



Family Foundations Home Visiting Program



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What is Family Foundations Home Visiting?

- A voluntary program offering supportive services to parents and their children during & after pregnancy
- Weekly visits address:
 - Prenatal care access
 - Screenings & Assessments of parent and child health and well-being
 - Health education
 - Parent-child relationships
 - Child development/age appropriate expectations

Family Foundations Home Visiting (FFHV) Program Timeline

- 1998-2010:** Prevention of Child Abuse and Neglect (POCAN), the original supported home visiting program piloted in 9 counties and one tribe.
- 2008:** Administration of POCAN transferred from the Division of Public Health to newly created Department of Children and Families.
- 2010:** Affordable Care Act (H.R. 3590) signed into law and requiring implementation of evidence-based home visiting models demonstrating effectiveness in certain domains; funding available through 2014.
- 2011:** Wisconsin used an RFP process to identify potential FFHV providers in eligible communities in May 2011.
- Wisconsin successfully applied for both the federal home visiting formula and competitive funding, which supports 11 programs at 25 sites, including 5 tribal sites, 3 Milwaukee programs, and programs in 5 rural counties; contracts awarded in fall 2011.
- 2013:** Awarded a federal expansion grant, which allows the State to add three programs: Adams County, Winnebago County, and Manitowoc County.
- 2014:** Currently focusing on supporting program implementation, further developing training/technical assistance/coaching infrastructure, doing quality improvement projects, and evaluating the effectiveness of the programs.

Family Foundations Funding

SFY 14:

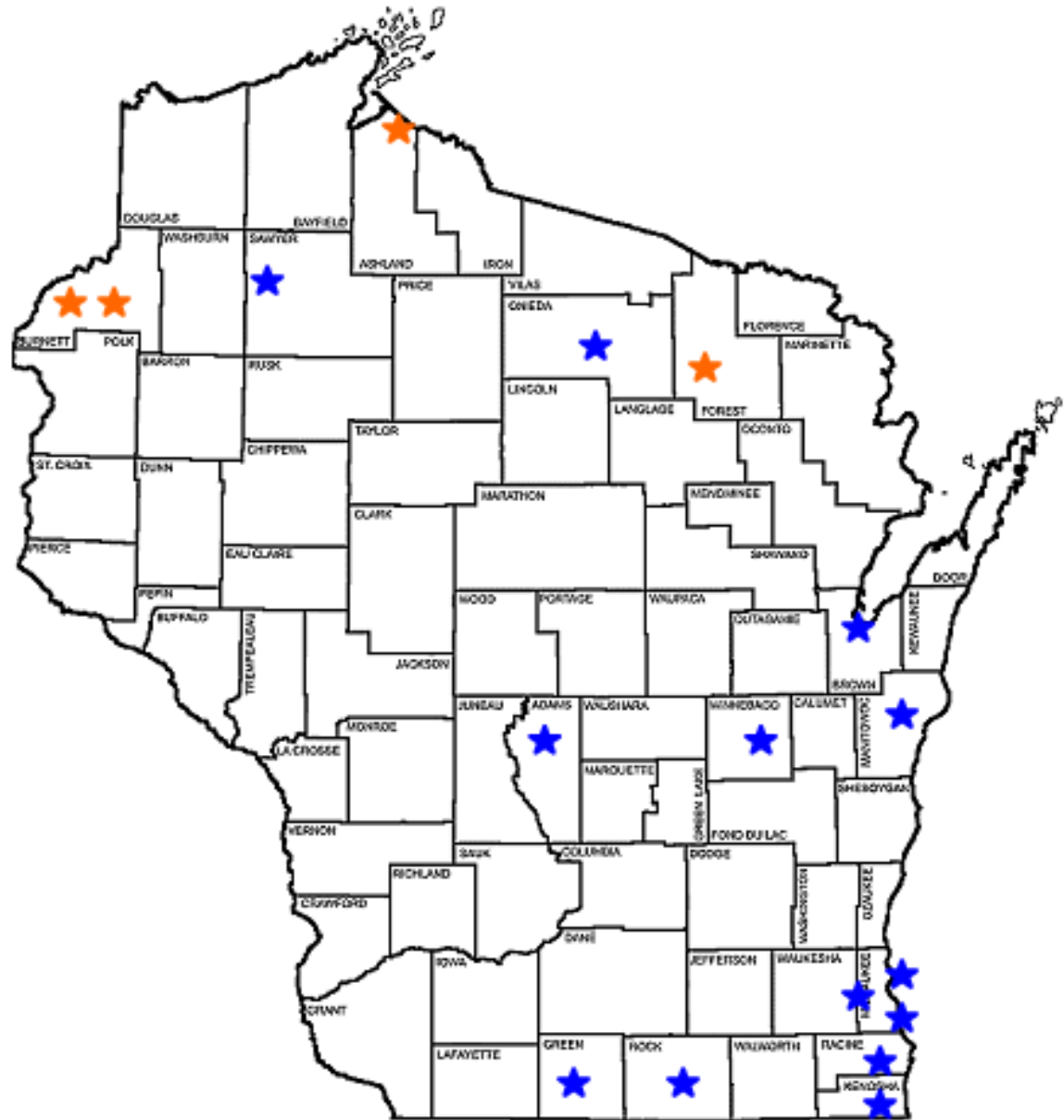
Federal MIECHV discretionary grant:	\$ 6,727,566
Federal MIECHV formula grant:	1,628,586
General Purpose Revenue:	1,065,700
TANF	<u>812,000</u>
Total	\$10,233,852

