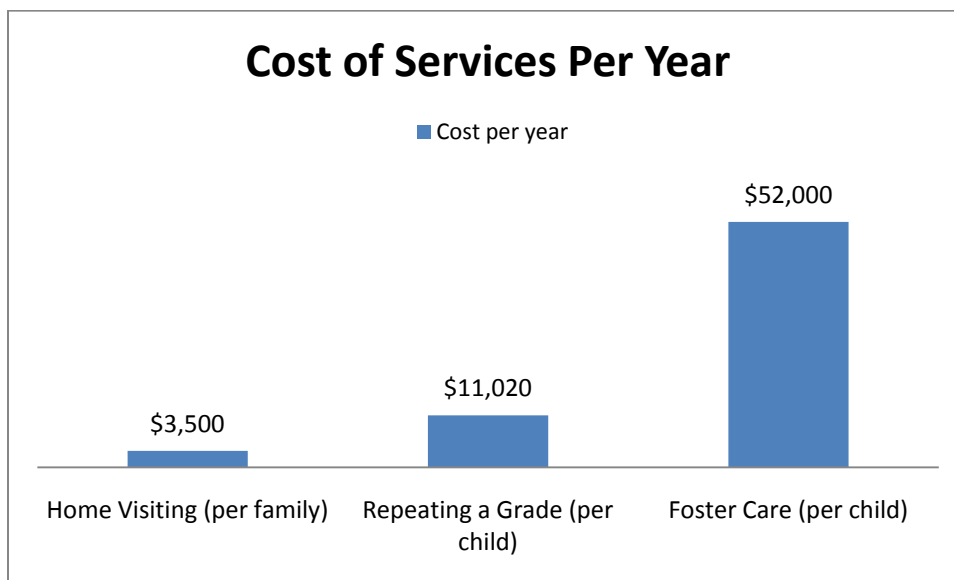
Like the construction of a home, the basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood in a predictable sequence: laying the foundation, framing the rooms and wiring the electrical system. A strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties, with significant consequences for both children and society. It is costly and difficult to build on a weak foundation. Remedial education and other interventions are expensive and produce less desirable outcomes than starting right the first time.

Toxic stress in early childhood weakens the foundation. Toxic stress is caused by experiences such as extreme poverty, abuse, and maternal depression, all of which can disrupt the developing brain, particularly when children lack supports to protect against these harmful experiences. Early intervention can help reduce the stressors in children’s environments, leading to stronger foundations and better long-term outcomes for children, families, and communities. Over the past two decades, home visiting has become a well-recognized strategy for early intervention.

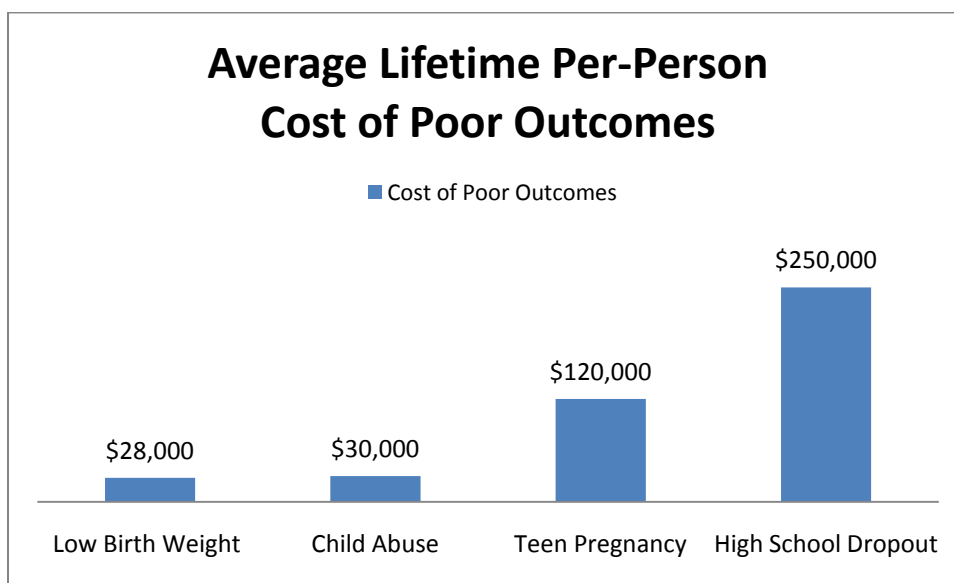
2. The second reason for investing in home visiting programs is because it makes sound economic sense. In the greater Richmond & Petersburg region, home visiting costs an average of \$3,500 per family per year, comparable to the National Healthy Families average. The likelihood of improved outcomes makes a strong case for investing now rather than later.

