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## WISCONSIN LEGISLATIVE COUNCIL STAFF MEMORANDUM

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Memo No. 2

TO: MEMBERS OF THE SPECIAL COMMITTEE ON STRENGTHENING WISCONSIN FAMILIES

FROM: Laura Rose, Deputy Director

RE: Home Visitation Program Evaluations

DATE: October 17, 2006

This memorandum summarizes two evaluations of Home Visitation Programs:

- *Evaluation of Hawaii's Healthy Start Program*, by Anne K. Duggan, et al., published in Home Visiting: Recent Program Evaluations, The Future of Children, Vol. 9, No., 1, Spring/Summer 1999.
- *Prevention of Child Abuse and Neglect (POCAN) Final Evaluation Report*, by Nina Troia, Evaluation Analyst, Wisconsin Department of Health and Family Services, Office of Strategic Finance, Evaluation Section, September 2003.

This information is being provided to the committee based on the interest that members expressed at the September 26, 2006, meeting of the committee.

Copies of the full reports are enclosed with this Memo.

### **Evaluation of Hawaii's Healthy Start Program**

Hawaii's Healthy Start Program (HSP) is a program to prevent child abuse and neglect. It does so by using home visitors to help families learn positive parenting practices that will promote healthy child development. HSP is one of the earliest home visitation programs developed in the United States. In this program, families are engaged soon after a child's birth, screened for risk of abuse and neglect, and offered home visitation services if they are classified as being at risk of child abuse and neglect. Participation is voluntary.

The National Committee to Prevent Child Abuse (now known as Prevent Child Abuse America) established Healthy Families America (HFA), based on the Hawaii HSP. The HFA program provides

training and technical assistance to local home visitation programs that are based on the Hawaii home visitation model. As of 2003, there were 430 HFA sites in the United States. (Healthy Families America: 2003 Annual Profile of Program Sites, Prevent Child Abuse America, December 2004.)

This study was initiated in 1995 by the Hawaii Medical Association and the Johns Hopkins University. As stated in the article, this evaluation uses strong scientific methods to study the home visitation model. For example, there was a random assignment of at-risk families to the home-visiting group and the control group, and the research was conducted by researchers who were not involved in the program design and operation.

The study examined four questions:

- How well does actual program performance conform to the HSP model?
- How successful is the program in achieving desired outcomes for parents and children?
- How does fidelity of program implementation influence outcomes?
- How do benefits compare with direct and indirect program costs?

The HSP model aims to promote linkage of families with community resources; getting parents on a positive life course; improving the home environment; improving parenting behavior and attitudes; ensuring good child health and development; and reducing child maltreatment.

The HSP evaluation found the following:

- HSP families are more likely to have a specific pediatric primary care provider than control group families. However, there were similar patterns of well-child care and immunizations in the HSP group and the control group.
- HSP and control group mothers did not differ in their “maternal life course” (i.e., in attaining personal educational and work goals).
- HSP and control group mothers did not differ in most home environment measures. However, HSP group mothers were less likely to have poor general mental health at one year of program participation.
- At one year of participation, HSP mothers reported greater use of nonviolent approaches to discipline. However, HSP and control group families did not differ in their homes’ learning environments, mother-child interactions, parenting stress levels, or the perceived competence of parents. At two years of participation, HSP mothers increased their use of nonviolent child discipline strategies, experienced less stress related to parenting, and felt more competent in their parenting skills than did control group parents.
- HSP and control group children were comparable in emergency room visits, hospitalizations, and injuries in the first two years of life.
- Child developmental status of HSP and control group children was similar.

- There were almost no child abuse and neglect reports in either the HPS or control group during the first two years. The evaluation noted limitations in using child protective services reports to measure rates of child maltreatment, because reporting is a rare event, in addition to other factors.
- Attrition rates in the HSP program were high, approaching 50%.
- The actual number of home visits made to families was one visit approximately every two to three weeks, rather than once a week as recommended in the home visitation program model.

### **Prevention of Child Abuse and Neglect (POCAN) Final Evaluation Report**

The Legislative Council's Special Committee on Prevention of Child Abuse and Neglect developed the legislation that became 1997 Wisconsin Act 293. This Act, which took effect on July 1, 1998, created a home visitation program in which first-time parents who are eligible for Medical Assistance (MA) are selected and offered the opportunity to undergo a risk assessment for perpetrating child abuse and neglect. Persons assessed to be "at risk" are offered the opportunity to participate in a home visitation program. The assessment and participation in the program are voluntary. The home visitation program must meet certain criteria specified in Act 293 and any other criteria specified by Department of Health and Family Services (DHFS).

This home visitation program, referred to by the acronym POCAN, went into effect in 1999. Nine counties (Brown, Door, Fond du Lac, Manitowoc, Marathon, Portage, Vernon, Waukesha, and Waupaca) and one tribe (Lac Courte Oreilles) were selected for the program.

The program is based on the PCA America "Healthy Families America" model, in addition to meeting the criteria for the program that were established in 1997 Wisconsin Act 293.

In 2005, the name of POCAN was changed to Family Foundations. Administration and support for this program comes from the DHFS Division of Health and the Division of Children and Families. Training and technical assistance for the sites is being coordinated by the University of Wisconsin-Extension Cooperative Extension Family Living Programs.

There was no control group established for comparison with the POCAN client group. Attempts were made to compare the POCAN client group with other representative populations, such as children receiving MA benefits. The Executive Summary of the POCAN program notes the following results from the program:

- Eighty-seven percent of children were up to date on immunizations, compared to 54% of MA eligible 2 year olds who received all scheduled immunizations in 2001.
- Eighty percent of children received all scheduled Health Check examinations, which exceeded the federal standard of 80%.
- Twenty-eight percent of mothers increased their level of employment during the time of program involvement. Thirty-four individual mothers improved their educational status by initiating or completing an education program.
- Family functioning and positive parenting practices improved during the time of program participation. The availability of learning materials for the child showed the greatest improvement.

- Seven percent of the study population used an emergency room during the program to receive treatment for injuries, or a rate of .36 visits per year. This compares with a rate of emergency room use among MA children age birth to 5, of .76 per year.

- Eighty-seven percent of the study population was screened to analyze child development. Thirteen percent of the screened cases were identified as having developmental delays, and most of these were referred to the Birth-to-Three Program.

- There were 11 substantiated reports of child abuse and neglect (4% of the study population) among program participants. This compares with an expected 16% rate of reports of child abuse and neglect. This “expected” rate of 16% was derived by assuming that the relative risk level of POCAN children is 100%. The actual statewide child abuse and neglect rate of 1.3% was multiplied by a factor of 12.5%, which resulted in the estimate that 16% of the children in the POCAN group would have experienced child abuse and neglect were it not for their POCAN involvement.

- The case closure rate during the first year follow-up period was 36%. For the three year study period, the case closure rate for the overall POCAN population was 62%, with a range from a closure rate of 25% in Portage County to 80% in Fond du Lac County.

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Enclosures