Family Foundations

Home Visiting Programs

- Adams County
- Brown County
- Great Lakes Intertribal Council (4 program sites: Bad River Band of Lake Superior Chippewa, Sokaogon Chippewa Community, St. Croix Band of Lake Superior Chippewa Indians, and Burnett County)
- Green County
- Kenosha County
- Lac Courte Oreilles, Mino Maajisewin
- Manitowoc County
- Empowering Families of Milwaukee
- Healthy Families Milwaukee
- Next Door (Milwaukee)
- Northwoods Home Visitation Program (Lincoln, Oneida, Forest Counties)
- Racine County
- Rock County
- Winnebago County

FFHV Home Visiting Programs



★ Home Visiting Program

★ GLITC multi-site

Evidence-Based Home Visiting Models in WI

- Healthy Families America (HFA)
 - Used by 8 of 14 FFHV programs
- Early Head Start (EHS)
 - 3 FFHV programs: Green County, Adams County and Next Door (Milwaukee)
- Nurse Family Partnership (NFP)
 - Kenosha County, Adams County
- Parents as Teachers (PAT)
 - Two organizations in Brown County, subcontracted by the Brown County HFA program
 - Winnebago and Manitowoc counties
- HIPPY (Home Instruction for Parents of Preschool Youngsters)
 - Not currently funded by FFHV because it does not start prenatally

Healthy Families America (HFA)

Target Population: pregnant woman and children birth to kindergarten; families with risk factors

Program Components: weekly home visits for first six months, then as determined by program; program selects curriculum with HFA approval

Home Visitor requirements: experience working with families with multiple needs; no degree or licensing requirements

Evidence of Effectiveness: ↑ child development and school readiness, economic self sufficiency, child health; ↓ child maltreatment

Early Head Start (EHS)

Target Population: pregnant women and children birth to 3; low-income families; children with disabilities

Program Components: weekly home visits; bi-monthly socialization activities; program selects curriculum

Home Visitor requirements: knowledge of child development; no degree or licensing requirements

Evidence of Effectiveness: ↑ child development and school readiness, economic self sufficiency, positive parenting practices

Nurse Family Partnership (NFP)

Target Population: pregnant women and children birth to 2; first-time, low-income mothers

Program Components: weekly home visits for first month and 6 weeks after birth; then bi-monthly; program follows visit-by-visit curriculum

Home Visitor requirements: must be registered professional nurse

Evidence of Effectiveness: ↑ child development and school readiness, economic self sufficiency, positive parenting practices, child and maternal health; ↓ child maltreatment

Parents as Teachers (PAT)

Target Population: pregnant women and children birth to kindergarten; targeted risk factors determined by program

