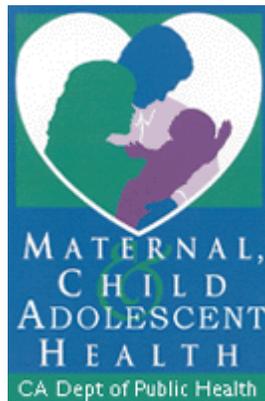


# **Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program**

## **Supplemental Information Request for the Submission of the Statewide Needs Assessment**

### **4. Information on the Quality and Capacity of Existing Programs/Initiatives for Early Childhood Home Visitation in At Risk California Communities**



**Maternal, Child and Adolescent Health Program  
Center for Family Health  
California Department of Public Health**

## **INFORMATION ON THE QUALITY AND CAPACITY OF EXISTING PROGRAMS/INITIATIVES FOR EARLY CHILDHOOD HOME VISITING IN EACH OF THE COMMUNITIES IDENTIFIED AS BEING AT RISK**

### **Introduction**

There are no existing statewide, state-based, evidence-based early childhood home visitation programs where home visiting is a primary intervention strategy for providing services to pregnant women and/or children birth to kindergarten entry, excluding programs with few or infrequent visits or where home visiting is supplemental to other services. There are several State agencies that provide management and oversight for a number of health and social service programs which serve as a conduit for federal funding. Though some of these health and social service programs include a home visiting component, home visiting is not the primary service delivery strategy. These State agencies are enumerated below with corresponding information.

### California Department of Public Health/Maternal, Child and Adolescent Health Division (CDPH/MCAH)

The Maternal and Child Health Block Grant (Title V of the Social Security Act) is administered by the MCAH Program and the Children's Medical Services (CMS) Branch within the Center for Family Health in CDPH. The mission of the CDPH/MCAH is to develop and implement systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. CDPH/MCAH promotes a comprehensive approach to perinatal and infant health. All fifty-eight counties and three local municipalities receive allocations that support local infrastructure to conduct culturally sensitive collaborative and outreach activities to improve services for women, infants, and children, to refer them to needed care, and to address state and local priorities for improving the health of the MCAH population.

The Title V Block Grant funds public health programs that seek to ensure:

- access to, and improved quality of health care, for mothers and children
- reduced infant mortality
- provision and access to comprehensive prenatal and postnatal care for women
- increased numbers of children receiving health assessments and follow-up diagnostic and treatment services
- provision and access to preventive and child care services, and rehabilitative services for certain children
- implementation of family-centered, community-based systems of coordinated care for children with special health care needs, and
- provision of toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Medicaid services

CDPH/MCAH administers many programs and initiatives, and has three programs that may have a home visiting component, the Adolescent Family Life Program, the Black Infant Health Program and the MCAH Local Health Jurisdictions:

- The **Adolescent Family Life Program (AFLP)** uses a case management model to address the social, medical, educational, and economic consequences of adolescent pregnancy and parenting on the adolescent, her child, family, and society. The AFLP program provides services to approximately 4,000 adolescents in 38 local health jurisdictions throughout the state. In FY 2009-10, total AFLP Title V funding was \$8,460,418. When home visits are done, they are on a case-by-case basis, and client-specific goals and objectives are developed as part of an Individual Service Plan. Home visiting is a component, but not a primary service delivery strategy, of some AFLP programs.
- The **Black Infant Health (BIH)** program has the primary goal of reducing African American infant mortality in California. BIH uses individualized case management and group interventions to support African American women throughout their pregnancies, to improve birth outcomes. The BIH program currently serves approximately 3,000 women in 16 LHJs in the state. BIH program services are located in local health jurisdictions where over 75% of California's African American live births occur. In FY 2009-10, total BIH Title V funding was \$4,315,000. Like AFLP programs, home visiting is a component, but not a primary service delivery strategy, of some BIH programs and is a supplement to other core services.
- The **MCAH Local Health Jurisdictions (LHJs)** belong to strong collaboratives, coalitions and partnerships with community groups, faith-based organizations, schools, medical communities, and policy makers. The collaboratives serve as a venue to coordinate with other agencies and increase capacity on specific issues related to women, infants, children and adolescents and their families, such as perinatal substance use, adolescent substance use, teen pregnancy, SIDS, breastfeeding, nutrition, physical activities, child safety and injury prevention, early access to prenatal care and oral health. The LHJs participate in various outreach activities to recruit and refer pregnant women and their families to public insurance and health services. In terms of service delivery, MCAH LHJs may provide one-time or episodic home visiting services to high risk individuals, such as an in-home postpartum visit requested by a local hospital or community health care provider. Further, MCAH LHJs may develop or integrate home visiting services in order to address community-specific needs. As reflected in the findings of this needs assessment, some MCAH LHJs have implemented nationally recognized home visiting programs or have made local adaptations of these home visiting models. The state's role is to monitor and encourage local MCAH efforts, and provide technical assistance through a number of health advisors. The state also maintains a comprehensive public website with information and contacts for all its programs. Most MCAH LHJs maintain their own public websites containing specific local program information.

#### *CDPH/MCAH Early Childhood Programs*

CDPH/MCAH has authority over HRSA funded **California's Early Childhood Comprehensive Systems (ECCS)**, a statewide effort toward comprehensive strategic planning in the areas of early childhood/school readiness. ECCS members include Medi-Cal Managed Care, American Academy of Pediatrics (AAP), Children Medical Services (Early Periodic Screening, Diagnosis, and Treatment), the Departments of Alcohol and Drugs, Developmental Services, Education, Managed Health Care Services, Mental Health, Social Services, and First 5 California. Non-state partners include First 5 County Commissions, California Association of Health Plans,

Lucile Packard Children's Hospital, University of California Davis and Los Angeles, Kaiser Permanente, WestEd Center for Prevention and Early Intervention. Much of this broad planning in ECCS has been accomplished through collaborative work between CDPH/MCAH and First 5 California.

**CA Project LAUNCH (CPL)**, a \$4.2 million Substance Abuse and Mental Health Administration (SAMHSA) grant awarded over 5 years to MCAH in 2009 provides a unique opportunity for the CDPH/MCAH and the County of Alameda Maternal, Paternal, Child and Adolescent Health Program (MPCAH) to leverage the broader work of the Alameda County Behavioral Health Care Services and the Alameda County Health Care Services Agency to create a continuum of age-appropriate developmental services for children from birth through 8 years of age. Through CPL, the CDPH/MCAH and the MPCAH will partner with First 5 Alameda County to demonstrate the feasibility and impact of recommended state policy changes. These policies will support counties in establishing and sustaining comprehensive developmental care continuums that enable children 0-8 years to be healthy and ready to learn.

CPL embodies the Alameda County MPCAH's diversity principle to honor and respect the diversity of Alameda County children and families in the design and delivery of all county supported programs and services. In partnership with First 5 Alameda County, training on issues of diversity is conducted for all contracted MCAH and First 5 Alameda County service providers. Linguistic, cultural and disability supports are infused at every service level to increase access to care. Cultural Access Services (CAS), a support strategy within First 5 Alameda County, works with all providers to insure each family has access to First 5 Alameda County programs and services. CAS provides outreach, interpretation, translation, training, and technical assistance to MCAH and First 5 Alameda County staff and agencies.

Under the umbrella of the ECCS grant, the CDPH/MCAH helped to establish the **California Statewide Screening Collaborative (CSSC)**, which serves as the ECCS and the CPL Steering Committee. This is a collaborative statewide activity involving multiple partners, including American Academy of Pediatrics and the American Academy of Family Practice, to implement the Assuring Better Child Health and Development (ABCD) Screening Academy's Implementation Matrix. The ABCD Implementation Matrix is an outcome of a MCAH led national health initiative sponsored by the National Academy for State Health Policy (May 2007-June 2008). The ABCD Implementation Matrix is intended to enhance California's capacity to promote and deliver effective and well-coordinated health, developmental and early mental health screenings for young children ages 0-5 years. The CSSC and the ABCD Implementation Matrix are ongoing outcomes under the ECCS grant. Given CSSC's scope, this collaborative will also serve as the State Council on Young Child Wellness to maintain alignment between ECCS and CPL goals and synergy between their respective activities.

**The State Interagency Team (SIT)** provides leadership and guidance to facilitate systems improvements that benefit communities and children 0-5 years and their families. SIT members are generally at the "Deputy" level and have decision-making authority. The CSSC has adopted the goals of SIT which are to: 1) build community capacity to promote positive outcomes for vulnerable families and children; 2) maximize funds for programs and services; 3) remove systemic and regulatory barriers; 4) ensure that policies, accountability and planning are outcome-based; 5) promote practice that engages and builds on the strengths of families, youth and children; and 6) share information and data.

*Other CDPH/MCAH Programs (Without a Home Visiting Component)*

CDPH/MCAH has expertise and past experience specific to preconception health. CDPH/MCAH took the lead on preconception health in the state over four years ago through the establishment of the **Preconception Health Council of California (PHCC)** in collaboration with March of Dimes California Chapter. A community-driven, statewide forum for planning and decision-making for the integration, development and promotion of optimal health before pregnancy, the PHCC is composed of representatives from organizations and programs that are stakeholders in the development of preconception care services in California MCAH Program representatives participate in the PHCC quarterly meetings and workgroups. The PHCC achieves consensus on goals, objectives, and activities in the development of a statewide strategic plan in accordance with the Centers for Disease Control's (CDC) Select Panel Recommendations on preconception care. Each of the three workgroups—Clinical/Research, Finance/Policy, and Public Health/Consumer—has developed an action plan for its particular area of focus and workgroup members are collaborating with local partners to implement these plans. Implicit in preconception health education is a life course perspective which encourages a holistic approach to women's health that promotes care for women and girls across their lifespan, regardless of the choice to reproduce, and recognizes the impact of social and environmental factors on maternal and infant outcomes.

**The CDPH/MCAH Perinatal Substance Use Prevention Program** efforts related to perinatal substance use prevention are conducted through partnerships and collaboration. CDPH/MCAH representatives participate in the:

- California Fetal Alcohol Spectrum Disorders (FASD) Task Force, an independent, public-private partnership of parents and professionals from various disciplines committed to improving the lives of Californians affected by FASD and eliminating alcohol use during pregnancy. Led by the Arc of California, the goal of the task force is to advance the effective prevention and treatment of FASD.
- State Interagency Team Workgroup on Alcohol and Other Drugs, composed of members from the CDPH MCAH, Social Services, Mental Health, Education, Developmental Services and Alcohol and Drug Programs (lead). The goal of the workgroup is to identify interagency and systems issues that, if addressed, could improve identification and treatment of families and children impacted by alcohol and other drugs.

The **12 Regional Perinatal Programs of California (RPPC)** provide planning and coordination to ensure that all high-risk patients are matched with the appropriate level of care. The RPPC develop communication networks, perform needs assessments, disseminate education materials, assist hospitals with data collection for quality improvement, provide hospitals with feedback on their performance (Perinatal Profiles), and provide hospital linkages to California's Perinatal Transport Systems. The RPPC have the flexibility, neutrality, and credibility to bridge public and private sectors. They offer the opportunity for multiple counties, hospitals, clinics, individual providers and health plans to work collaboratively to identify and address common perinatal concerns. RPPC works closely with other MCAH perinatal programs described below.

**California Maternal Quality Care Collaborative (CMQCC)** is a collaborative to advance California maternity care through data driven quality improvement. The CMQCC challenge is to impact 350 Hospitals with Obstetrical Services in the State of California, encompassing 550,000 annual California births. CMQCC's goal is the creation of a statewide, sustainable,

collaborative, evidence-based, and data-driven quality improvement system that will provide leadership and tools for the achievement of:

- Documentable and continuous improvements in maternity outcomes
- A reduction in disparities of care processes and outcomes
- The engagement of multiple stakeholders/groups (i.e., clinicians, women, communities, insurers, researchers, organizations and legislators) who will work together to improve maternal and newborn health outcomes in California

CMQCC has an American College of Obstetricians and Gynecologists representative on the Executive Board, working in close collaboration to develop the toolkit to reduce elective induction prior to 39 weeks.

