



**Supporting Evidence-Based
Home Visiting to Prevent
Child Maltreatment**

SUPPORTING EVIDENCE-BASED HOME VISITING TO PREVENT CHILD MALTREATMENT

SNAPSHOT OF THE 17 GRANTEES

DECEMBER, 2008

CALIFORNIA: RADY CHILDREN’S HOSPITAL – SAN DIEGO

Location: To be determined; at least five counties will be identified throughout grant period

Home Visiting Program Selected: SafeCare

Home Visiting Target Population: Will depend on selected counties, but will target Latino families

Project overview:

The Chadwick Center for Children and Families at Rady Children’s Hospital in San Diego, California, in close partnership with the California Department of Social Services, the University of California, San Diego Department of Psychiatry, and the National SafeCare Training and Research Center, will implement the SafeCare home visitation model across multiple California counties in three, successive “cascading” cohorts. The aim of each implementation cohort will be to redirect existing home visiting service delivery in the county to the SafeCare model through strong implementation support and fidelity to the model. Each cohort will work as a “Learning Community” to aid in accelerating the pace of implementation, reinforcing model fidelity, and increasing the likelihood that changes are sustained. The ultimate goal of cascading implementation will be to expand the breadth of services geographically and the depth of local capacity to teach and support other practitioners. Also, during the grant period, The Chadwick Center will complete a full cultural adaptation of SafeCare for Latino families, including staff support and coaching in Spanish. To evaluate their efforts, the Chadwick Center intends to assess reach, progress, fidelity, and maltreatment re-reports to provide feedback on how implementation can be improved.

CALIFORNIA: THE COUNTY OF SOLANO DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Location: Fairfield, California

Home Visiting Program Nurse Family Partnership

Selected:

Home Visiting Target Population: Low-income, first-time mothers in the County with significant risk factors for child maltreatment, along with pregnant transitional-age youth previously or currently involved in foster care or in relationships with former or current foster care youth.

Project overview:

The County of Solano Department of Health and Social Services will work closely with community partners currently providing home visitation services, including BabyFirst Solano, a public-private partnership established in 2003 to make sure babies born in the County are healthy and able to thrive, to implement a Nurse Family Partnership (NFP) home visiting program. The Department expects to receive referrals to NFP from a diverse group of collaborative partner agencies and programs such as public health clinics, WIC clinics, family resource centers, and private physicians. To implement the grant, the Department's child welfare and public health divisions will collaborate with each other, including combining funding streams to support NFP. They will also work with mental health, substance abuse treatment, and employment and eligibility divisions. The grantee plans to compare outcomes, costs, and benefits of NFP with other, non-evidence-based home visiting models in the county, and will engage an external evaluator to conduct the evaluation.

COLORADO: COLORADO JUDICIAL DEPARTMENT

Location: Denver, Colorado

Home Visiting Program Nurse Family Partnership

Selected:

Home Visiting Target Population: First-time, low income mothers (ages 15-20 who are fewer than 28 weeks into pregnancy) that are involved with the criminal justice system and have a known history of substance abuse.

Project overview:

The Denver At-Home Intervention Services Initiative (DAISI) will implement the Nurse Family Partnership (NFP) as a program model for working with pregnant and first-time mothers between the ages of 15-20 years of age who are involved with the juvenile or criminal justice systems and have a history of substance abuse and mental health issues. The goals of the program are to improve prenatal health, help mothers understand child development and foster effective parenting strategies. Denver Juvenile and Family Courts and the Kempe Center will build upon their current, innovative programs to support two existing NFP sites in Denver and create a team-based, community-wide infrastructure that more effectively addresses the needs of the target population. The proposed evaluation includes an implementation analysis and a pre-post analysis of outcomes.

DELAWARE: CHILDREN AND FAMILIES FIRST OF DELAWARE, INC.