Program Components: monthly home visits; greater frequency for higher-need families

Home Visitor requirements: experience in early childhood field; HS diploma/GED required, bachelor's preferred

Evidence of Effectiveness: ↑ child development and school readiness, positive parenting practices

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Target Population: parents of children ages 3 to 5

Program Components: bi-monthly home visits; bi-monthly group meetings; 30-week curriculum

Home Visitor requirements: bachelor's degree in early childhood or elementary education, social work, or related field

Evidence of Effectiveness: ↑ child development and school readiness, positive parenting practices

FFHV Training and Professional Development Goals

- Integrate Infant Mental Health competencies for home visiting program staff into all levels of training;
- Develop and implement advanced training in the areas of domestic violence, drug and alcohol use/misuse, and maternal mental health;
- Develop training and coaching for home visiting program supervisors;
- Ensure access and build in-state capacity for Healthy Families America (HFA) training;
- Make training more affordable for programs that do not receive state funding;
- Continue development of a technical assistance system, which includes support for program development, collaboration coaching and meeting model-specific requirements; and
- Increase opportunities for peer support.

FFHV Summary Statistics

October 1, 2013 through May 31, 2014

- Households Served: **1,032**
- Percent of households enrolled prenatally: **77.3**
 - Goal: 75.0%
- Percent of adult clients with 3 or more risk factors: **57.4**
 - Goal: 60.0%

FFHV Summary Statistics

October 2013 through May 31, 2014

Client Race and Ethnicity

Ethnicity	Number of Adult & Child Clients	Percentage of Clients
Hispanic or Latino	338	21.4
Not Hispanic or Latino	1,240	78.6
Total	1,578	100.0

Race	Number of Adult & Child Clients	Percentage of Clients
American Indian, Native American or Alaskan Native	150	9.5
Asian	23	1.5
Black or African American	570	36.1
Hawaiian or Pacific Islander	2	0.1
White	617	39.1
Other	75	4.8
Unknown	57	3.6
More than One Race	84	5.3
Total	1,578	100.0

Risk Factor Frequency

among adults enrolled in home visiting between October 2013 and May 31, 2014

Priority Population/Risk Factor	Percentage
Low Income	97.4
Tobacco users in the home	50.4
At risk for low academic achievement	40.4
Pregnant woman under age 21	34.5
History of child abuse, neglect, or interactions with child welfare as a child or parent	24.1
History of substance abuse	21.9
Have a child with developmental delays	10.4
In a family with individuals serving or formerly served in the Armed Forces	7.0

Federal Benchmark Plan

The FFHV must report, annually, on 36 measures within six benchmark areas:

- Improved Maternal and Newborn Health
- Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits
- Improvements in School Readiness and Achievement
- Reduction in Domestic Violence
- Improvements in Family Economic Self-Sufficiency
- Improvements in Coordination and Referrals for Other Community Resources and Supports

Federal Benchmark Plan

- Federal government specified the benchmark areas and their subcategories or “constructs”
 - Benchmark Area 1 has 8 constructs, such as: Prenatal Care, Screening for Maternal Depressive Symptoms, and Maternal and Child Health Insurance Status.

Federal Benchmark Plan

- The State defined a performance measure for each construct
 - For example: for Prenatal Care, we measure average week of pregnancy by which mothers enroll in home visiting and have a completed prenatal assessment.
 - Federal Government advised on the measures, recommended changes, and ultimately approved our “Benchmark Plan”

Federal Benchmark Plan

- The State is expected to demonstrate improvement in at least four benchmark areas by the end of the first three years of the funding, September 30, 2014:
 - to do this, the State must show improvement in at least half of the constructs under each benchmark area.