WHY DOES IT MATTER? (Continued)

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Applying these figures to local statistics, it is clear that in many ways, increasing the number of families served by home visiting will result in very tangible savings in the short term and over the course of a child’s lifetime, particularly as cycles of poverty and abuse are broken.

Example: Low Birth Weight

- Every low birth weight costs states between \$28,000 and \$40,000 in medical care and other related costs over the course of that baby’s lifetime.
- In the greater Richmond and Petersburg region, 1,300 children born in 2009 were low birth-weight.
- Reducing the number of low birth-weight babies to half would save between \$18.2 million and \$26 million.
- 90 percent of families served by Healthy Families Virginia had babies born a healthy weight.

WHY DOES IT MATTER? (Continued)

Example: Foster Care

- Foster care costs about \$52,000 per child per year. Top reasons for foster care placement include neglect, behavior problems, parent's drug abuse, inadequate housing, caregiver's inability to cope, and abuse.^{iv}
- There were 147 children ages birth to five in foster care on June 30, 2010, which calculates out to \$7.6 million a year.
- Home visiting is proven to prevent abuse and neglect and improve parents' self-sufficiency and positive parenting, all for about \$3,500 per family per year.

Example: Child Abuse and Neglect

- Child abuse and neglect results in tangible costs to the state of \$30,000 per child for medical and mental health care and services such as foster care. Intangible costs, which include consequences like a victim's pain and suffering, put the actual costs as high as \$200,000.
- In 2009, there were 276 cases of abuse and neglect of children ages birth to nine.
- The tangible costs calculate to \$8.3 million over the course of these children's lives. Intangible costs are as high as \$55 million.
- Among families receiving home visiting from local programs, there were no substantiated cases of abuse and neglect even though the majority of mothers report that they themselves had been abused or neglected.

WHAT ARE HOME VISITING STRATEGIES?

Home visiting offers unique opportunities not available in a clinic, day care or classroom setting. Home visitors can assess family strengths and needs more accurately by seeing family members in their natural home environment and community. With the help of home visitors, families develop goal-directed, individualized service plans. Assistance may include mentoring, training, information, mental health services, referrals, transportation for medical appointments, emotional and practical support and other activities.

The frequency and duration of home visits will vary depending on the type of home visiting program and the needs of the families. There are many different approaches to home visitation to improve maternal health and birth outcomes, reduce child abuse and neglect, and/or promote school readiness. A recent survey conducted by the Pew Center on States found a total of 117 home visiting programs across 46 states. At least 33 states have implemented more than one program, and 20 states administer three or more different types of home visiting models.^v

Seven models have been identified at the federal level as "evidence-based," a designation indicating that the programs have undergone rigorous evaluation and have been shown to achieve identified outcomes. These models are:

- Home Based Early Head Start
- Family Check Up
- Healthy Families
- Healthy Steps
- Home Instruction Program for Preschool Youngsters
- Nurse Family Partnership
- Parents as Teachers.

WHAT HOME VISITING STRATEGIES ARE AVAILABLE IN VIRGINIA?

To meet the varied needs of families, there are eleven home visiting models in Virginia.^{vi} While not all programs are able to undergo the requisite level of rigorous evaluation required to meet the federal definition of evidence based, this does not imply that their outcomes are not on par with the evidence based models.