**California Perinatal Quality Care Collaborative (CPQCC)** is a group of public and private, California leaders in healthcare, committed to improving care and outcomes for the State's pregnant mothers and newborns. The Collaborative is comprised of 127 member hospitals, representing over 90% of all neonates cared for in California Neonatal Intensive Care Units, as well as other key stakeholders, including 1) public and private, obstetric and neonatal providers, 2) health care purchasers, 3) public health professionals, and 4) private sector health industry specialists. The Collaborative's initial focus has been on the development of perinatal and neonatal outcomes and information, which allows for data driven performance improvement and benchmarking throughout California. Key CPQCC activities include:

- Developing a responsive, real-time, risk-adjusted, perinatal data system
- Implementing a comprehensive strategy for benchmarking and data driven quality improvement activities
- Providing topic-specific, quality improvement trainings and toolkits
- Researching best practices and continual reassessment of outcomes of performance improvements initiated

The **California Diabetes and Pregnancy Program (CDAPP)** which is designed for diabetic pregnant women to mitigate adverse maternal and infant morbidity and mortality. To help accomplish this, CDAPP provides comprehensive technical support and education to medical personnel and community liaisons to promote improved perinatal outcomes. Medical practices or clinics that provide direct patient care to women with diabetes while pregnant and whose medical providers undergo standardized CDAPP trainings become known as Sweet Success Affiliates.

MCAH participates in the **California Breastfeeding Coalition (CBC)** consisting of state breastfeeding advocates and community organizations. The mission of this group is to improve the health and wellbeing of Californians by working collaboratively to protect, promote, and support breastfeeding. CBC serves to galvanize new and existing collaborative relationships among state agencies and associations, hospitals, and community-based breastfeeding support organizations throughout California.

**California Pregnancy-Related and Pregnancy-Associated Mortality Review (CA-PAMR)** seeks to identify women in California whose deaths were related to pregnancy or associated

with pregnancy as defined by Center for Disease Control and Prevention and the American College of Obstetrics and Gynecology. CDPH/MCAH, together with the University of California, San Francisco and the Public Health Institute will analyze the causes of and risk factors for their deaths, including both medical and psychosocial factors. Analyses ultimately will improve public health programs and clinical practices in California to reduce maternal deaths.

**California Birth Defects Monitoring Program** - collects and analyzes data to identify opportunities for preventing birth defects and improving the health of babies.

*Other CDPH Programs that Address Women, Children and/or are Pregnancy*

**California Asthma Public Health Initiative** - improves the quality of life for all children and adults with asthma in California. Asthma is a public health priority for California because it continues to directly affect millions of individuals of all ages across the state. Over five million Californians have been diagnosed with asthma in their lifetime and more than half of them have an asthma attack each year. Asthma reduces the quality of life for millions of people and causes considerable economic costs for California.

**California Newborn Screening Program** - screens newborns for 76 conditions. Disorders screened for by the program have varying degrees of severity. If identified early many of these conditions can be treated before they cause serious health programs.

**California Obesity Prevention Program** - working towards the goal of increasing physical activity, improving nutrition, and preventing obesity among all Californians. Specifically, the program addresses environmental and policy change strategies related to six CDC target areas including: increasing fruit and vegetable consumption, decreasing consumption of energy-dense foods, increasing physical activity, decreasing television viewing (screen time), increasing breastfeeding initiation, duration, and exclusivity and decreasing consumption of sugar-sweetened beverages.

**California Project LEAN (Leaders Encouraging Activity and Nutrition)** - works to advance nutrition and physical activity policy in schools and communities in order to prevent obesity and its associated chronic diseases. Specifically, it increases opportunities for healthy eating and physical activity in communities across California to reduce the prevalence of obesity and chronic diseases such as heart disease, cancer, stroke, osteoporosis, and diabetes. Services including training and technical assistance, materials development, project development and management, and conference planning.

**California Tobacco Control Program (CTCP)** - improves the health of all Californians by reducing illness and premature death attributable to the use of tobacco products. Through leadership, experience and research, CTCP empowers statewide and local health agencies to promote health and quality of life by advocating social norms that create a tobacco-free environment.

**Child Passenger Safety In California** – California's Vehicle Occupant Safety Program aims to prevent unnecessary death and disability to California's children by strengthening and expanding California's child passenger safety infrastructure.

**Childhood Lead Poisoning Prevention Branch** - a children's environmental health program offering multi-layered solutions to this complex problem. The mission of the Childhood Lead Poisoning Prevention Branch is to eliminate childhood lead poisoning by identifying and caring

for lead burdened children and preventing environmental exposures to lead.

**Drowning Prevention: Toddler Pool and Spa Safety** - provides information and a Safety Guide as an educational brochure for pool and spa safety.

**Food and Drug Branch** - charged with the implementation of Assembly Bill 121, to prevent the sale of adulterated candy to infants, young children, and pregnant women. Lead in the Candy Program is responsible for the collection and testing of candy samples. Enforcement action is taken when adulterated candies are identified and appropriate notifications are made to local environmental health directors and the public.

**Gynecologic Cancer Information Program** - increases awareness and education regarding gynecologic cancers and requires medical providers to distribute to their patients information regarding women's gynecologic cancers, including signs and symptoms, risk factors, benefits of early detection through appropriate diagnostic testing and treatment options.

**HIV Community Prevention Section** - takes a leadership role in the delivery of appropriate HIV education and prevention services through collaboration and partnership with affected and infected communities. Through the community planning process, communities are empowered to develop local prevention programs that meet the needs of the communities they serve to prevent the spread of HIV/AIDS.

**Immunization Branch** - provides leadership and support to public and private sector efforts to protect the population against vaccine-preventable diseases. The California Vaccines for Children Program helps families by providing free vaccines to doctors who serve eligible children 0 through 18 years of age.

**Infant Botulism Treatment and Prevention Program** - improves the treatment of infant botulism and prevent infant botulism and related diseases.

**FamilyPACT** - provides no-cost family planning services to low-income men and women, including teens. Many doctors and clinics all over California are part of the FamilyPACT program.

**Teen Pregnancy Prevention** - utilizes a variety of approaches and strategies to: reduce teenage and unintended pregnancy and absentee fatherhood, promote responsible parenting and assist adolescents in accessing clinical services.

**Prenatal Screening Branch (PNS)** – activities are focused on detecting birth defects during pregnancy. PNS is working to assure Prenatal screening services and follow-up services where indicated are available to all pregnant women in California. The PNS administers the Prenatal Screening Program, in the past known as the "Expanded AFP Program". Prenatal screening currently offers three types of screening tests to pregnant women in order to identify individuals who are at increased risk for carrying a fetus with a specific birth defect.

**Rape Prevention and Education Program (RPE)** - prevents first-time victimization and perpetration of sexual violence, rather than helping people who have already been victimized. California's statewide survey and victim service data suggest that thousands of women are forced into unwanted sex each year. Over a million California women have suffered one or more sexual assaults, and most before age 18. All women are at some risk of sexual assault, and the RPE Program targets males and females of all ages, races, and circumstances.

**School Health Connections** - a joint program between Department of Public Health (CDPH) and the California Department of Education (CDE), SHC's goal is to ensure that children are healthy and ready to learn. SHC takes advantage of the pivotal position of schools in reaching children and families by combining health education, health promotion and disease prevention, and access to health-related services in an integrated and systematic manner.

**Vehicle Occupant Safety Program** - aims to prevent unnecessary death and disability to California's children by strengthening and expanding child passenger safety infrastructure.

**Violence Prevention Program** – a systematic primary prevention process that promotes healthy behaviors and environments, and reduces the likelihood or frequency of intimate partner violence and sexual violence. The primary focus is all forms of violence against women.

**Women, Infants and Children (WIC) Program** - is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services. In California, 82 WIC agencies provide services locally to over 1.4 million women, infants and children each month at over 600 sites throughout the State.

#### Department of Health Care Services (CDHCS)

The mission of the California Department of Health Care Services is to preserve and improve the health status of all Californians by working closely with health care professionals, county governments, and health plans to provide a health care safety net for low-income individuals and persons with disabilities. CDHCS finances and administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal), California Children's Services program, the Child Health and Disability Prevention program, and Genetically Handicapped Persons Program.

CDCHS also funds a number of health initiatives designed to deliver health care services to low income individuals and families who meet eligibility requirements. The health initiatives help with access to comprehensive health services and ensure appropriate and effective expenditure of public resources to serve those with the greatest health care needs. CDCHS provides administration and oversight of local programs that have home visiting as a service strategy, such as the American Indian Infant Health Initiative, described below.

The **American Indian Infant Health Initiative (AIIHI)** is funded by Federal Title V Maternal and Child Health (MCH) funds through the Indian Health Program, and serves over 200 families. The program receives \$424,000 annually to provide extensive home visiting and case management services to high-risk Indian families in the five counties in California that experience the most severe Indian MCH disparities (Humboldt, Sacramento, San Bernardino, Riverside, and San Diego counties).

Home visitors are paraprofessionals who work under the supervision of public health nurses. Home visitors in San Bernardino train for six weeks to be community health representatives: There is no formal training process in the other five LHJs. The paraprofessional home visitors carry an average caseload of 15 families each.

Families are seen every 1-2 weeks in the home and receive services using an informal modification of the Healthy Families America (HFA) program. AllHI home visitors provide basic health care information to high-risk or potentially at-risk families with young children under age 5. Referred families remain in the program while any child remains in the home under the age of 5, and while the families are deemed to be at-risk.

AllHI programs adhere to the 12 critical elements of the HFA program, but the program is modified to meet community and individual needs. AllHI does not specify how the HFA program may be modified, or state any restrictions regarding what can and cannot be done. AllHI connects families with available resources in the American Indian communities such as the WIC health and nutrition program, parenting classes, child safety classes, and other social services. No formal quality assurance or program improvement components are in place, and this represents a difference from the way a program would operate if there were a formal Agreement Funding Application (AFA) with HFA.

CDHCS also administers the Children's Medical Services program, which consists of the California Children's Services (CCS), Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care, Hearing Conservation Program, High Risk Infant Follow Up, Newborn Hearing Screening Program, and Pediatric Palliative Care programs.

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases that produce major sequelae. CCS also provides medical therapy services that are delivered at public schools.

The CCS program is administered as a partnership between county health departments and DHCS. Currently, approximately 70% of CCS eligible children are also Medi-Cal eligible. The Medi-Cal program reimburses their care. The cost of care for the other 30% of children is split equally between CCS Only and CCS Healthy Families programs. The cost of care for CCS Only is funded equally between the State and counties. The cost of care for CCS Healthy Families is funded 65% by Federal Title XXI, 17.5% by the State, and 17.5% by county funds. Health and Safety Code, Section 123800 et seq. provides statutory authority for the CCS program.<sup>140</sup> The explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part. The statute also requires the DHCS and the county CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment.

The CCS program is mandated by the Welfare and Institutions Code and the California Code of Regulations ([Title 22, Section 51013](#)) to act as an "agent of Medi-Cal" for Medi-Cal beneficiaries with CCS medically eligible conditions. Medi-Cal is required to refer all CCS-eligible clients to CCS for case management services and authorization for treatment. The statute also requires all CCS applicants who may be eligible for the Medi-Cal program to apply for Medi-Cal.

In counties with populations greater than 200,000, county staff perform all case management activities for eligible children residing within the county. For counties with populations under 200,000, the Children's Medical Services (CMS) Branch provides medical case management and eligibility and benefits determination through its regional offices located in Sacramento, San Francisco, and Los Angeles.

The funding source for a county CCS program is a combination of monies appropriated by the county, State General Funds, and the federal government. AB 948, the realignment legislation passed in 1992, mandated that the State and county CCS programs share in the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of State General Fund and county monies. The amount of State money available for the CCS program is determined annually through the Budget Act.

### California Department of Developmental Services (CDDS)

Families whose infants or toddlers have developmental delay or disabilities, or are at risk for developmental delay or disabilities may qualify for developmental monitoring or early intervention services through the Birth to 36 Month program at CDDS. Regional centers operated by CDDS offer programs for families with infants and young children who qualify for prevention services, based on risk factors. For those infants and toddlers with identified developmental disorders, CDDS offers the Early Start program that provides appropriate early intervention and family support services. As of August 4, 2010, there are 3,345 children under the age of 36 months enrolled in the CDDS prevention program, and 25,575 children under the age of 36 months enrolled in the Early Start program.

Through a regional center program, an Infant Service Coordinator performs a home visit for each Early Start enrolled child every six months to review progress, goals, and services. Home visiting is not the primary service strategy for infants and toddlers, but is a service that is integrated into CDDS programs.