Location:	Statewide
Home Visiting Program Selected:	Nurse Family Partnership
Home Visiting Target Population:	Low-income first-time pregnant mothers with risk factors associated with child maltreatment comprise the target population

Project overview:

Children & Families First, a non-profit, statewide human service agency, in collaboration with a variety of public- and private-sector agencies, will lead Delaware’s plan to coordinate existing home visitation programs and to implement Nurse Family Partnership Program (NFP). The first project goal is to lead a comprehensive community planning process to build local capacity to support improved home visit quality. The second goal is to implement NFP through a phased-in approach beginning with a team of four Nurse Home Visitors, which will then be expanded to statewide by adding home visitors in two additional counties. In these two counties, Delaware will add mental health consultation services to address the limited mental health resources in those communities. Children and Families First will evaluate their efforts through a process evaluation and cost analysis.

HAWAII: STATE OF HAWAII DEPARTMENT OF HEALTH

Location:	Statewide
Home Visiting Program Selected:	Paraprofessional home visiting model
Home Visiting Target Population:	Families with multiple, malleable risks for maltreatment of newborns

Project Overview:

The State of Hawaii’s Department of Health, working collaboratively with State and community-level agencies and councils, community-based organizations, academic institutions and families, will develop and implement a detailed plan to enhance the Healthy Start Program, the State’s paraprofessional home visiting model that was the prototype for Healthy Families America. The project, Enhancing Hawaii’s Statewide Home Visiting Program to Improve Fidelity and Effectiveness, has a project goal to assure that children in the most vulnerable families receive the most appropriate, most effective, and least intrusive home visiting services to promote healthy family functioning, prevent child maltreatment, and promote child health and development. Through the project, Hawaii will address five existing challenges related to fidelity, effectiveness and sustainability: 1) improve the implementation system to assure staff competence; 2) build capacity for continuous quality improvement; 3) refining the selection of families who receive home visiting; 4) enhance Hawaii’s Healthy Start program model; and 5) resolve incongruities between funding stream requirements and the home visiting model. The project builds on the longstanding history of the Healthy Start program in Hawaii. The planned evaluation involves process, outcome, and economic cost analyses.

ILLINOIS: ILLINOIS DEPARTMENT OF HUMAN SERVICES

Location:	Statewide
Home Visiting Program Selected:	Nurse Family Partnership, Healthy Families America, and Parents as Teachers
Home Visiting Target Population:	Families at risk for child maltreatment, including first-time parents and parents who have recently added a newborn to their family

Project Overview:

The Illinois Department of Human Services will lead development of an integrated state infrastructure to support three evidence-based models of home visitation. Illinois DHS will coordinate with two other state agencies, Illinois Department of Children and Family Services and Illinois State Board of Education, and with service providers and advocacy groups in the state. Grant goals are to: 1) create a successful and sustainable state level collaborative to support Healthy Families Illinois, Parents as Teachers, and Nurse Family Partnership programs; 2) ensure that local home visiting programs are effective in reducing the risk for child abuse or neglect (implemented and operated with fidelity to the original model) through a quality assurance approach that includes training, technical assistance, monitoring, data collection, reporting and credentialing; and 3) conduct a rigorous evaluation to demonstrate that Illinois' home visitation infrastructure is effective and efficient. The evaluation will examine implementation of the state infrastructure, measure improvements in the operation and impact of local programs, and gauge the impact of these programs on parent-child interactions and the occurrence of child maltreatment.

MINNESOTA: MINNESOTA DEPARTMENT OF HEALTH STATE TREASURER

Location:	To be determined
Home Visiting Program Selected:	Nurse Family Partnership
Home Visiting Target Population:	Families at risk for child maltreatment, including first-time parents and parents who have recently added a newborn to their family

Project overview:

Minnesota plans a two-pronged approach to enhance, expand and sustain evidence-based home visiting programs through infrastructure development and a targeted population implementation project. To strengthen the infrastructure supporting home visiting service delivery, Minnesota will establish a system for reimbursement of evidence-based home visiting programs through publicly funded health programs; engage in joint planning to blend funding streams; award mini-grants to support startup costs for Nurse Family Partnership (NFP) implementation; and provide reflective practice, supervision, and technical assistance for new and current NFP sites. Minnesota will also implement NFP with American Indians and/or a non-English speaking immigrant/ refugee population (Hmong), two populations in Minnesota experiencing health disparities that have not previously been included in NFP randomized trials. Minnesota will work with the NFP National Office to explore the proposed adaptation of materials for the identified target population. As part of this targeted population implementation project, Minnesota will explore the feasibility of evaluating home visits delivered by a bilingual nurse compared to home visits provided by an English-speaking nurse and an interpreter.