- **Baby Care** is a home-visiting case management program providing nursing assessment, medical and social referrals for high-risk pregnant women and infants up to the age of two.
- **Comprehensive Health Investment Project (CHIP)** of Virginia is for Medicaid-eligible families with a focus on health issues. CHIP serves families with children ages 0-6.
- **Healthy Families of Virginia** is designed to serve new parents prenatally through the child's fifth birthday, with a focus on preventing abuse and neglect and related poor outcomes.
- **Healthy Start** is a federal program to eliminate significant disparities in perinatal health experienced by African-American women and their families in order to prevent infant mortality and low weight births. This is accomplished through community-driven initiatives that include intensive case management services and care coordination by a multidisciplinary team and enhancement of the capacity of the local community's perinatal service system.
- **Home Based Early Head Start/Head Start** is a program for low income pregnant women, infants, toddlers, and preschoolers that includes home visiting to help insure healthy prenatal outcomes for pregnant women, facilitate the development of infants, toddlers, and preschoolers, and promote positive parenting.
- **Medicaid Managed Care** covers assessment and case management service in very high-risk medical cases and often contracts with other home visiting providers when available.
- **Parents as Teachers (PAT)** is a curriculum to promote positive child development. **Healthy Families** and **CHIP** use the PAT curriculum with families they serve.
- **Part B Special Education** is a federally mandated program under IDEA (Individuals with Disabilities Education Act). Home visiting services are provided for children ages 2-5 with identified educational needs.
- **Part C Early Intervention** is also federally mandated under IDEA and serves children ages 0-2 with developmental delays or disabilities. Services are provided in the child's natural environment, often the home.
- **Project Link** serves mothers with substance abuse problems.
- **Resource Mothers** strives to improve birth outcomes for first time pregnant teens that have few resources. Teens enroll prenatally and receive services through the baby's first birthday.

All of these programs are members of the Virginia Home Visiting Consortium. The consortium is housed in the Virginia Department of Health and reports to Virginia's Early Childhood Advisory Council. Through the consortium, the five agencies are collaborating on policy planning, quality improvement, and efforts to operate programs more efficiently. The agencies have signed a memorandum of understanding and agreed to provide funding for shared training and data collection efforts. When multiple agencies support home visiting programs, an interagency approach to improving program quality offers an opportunity to use public resources more efficiently. Focusing on the importance of a well-qualified home visiting workforce, Virginia's Home Visiting Consortium identified core knowledge areas for home visitors and developed 12 modules that serve as a required basic training for all early childhood home visitors in the state. Five agencies pool existing resources to fund training.^{vii}

WHAT HOME VISITING STRATEGIES ARE AVAILABLE IN THE REGION?

Greater Richmond & Petersburg Region 2011 Point in Time Capacity						
	CHIP	Early Head Start	Healthy Families	Healthy Start	Resource Mothers	Totals
Charles City						See New Kent
Chesterfield	*		120			120+
Colonial Heights						See Chesterfield
Goochland						0
Hanover					40	40
Henrico	*		125			125+
New Kent			42			42
Petersburg	60		100	110	40	310
Powhatan						0
Richmond	237	12	170	**	90	509+
Totals	297	12	557	110	170	1,146

*Family Lifeline’s CHIP of Greater Richmond (a CHIP of Virginia program, but in Richmond, CHIP stands for Children’s Health Involving Parents) serves portions of Chesterfield and Henrico that border the City of Richmond; however, the numbers served in these counties, roughly 40 a year, are included in Richmond’s total.

**Healthy Start contracts with other home visiting providers to serve their Richmond families.

In the greater Richmond and Petersburg region, there are five primary home visiting models. The programs have the combined capacity to serve as many as 1,146 families at any given time. However, the estimated need is closer to 4,000 families. Many of our localities are under-served. Hanover, for example, has only one home visiting program that serves only teen mothers who enroll prenatally, while Goochland and Powhatan have no programs at all. One of the ways we can reach those families that aren’t being served is to build a better regional system of home visiting.

In 2011, CHIP of Richmond merged with Family Lifeline, a community non-profit that also provides the Healthy Families program in Henrico, Petersburg, and Richmond’s Northside and East End. Subsequently, Family Lifeline also took on management of CHIP of Petersburg. The merger allows the programs to do more with available resources than they would have been able to do independently.

Families are referred to home visiting by many different service agencies, including local public health and social services, schools, primary care providers, hospital discharge planners, and even family, friend, or self-referrals. Once referred, families are screened for eligibility and, if found eligible, can choose whether or not to participate.