### California Department of Social Services (CDSS)

The California Department of Social Services/Children and Family Services Division (CDSS/CFSD), is the state agency designated by statute to promulgate regulations, policies, and procedures necessary to oversee the State's Child Welfare Services system and to ensure safety, permanency, and well-being for California's children. California's child welfare system is administered at the local level by 58 counties, each governed by a County Board of Supervisors. Federal and state funding requirements mandate spending for the prevention of child abuse and neglect, and for early intervention programs. The counties receive the majority of the funds that are allocated directly, and determine how the funds are to be spent by a local needs assessment process.

The Welfare and Institutions Code, Sections 18952-18958, gives statutory authority to the CDSS Office of Child Abuse Prevention to administer state and federal funds for child abuse prevention. CDSS administers federal funding of the **Child Abuse Prevention and Treatment Act (CAPTA)**. Title II of the Federal CAPTA Amendments of 1996 (most recently reauthorized in June of 2003, P.L. 108-36) established the Community-Based Child Abuse Program (CBCAP) Program. The majority of the CAPTA/CBCAP funds are allocated directly to counties in California. The counties decide how to spend the allocations in accordance with local needs assessments and funding stream priority guidelines.

CBCAP was established to:

- support community-based efforts aimed at the prevention of child abuse and neglect
- support networks of coordinated resources and activities to strengthen and support families to reduce the incidence of child abuse and neglect, and
- foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect

CBCAP federal funding is distributed to states and territories under a formula grant. Each state must provide a 100% cash match in non-federal funding of the total allotment. The match funds come from State or private funding. CBCAP funds may be expended for primary and secondary prevention activities. The Office of Child Abuse Prevention (OCAP) oversees grants, contracts, and projects supported by the state-funded Child Abuse Prevention, Intervention and Treatment (CAPIT) and the State Children's Trust Fund.

CAPIT is the State General Fund funding stream that acts as the cash match for the federal CBCAP that is allocated 90% to the counties for child abuse prevention and treatment efforts. The targeted priority is for high risk families being served by county child welfare departments or other children referred by other sources as high risk. Service priority is for prevention programs that identify and provide services to isolated families, particularly those with children five years of age or younger. CAPIT is one funding stream that is braided with CBCAP on the local level.

Fifty-seven counties participate in the CBCAP allocation process in California. Individual counties provide additional CAPIT-funded services, including workshops, hospital outreach, individual and group therapy, mentoring, and crisis hotlines.

Table 25 depicts the funding type, services provided, and number of counties providing various services. The OCAP survey does not collect information about home visiting, and CDSS does not have information about whether the home visiting that is funded by CBCAP or CAPIT is a primary delivery strategy or a supplemental service.

**Table 25. Funding Sources, Services, and County Participation**

<b>Funding Source</b>	<b>Number of Participating Counties</b>
<b>CBCAP</b>	
• <b>Home visiting</b>	<b>27</b>
• Parenting class	34
• Parent mutual support	13
• Respite care	7
• Family Resource Center	12
• Family support program	22
<b>CAPIT</b>	
• <b>Home visiting</b>	<b>52</b>
• Parent education and support	35
• Psychiatric evaluations	8
• Respite care	12
• Day care/Child care	23
• Transportation to/from services	26
• Multidisciplinary team services	14
• Teaching and demonstrating homemakers	17
• Health services	10

Source: CDSS Survey data, FY 2008-09

A second Federal program administered by CDSS is the Title IV **Temporary Assistance to Needy Families** (TANF) program. The TANF program is funded by a block grant administered by state, territorial, and tribal agencies. Funded activities include:

- assisting needy families so that children can be cared for in their own homes
- reducing the dependency of eligible parents by promoting job preparation, work and marriage
- preventing pregnancies in single mothers
- encouraging the formation and maintenance of two-parent families

The TANF program in California is called **California Work Opportunity and Responsibility to Kids (CalWORKs)**. CalWORKs provides temporary cash assistance to meet the basic needs of families. The program funds education, employment, and training programs to assist a family's move toward self-sufficiency. CalWORKs offers assessment of eligible family needs for substance abuse intervention, disabilities assessment, vocational education training, and other welfare-to-work (WTW) interventions.

The CalWORKs program performs limited home visiting, on a case-by-case basis. For example, a county may implement a home visiting program that focuses on re-engaging recipients who are failing to meet requirements in the WTW program, and removing barriers to participation. The focus is not on the child, nor is home visiting the primary service delivery strategy.

CDSS also administers the federal **Promoting Safe and Stable Families (PSSF)** program, created by the Omnibus Budget Reconciliation Act of 1993, amending Title IV-B of the Social Security Act. PSSF is one of the sources of federal funds directed toward the prevention of problems that bring families to the attention of the child welfare system, such as child neglect, and child physical, emotional, or sexual abuse. The program offers family preservation services including family support and referrals, adoption promotion and support, and time-limited family reunification services following foster care placement.

PSSF federal funding is distributed to states under a formula grant. The State must provide a 25 percent funding match. California meets the required 25 percent federal match using funds from the State Family Preservation Program. The State Family Preservation Program serves 15 counties in California, providing a wide array of services. The priority for services is to families whose children are at risk of being placed out of the home or remaining out of the home.

No direct services are provided at the State level. All services are provided at county levels from federal and state funds administered by OCAP.

The Table 26 depicts the funding type, services provided, and number of counties providing programs under PSSF. OCAP does not collect data regarding the home visiting component of PSSF, and CDSS does not have information whether the home visiting services are a primary service delivery strategy or a supplemental service.

**Table 26. PSSF Program Services and County Participation**

<b>PSSF - Family Support Services</b>	<b>Number of Participating Counties</b>
• <i>Home visiting</i>	<b>39</b>
• Drop-in Center	12
• Parent education	39
• Respite care	6
• Early development screening	16
• Transportation	21
• Information and referral	38

Source: CDSS Survey data, FY 2008-09

At the local level, each County Board of Supervisors is responsible for approving services and authorizing the expenditure of the funds depending upon local priorities. Within statutory and regulatory frameworks, counties provide services necessary to meet the needs of at-risk children and families.

The service needs are identified by administering the comprehensive integrated County Self Assessment (CSA) every three years. As a result of review of a Peer Quality Case Review process and analysis of the results of the CSA, a county determines the gaps in services and makes decisions about what services are required to improve child welfare and probation outcomes. Within the context of county resources and collaborative partnerships, the county determines what programs or services need to be developed, implemented, or maintained. CDSS requires that the county prepare a three year plan based on the results of the CSA that addresses how prevention and family support activities are coordinated, how CBCAP, CAPIT, and PSSF funds will be used to fund these activities, and how services will be provided.

The CDSS Outcome and Accountability System for Child Welfare uses county data reports to track state and county performance once every three years. CDSS issues data reports about outcomes for each county. The data are used to inform and guide assessment and planning processes, and is used to analyze policies and procedures. Peer county involvement and the exchange of promising practices can help illuminate specific practice changes that may enhance future performance. The CDSS data are integrated with the CBCAP/CAPIT/ PSSF plan, so counties can maximize their resources, increase partnerships, and enhance communication between their child welfare, probation, and the local child abuse prevention networks

Counties report annually to the OCAP regarding services provided, participation rates, the role of the child abuse prevention councils, CBCAP peer reviews, client satisfaction, CBCAP outcomes, activities to promote parent leadership, outreach efforts, public awareness activities, efforts in collaboration and coordination, and interdisciplinary/innovative services. The information is aggregated and used to respond to the Annual Progress Services Report, National Child Abuse and Neglect Data System, and the CBCAP annual application and report.

*Home Visiting Programs*

CDSS provides oversight and administration for programs in which home visiting is a service strategy, however the OCAP does not capture the specific type of service delivery strategy during the annual reporting process. Forty-one of the 58 counties reported using one or more prevention funding sources to fund some kind of home visiting program during FY 2008-09. Table 27 shows the funding sources for home visiting and the unduplicated participation rates reported by counties.

**Table 27. Funding Sources for Home Visiting Services and Numbers of Participants in the State**

<b>Funding Source</b>	<b>Number of Participants Statewide</b>
<b>CBCAP</b>	
• Participants	38,251
• Families	10,938
<b>CAPIT</b>	
• Participants	29,541
• Families	5,446
<b>PSSF</b>	
• Participants	15,972
• Families	6,387

Source: CDSS Survey data from FY 2008-09

### *CDSS Assessment of Unmet Needs*

The Federal Child and Family Services Review required California to prepare its own Assessment of Strengths and Needs in 2007, as part of a review of the state's child welfare system. The state assessment identified two outcomes in need of improvement:

- Stability of placements in foster care and foster care re-entry, and
- Safety for children who are victims of repeated maltreatment

In addition, of the 90,472 reports of abuse and neglect that were substantiated in California during 2009, 61% were for neglect. Major factors contributing to the neglect of children include parents who have mental health issues and/or alcohol and drug addictions.

Assessments also identified a greater need for family preservation and support services in rural areas where geographic isolation is a challenge to families needing preventive services.

Identified gaps in rural areas include:

- the lack of readily accessible transportation to and from services, which makes it more difficult for at-risk families to access services, and for social and health service agencies to provide services
- limited adoption services
- the need for more culturally appropriate resources and services in languages other than English

### California Department of Education (CDE)

The CDE oversees the state's diverse and dynamic public school system that is responsible for the education of more than six million children and young adults in more than 10,000 schools. The CDE, run by the State Superintendent of Public Instruction, is responsible for enforcing education law and regulations and for continuing to reform and improve public elementary school programs, secondary school programs, adult education, some preschool programs, and child care programs.

CDE funds a number of infant and toddler services, but does not specifically require that any of these services be home-based. Additionally, there is no federal requirement that CDE provide direct program oversight of these programs due to the federal-to-local funding model which resulted in Head Start programs often not included in policy and implementation discussions at the state level. However, the ACF recognized the important role of states in the development and implementation of policies and initiatives that affect low-income families and their children. As a result, Collaboration Office grants were developed to create a visible presence for Head Start at the state level and to assist in the development of multi-agency and public-private partnerships among Head Start and other interested stakeholders. Head Start is a direct federal-to-local program administered by over 1,600 locally based public or private organizations, called "grantees," across the country.

Head Start is a national program administered by the Office of Head Start within the Administration on Children, Youth and Families, Administration for Children and Families (ACF), Department of Health and Human Services. Head Start programs provide comprehensive developmental services for low-income children from birth to entry into elementary school.

Head Start is currently funded at over \$6.8 billion and serves more than 909,000 low-income children and families nationwide. The program is child-centered, family-focused, comprehensive, and community-based. Head Start services are designed to address developmental goals for children, employment and self-sufficiency goals for adults, and support for parents in their work and child-caring roles.

## **Identification of Early Childhood Home Visitation Services**

### Initial Steps Taken to Assess Existing Home Visiting Programs/Initiatives

Upon the signing into law of the Patient Protection and Affordable Care Act, CDPH/MCAH convened a meeting of local MCAH Directors who were anticipating availability of federal home visiting funds. Together, CDPH/MCAH and these local MCAH leaders developed the initial strategy for California which focused on 1) establishing mechanisms of communication with stakeholders and partners, and, 2) identifying key stakeholders to engage in the process and keep informed, 3) preparing for the required needs assessment, and, 4) researching evidence-based home visiting models.

CDPH/MCAH established a Home Visiting Collaborative Workgroup to provide guidance to the state, particularly at critical junctures in the planning process. The workgroup membership evolved to consist of the following: five local MCAH Directors who were designated by their colleagues to represent local MCAH and local public health nursing directors; First 5 Association; California First 5; CDSS; CDADP; and the CDE Head Start State Collaboration Office. In order to promote communication, the CDPH/MCAH Home Visiting webpage was developed to make available all supporting documents including the ACA legislation, the ACA Home Visiting grant guidance, Frequently Asked Questions and copies of periodic stakeholder communications that were also sent to a growing e-mail distribution list. Contact was made with key state partner agencies listed above in order to gain a better understanding of their current home visiting efforts as well as availability of data and required reports that would inform the needs assessment process. Existing local home visiting capacity surveys were identified including the First 5 Association survey of local First 5 commission funded home visiting programs. Finally, critical review of evidence based home visiting models was conducted including identification of key publications as well as contacting national/state representatives of evidence based home visiting programs to supplement publicly available information and arrange for in person presentations for CDPH/MCAH and partners.

