



THE EARLY YEARS HOME VISITATION OUTCOMES PROJECT OF WI

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By

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Key Talking Points

Introduction

Thank you for the invitation to talk with you about the field of home visitation in Wisconsin. As requested, I will share with you what is known about current home visitation programs in WI, how programs evolved and present recommendations for policy and legislation. Three primary characteristics best describe home visitation in WI:

1. Home Visitation in WI is implemented using a variety of models.
2. Home Visitation is integrated in communities throughout the state.
3. Home Visitation is limited by its lack of funding to provide comprehensive services.

Landscape In Wisconsin: Home visiting programs in Wisconsin have primarily developed locally, piecing together funding, and using multiple models.

- ◆ Home Visitation, like many human services within our state, is rooted in a rich and valued environment of local control. This local control has allowed communities to select program models that best fit their community needs and are integrated with other community resources and supports.
- ◆ We have 85 agencies that provide home visiting services in 43 counties registered on the University of Wisconsin – Extension Family Living Programs web site.
- ◆ Programs range in size from serving less than 10 families to serving over 200 families.
- ◆ Multiple home visitation models are being used. For example,
 - 5 Healthy Family sites
 - 43 Parent As Teachers sites
 - 1 Nurse/Partnership Model sites
 - 1 Home Instruction for Parents of Preschool Youngsters (HIPPIY)

- ◇ 65 programs are providing intensive services – weekly visits – to a portion of their families.
- ◇ All of programs report having funding for a targeted population.
 - First-time parents, First time parents on Medical Assistance, Teen mothers, Low-Income Families, Families at Risk for Child Abuse and Neglect, Single mothers, or a combination of target characteristics.

◇ **Parents As Teachers:** Parents As Teachers is the most dominant model being used in WI. Parents as Teachers (PAT) is a parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The program is designed to enhance child development and school achievement through parent education accessible to all families. The Parents as Teachers Born to Learn™ model offers families personal visits by certified parent educators; group meetings; developmental, health, hearing and vision screening; and linkage with community resources. It is a universal access model that is adaptable to the needs of diverse families, cultures and special populations. Programs are funded through a variety of public and private sources.

- 43 PAT programs in WI, serving approximately 2500 families, 18% receiving 20 or more visits.
- Majority of these programs are sponsored by Private/public non-profit organization, School system, Family Resources Center and/or Social Service Agency.
- 81 % blend PAT with other early childhood or parent support programs, for example: Even Start, Early Head Start, Head Start, Healthy Families America.
- 52% of programs have a waiting list.
- 34% of programs are universal access.

◇ **Home Visiting Initiatives with State Involvement**

- Family Foundations (FF): This initiative came from prevention of child abuse and neglect legislation in 1997 Wisconsin Act 293.
 - Funding has been awarded through the Department of Health And Family Services, Division of Public Health for the department's division of Children and Family Services.
 - Operates in nine counties and one tribe.
 - Voluntary participation.
 - Model follows elements of best practice grounded in research that serve as the framework for all ten programs sites to follow regardless of the program model that is used to deliver home visiting services in their communities.
 - Targeted for first time parents who are eligible for Medicaid.

- Funded by state general purpose revenue – Annual allocation: \$995,700.
 - Demonstrated to facilitate the delivery of appropriate and necessary preventive and acute medical care to young children, improves parenting skills and prevents child abuse and neglect.
 - In his last two budgets, Governor Doyle included funding to expand Family Foundations with an additional seven sites in Wisconsin. However, it was not part of the final approved budget.
 - Family Foundation funds account for 10 – 45 % of a Family Foundation sites total funding.
 - What was learned from Family Foundations was used to design Empowering Families of Milwaukee.
- Empowering Families of Milwaukee (EFM): Started in 2005 as a comprehensive targeted demonstration project.
- Voluntary participation for pregnant women and families of infants and children through age four years in high risk areas of the city of Milwaukee.
 - Services are provided by a three member team consisting of a family support worker, social worker and public health nurse.
 - Model is built upon the elements of best practice, the critical elements for successful home visitation research and uses Parents as Teachers curriculum.
 - Funding is provided through Federal TANF funds for five years with prenatal services and case management services covered by Medicaid.
 - Evaluation is underway by the Office of Policy and Budget of Dept of Health Services.