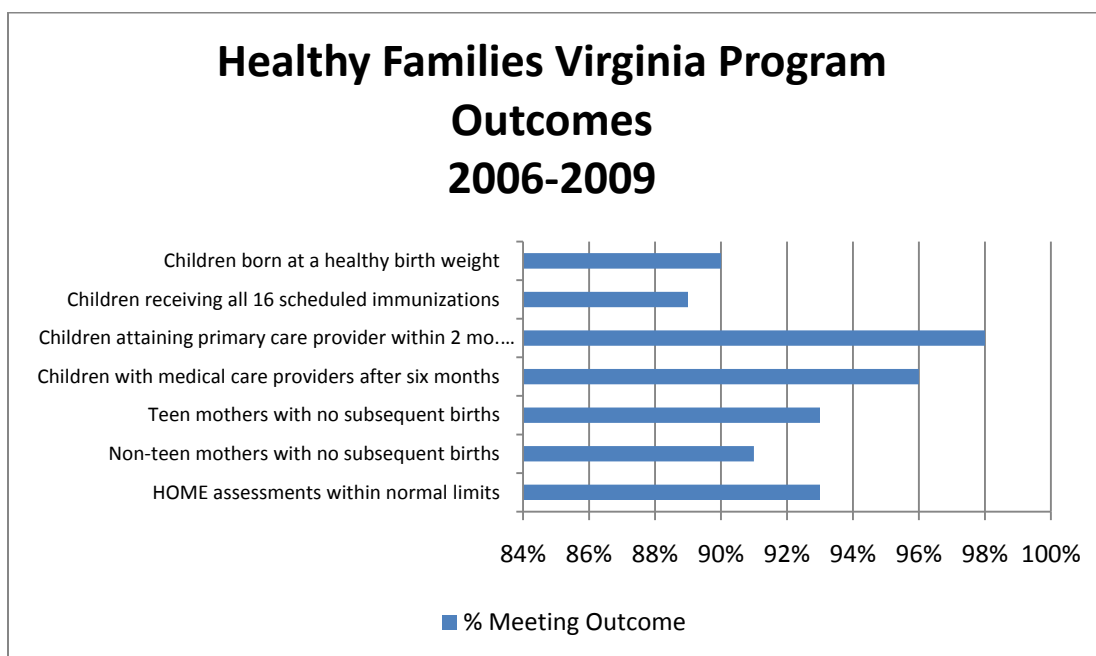
In the City of Richmond, the Richmond Home Visiting Referral Center is one option used by referring agencies. It provides a central place where referral sources and families can go to be connected to the services that are right for them. The region has a goal to expand this model to surrounding localities to 1) reach under- or un-served parts of our community, 2) gain economies of scale and benefits of collaboration, and 3) build the community’s capacity to meet growing needs with limited resources.

WHAT ARE HOME VISITING OUTCOMES?

Families receiving home visiting achieve many positive outcomes that improve and even save lives and significant dollars. High-quality evidence based home visiting programs have been proven to^{viii}:

- Reduce low birth-weight births by nearly half
- Cut abuse and neglect rates almost in half
- Help children build pre-literacy skills, improve test scores, and maintain gains
- Improve family self sufficiency. After participating in a nurse home visiting program, mothers had:
 - An 83 percent increase in employment by their child’s fourth birthday
 - A 20 percent reduction in welfare use
 - A 46 percent increase in the father’s presence in the household

The table below demonstrates positive outcomes experienced by Virginia’s Healthy Families participants, including 90 percent of families giving birth to babies who were a healthy weight.



Source: Healthy Families Virginia

Locally, Healthy Families programs are achieving similar results, with 100 percent of children connected with primary care, 96 percent of parents gaining a better understanding of their child’s development, and 100 percent of mothers not having another child within 24 months.^{ix}

Similarly, evaluation of CHIP of Virginia demonstrates improved health and well-being outcomes for at-risk children and their families. After one year of receiving CHIP home visiting services:^x

- The percentage of children who had a medical home rose from 90 percent to 98 percent. Locally, in 2010-2011^{xi}, 99 percent did, compared to 31 percent at enrollment.
- Locally, 97 percent of children received all doctor recommended immunizations.