### Capacity Assessment Home Visiting Survey

As previously declared, the State of California does not provide an early childhood home visitation program or initiative. In California, a variety of early childhood home visiting programs are in existence and operating at the local, county level. To learn more about these home visiting programs, CDPH/MCAH developed a Capacity Assessment Home Visiting Survey (see Appendix II). The Capacity Assessment Home Visiting Survey provides a valuable snapshot of home visiting programs throughout California, and is the basis for the information presented in this section about the quality and capacity of existing programs and initiatives for early childhood home visiting in California's at risk communities.

The Capacity Assessment Home Visiting Survey also identifies State and Federal funding use, in the most recent calendar or fiscal year, for all maternal, infant/and/or early childhood home visiting services. Through this information, CDPH/MCAH can determine which of California's at risk counties may have existing resources and infrastructure in place for home visiting programs

and initiatives. Though this information is very general, it is a starting place for the development of California's Updated State Plan.

At the time of the dissemination of the Capacity Assessment Home Visiting Survey, CDPH/MCAH was working in the absence of federal guidance prior to the release of the SIR on August 19, 2010. The compacted timeline resulted in a short turn around time for MCAH Directors to provide their respective responses to the Capacity Assessment Home Visiting Survey. To lessen the potential burden to county-level MCAH Directors, this survey focused on the eight nationally recognized models which, respectively, establish their own standard of program quality:

**Early Head Start (EHS):** In FY 1995, the EHS program was established to serve children from birth to three years of age, in recognition of mounting evidence that the earliest years matter a great deal to the growth and development of young children. In 2009, funding from the American Recovery and Reinvestment Act (ARRA) supported nationwide expansion of the EHS program. The EHS program is administered by the federal Office of Head Start, Administration for Children and Families (ACF), in the United States Department of Health and Human Services.

The mission of EHS is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. Each EHS program must provide access to a set of required services, such as comprehensive health and mental health services for children, and literacy and job training for adults in the family. The EHS program addresses the needs of low-income infants, toddlers, pregnant women and their families. EHS programs are designed to:

- enhance children's physical, social, emotional, and intellectual development
- assist pregnant women to access comprehensive prenatal and postpartum care
- support parental efforts to fulfill their roles and meet responsibilities, and
- help parents move toward self-sufficiency

In 2009, the Office of Head Start conducted an assessment related to California training and technical assistance needs. The top training priorities identified included:

- Working with dual language learners
- Determining how to expand or revise EHS programs
- Strengthening EHS services, including a home-based option

The EHS home based program option includes having an EHS educator visit a maximum of 12 families per week for a minimum of 1.5 hours per visit. Home visits are conducted by trained paraprofessionals, and the content of the visit is planned jointly by the home visitor and the parents. The purpose of the home visit is to help parents improve parenting skills and to assist in using the home as the child's primary learning environment. Home visits must, over the course of a month, contain evidence of inclusion of all Head Start performance standards.

Group socialization experiences are part of the EHS home visiting program. The purpose of the group socialization activities for the children is to emphasize peer group interaction through age-

appropriate activities in a Head Start classroom, community facility, home, or on a field trip. Parents accompany their children to group socialization activities at least twice each month to observe, participate as volunteers, or to engage in activities designed specifically for the parents.

The Center for Law and Social Policy (CLASP) compiled data from public reports regarding California HS and EHS grantees for 2008. There were 67 Early Head Start grantees, 136 Head Start grantees, and 11 migrant/seasonal grantees in California in 2008. A grantee may fund one or more than one program in a given geographical location.

In addition, CLASP reported that eight percent of California enrollees are enrolled in the home-based program option, and 2% of enrollees participate in a combination home and center-based Early Head Start program. Coordinated statewide technical assistance is provided to California entities by a coalition consisting of California First 5, WestEd, California Head Start Association, and Preschool California, which share the common goal of increasing quality services for young children.

EHS is being implemented in forty-six counties, serving approximately 14,756 families annually.

**Head Start (HS):** The HS program does not use home visiting as a primary service strategy. However, HS programs are required to make home visits to the parents, per the HS performance standards (1306.30) to "enhance the parent role in the growth and development of the child." A brief overview of HS is provided here due to its funding and relationship to the EHS program.

HS provides grants to local public and private agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. HS also promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families.

**Healthy Families America (HFA):** The HFA program works with pregnant women identified as at risk and with families with preschool age children. Each agency creates its own program plan, including activities, indicators, and a quality assurance plan. Program home visitors are paraprofessionals who have received 4-5 days of primary training regarding the role of the home visitor, and 80 hours of wraparound training to cover the details of parent education and topics relevant to the needs of families in a specific community.

HFA national staff members provide training, peer review, and ongoing program support as needed. Quality controls are embedded within the HFA program's 12 critical elements. Affiliated programs must meet all model standards in order to become accredited and to maintain accreditation.

In California, a total of ten counties report using HFA, serving approximately 1,007 families annually.

**Healthy Start:** The Healthy Start program works with pregnant women and women who have just given birth, whose families have been identified as at risk for child abuse and neglect based on risk factors such as prenatal substance abuse, mental health issues, or a history of domestic abuse. Home visits are part of the services offered under this program, but home visiting is not

the primary service delivery strategy. The program is authorized under the Public Health Service Act (Section 330H, as amended by P.L. 106-310) and is administered by the Maternal and Child Health Bureau at HRSA (HRSA/MCHB). For FY 2009, Healthy Start received funding nationally of approximately \$100 million.

National support for local programs includes: the HRSA/MCHB Interconceptional Learning Care Collaborative; HRSA/MCHB Technical Assistance; and National Healthy Start organization. Quality assurance and program improvement are addressed through the HRSA/MCHB National Evaluation of Annual Performance measures, indicators, and evaluation of the goals and objectives of each Healthy Start local project.

In California, a total of eight counties report using Healthy Start, serving approximately 6,779 families annually.

**Home Instruction for Parents of Preschool Youngsters (HIPPY):** HIPPY is a quasi-experimental program that promotes school readiness and early literacy through parental involvement. The model was designed to remove barriers to parental participation in school readiness and early literacy due to lack of education, poverty, social isolation, and other issues.

HIPPY is in the design stage of a new web-based management information system utilizing Efforts to Outcomes (ETO) Software. Upon implementation, this ETO system will offer a consistent electronic platform for collecting and reporting data. The current HIPPY Management Information System (MIS) records data about participating families and tracks family progress. The information derived from local implementation sites helps the local and national offices understand how to support local program management, sustainability, and expansion. The data are used at the national level for overall program evaluation and research. National trainers visit program sites annually to monitor program quality using a standardized evaluation tool. The trainers provide targeted technical assistance and guidance for program improvement.

In California, a total of five counties report using HIPPY, serving approximately 7,424 families annually.

**Nurse Family Partnership (NFP):** NFP is an evidence-based home visiting model in which ongoing services are provided by a Registered Nurse to first-time mothers during pregnancy through two years postpartum. The NFP National Service Office (NSO) supports local agencies and operating agencies, and provides training, evaluation services, and ongoing consultation for the development of NFP programs. Home visitors collect client and home visit data which is sent to the NSO national database for quality assurance and program improvement analysis. Agencies use NSO data reports to monitor, identify, and respond to variances, and to ensure fidelity to the model.

Programs affiliated with the NFP National Service Office are currently implemented by county public health departments at 12 sites in 11 LHJs.

In California, a total of fourteen counties report using NFP, serving approximately 3,096 families annually.

**Parent Child Home Program (PCHP):** PCHP works with primary caregivers to develop a child's literacy and language skills, and helps caregivers to prepare the child to enter school ready to succeed. The PCHP curriculum focuses on development of cognitive and social skills.

The program connects families with social services and early childhood and parenting education opportunities.

All partner organizations sponsoring local program sites enter into a Replication Agreement with the PCHP National Center. The agreement specifies that the program will be replicated according to the National Center's protocols, and outlines the training and technical assistance provided by the National Center.

The National Center provides annual evaluations, support, and guidance. Each site is evaluated periodically to ensure that it is operating within program guidelines and is providing quality services to families.

In California, a total of five counties report using PCHP, serving approximately 1,507 families annually.

**Parents as Teachers (PAT):** There are 73 PAT programs in California at present, primarily associated with Even Start, EHS, family literacy, or family resource centers. Program goals include improving parenting practices and child school readiness, providing early detection of developmental delays and health problems, and reducing child abuse. PAT uses home visits, group meetings, developmental and health screenings, and a resource network to accomplish program goals.

Each PAT program submits an Annual Program Report (APR) as part of the program's annual recertification process. The APR reflects data about program services provided each year. Program and state level data from the APR can be used to leverage funding and stakeholder support. The national PAT office provides technical assistance in the development and implementation of the program. Program quality visits are available at an additional cost.

In California, a total of twenty counties report using PAT, serving approximately 11,404 families annually.

**SafeCare:** SafeCare is a parent training curriculum that addresses neglectful behaviors, is appropriate for families with infants and toddlers, and has been used primarily with families referred by Child Protective Services. SafeCare uses a structured six-week curriculum focused on child abuse and maltreatment prevention. The curriculum is based upon an eco-behavioral model of child maltreatment, and focuses on social factors and parent skills training. SafeCare is generally imbedded as part of a larger social services or healthcare delivery program. The curriculum is implemented independently in different locales. Current quality assurance focus is the building of a centralized data management system. SafeCare is also in the process of developing training and coaching to ensure fidelity to the model. SafeCare offers implementation support for new programs in the form of training, coaching, and assistance with evaluation if requested. SafeCare works with all new sites for at least one year after initial training is completed. Validated measures are used to assess parent skill changes in the three areas of program focus: health, safety, and parent-child interaction. All sites conduct fidelity monitoring using observations scored on standardized fidelity scales.

In California, a total of eight counties reporting using SafeCare, serving approximately 3,337 families annually.

### *Capacity Assessment Home Visiting Survey Methods*

The Capacity Assessment Home Visiting Survey was designed using Survey Monkey, a web-based survey tool. The survey contained a mix of multiple choice/multiple selection, open-ended text, and questions utilizing a 4-point Likert scale. The questionnaire totaled 114 questions with a skip logic design that allowed respondents to forego various sets of questions if the questions did not pertain to their county.

Prior to dissemination of the Capacity Assessment Home Visiting Survey, input was obtained from five county-level MCAH Directors to ensure that the survey captured the most pertinent information and there was enough time allotted for completing the survey. Once this feedback was incorporated into the survey, it was administered online to all 58 county-level MCAH Directors and their counterparts in the Department of Social Services (DSS). The three MCAH Directors from municipalities were instructed to collaborate with the county-level MCAH Directors in their respective counties, and to submit one survey response per county. The county-level MCAH Director was responsible for completing the survey in close collaboration with their counterparts in the DSS, the Department of Education, HS, and their local First 5 Director.

### *Results*

On July 28, 2010, CDPH/MCAH sent an active link to Survey Monkey with a response deadline of August 10, 2010. Fifty-four of the fifty-eight county-level MCAH Directors responded to the survey. This remained constant, despite outreach to the four missing counties, and an extension of the response deadline to August 30, 2010. The missing counties include; Inyo, Mariposa, Placer, and San Benito. CDPH/MCAH is in the process of following up with these counties and information will be provided in California's Updated State Plan.

As evident in the results of the Capacity Assessment Home Visiting Survey, de-centralized implementation of maternal, infant and early childhood home visiting programs in California has allowed for great local flexibility, providing a rich knowledge base for the delivery of home visiting services to diverse populations. Extensive local expertise for the provision of evidence-based home visiting models, in both urban and rural settings, and in communities with very different demographics, will inform new state-based strategy development, and can be tapped as a resource for communities implementing new home visiting programs.

At the same time, wide-ranging experience with locally developed home visiting programs and local adaptations of national models allows for otherwise unavailable insights into the delivery of home visiting services to some of the state's most hard-to-reach target populations. For example, a 2007 First 5 California report states that there were over 334,000 linguistically isolated households in California with children under age 6 who speak one of the top 27 non-English languages identified by U.S. Census data, plus American Indians and indigenous Mexican communities who speak local dialects. CDPH/MCAH recognizes that cultural and linguistic factors are vitally important when planning for health program implementation, establishing community linkages, and providing access to care.