◆ **Development of a system for quality:** Systematic quality standards and improvement efforts have been developed by a grass-roots effort to improve quality and accountability for home visitation. Significant progress has been made by the work of The Early Years Home Visitation Outcomes Project. However, expansion of our work is limited by the lack of a statewide infrastructure to support the field of home visitation.

- The Early Years Home Visitation Outcomes Project: An initiative to measure common outcomes across various home visitation program curricula and model types.
 - Sponsored by Children’s Hospital and Health System’s Child Abuse Prevention Fund, Parents Plus of Wisconsin, and the Wisconsin Division of Public Health.
 - Eight home visiting programs (five of which receive Family Foundations funding)
 - Voluntarily developed and are currently implementing the outcome measurement framework.
 - Does not mandate a specific model.

- The program models using this framework include Healthy Families, Parents as Teachers, Growing Great Kids and a variety of hybrid program models that use multiple sources for content.
 - These eight sites are working with over 1400 families, and have voluntarily agreed to measure the selected outcomes for a five year period.
 - The five outcomes relate to parent-child interaction, child health, child safety, child development, family support and linkage to appropriate intervention services for children with a potential developmental delay.
 - Provides support to home visiting programs to effectively evaluate their programs and make program improvements based on quality data.
 - Provides an Outcomes Measurement framework using valid and reliable evaluation measures to meet the needs of many local United Ways, private foundations and federal grant evaluation requirements.
 - Establishes “common ground” among funders and providers of service with a focus on the common outcomes for children and families, rather than on the differences between program models and components.
- The EFM, FF and The Outcomes Project initiatives work to strengthen the capacity to assess and improve home visitation services by developing the strategic multi-model approach that links research to practice, training and model development.
- All three initiatives are measuring the same outcomes, using the same screening tools and entering/reporting data through the same public health data system. Common outcome data is a critical component in determining what works.
- No formal structure is in place to guide and support expansion of these initiatives.

Home Visitation Evolution and Funding: While most home visiting programs have been locally developed, state efforts have helped to expand home visiting and to provide guidance in effective practices and data collection. However, the impact is limited to those sites receiving State funding and those participating in The Outcomes Project. The field is hampered by lack of funding for additional sites.

- ◆ We recognize that each model has value in helping build strong families.
- ◆ In some communities HV programs were initiated as a prevention strategy targeted to a specific population in their community, example: teen mothers. Programs expanded to include other populations as funds became available and community partnerships are formed.

◆ In other communities, the community made serious front-end investment for comprehensive prevention services to avoid the cost of high end intervention services and out-of-home placements. Example: Marathon County, where 75% of their funding comes from a county tax levy and where home visitation is one component of an overall prevention strategy.

◆ Home Visitation is supported by multiple funding streams and varies by community/program. The following table presents funding data from the eight programs participating in The Outcomes Project.

Table 1 – Outcomes Project Participating Programs
Percent of Total Funding by Funding Source

Original Funding Source	Reported Percent of a Program’s Overall Funding
Family Foundations	0 – 45%
Other State Funds	0%
Federal Funds*	0-59%
County Levy/Local	0-75%
United Way	0-65%
Private Foundations/Public Support	0-35%

Note of Explanation:
Example: Some programs do not receive any Family Foundations funding (0%) and at least one program reports Family Foundations represents 45% of their home visitation budget.

* Federal Funds: Funding originating from a variety of Federal programs: Dept of Education-PIRC, Dept of Health and Human Services, Administration of Children and Families-Promoting Safe and Stable Families, Dept of Agriculture – Supplemental Nutrition Assistance Program, Dept of Health and Human Services-Title IV-E TANF Funds, Early Head Start to name a few. Many of these funds pass through the State or County agencies for allocation to programs.

- ◆ Select communities are serious about investing in prevention.
- ◆ Communities are choosing the models/curriculum which best meet their community needs.
- ◆ The State has implemented models (EFM, FF) that are based on the critical elements for successful home visitation – this is what we know to work regardless of the specific model/curriculum used.
- ◆ State Role to Date:
 - Empowering Families of Milwaukee and Family Foundations are the only home visiting programs with direct State involvement.