WHAT ARE HOME VISITING OUTCOMES? *(Continued)*

Home visiting connects parents with safe and stable housing and counseling for substance abuse or depression, as well as teaches them to build nurturing relationships with their children. Studies have found that mothers who participated in home visits were more sensitive and supportive in interactions with their children and reported less stress than those in the control group.^{xii}

Home visiting programs can lead to significant improvements in parenting behaviors and attitudes, even breaking the cycle of abuse.^{xiii}

- In 2010, the rate of founded cases for Healthy Families participants statewide was 0.8 percent, the lowest rate ever obtained.^{xiv}
- Locally, Healthy Families programs serving Charles City, Chesterfield, Henrico, North Richmond, Petersburg, and New Kent reported no substantiated cases of child abuse or neglect among families enrolled in the program in 2009-2010.
- It is particularly notable that, while eight in ten participating mothers reported a childhood history of abuse and neglect, none were reported for child maltreatment while in the program.^{xv}
- Locally, 100% of CHIP families also had no substantiated cases of abuse or neglect.^{xvi}

Services also benefit two generations at a time, helping parents gain new skills and self-sufficiency at the same time as helping children thrive. Data from fiscal years 2008-2010 show that after one year of receiving CHIP home visiting services the percentage of families with one or both parents employed increased from 34 percent to 44 percent.^{xvii}

HOW IS HOME VISITING FINANCED?

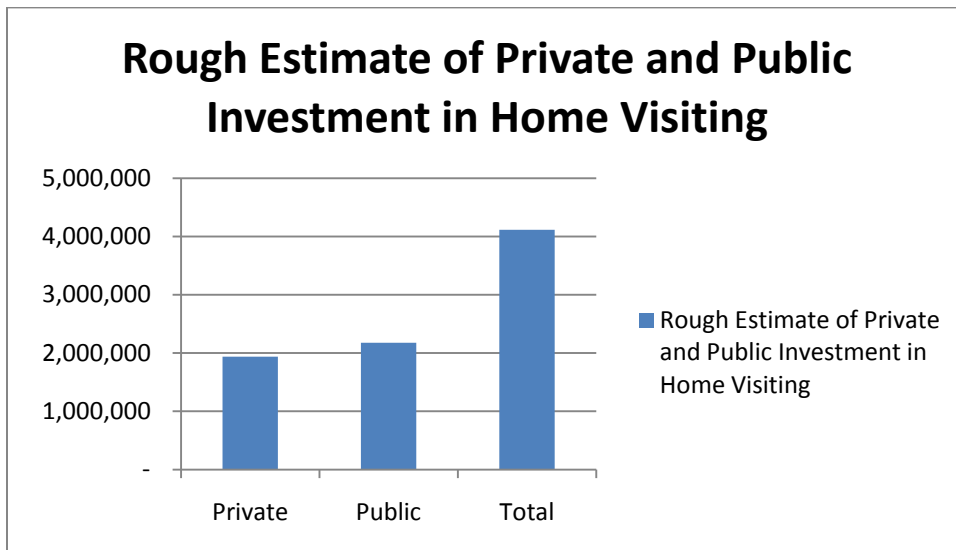
Home visiting programs are funded through private and public funds, including local, state, and federal dollars. State revenues make up 40 percent of total funding across the states. Other common sources of revenue include Medicaid, Temporary Assistance for Needy Families, state tobacco settlement funds, and the Title V Maternal and Child Health Block Grant, Healthy Start, Early Head Start, and the Individuals with Disabilities Education Act (IDEA) Part C early intervention program.

New federal funding through the Patient Protection and Affordable Care Act of 2010 (PPACA) will provide \$1.5 billion over five years for the development and implementation of evidence-based maternal, infant, and early childhood home visitation programs. This is a significant expansion of maternal and child health programs authorized under Title V.^{xviii}

Under this expansion grant, all states receive a formula based amount for expansion of one or more of these evidence-based home visiting models in at-risk localities. Virginia's formula-based allocation is \$1.4 million in 2011 and \$1.9 million in 2012. Virginia identified 38 at-risk localities that are eligible to apply for this funding, including Richmond and Petersburg, the only two eligible localities in our region. While neither was selected to receive this funding, there is the possibility that these localities will be able to apply for competitive funding for the spring of 2012.