Based on these data, CDPH/MCAH is able to gauge the level of infrastructure in place for home visiting programs, what types of evidence based home visiting programs are currently in use, and, in many cases, what funding sources are in existences for home visiting programs. Due to the number and diversity of counties selected, further research will be needed to pinpoint the highest at risk populations.

The following tables summarize the survey data which is then followed by a specific analysis and description (narrative) of each county regarding capacity. Table 28 indicates survey responses regarding the funding source California counties use to provide maternal, infant and /or early childhood visiting services. Table 29 indicates home visiting models, by funding source, being used in each county.

***ACF Funded Home Visiting Programs in California:*** Though not specifically assessed through the home visiting survey, ACF funds two home visiting projects in California: NFP through the Solano County Department of Health and Human Services, and SafeCare at the Chadwick Center for Children and Families at Rady Children’s Hospital in San Diego. These programs will receive these funds until FFY 2013 (September 30, 2013), the end of their current grant cycle. The California Home Visiting Program grant is required to sustain funding for this program for the duration of its funding cycle.

**Table 28. California Home Visiting Services Funding Source by County**

County	Title V MCH Block Grant Funds	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF	Title IV Temporary Assistance to Needy Families/ CalWORKS	Head Start Act/Early Head Start	Other Funding Source
Alameda	✓			✓	✓
Alpine		✓			
Amador		✓		✓	
Butte	✓	✓	✓	✓	✓ X
Calaveras	✓	✓		✓	✓ X
Colusa	✓	✓		✓	✓ X
Contra Costa	✓	✓	✓	✓	✓
Del Norte	✓		✓	✓	✓
El Dorado	✓			✓	✓
Fresno	✓	✓	✓	✓	✓ X
Glenn	✓			✓	
Humboldt	✓	✓	✓	✓	✓ X
Imperial				✓	✓
Kern	✓				✓
Kings	✓		✓	✓	✓
Lake	✓	✓		✓	✓ X
Lassen	✓	✓	✓	✓	✓ X
Los Angeles	✓			✓	✓
Madera	✓	✓	✓	✓	✓ X
Marin				✓	
Mendocino				✓	
Merced	✓		✓	✓	✓
Modoc	✓	✓		✓	✓
Mono					✓
Monterey		✓		✓	✓ X
Napa		✓	✓	✓	✓
Nevada	✓	✓	✓	✓	✓ X
Orange	✓	✓	✓	✓	✓ X
Plumas	✓			✓	X
Riverside	✓		✓	✓	X
Sacramento				✓	
San Bernardino	✓		✓	✓	X
San Diego		✓		✓	✓
San Francisco					✓
San Joaquin	✓				X
San Luis Obispo				✓	✓
San Mateo	✓	✓	✓	✓	✓
Santa Barbara	✓	✓	✓	✓	✓ X
Santa Clara	✓	✓			✓
Santa Cruz				✓	
Shasta				✓	
Sierra					✓
Siskiyou				✓	

California Home Visiting Program: Statewide Home Visiting Needs Assessment

County	Title V MCH Block Grant Funds	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF	Title IV Temporary Assistance to Needy Families/ CalWORKS	Head Start Act/Early Head Start	Other Funding Source
Solano	✓	✓		✓	✓ X
Sonoma	✓	✓	✓		✓ X
Stanislaus	✓		✓	✓	✓ X
Sutter				✓	✓ X
Tehama	✓	✓	✓	✓	✓ X
Trinity				✓	
Tulare	✓			✓	✓ X
Tuolumne	✓	✓		✓	
Ventura		✓		✓	✓
Yolo	✓	✓		✓	✓ X
Yuba	✓	✓	✓	✓	✓

Note(s): Inyo, Mariposa, Placer and San Benito Counties did not submit a response to the Capacity Assessment Home Visiting Survey

“Other Funding Source” refers to a funding source that is currently unknown to MCAH

“X” indicates home visiting services are being funded by First Five funds

Prepared by: Maternal, Child and Adolescent Health Division, Center for Family Health, California Department of Public Health

Sources: Capacity Assessment Home Visiting Survey, 2010

**Table 29. California Home Visiting Model by Funding Source and County**

County	Title V MCH Block Grant Funds	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF	Title IV Temporary Assistance to Needy Families/ CalWORKS	Head Start Act/Early Head Start	Other Funding Source
Alameda	Unknown HV Services			PAT, EHS	Unknown HV Services
Alpine		Unknown HV Services			
Amador				EHS, Unknown HV Services	HFA
Butte	Unknown HV Services	Unknown HV Services	Unknown HV Services	EHS	PAT
Calaveras		Unknown HV Services		EHS	Unknown HV Services
Colusa	Unknown HV Services	Unknown HV Services		EHS	Unknown HV Services
Contra Costa	Unknown HV Services	Unknown HV Services	Unknown HV Services	PAT, EHS	HFA, EHS
Del Norte	Unknown HV Services		Unknown HV Services	EHS	Unknown HV Services
El Dorado	Unknown HV Services		Unknown HV Services	Healthy Start, EHS	Unknown HV Services
Fresno		SafeCare, Unknown HV Services		EHS	NFP, PAT, Healthy Start, SafeCare, PCHP, Unknown HV Services
Glenn				EHS	
Humboldt	HFA, Unknown HV Services	Unknown HV Services	Unknown HV Services	EHS	NFP, Unknown HV Services
Imperial				EHS	HIPPY, Unknown HV Services
Kern	Unknown HV Services				
Kings	Unknown HV Services		Unknown HV Services	EHS	Unknown HV Services
Lake	Unknown HV Services	Unknown HV Services		Unknown HV Services	Unknown HV Services
Lassen		HFA, PAT, Unknown HV Services		PAT, EHS	HFA, PAT, Unknown HV Services

California Home Visiting Program: Statewide Home Visiting Needs Assessment

County	Title V MCH Block Grant Funds	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF	Title IV Temporary Assistance to Needy Families/ CalWORKS	Head Start Act/Early Head Start	Other Funding Source
Los Angeles	Unknown HV Services			EHS	HFA, PAT, Healthy Start, HIPPY, Unknown HV Services
Madera	NFP	Unknown HV Services		EHS	NFP, SafeCare, Unknown HV Services
Marin				EHS	
Mendocino				EHS	
Merced				EHS	PAT, Unknown HV Services
Modoc	Unknown HV Services	Unknown HV Services		EHS	Unknown HV Services
Mono					PAT
Monterey		PAT, Healthy Start		EHS, Unknown HV Services	PAT
Napa	Unknown HV Services	HFA		EHS	HFA
Nevada	Unknown HV Services	HFA, Unknown HV Services	HFA, Unknown HV Services	EHS, Unknown HV Services	Unknown HV Services
Orange	Unknown HV Services	Unknown HV Services	Unknown HV Services	EHS	NFP, PAT, HIPPY, PCHP, Unknown HV Services
Plumas	Unknown HV Services			EHS	PAT, Healthy Start, Unknown HV Services
Riverside	PAT			EHS	
Sacramento				HIPPY, EHS	NFP, Healthy Start, SafeCare, PCHP
San Bernardino	Healthy Start		Healthy Start	PAT, EHS	
San Diego		SafeCare		EHS	NFP, HFA, PAT, Healthy Start, EHS
San Francisco					Unknown HV Services
San Joaquin				EHS	PAT
San Luis Obispo					NFP
San Mateo	Unknown HV Services	Unknown HV Services	Unknown HV Services	PAT, EHS	PAT, Unknown HV Services

California Home Visiting Program: Statewide Home Visiting Needs Assessment

County	Title V MCH Block Grant Funds	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF	Title IV Temporary Assistance to Needy Families/ CalWORKS	Head Start Act/Early Head Start	Other Funding Source
Santa Barbara	Unknown HV Services	Unknown HV Services	Unknown HV Services	HIPPY, EHS	HFA, SafeCare, HIPPY, Unknown HV Services
Santa Clara	Unknown HV Services	Unknown HV Services		EHS	NFP
Santa Cruz				EHS	Unknown HV Services
Shasta				PAT, EHS, Unknown HV Services	
Sierra	Unknown HV Services	Unknown HV Services	Unknown HV Services	Unknown HV Services	Unknown HV Services
Siskiyou				EHS	
Solano	Unknown HV Services			EHS	NFP
Sonoma					NFP, PAT, Unknown HV Services
Stanislaus	Unknown HV Services	Unknown HV Services		EHS	PAT, PCHP
Sutter			Unknown HV Services	EHS	Unknown HV Services
Tehama	Unknown HV Services	PAT	Unknown HV Services	PAT, EHS	PAT
Trinity				PAT, EHS	Unknown HV Services
Tulare	NFP			EHS	SafeCare
Tuolumne	Unknown HV Services	Unknown HV Services		Unknown HV Services	Unknown HV Services
Ventura				EHS	
Yolo				EHS	HFA, Unknown HV Services
Yuba				EHS	

Note(s): Inyo, Mariposa, Placer and San Benito Counties did not submit a response to the Capacity Assessment Home Visiting Survey

“Unknown HV Services” refers to either locally developed home visiting programs or adaptations of national models.

Prepared by: Maternal, Child and Adolescent Health Division, Center for Family Health, California Department of Public Health

Source: Capacity Assessment Home Visiting Survey, 2010

**Individual Tables and Narratives for California’s Identified At Risk Counties**

Tables and narratives for fifty-four of California’s identified at risk counties are included in pages 274-417. Tables are not provided for four counties because they did not provide a response.

These narratives and tables identify the following:

- the home visiting model or approach in use,
- the intended recipient(s) of the service,
- the number of families served,
- the geographic area served, and
- identification of gaps in home visiting services

Because the survey was developed and disseminated prior to the release of the first SIR, CDPH/MCAH does not have available data on the following:

- the name of the program,
- the specific service(s) provided,
- the targeted goals/outcomes of the intervention,
- the demographic characteristics of families served, and
- the extent to which such programs/initiatives are meeting the needs of eligible families

The Key below is applicable for all of the tables presented in pages 274-417.

**Key**

Geographic location is referred to with \* symbol

All models are in an Agency Funding Agreement (AFA) agreement with a national office unless stated, "with no AFA".

-- indicates data is not currently available

‘Other’ funding source refers to a funding source currently unknown to CDPH/MCAH

**Evidence-Based Home Visiting (EBHV) Model Abbreviations**

<b>NFP</b>	Nurse Family Partnership
<b>HS</b>	Head Start
<b>HFA</b>	Healthy Families America
<b>PAT</b>	Parents as Teachers
<b>HS</b>	Healthy Start
<b>EHS</b>	Early Head Start
<b>PCHP</b>	Parent-Child Home Program
<b>HIPPY</b>	Home Instruction for Parents of Preschool Youngsters

### Alameda County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low income, Pregnant Women, Teens	--	--	36	✓	HS/EHS
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Parents with Disabilities, and New Immigrant Families	--	--	538	✓	HS/EHS

#### Home Visiting Model(s)

Alameda County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Alameda County reports that in the most recent calendar or fiscal year:

- approximately 574 families received home visiting services through the two national EBHV models cited above.
- Title V MCH Block Grant Funds and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 843 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Alameda County services provided:

- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Alameda County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Alameda County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Alameda County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health; **(moderately significant)**
- Infant health and development
- Child health and development; **(moderately significant)**
- Parenting skills
- Child abuse and injury prevention; **(moderately significant)**
- School readiness; **(moderately significant)**
- Domestic violence prevention; **(moderately significant)**
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**

- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Alameda County.

Alameda County reports gaps of service identified in all domains. In addition, there are waiting lists that exist for PAT and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Alpine County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	Other	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	Unknown	Unknown	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF

HV Model(s)

Alpine County is not using an EBHV model to serve families

Number of Families Served and Funding Sources

Alpine County reports that in the most recent calendar or fiscal year:

- Approximately 460 families received non-EBHV services through Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF funds.

Services Provided

Information is not currently available on the services Alpine County is providing to families using a non-EBHV model

Targeted Goals/Outcomes of the Intervention

Information is not currently available on the targeted goals/outcomes of the intervention Alpine County is using a non-EBHV model

Gaps/Unmet Needs

Alpine County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age; **(not significant)**
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities; **(somewhat significant)**
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect;
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families

- Non-English speaking families

### Benchmarks

In addition, Alpine County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health; **(somewhat significant)**
- Infant health and development; **(moderately significant)**
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health; (moderately significant)
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, it is not clear if there is an existing infrastructure in place (funding and an AFA agreement) to build EBHV models in Alpine County.