NEW JERSEY: STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES

Location:	Cape May, Essex, Hudson, Middlesex, Ocean, and Union Counties
Home Visiting Program Selected:	Nurse Family Partnership; Healthy Families America; Parents as Teachers
Home Visiting Target Population:	First-time mothers in Hudson and Union Counties; families from pregnancy to age five in Cape May County, and system coordination in Essex and Middlesex Counties

Project overview:

The State of New Jersey’s Department of Children and Families will conduct State and local planning to build the infrastructure necessary for a system of care that uses the state’s Comprehensive Home Visiting System model. This model will promote collaboration for early identification of pregnant women and parents and will advance statewide efforts to integrate evidence-based home visitation services into a system of care. The model will also increase the availability of evidence-based home visiting services as a primary strategy to prevent child maltreatment. New Jersey plans to initially pilot a screening/risk assessment and intake coordination model with women in Essex (including Newark) and Middlesex Counties. In subsequent years, New Jersey will expand Nurse Family Partnership capacity to target first-time mothers in Hudson and Union counties. Additionally, New Jersey will pilot an enhanced model of Parents as Teachers in Cape May County for families with pregnant mothers and children ages zero to five. Efforts will be evaluated through a comprehensive evaluation that includes process, outcome, and cost measures.

NEW YORK: ROCHESTER SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Location:	Monroe County (Rochester)
Home Visiting Program Selected:	Nurse Family Partnership; Parents as Teachers
Home Visiting Target Population:	At-risk, low-income parents who had their first child below age 21

Project overview:

The Rochester Society for the Prevention of Cruelty to Children will collaborate with seven community partners to examine the benefits of combining multiple evidence-based home visitation and other models to effectively meet the needs of families at the greatest risk, with the goal of reducing child maltreatment and enhancing family functioning. Depending on eligibility, families will receive Nurse Family Partnership or other evidence-base programs, including Parents as Teachers. During intake, families will participate in a comprehensive screening process that identifies whether the family needs more intense mental health therapy. A rigorous evaluation will compare treatment delivery through a multi-tiered evidence-based service delivery model that includes Nurse Family Partnership services. Program participants will first be screened for Nurse Family Partnership eligibility. If ineligible, they will then be randomly assigned to alternative evidence-based home visitation services or to an enhanced treatment as usual group that includes only referrals to community resources. To support their building a sustainable infrastructure, a Steering Committee will explore leveraging of funding streams and develop a model capable of national replication for sustainability.

OHIO: ST. VINCENT MERCY MEDICAL CENTER

Location:	Lucas County, Ohio
Home Visiting Program Selected:	Healthy Families America
Home Visiting Target Population:	Families with children between 3-5 years old

Project Overview:

St. Vincent Mercy Medical Center will collaborate with Lucas County Children’s Services, Lucas County Family Council, Children’s Trust Fund, Northwest Ohio Family and Child Abuse Prevention Center and other Federal, State and local programs to develop a comprehensive child maltreatment prevention strategy. This collaborative group will leverage multiple funding streams to provide home visiting services. The planned project, Healthy Connections Home Visitation Project, will implement an enhanced Healthy Families America model. Planned enhancements will address existing concerns that partner violence, parent substance use, and depression are not adequately addressed if paraprofessional home visitors are not comfortable addressing these issues by: (1) using bachelor and master-prepared home visitors with expertise in substance use, maternal depression, and/or partner violence and (2) assigning home visitors to families based on their primary area of risk. St. Vincent will evaluate their project through a randomized control evaluation that compares the enhanced HFA model to usual care.

OKLAHOMA: THE UNIVERSITY OF OKLAHOMA – HEALTH SCIENCES CENTER

Location:	Oklahoma City, Oklahoma
Home Visiting Program Selected:	SafeCare
Home Visiting Target Population:	Families with at least one child age 5 years or younger and at least one of the following risk factors: parental substance abuse, mental health issues, and/or intimate partner violence.