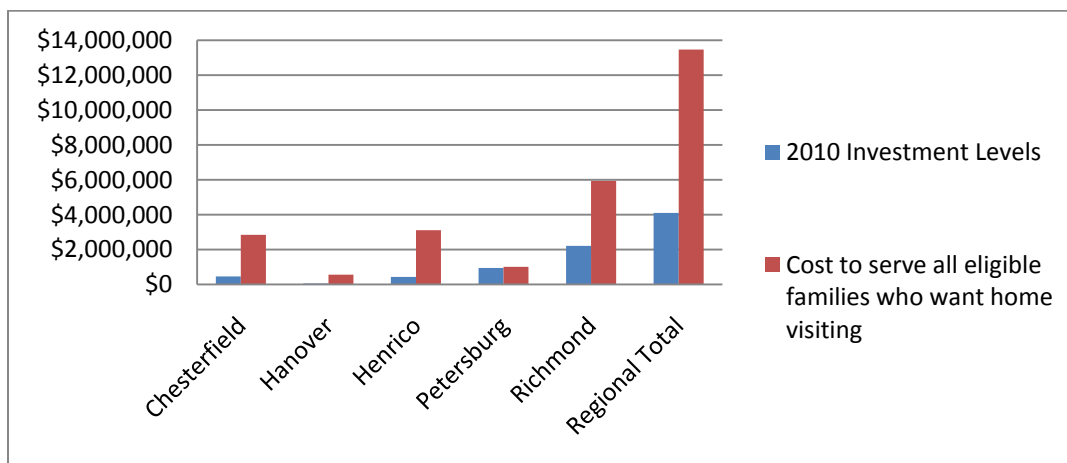
HOW IS HOME VISITING FINANCED? *(Continued)*

Currently, our region invests about \$4 million dollars a year in home visiting through a combination of private and public local, state and federal dollars. A very rough estimate, calculated from budget figures submitted by 11 programs in the greater Richmond and Petersburg region in 2010 indicate that approximately 47 percent of funding for home visiting in the region comes from private sources, including gifts from individual, businesses, foundations, and United Way. Approximately 53 percent comes from public sources, including federal, state, and local government.



An analysis of the 2011-2012 budget for three of our region’s home visiting programs shows that a total of almost \$2.6 million in revenue, private dollars (donations and grants from individuals, foundations, and United Way) account for about \$1.6 million and government funding for the remainder.

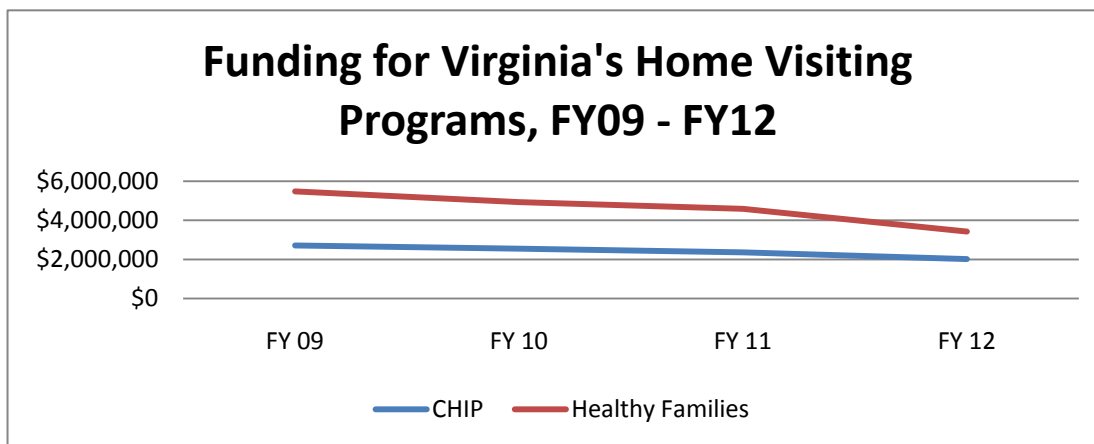
It is estimated that to bring home visiting to scale, with the capacity to serve all eligible families in need of home visiting at any given time in our region, would require about \$13.5 million a year.



HOW IS HOME VISITING FINANCED? (Continued)

The recent recession has caused unprecedented challenges for Virginia’s vulnerable families. In June 2011 the unemployment rate was 6 percent; still double that of the 2007.^{xxix} Economic struggles and job losses are correlated with increased rates of child abuse and neglect,^{xx} putting even more vulnerable children at risk.