Alpine County reports gaps of service that are identified in all domains. Data on duplications of service are not readily available.

### Amador County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women	--	--	35	✓	HS/EHS

#### Home Visiting Model(s)

Amador County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Amador County reports that in the most recent calendar or fiscal year:

- Approximately 35 families received home visiting services through EHS.
- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 48 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Amador County services provided:

- **EHS (AFA)** comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Amador County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Amador County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs

- families with a history of child abuse or neglect; **(moderately significant)**
- families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Amador County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health; **(moderately significant)**
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention; **(moderately significant)**
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand an established EBHV model in Amador County.

Amador County reports gaps of service that are identified in all domains. There is a waiting list for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Butte County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Families that live in the neighborhood are not turned away; Hispanic and Hmong families with English as a second language	--	--	108	✓	Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Families with multiple risk factors such as homeless, public assistance	--	--	400	✓	HS/EHS
--	HFA	--	Mothers under the age of 25, living in southern Butte County who deliver at Oroville Hospital and/or are receiving prenatal care from OB/GYN providers in Oroville and Gridley. This geographic area is low income area and has relatively high rates of substance abuse and domestic violence, so some of the items in question #3 are embedded in this target population definition.	--	--	80		Unknown
--	Other	--	Unknown	--	--	55	Unknown	Title V MCH Block Grant Funds
--	Other	--	Unknown	--	--	35	Unknown	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF
--	Other	--	Unknown	--	--	40	Unknown	Title IV Temporary Assistance to Needy Families/ CalWORKS

### Home Visiting Model(s)

Butte County is using the following three national evidence-based home visiting (EBHV) models: Healthy Families America (HFA), Parents as Teachers (PAT), and Early Head Start (EHS).

### Number of Families Served and Funding Sources

Butte County reports that in the most recent calendar or fiscal year:

- approximately 588 families received home visiting services through the three national EBHV models cited above.
- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 688 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Butte County services provided:

- **HFA (AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** comprehensive child development services provided in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Butte County. A more targeted description will be presented in the second SIR.

- **HFA** – To promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – To empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Butte County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Butte County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Butte County.

Butte County reports gaps of service that are identified in all domains. Waiting lists exist for PAT and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Calaveras County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	114	✓	HS/EHS

Home Visiting Model(s)

Calaveras County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

Number of Families Served and Funding Sources

Calaveras County reports that in the most recent calendar or fiscal year:

- Approximately 114 families received home visiting services through EHS.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 151 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Calaveras County services provided:

- **EHS (AFA)** comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Calaveras County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

Gaps/Unmet Needs

Calaveras County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age

- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; **(moderately significant)**
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect; **(moderately significant)**
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Calaveras County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills; **(moderately significant)**
- Child abuse and injury prevention; **(moderately significant)**
- School readiness
- Domestic violence prevention
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand an established EBHV model in Calaveras County.

Calaveras County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Colusa County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	60	✓	HS/EHS

Home Visiting Model(s)

Colusa County is using only EHS as a national EBHV model.

Number of Families Served and Funding Sources

Colusa County reports that in the most recent calendar or fiscal year:

- Approximately 60 families received HV services through the EHS model
- Title V MCH Block Grant, Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, and HS/EHS funds may support both EBHV and non-EBHV services for 240 families

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Colusa County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by Colusa County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

Gaps/Unmet Needs

Colusa County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8

- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Colusa County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Colusa County.

Colusa County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Contra Costa County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA	--	Low income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	150	✓	Other
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	84	✓	HS/EHS
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Any High Risk Needs	--	--	150	✓	HS/EHS, Other

Home Visiting Model(s)

Contra Costa County is using the following three national evidence-based home visiting (EBHV) models: Healthy Families America (HFA), Parents as Teachers (PAT), and Early Head Start (EHS).

Number of Families Served and Funding Sources

Contra Costa County reports that in the most recent calendar or fiscal year:

- approximately 384 families received home visiting services through the three national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 1030 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Contra Costa County services provided:

- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (non-AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Contra Costa County. A more targeted description will be presented in the second SIR.

- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

#### Gaps/Unmet Needs

Contra Costa County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; **(somewhat significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

#### Benchmarks

In addition, Contra Costa County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health

- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Contra Costa County.

Contra Costa County reports gaps of service identified in all domains. In addition, there are waiting lists that exist for all Contra Costa County EBHV models which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Del Norte County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse Newborn to 5yrs	--	--	109	✓	HS/EHS

Home Visiting Model(s)

Del Norte County is using only EHS as a national EBHV model.

Number of Families Served and Funding Sources

Del Norte County reports that in the most recent calendar or fiscal year:

- Approximately 150 families received HV services through the EHS model
- Title V MCH Block Grant, Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 739 families

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Del Norte County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by Del Norte County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

Gaps/Unmet Needs

Del Norte County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- Pregnant females under 21 years of age

- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Del Norte County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Del Norte County.

Del Norte County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**EI Dorado County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	Healthy Start with no AFA	--	Pregnant Women, Teens, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	90		HS/EHS
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Foster Children, Children with Open CPS Cases, Parents with Limited Parenting Capacities	--	--	150	✓	HS/EHS

Home Visiting Model(s)

EI Dorado County is using two EBHV models: Healthy Start and EHS.

Number of Families Served and Funding Sources

EI Dorado County reports that in the most recent calendar or fiscal year:

- Approximately 240 families received HV services through the two national EBHV models cited above
- Title V MCH Block Grant, Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 500 families

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding EI Dorado County services provided:

- **Healthy Start (non-AFA)** has core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by El Dorado County. A more targeted description will be presented in the second SIR.

- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in prenatal outcomes.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

El Dorado County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities; **(not significant)**
- Families with children with low student achievement/drop-outs Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, El Dorado County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency; **(unknown)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in El Dorado County.

El Dorado County reports gaps of service identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Fresno County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Foster children and homeless given priority	--	--	500		HS/EHS
--	NFP	--	Low Income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse, Census tract areas with higher Infant Mortality Rates (IMR)	--	--	175	???	Other
--	PAT	--	Low Income, Pregnant Women, Teens, Pregnant Women, Children with Developmental Disabilities, All Families	--	--	50	???	Other
--	Healthy Start	--	Low Income, Teens, History of Domestic Violence, History of Substance Abuse, Pregnant women residing in census tracts with high IMR	--	--	200	???	Other
--	SafeCare	--	Pregnant Women, teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Teen parents; CWS referred families with no court action,	--	--	70	program just started	Title II Child Abuse & Treatment Act/CBCA P/CAPIT/PSSF
--	PCHP	--	Low Income	--	--	30	✓	Other
--	Other	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse CWS families and voluntary family maintenance	--	--	277		Other

### Home Visiting Model(s)

Fresno County is using the following six national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Parents as Teachers (PAT), Healthy Start, SafeCare, Early Head Start (EHS), and Parent-Child Home Program (PCHP).

### Number of Families Served and Funding Sources

Fresno County reported that in the most recent calendar or fiscal year:

- approximately 1025 families received home visiting services by the six national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 2913 families.

Survey responders reported that SafeCare and EHS are the only two EBHV programs funded by Title II Child Abuse and Treatment Act/CBCPA/CAPIT/PSSF and Head Start/Early Head Start, respectively.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Fresno County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **Healthy Start (AFA)** has core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **SafeCare (AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PCHP (AFA)** works with primary caregivers to develop their children's literacy and language skills and prepares them to enter school. Also serves as a referral to link families with social services or early childhood and parenting education opportunities.
- **PAT (Non-AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Fresno County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.
- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PCHP** – Develop children’s language and literacy skills; empower parents to be teachers; prepare children for life long academic success; enhance parenting skills
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Fresno County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Fresno County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills

- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to expand established EBHV models.

Fresno County reports significant gaps of service identified in all domains. In addition, there are waiting lists that exist for all six EBHV models cited, which reinforce the need for more HV services. Data on duplications of service are not readily available.

### Glenn County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	63	✓	HS/EHS

#### Home Visiting Model(s)

Glenn County is using only EHS as a national EBHV model.

#### Number of Families Served and Funding Sources

Glenn County reports that in the most recent calendar or fiscal year:

- Approximately 63 families received HV services through EHS
- Title V MCH Block Grant and HS/EHS funds may fund both EBHV and non-EBHV services for 150 families

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Glenn County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national models used by –Glenn County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Glenn County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age

- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities; **(somewhat significant)**
- Families with children with low student achievement/drop-outs; **(moderately significant)**
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Glenn County indicated that new home visiting funding would **significantly** or **moderately** address the following services:

- Prenatal/maternal health; **(moderately significant)**
- Infant health and development; **(moderately significant)**
- Child health and development; **(moderately significant)**
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports; **(moderately significant)**

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Glenn County.

Glenn County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Humboldt County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, First Time Mothers	--	--	73		Other
--	HFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Mental Illness, Single, Separated or Divorced Parents, Children in Foster Care/CWS System	--	--	25-30	✓	Title V MCH Block Grant Funds
--	EHS	--	Low income, Pregnant Women, Children with Developmental Delays/Disabilities, Homelessness	--	--	167	✓	HS/EHS

#### Home Visiting Model(s)

Humboldt County is using three EBHV models: NFP, HFA, and EHS.

#### Number of Families Served and Funding Sources

Humboldt County reports that in the most recent calendar or fiscal year:

- Approximately 270 families received HV services through the three national EBHV models cited above
- Title V MCH Block Grant, Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may support both EBHV and non-EBHV services for 1004 families

#### Services Provided

Some national EBHV programs have an AFA with their national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Humboldt County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.

- **HFA (AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Humboldt County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Humboldt County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

#### Benchmarks

In addition, Humboldt County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills

- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is significant infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Humboldt County.

Humboldt County reports gaps of service identified in all domains. Waiting lists exist for HFA and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Imperial County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HIPPY with no AFA	--	Low Student Achievement/Dropouts, Children from low academic school districts, exempt care providers	--	--	74	✓	Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	70		HS/EHS

#### Home Visiting Model(s)

Imperial County is using two EBHV models: EHS and HIPPY.

#### Number of Families Served and Funding Sources

Imperial County reports that in the most recent calendar or fiscal year:

- Approximately 144 families received HV services through EHS and HIPPY using HS/EHS and other unidentified funds

#### Services Provided

Some national EBHV programs have an AFA with their national office. An AFA increases the likelihood that HV programs follow standards of care and maintain model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Imperial County services provided:

- **HIPPY (non-AFA)** is a school readiness program that helps parents prepare their three to five year old children for success in school and life. Parents are provided with books and materials to help strengthen their child’s cognitive and literacy skills.
- **EHS (AFA )** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Imperial County. A more targeted description will be presented in the second SIR.

- **HIPPY** – Empower parents as primary educators of their children; promote school readiness and early literacy through parental
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Imperial County reported that new home visiting funding would **significantly** address gaps in serving the following population unless otherwise noted:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Imperial County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention; **(moderately significant)**
- School readiness; **(moderately significant)**
- Domestic violence prevention; **(moderately significant)**
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, an infrastructure is in place (funding and an AFA agreement) to build on and/or expand established EBHV models in Imperial County.

Imperial County reports gaps of service identified in all domains. A waiting list exists for HIPPY which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Kern County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	399	✓	Title V MCH Block Grant Funds

#### Home Visiting Model(s)

Kern County is using one national evidence-based home visiting (EBHV) model: the Nurse Family Partnership (NFP).

#### Number of Families Served and Funding Sources

Kern County reports that in the most recent calendar or fiscal year:

- Approximately 399 families received home visiting services through the NFP.
- Title V MCH Block Grant Funds may fund other non-EBHV home visiting services for 300 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Kern County services provided:

- **NFP (AFA)** provides home visits by public health nurses to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Kern County. A more targeted description will be presented in the second SIR.

- **NFP** improve pregnancy outcomes; child health and development and families economic self-sufficiency.

#### Gaps/Unmet Needs

Kern County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age

- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Kern County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness (**moderately significant**)
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency (**moderately significant**)
- Coordination of referrals to community resources and supports(**moderately significant**)

### Summary

On the basis of this information, there is basic infrastructure in place to support and expand the current NFP program. Title V MCH Block Grant Funds supports additional non-EBHV programs in Kern County.