Project overview:

The University of Oklahoma Health Sciences Center will build on their experience developing, implementing, evaluating, and expanding evidence-based home visiting programs serving high-risk populations. Oklahoma will evaluate SafeCare® augmented to address risks of intimate partner violence, substance abuse, and depression with Motivational Interviewing, safety planning, and problem solving (SafeCare+). Through this grant, Oklahoma will expand the SafeCare+ model by selecting an evidence-based augmentation to promote nonviolent behavior and conflict resolution skills, and implementing adaptations for receptivity and cultural congruency for the Oklahoma Latino community. Oklahoma will conduct a randomized trial comparing SafeCare+ to one or more other home-based service approaches offered at the Latino Community Development Agency. The violence prevention augmentation will also be evaluated in an ongoing randomized trial. To focus on systems change, the Sustaining Prevention Programs committee will examine private, municipal, state, and federal funding streams and cost benefits data to plan for the continuation and expansion of evidence-based high risk child maltreatment prevention in Oklahoma.

RHODE ISLAND: RHODE ISLAND KIDS COUNT

Location: Providence, Pawtucket, and Central Falls, Rhode Island

Home Visiting Program Nurse Family Partnership

Selected:

Home Visiting Target Families with multiple risks for child maltreatment expecting their
Population: first child.

Project overview:

RI KIDS COUNT will lead a statewide Rhode Island (RI) Nurse-Family Partnership (NFP) Initiative to develop the infrastructure required to support NFP replication in three cities with large concentrations of families and children at risk for child maltreatment. The ultimate goal is to have NFP services available statewide. Children’s Friend & Service will serve as the key program implementation partner at the NFP anchor site. Other partners focusing on infrastructure development and systems building targeted on leveraging state funds and engaging stakeholders and the public include the RI Department of Children, Youth and Families; the RI Department of Health, the RI Department of Human Services; and the NFP National Service Office. Bradley/Hasbro Children’s Research Center at Brown University Medical School will conduct an experimental evaluation that includes assessments when children are 3 and 24 months old. The evaluation will examine implementation of the state infrastructure development activities, measure process indicators and child and family level outcomes, and analyze costs.

SOUTH CAROLINA: THE CHILDREN’S TRUST FUND OF SOUTH CAROLINA

Location: Columbia, South Carolina

Home Visiting Program Nurse Family Partnership

Selected:

Home Visiting Target First-time, low income mothers, rural and underserved populations
Population:

Project overview:

With this grant, South Carolina will focus on continuing to develop future NFP sites, particularly in rural and underserved communities, and establishing a comprehensive integrated infrastructure that addresses the currently fragmented home visiting system in the state. This will build on and extend work through outside funding that The Children’s Trust Fund of South Carolina recently received to expand their current implementation of Nurse Family Partnership (NFP). Specifically, to expand NFP, South Carolina will: (1) develop outreach plans that identify strategies for addressing the needs of rural and underserved populations, such as Native American mothers; (2) add four to five new NFP sites in communities meeting the criteria of NFP determined readiness; and (3) continue to provide technical assistance to build capacity for future NFP sites. To develop an integrated infrastructure across home visiting programs, The Children’s Trust Fund will collaborate with other organization on developing a state-wide home visitation referral triage system that aims to match families with appropriate services. The proposed evaluation will include an implementation analysis and a pre-post analysis of outcomes.

TENNESSEE: CHILD AND FAMILY TENNESSEE

Location:	East Tennessee, which is composed of 16 diverse counties.
Home Visiting Program	Nurse Family Partnership; Family Connections
Selected:	
Home Visiting Target Population:	At-risk, low income females who are pregnant; first-time mothers will be given priority

Project overview:

Child and Family Tennessee (CFT) aims to reduce child maltreatment through *Project Babies*, an intensive home visitation service program targeted for at-risk pregnant women and young mothers in a 16 county area of east Tennessee. The project will replicate two family intervention models – Nurse Family Partnership (NFP) and with some families, the Family Connections model. The overall goals of the project include improving the health and living situations of participants, promoting the widespread adoption and sustainability of home visitation services; and evaluating the effectiveness of these interventions for specific populations. The proposed evaluation will include a process analysis, a quasi-experimental evaluation, and an economic cost study. Additionally, the grantee will be working with fourteen selected State and local partners to ensure the sustainability of the project.