At the same time that needs are increasing, tightening state budgets led to significant cuts in funding to Healthy Families of Virginia and CHIP of Virginia, the two largest state-supported home visiting providers, in the 2010-2012 biennial budget.^{xxi}



Consequently, a number of home visiting sites have merged or closed. CHIP shrank from eleven program sites serving 30 localities to 8 sites serving 27 localities (the Richmond and Petersburg programs merged, Chesapeake and Portsmouth merged, and the CHIP of Williamsburg will close effective August 2012).^{xxii} Healthy Families has lost five sites, leaving 33 sites across the state.

Numbers Served by CHIP ^{xxiii} and Healthy Families ^{xxiv} Statewide					
	FY 07	FY 08	FY 09	FY 10	Change FY07-FY10
CHIP					
Families	2,964	2,871	2,954	2,874	-3%
Children	4,112	3,827	3,992	3,710	-10%
Pregnant women	621	582	599	492	-21%
Healthy Families					
Families	2,836	2,766	2,844	2,362	-17%
Children	3,799	3,763	4,011	3,843	+1%
Pregnant women	1,600	1,630	1,664	1,346	-16%

HOW IS HOME VISITING FINANCED? (Continued)

Through strategic mergers and resulting efficiencies, programs in the greater Richmond and Petersburg region have been able to maintain and even slightly expand capacity; however, they are very clear that there is no more room to cut and any further reductions in funding will result in fewer families being served.

Regional Home Visiting Investment and Capacity				
	Baseline 2008-2009	2009-2010	2010-2011	Target 25% Increase 2015
Investment in home visiting (estimated public & private funding combined)	\$4,099,690	\$4,101,343	TBD	\$5,123,613
Number of slots available	1,043	1,107	1,146	1,304

WHAT CAN BE DONE?

- 1. Increase public funding for Virginia’s home visiting programs^{xxv}.** Home visiting in Virginia is limited in its outreach due to funding constraints. If the General Assembly were to fully restore funding for Healthy Families and CHIP to the 2009 funding level, these programs would be able to reopen the sites they have closed since 2010. However, even prior to funding cuts, members of the Home Visiting Consortium had identified several gaps in home visiting services, including insufficient staff to provide for the overall unmet need, lack of services to fathers, insufficient services for teen parents, lack of services for diverse cultural populations, unavailable mental health and substance abuse treatment resources for parents, inadequate domestic violence prevention and treatment, insufficient parent support in crisis situations, and increased need for education/training for parents.^{xxvi} This suggests that state funding for home visiting needs to be even higher than the 2009 level in order to fill the gaps in service and meet the needs of Virginia’s at-risk children and families. Our region is home to three evidence based models, Early Head Start, Healthy Families and Parents As Teachers (provided through Healthy Families and CHIP). Healthy Families and CHIP have both experienced significant cuts in state funding resulting in decreased capacity. Through mergers, the programs have partially counteracted the negative effects of state funding cuts by realizing efficiencies and, as a result, are also better able to respond to family needs with the program that is the best fit. Both programs were key players in the application to the state for home visiting expansion funding, though not selected. Resource Mothers has been identified as a promising practice and is likely to be the focus of additional research in the coming years. It is essential that our community support efforts to maintain these programs and work to expand them as political and fiscal realities allow.
- 2. Increase private funding for regional home visiting programs.** Smart Beginnings Greater Richmond and United Way are working with The Finance Project, a national research organization, to conduct a thorough fiscal mapping and strategic financing plan that will identify public and private sources of funding for home visiting expansion. In addition, through regional and local home visiting work groups, home visiting providers are collaborating to create more competitive applications when large funding opportunities become available.