Kern County reports gaps of service that are identified in all domains. A waiting list for NFP exists which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Kings County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse	--	--	50	✓	HS/EHS

#### Home Visiting Model(s)

Kings County is using only EHS as a national EBHV model.

#### Number of Families Served and Funding Sources

Kings County reports that in the most recent calendar or fiscal year:

- Approximately 50 families received HV services through the EHS
- Title V MCH Block Grant, Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 975 families

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Kings County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national models used by Kings County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Kings County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8

- Families with children with developmental delays or disabilities; **(somewhat significant)**
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence; **(somewhat significant)**
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Kings County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness; **(somewhat significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Kings County.

Kings County reports gaps of service identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Lake County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Foster Children and Homeless	--	--	52	✓	HS/EHS

Home Visiting Model(s)

Lake County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

Number of Families Served and Funding Sources

Lake County reports that in the most recent calendar or fiscal year:

- approximately 50 families received home visiting services through EHS.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 207families

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Lake County services provided:

- **EHS (AFA)** comprehensive child development services provided in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Lake County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Lake County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8 (**moderate**)
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs; (**moderately significant**)
- families with a history of child abuse or neglect; (**moderately significant**)
- families with a history of domestic violence; (**moderately significant**)
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Lake County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health; (**moderately significant**)
- Infant health and development; (**moderately significant**)
- Child health and development; (**moderately significant**)
- Parenting skills; (**moderately significant**)
- Child abuse and injury prevention; (**moderately significant**)
- School readiness; (**somewhat significant**)
- Domestic violence prevention; (**moderately significant**)
- Mental health; (**moderately significant**)
- Substance abuse
- Economic self-sufficiency; (**moderately significant**)
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established the EBHV model in Lake County.

Lake County reports gaps of service that are identified in all domains. There is a waiting list for the EHS service which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Lassen County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	184	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Other
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless, Single Parents, CPS Involved families, Court ordered and Probation cases through Lassen County	--	--	208	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Single Parents	--	--	24		HS/EHS

Home Visiting Model(s)

Lassen County is using the following three national evidence-based home visiting (EBHV) models: Healthy Families America (HFA), Parents as Teachers (PAT), and Early Head Start (EHS),

Number of Families Served and Funding Sources

Lassen County reports that in the most recent calendar or fiscal year:

- approximately 416 families received home visiting services through the three national EBHV models cited above.
- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CalWORKS and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 339 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Lassen County services provided:

- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Lassen County. A more targeted description will be presented in the second SIR.

- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Lassen County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Lassen County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills; **(moderately significant)**
- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention; **(moderately significant)**
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Lassen County.

Lassen County reports gaps of service that are identified in all domains. Waiting lists exist for HFA and PAT which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Los Angeles County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless/Foster Children	--	--	2953	✓	HS/EHS
--	HFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Mental Health Issues	--	--	98		Other
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Mono-lingual Spanish Speaking & Immigrant	--	--	900	✓	Other
--	Healthy Start	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Mental Health Issues	--	--	200		Other
--	HIPPY	--	Low income, Teens, History of Domestic Violence, History of Substance Abuse, Pregnant women, Children with Developmental Delays/Disabilities, Low Student Achievement/Dropout, Mental health issues	--	--	129	✓	Other
--	NFP	--	Low Income, Pregnant Women	--	--	350	✓	Title V MCH Block Grant Funds

Home Visiting Model(s)

Los Angeles County is using the following seven national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Healthy Families America (HFA), Parents as

Teachers (PAT), Healthy Start, Early Head Start (EHS), Parent-Child Home Program (PCHP) and Home Instruction for Parents of Preschool Youngsters (HIPPY).

### Number of Families Served and Funding Sources

Los Angeles County reports that in the most recent calendar or fiscal year:

- Approximately 4652 families received home visiting services through the seven national EBHV models cited above.
- Title V MCH Block Grant Funds and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 4314 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Los Angeles County services provided:

- **NFP (AFA)** Public health nurses provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **HFA (AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **Healthy Start (AFA)** Core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PCHP (AFA)** Works with primary caregivers to develop their children's literacy and language skills and prepares them to enter school. Also serves as a referral to link families with social services or early childhood and parenting education opportunities.
- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- **HIPPY (AFA)** is a school readiness program that helps parents prepare their three to five year old children for success in school and life. Parents are provided with books and materials to help strengthen their child's cognitive and literacy skills.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Los Angeles County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families' economic self-sufficiency.

- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.
- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PCHP** – Develop children’s language and literacy skills; empower parents to be teachers; prepare children for life long academic success; enhance parenting skills
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **HIPPY** – Empower parents as primary educators of their children; promote school readiness and early literacy through parental involvement.

### Gaps/Unmet Needs

Los Angeles County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Los Angeles County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention

- Mental health
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Los Angeles County.

Los Angeles County reports gaps of service that are identified in all domains. Waiting lists exist for NFP, PAT, EHS, and HIPPY which strongly reinforces the need for more HV services. Data on duplications of service are not readily available.

### Madera County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP with no AFA	--	Low income, Pregnant Women, Teens, First Time Parents	--	--	638	✓	Other
--	SafeCare	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	10		Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	15	✓	HS/EHS

#### Home Visiting Model(s)

Madera County is using the following EBHV models: NFP, SafeCare, and EHS.

#### Number of Families Served and Funding Sources

Madera County reports that in the most recent calendar or fiscal year:

- Approximately 663 families received HV services through the three national EBHV models cited above
- Title V MCH Block Grant Funds, Title II Child Abuse & Treatment Act/CBCAP</CAPIT/PSSF, Title IV Temporary Assistance to Needy Families/CaWORKS, HS/EHS and other unidentified funds may fund both EBHV and non-EBHV services for 1188 families

#### Services Provided

Some national EBHV programs have an AFA with their national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Madera County services provided:

- **NFP (non-AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.

- **SafeCare (non-AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Madera County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Madera County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8; (**moderately significant**)
- Families with children with developmental delays or disabilities; (**moderately significant**)
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect; (**somewhat significant**)
- Families with a history of domestic violence; (**moderately significant**)
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

#### Benchmarks

In addition, Madera County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills

- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports ; **(moderately significant)**

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Madera County.

Madera County reports gaps of service identified in all domains. Waiting lists exist for NFP and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Marin County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	80	✓	HS/EHS

#### Home Visiting Model(s)

Marin County is using only the national evidence-based home visiting (EBHV) model Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Marin County reports that in the most recent calendar or fiscal year:

- Approximately 80 families received home visiting services through EHS.
- Head Start Act/Early Head Start is the only reported funding source in Marin County.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Marin County services provided:

- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national model used by Marin County. A more targeted description will be presented in the second SIR.

- **EHS** - To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Marin County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8; (**moderately significant**)

- families with children with developmental delays or disabilities; **(moderately significant)**
- families with children with low student achievement/drop-outs;**(moderately significant)**
- families with a history of child abuse or neglect;
- families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Marin County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health; **(moderately significant)**
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention; **(moderately significant)**
- School readiness; **(moderately significant)**
- Domestic violence prevention; **(moderately significant)**
- Mental health
- Substance abuse
- Economic self-sufficiency; **(somewhat significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreement) to build on and expand the established EBHV model in Marin County.

Marin County reports gaps of service identified in all domains. A waiting list exists for the EHS model which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Mendocino County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse	--	--	16	✓	HS/EHS

#### Home Visiting Model(s)

Mendocino County is using only EHS as a national EBHV model. They do have an AFA with the national EHS office.

#### Number of Families Served and Funding Sources

Mendocino County reports that in the most recent calendar or fiscal year:

- Approximately 16 families received HV services through the EHS model using HS/EHS funds

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Mendocino County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by Mendocino County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Mendocino County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8

- Families with children with developmental delays or disabilities; **(moderately significant)**
- Families with children with low student achievement/drop-outs; **(somewhat significant)**
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Mendocino County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention; **(moderately significant)**
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Mendocino County.

Mendocino County reports gaps of service identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Merced County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Pregnant Women, Isolated Families, First Time Parents, Families with Children 0-3, not receiving other services	--	--	170	✓	Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities	--	--	197	✓	HS/EHS

#### Home Visiting Model(s)

Merced County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Merced County reports that in the most recent calendar or fiscal year:

- Approximately 367 families received home visiting services through the two national EBHV models cited above.
- Title V MCH Block Grant Funds; Title IV Temporary Assistance to Needy Families/CaWORKS and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 424 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Merced County services provided:

- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (non-AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Merced County. A more targeted description will be presented in the second SIR.

- **EHS** - To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** - To empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Merced County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect;
- families with a history of domestic violence; (**moderately significant**)
- families with a history of substance abuse; (**moderately significant**)
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Merced County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development; (**moderately significant**)
- Child health and development; (**moderately significant**)
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is some basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Merced County.

Merced County reports gaps of service identified in all domains. In addition, waiting lists exist for PAT and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Modoc County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Children with Developmental Delays/Disabilities	--	--	129	✓	HS/EHS

Home Visiting Model(s)

Modoc County is using only EHS as a national EBHV model.

Number of Families Served and Funding Sources

Modoc County reports that in the most recent calendar or fiscal year:

- Approximately 129 families received HV services through EHS services
- Title V MCH Block Grant, Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 247 families

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Modoc County services provided:

- **EHS (AFA )** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by –Modoc County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

Gaps/Unmet Needs

Modoc County reported that new home visiting funding would **moderately** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities

- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse; **(significant)**
- Current or former military families; **(significant)**
- Non-English speaking families; **(significant)**

### Benchmarks

In addition, Modoc County indicated that new home visiting funding would **moderately** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports; **(significant)**

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Modoc County.

Modoc County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Mono County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Universal Home Visiting Program- all families welcome	--	--	74		Other

#### Home Visiting Model(s)

Mono County is using only PAT as a national EBHV model.

#### Number of Families Served and Funding Sources

Mono County reports that in the most recent calendar or fiscal year:

- Approximately 74 families received HV services through PAT using other unidentified funds

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for PAT, we can make the following general statement regarding Mono County services provided:

- **PAT (AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of PAT, the national models used by –Mono County. A more targeted description will be presented in the second SIR.

- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

#### Gaps/Unmet Needs

Mono County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age

- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities; **(somewhat significant)**
- Families with children with low student achievement/drop-outs; **(moderately significant)**
- Families with a history of child abuse or neglect; **(somewhat significant)**
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Mono County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health; (moderately significant)
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Mono County. Mono County reports gaps of service that are identified in all domains.. Data on duplications of service are not readily available.

**Monterey County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/ Disabilities, History of Domestic Violence, History of Substance Abuse, At Risk for Neglect or Abuse	--	--	500	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Other
--	Healthy Start with no AFA	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/ Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Low Income, Teens, Pregnant Women, Children with Developmental Delays/ Disabilities, History of Domestic Violence, History of Substance Abuse, Undocumented and Immigrant Population	--	--	200	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF
--	EHS	--	Low Income, Pregnant Women, Teens, History of Domestic Violence, History of Substance Abuse	--	--	100	✓	HS/EHS

Home Visiting Model(s)

Monterey County is using the following three national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT); Healthy Start and Early Head Start (EHS).

Number of Families Served and Funding Sources

Monterey County reports that in the most recent calendar or fiscal year:

- approximately 800 families received home visiting services through the three national EBHV models cited above.
- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 300 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model

fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Monterey County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (AFA)** uses paraprofessionals to provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- **Healthy Start (Non-AFA)** has core service components including outreach, case management, health education, interconceptional care, and screening and referral.

#### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by Monterey County. A more targeted description will be presented in the second SIR:

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.

#### Gaps/Unmet Needs

Monterey County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- Families with children with low student achievement/drop-outs; (**moderately significant**)
- families with children with developmental delays or disabilities
- families with a history of substance abuse
- families with a history of child abuse or neglect
- families with a history of domestic violence
- current or former military families
- non-English speaking families

#### Benchmarks

In addition, Monterey County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Monterey County.

Monterey County reports gaps of service that are identified in all domains. Waiting lists exist for PAT, Healthy Start and EHS, which reinforces the need for more HV services. Data on duplications of service are not readily available

**Napa County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, At Risk for Child Abuse, Neglect, and Homelessness	--	--	277	✓	Title II Child Abuse & treatment Act/CBCA P/CAPIT/PSSF, Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Hispanic	--	--	116	✓	HS/EHS

Home Visiting Model(s)

Napa County is using two EBHV models: HFA and EHS.