- Division of Public Health has made a significant contribution to home visiting by providing all three home visitation initiatives access to the SPHERE data system for collecting and reporting outcome data.

Recommendations: Home Visitation in Wisconsin needs Stable Funding, A Comprehensive Plan for Home Visitation, Statewide Infrastructure, Training and Technical Assistance, Outcomes Should Drive Funding, Allow for Multiple Models, Support Changes to AB 663.

◇ **Home visiting programs need stable funding.** Sustained and stable funding provides the basis for programs to garner additional funds from other funding streams and build comprehensive, quality prevention programs. Right now, too many programs are operating on soft dollars which are inadequate for building and maintaining a quality program foundation. Family Foundations provides stable funding to the 10 sites. We support increasing funding to Family Foundations to allow for additional sites.

◇ **Home Visitation in Wisconsin would benefit from a state funded planning process by an independent consultant to develop a Comprehensive Plan for Home Visitation.** This is an important step for positioning Wisconsin for additional Federal Funding.

◇ **Home visiting needs a formal funding stream dedicated to building and maintaining an infrastructure to support and evaluate home visiting in WI.** The Outcomes Project provides a framework for outcome evaluation moving us toward being able to articulate how families are better as a result of home visiting. Together, EFM, The Outcomes Project and FF, are demonstrating positive results for families and children. However, combined we represent only 14 programs in WI. We know home visiting works, we need to bring this outcome focused process to scale in all counties. In many counties the groundwork is in place.

◇ **A comprehensive training and technical assistance program should be offered to all home visiting programs.** There hasn't been the money to do that beyond the Outcomes Project, EFM and FF sites.

◇ **Allocation of funds for home visitation should be based on a programs ability to demonstrate meaningful change in the families they serve.** Specifically, programs should be able to link services with performance measures and outcomes. The results can be used to revise or refine specific approaches, policies, and practices to ensure better outcomes for children and families.

◇ **In Wisconsin, effective home visitation policy does not need to be in the form of mandating a single model.** At the national level, we have moved beyond single model mandates, by recognizing each model has value and its selection is best made at the community level. One size is not likely to fit all; and different strategies may best meet community needs.

◇ AB 663

We continue support each of the changes to the current Family Foundation legislation put forth in AB 663.

Specifically, these changes provide for:

- Change in the funding criteria to allow the flexibility to establish a formula allocation amount for each family to be served based upon a county's number of births paid for by Medicaid. This change will help potential sites know what funds they actually will have for their program and assist them in determining the amount needed for the grant match. Our intent in changing the statute is to clarify the formula for distributing the grants to better allocate any future new funds to home visiting programs. The statute currently allocates any available funds based upon a proportion of Medicaid-funded births of those counties who actually apply and are awarded grants. Thus sites do not know the amount of money they will get until awards are announced. This makes it very difficult for communities to plan and secure matching funds.

- Open competition for Family Foundation funding by deleting provisions which exclude Milwaukee County and requires six rural, three urban and one tribal program.

- Requires a county and Indian tribe to provide a match of at least 25% of grant amount as a means to facilitate community resource integration into the delivery of home visiting services.

- Continuation of home visiting services for children until age 3 if the child was continuously receiving home visiting services for not less 12 months regardless of the child's MA eligibility.

- A requirement for home visiting programs to demonstrate incorporation of best practice standards and critical elements for successful home visitation that is acceptable to the Department.

- Provisions that position the State of WI to be eligible for new federal funds supporting home visitation by:
 - evaluating gaps in home visiting services,
 - identifying outcomes to be measured for home visiting programs
 - requiring the collection and reporting of outcome and evaluation data,
 - allowing communities to determine the model to meet their needs, and
 - provide training and technical assistance to employees and managers to develop and maintain competencies in providing home visiting to families.

◆ **We believe the evidence is compelling** – the best investment for our dollar is early childhood prevention and home visitation is an essential component of a successful prevention strategy.

Closing

Thank you for your desire to better understand home visiting in Wisconsin. In summary, three driving characteristics of home visiting are:

1. Home Visitation in WI is implemented using a variety of models.
2. Home Visitation is integrated in communities throughout the state.
3. Home Visitation is limited by its lack of funding to provide comprehensive services.

We ask for your careful consideration of our recommendations.

For more information contact:

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