WHAT CAN BE DONE? *(Continued)*

- 3. Replicate or expand the Home Visiting Referral Center.** The Richmond Home Visiting Referral Center helps existing programs make the best use of available capacity and resources. To continue realizing efficiencies, we need to expand the Referral Center model to include programs in counties and cities surrounding the City of Richmond. There is demand in the community, particularly from regional hospitals, for this model to expand. Smart Beginnings Greater Richmond is working with home visiting providers and the City of Richmond to develop a replicated or expanded model and find funding for this service. To expand the Referral Center model will require investments at the state and local level, including public and private dollars.
- 4. Fill gaps in services, such as the targeted expansion of Home Visiting.** In Hanover, local planning dollars leveraged by and awarded through Smart Beginnings Greater Richmond, the Greater Richmond Chamber, and the Capital Regional Collaborative enabled the Hanover Early Childhood Council to develop a plan for expansion of the CHIP home visiting model to the county to reach families in need that are not served by Resource Mothers. In Richmond and Petersburg, work groups identified a need for community-based outreach and bi-lingual services in targeted high-risk neighborhoods. Work groups will continue to seek funding and partnerships to meet this need. As other localities are engaged in the Regional Plan for Children's School Readiness, additional gaps in services will be identified which will require collaborative efforts to address.

CONCLUSION

There is national support for home visiting as a critical part of a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships.

The Pew Charitable Trusts, an independent nonprofit which applies a rigorous, analytical approach to improving public policy, believes that proven programs supporting parents are critical for laying the foundation for children's healthy development. Pew recommends that states invest in quality, evidence-based home visiting programs that offer parents access to information about their child's health and developmental and safety needs, as well as resources to go back to school and find stable jobs. By fostering positive parenting skills, family responsibility, and health today, home visiting helps ensure a solid foundation for safer, healthier children who are better prepared to learn tomorrow. Tax payers benefit when many of our nation's costliest social problems—school failure, child abuse and welfare dependence—are prevented.

The future prosperity of our region depends on our ability to foster the health and well-being of the next generation. When a society invests wisely in children and families, the next generation pays that back through a lifetime of productivity and responsible citizenship. Home visitation services for young and expectant families have the potential to improve the lives of families two generations at a time.

END NOTES

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- ⁱ Virginia Department of Social Services response to special request report.
- ⁱⁱ Virginia Department of Education provided the cost of repeating a grade. The cost for a year of foster care was found in The Virginia Coalition to End Homelessness. *Homelessness, Housing, and Foster Care Involvement*. Available from: http://vceh.org/extras/4-VCEH_FosterCare.pdf.
- ⁱⁱⁱ Pew Center on the States. *The Case for Home Visiting: Strong Families Start with a Solid Foundation*. May 2010. Available from: www.pewcenteronthestates.org/homevisiting and Pew Center on the States. *Paying Later: The High Costs of Failing to Invest in Young Children*
- ^{iv} See i
- ^v National Health Policy Forum. *Home, but Not Alone: Evidence-Based Maternal, Infant, and Early Childhood Home Visitation*. Issue Brief No. 843. May 26, 2011. Available from: http://www.nhpf.org/library/issue-briefs/IB843_HomeVisitation_05-26-11.pdf
- ^{vi} **Voices for Virginia’s Children. *Building Our Future: The State of Virginia’s Early Childhood System, October 2011*. Available from: <http://www.vakids.org/pubs/ECE/Building%20Our%20Future%20Oct%202011.pdf> and conversation with Cathy Bodkin, VA Department of Health and Virginia Home Visiting Consortium.**
- ^{vii} National Governor’s Association Center for Best Practices. *Issue Brief: Maximizing the Impact of State Early Childhood Home Visitation Programs*. March 8, 2011. Available from: <http://www.nga.org/files/live/sites/NGA/files/pdf/1103HOMEVISIT.PDF>
- ^{viii} Pew Center on the States. *The Case for Home Visiting: Strong Families Start with a Solid Foundation*. May 2010. Available from: www.pewcenteronthestates.org/homevisiting.
- ^{ix} Family Lifeline’s Healthy Families Outcome Fact Sheet FY 2010-2011
- ^x See ii. Original source: CHIP of Virginia. Data retrieved from <http://www.chipofvirginia.org/outcomes.asp>.
- ^{xi} Family Lifeline’s CHIP Outcome Fact Sheet FY 2010-2011
- ^{xii} See viii
- ^{xiii} See iv
- ^{xiv} See ii
- ^{xv} Family Lifeline’s Healthy Families Outcome Fact Sheet FY 2010-2011
- ^{xvi} Family Lifeline’s CHIP Outcome Fact Sheet FY 2010-2011
- ^{xvii} See ii
- ^{xviii} See iii
- ^{xix} See ii
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