TENNESSEE: LE BONHEUR COMMUNITY OUTREACH

Location:	Shelby County, Tennessee
Home Visiting Program	Nurse Family Partnership
Selected:	
Home Visiting Target Population:	Shelby County residents who meet the overall criteria for Nurse-Family Partnerships: low-income, first-time mothers, 16-28 weeks pregnant. Nearly all participants will be African-American.

Project overview:

Le Bonheur Community Outreach will implement a program called *Shelby County Nurse Family Partnership Collaborative*. The Tennessee Commission for Children and the director of the Le Bonheur Center for Children and Parents will co-chair the Nurse Family Partnership. The program's goals are designed to: 1) utilize the Nurse Family Partnership model to expand and enhance high quality home visitation programs proved to reduce child abuse and deliver other positive outcomes for children and families, 2) develop a replicable local infrastructure model to implement the Nurse Family Partnership, 3) establish a statewide partnership to support local expansion and enhancement of the Nurse Family Partnership and other evidence based home visitation programs in the state, and 4) provide guidance to the Nurse Family Partnership implementations around the country to more effectively serve clients with mental/behavioral health disorders. The proposed evaluation will included an implementation, outcomes and economic cost analysis.

TEXAS: DEPELCHIN CHILDREN’S CENTER

Location:	Dickinson, Texas City, Santa Fe, and La Marque, Texas
Home Visiting Program Selected:	Positive Parenting Program
Home Visiting Target Population:	Families with children between 0-16 years old at risk for child maltreatment

Project Overview:

The DePelchin Children’s Center will implement the Positive Parenting Program (Triple P), in four high-need communities in southeast Texas through the establishment of the Healthy Solutions Program. The goals of the Healthy Solutions Program are: (1) to provide home based family support, prevention and parenting services to at-risk families; (2) to build upon existing infrastructure of collaborative partnerships to implement and sustain evidence-based home visitation programs; and (3) to contribute to the knowledge and research base of child abuse prevention through rigorous evaluation. DePelchin will work collaboratively with a broad range of local stakeholders to build an infrastructure and leverage existing funds and resources to ensure the sustainability of these services. To address concerns with continuity of care, DePelchin will develop a referral system for enrolled families. DePelchin will evaluate their home visiting approach through a randomized control evaluation.

UTAH: THE UTAH DEPARTMENT OF HEALTH

Location:	Salt Lake City, Utah
Home Visiting Program Selected:	Nurse Family Partnership, and Healthy Families America
Home Visiting Target Population:	First-time mothers who are 185% below the federal poverty level, and eligible for Medicaid or the Woman, Infants and Children (WIC) program

Project overview:

Four of Utah’s counties—all of them in populous areas of the state—have home visiting programs, established in 2007. The fifth populous county, and all the remaining counties, which are located in non-urban areas and have some of the state’s highest child poverty and maltreatment rates, lack home visiting programs. With their grant funding, the Utah Department of Health plans to establish an Office of Home Visiting (OHV) to work with the Division of Child and Family Services in the state’s Department of Human Services, and with the Division’s Child Abuse Prevention Specialist, to support existing programs and to spread the use of evidence-based models of home visiting throughout the state. OHV plans to develop or improve linkages between home visiting programs and other service systems such as health care, substance abuse treatment, and mental health providers, and to identify new sources of funding for home visiting programs. OHV will seek to leverage potential funding for these new programs through possible sources such as Medicaid, Temporary Assistance to Needy Families, and the Maternal and Child Health Block Grant. They then hope to establish additional evidence-based programs in the state. The evaluation coordinator will work with an external evaluator from the Intervention Research Institute at Utah State University. The grantee currently plans to compare data from local home visiting programs to national data.