Maternal & Child Health Data

from WI's second federal benchmark report
for the period 10/1/2012 through 09/30/2013

Measure	Result
Average week of pregnancy when mothers enroll in home visiting services and receive a prenatal assessment	21.5 weeks
Percent of mothers who receive information about birth spacing at least once prior to birth of child	53.1%

Maternal & Child Health Data

from WI's second federal benchmark report
for the period 10/1/2012 through 09/30/2013

Measure	Result
Percent of mothers using tobacco after birth	28.5%
Percent of mothers taking a supplement that contains folic acid	54.5%

Maternal & Child Health Data

from WI's second federal benchmark report
for the period 10/1/2012 through 09/30/2013

Measure	Result
Percent of mothers screened for postpartum depression	88.1%
If ever breastfed, average weeks child breastfed, up to age 6 months	9.7 weeks

Maternal & Child Health Data

from WI's second federal benchmark report
for the period 10/1/2012 through 09/30/2013

Measure	Result
Percent of children missing 1 or no well-visit health exams, as of the 6 month infant assessment	94.3%
Percent of mothers and children with health insurance or Medicaid, measured at 12-months post-enrollment, compared to month of enrollment	<u>At enrollment:</u> 93.2% <u>12 months post enrollment:</u> 91.7%

Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits Data

Measure	Result
Percent of children with at least one ER visit	60.6%
Percent of children with at least 1 injury requiring medical treatment	8.7%

Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits Data

Measure	Result
Percent of mothers with at least one ER visit	53.1%
Percent of mothers who received information or training on injury prevention	48.1%

Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits Data

Measure	Result
Percent of children with a screened in report of suspected maltreatment	16.7%
Percent of children with a substantiated maltreatment report	1.0%
Percent of children who are first-time victims of maltreatment, post-enrollment	1.0%

Improvements in School Readiness and Achievement Data

Measure	Result
% of children with an ASQ-3* communication domain score indicating potential concern, who received a referral for services	75.0%
% of children with an ASQ-3* problem solving domain score indicating potential concern, who received a referral for services	83.3%
% of children with an ASQ-3* personal social domain score indicating potential concern, who received a referral for services	100.0%

*Ages & Stages Questionnaire Developmental Screen commonly used in early childhood

Improvements in School Readiness and Achievement Data

Measure	Result
Percent of infants born to prenatally enrolled mothers weighing less than 2,500 grams	9.0%

Improvements in Family Economic Self-Sufficiency Data

Measure	Result
Percent of households with an increase in income/cash support between enrollment and 12 months post enrollment	40.0%
Percent of mothers with an increase in educational attainment between enrollment and 12 months post-enrollment	11.2%

Continuous Quality Improvement

Currently developing program-wide

CQI structure and process:

- State Home Visiting CQI Team
- Local CQI Teams
- State HV Priority Projects Selected by State Team: projects to-date focused on depression screening rates and reproductive life planning

Program Evaluation

- State Home Visiting Evaluation
 - Sophisticated evaluation component required for the federal competitive (development and expansion) grants
 - Program Evaluation experts from UW-Milwaukee and UIC leading the evaluation of the Family Foundations programs with three aims: (1) assess change in client outcomes, (2) analyze implementation fidelity, and (3) examine new and existing screening and assessment practices
 - Implementation progress and client outcomes assessment will use a multi-methods approach, involving review of administrative data and benchmark data, program reports, and staff survey/interviews, as well as a Randomized Control Trial (RCT) of Empowering Families Milwaukee (the largest program in Wisconsin)

Program Evaluation (cont.)

- MIHOPE National Home Visiting Evaluation
 - National RCT evaluation of federally funded home visiting programs with the goal of participation by 12 states and 85 programs
 - 4 Wisconsin programs selected to participate: Green County EHS, Next Door EHS, Brown County HFA, and PAT at the Family and Childcare Resources of Northeast WI
 - The MIHOPE programs have data collection requirements in addition to those of the State and their evidence-based models

Family Foundations Home Visiting Next Steps

- Further development of training/technical assistance structure
 - Ongoing training development (e.g., AODA, mental health, supervisory training)
 - Site-specific technical assistance (e.g., organizational and staff development, collaboration coaching and CQI)
 - Home visiting model specific training and technical assistance to ensure model fidelity
- Supporting CQI at the local level
- Using outside evaluation of FFHV to make improvements and program adjustments
- Data system enhancements (SPHERE modernization and using handheld devices in the field)
- Encourage growth of evidence-based home visiting statewide
- Sustainability