Number of Families Served and Funding Sources

Napa County reports that in the most recent calendar or fiscal year:

- Approximately 393 families received HV services through the two national EBHV models cited above
- Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 548 families

Services Provided

Some national EBHV programs have an AFA with their national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Napa County services provided:

- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Napa County. A more targeted description will be presented in the second SIR.

- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Napa County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs; (**moderately significant**)
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Napa County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Napa County.

Napa County reports gaps of service identified in all domains. Waiting list exists for HFA and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Nevada County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA	--	Low income, Pregnant Women, History of Domestic Violence, History of Substance Abuse, At Risk for Child Abuse Per Screening Tool	--	--	184/10	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Title IV Temporary Assistance to Needy Families/ CalWORKS
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse,	--	--	92	✓	HS/EHS

Home Visiting Model(s)

Nevada County is using two EBHV models: HFA and EHS.

Number of Families Served and Funding Sources

Nevada County reports that in the most recent calendar or fiscal year:

- Approximately 144 families received HV services through HFA and EHS
- Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF and Title IV Temporary Assistance to Needy Families/CalWORKS funds may fund both EBHV and non-EBHV services for 379 families

Services Provided

Some national EBHV programs have an AFA with their national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Nevada County services provided:

- **HFA (AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Nevada County. A more targeted description will be presented in the second SIR.

- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Nevada County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs; (**moderately significant**)
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Nevada County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development; (**somewhat significant**)
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention; (**moderately significant**)
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Nevada County.

Nevada County reports gaps of service identified in all domains. Waiting list exists for HFA and EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Orange County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low income, Pregnant Women, Under 24 yrs and less than 28 weeks gestation, first time pregnant and parenting	--	--	255	✓	Other
--	PAT	--	Low income, Educationally and Economically Disadvantaged	--	--	200		Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	164	✓	HS/EHS
--	PCHP	--	Low income, Educationally and economically disadvantaged Latino children in Santa Ana, Anaheim and parts of Tustin. Mean family income is \$19,000 mean parental education is 9 years.	--	--	525	✓	Other
--	Other	--	Low income, Pregnant Women, Teens	--	--	2733	✓	Other

Home Visiting Model(s)

Orange County is using the following four national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start (EHS) and Parent-Child Home Program (PCHP).

Number of Families Served and Funding Sources

Orange County reported that in the most recent calendar or fiscal year:

- approximately 3847 families received home visiting services by the four national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start fund both EBHV and non-EBHV home visiting services for 4112 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Orange County services provided:

- **NFP (AFA)** Public health nurses provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **PAT (AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- **EHS (AFA )** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PCHP (AFA)** works with primary caregivers to develop their children's literacy and language skills and prepares them to enter school. Also serves as a referral to link families with social services or early childhood and parenting education opportunities.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Orange County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PCHP** – Develop children's language and literacy skills; empower parents to be teachers; prepare children for life long academic success; enhance parenting skills

### Gaps/Unmet Needs

Orange County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs; (**moderately significant**)
- families with a history of child abuse or neglect; (**moderately significant**)

- families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse; **(moderately significant)**
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Orange County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills **(moderately significant)**
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Orange County.

Orange County reports significant gaps of service identified in all domain. Waiting lists exist for NFP, EHS, PCHP, and an unidentified service which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Plumas County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low income, Pregnant Women, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	300		Other
--	Healthy Start with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	106		Other
--	EHS	--	Low income, Pregnant Women, Children with Developmental Delays/Disabilities,	--	--	25		HS/EHS

Home Visiting Model(s)

Plumas County is using three national EBHV models; PAT, Healthy Start, and EHS.

Number of Families Served and Funding Sources

Plumas County reports that in the most recent calendar or fiscal year:

- Approximately 431 families received HV services through the EHS models listed using Title V MCH Block Grant, HS/EHS, and other unidentified funds

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statement regarding Plumas County services provided:

- Healthy Start (non-AFA)** has core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- PAT (AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- EHS (AFA )** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Plumas County. A more targeted description will be presented in the second SIR.

- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in prenatal outcomes.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Plumas County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence; **(moderately significant)**
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Plumas County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention
- Mental health; **(moderately significant)**
- Substance abuse

- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

Summary

On the basis of this information, there is significant infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Plumas County.

Plumas County reports gaps of service that are identified in all domains. Data on duplications of service are not readily available.

**Riverside County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT	--	Low income, Pregnant Women, Teens, Large Families	--	--	600	✓	Title V MCH Block Grant Funds
--	EHS	--	Children with Developmental Delays/Disabilities, Infants and Toddlers	--	--	2000	✓	HS/EHS
--	NFP	--	Low income, Pregnant Women, Teens, First Time Parents	--	--	80	✓	Unknown

Home Visiting Model(s)

Riverside County is using the following three national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Parents as Teachers (PAT), and Early Head Start (EHS).

Number of Families Served and Funding Sources

Riverside County reported that in the most recent calendar or fiscal year:

- approximately 35,170 families received home visiting services from the three national EBHV models cited above.
- Title V MCH Block Grant Funds; Title IV Temporary Assistance to Needy Families/CalWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 2680 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Riverside County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **PAT (AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also

includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Riverside County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Riverside County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Riverside County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention

- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Riverside County.

Riverside County reports significant gaps of service identified in all domains. Waiting lists exist for all three EBHV models cited which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Sacramento County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low income, Pregnant Women, Teens, Clients in the primary target population listed above may also have domestic violence and substance abuse issues, but this is not known until the Public Health Nurse visits the client and establishes a trusting relationship.	--	--	372		Other
--	Healthy Start	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, children 0-5, differential response families referred by CPS	--	--	1200	✓	Other
--	SafeCare	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Special assessments-health and CHDP, preschool and elementary	--	--	2700	✓	Other
--	HIPPY with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	7000	✓	HS/EHS
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless	--	--	3585	✓	HS/EHS
--	PCHP with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	900	✓	Other

### Home Visiting Model(s)

Sacramento County is using the following six national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Healthy Start, SafeCare, Early Head Start (EHS), Parent-Child Home Program (PCHP) and Home Instruction for Parents of Preschool Youngsters (HIPPY).

### Number of Families Served and Funding Sources

Sacramento County reported that in the most recent calendar or fiscal year:

- Approximately 15,757 families received home visiting services from the six national EBHV models cited above.
- Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 10,585 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Sacramento County services provided:

- **NFP (AFA)** Public health nurses provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **Healthy Start (AFA)** Core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **SafeCare (non-AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PCHP (non-AFA)** Works with primary caregivers to develop their children's literacy and language skills and prepares them to enter school. Also serves as a referral to link families with social services or early childhood and parenting education opportunities.
- **HIPPY (non-AFA)** is a school readiness program that helps parents prepare their three to five year old children for success in school and life. Parents are provided with books and materials to help strengthen their child's cognitive and literacy skills.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Sacramento County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.

- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PCHP** – Develop children’s language and literacy skills; empower parents to be teachers; prepare children for life long academic success; enhance parenting skills
- **HIPPY** – Empower parents as primary educators of their children; promote school readiness and early literacy through parental involvement

### Gaps/Unmet Needs

Sacramento County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; (**moderately significant**)
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Sacramento County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

Summary

On the basis of this information, there is substantial infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Sacramento County.

Sacramento County reports significant gaps of service identified in all domains. Waiting lists exist for Healthy Start, SafeCare, EHS, PCHP and HIPPY services which reinforces the need for more HV services. Data on duplications of service are not readily available.

**San Bernardino County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	Healthy Start	--	Low income, Pregnant Women, Teens	--	--	901		Title IV Temporary Assistance to Needy Families/CalWORKS, Title V MCH Block Grant Funds
--	PAT	--	Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless and Foster Children	--	--	334	✓	HS/EHS
--	HIPPY	--	Low income, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless and Foster Care Children	--	--	108		Unknown
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Homeless and Foster Children	--	--	354		HS/EHS

Home Visiting Model(s)

San Bernardino County is using the following four national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT), Healthy Start, Early Head Start (EHS) and Home Instruction for Parents of Preschool Youngsters (HIPPY).

Number of Families Served and Funding Sources

San Bernardino County reports that in the most recent calendar or fiscal year:

- approximately 1697 families received home visiting services through the four national EBHV models cited above.

- Title V MCH Block Grant Funds; Title IV Temporary Assistance to Needy Families/CaWORKS and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 3255 families.

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding San Bernardino County services provided:

- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network
- **Healthy Start (non-AFA)** Core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **HIPPY (AFA)** is a school readiness program that helps parents prepare their three to five year old children for success in school and life. Parents are provided with books and materials to help strengthen their child's cognitive and literacy skills.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by San Bernardino County. A more targeted description will be presented in the second SIR.

- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **HIPPY** – Empower parents as primary educators of their children; promote school readiness and early literacy through parental involvement.

### Gaps/Unmet Needs

San Bernardino County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8

- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, San Bernardino County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in San Bernardino County.

San Bernardino County reports gaps of service that are identified in all domains. Waiting lists exist for PAT and HIPYP which reinforces the need for more HV services. Data on duplications of service are not readily available.

**San Diego County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Pregnant Teens in Foster Care or Kinship	--	--	443		Other
--	HFA	--	Low income, Pregnant Women, East African Families	--	--	40		Other
--	PAT	--	Military Families	--	--	1900	✓	Other
--	Healthy Start	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, High Medical Risk & Residents in Target Zip Codes	--	--	318	✓	Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, First Time Parents	--	--	355	✓	EHS
--	SafeCare	--	Families Involved With Child Welfare Services With an Allegation of Neglect	--	--	299	✓	Title II Child Abuse & Treatment Act/CBCAP/CAP IT/PSSF

Home Visiting Model(s)

San Diego County is using the following six national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), Healthy Families America (HFA), Parents as Teachers (PAT), Healthy Start, Early Head Start (EHS), and SafeCare.

Number of Families Served and Funding Sources

San Diego County reports that in the most recent calendar or fiscal year:

- approximately 3355 families received home visiting services through the six national EBHV models cited above.

- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 3024 families

### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding San Diego County services provided:

- **NFP (AFA)** Public health nurses provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **Healthy Start (AFA)** Core service components including outreach, case management, health education, interconceptional care, and screening and referral.
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **SafeCare (AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **PAT (AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by San Diego County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **Healthy Start** – Reduce infant mortality, birth weight and racial disparities in perinatal outcomes.
- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.

- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

San Diego County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; **(somewhat significant)**
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, San Diego County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in San Diego County.

San Diego County reports gaps of service that are identified in all domains. Waiting lists exist for the four of the six existing EBHV models which reinforces the need for more HV services. Data on duplications of service are not readily available.

### San Francisco County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	Other	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Newborns and Infants	--	--	1000	✓	Other

#### Home Visiting Model(s)

San Francisco (SF) County reported that they are not using the any of the national evidence-based home visiting (EBHV) models.

#### Number of Families Served and Funding Sources

In the most recent calendar or fiscal year:

- approximately 1000 families received non-EBHV home visiting services in SF County.
- SF County reported they do use the following funding sources: Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CalWORKS; and Head Start Act/Early Head Start

#### Services Provided

Information regarding SF County services was not provided in the survey.

#### Targeted Goals/Outcomes of the Intervention

Information was not available for the goals and outcomes of the other HV program used in SF County.

#### Gaps/Unmet Needs

SF County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect

- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, SF County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is limited infrastructure in place to support EBHV models in SF County. Their response to the survey appears to be incomplete.

SF County reports gaps of service that are identified in all domains. A waiting list for an unidentified HV service is mentioned which shows a need for additional services. Data on duplications of service are not readily available.

**San Joaquin County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Pregnant Women, Children ages 0-3	--	--	Unknown	✓	HS/EHS
--	PAT	--	Pregnant Women, Children ages 0-3	--	--	300	✓	Other

Home Visiting Model(s)

San Joaquin County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS).

Number of Families Served and Funding Sources

San Joaquin County reports that in the most recent calendar or fiscal year:

- approximately 300 families received home visiting services through the PAT model. EHS did not identify the number of families served in the survey.
- Title V MCH Block Grant Funds and Head Start Act/Early Head Start may fund EBHV and non-EBHV home visiting services for 800 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and more likely follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding San Joaquin County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (AFA)** uses paraprofessionals to provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by San Joaquin County. A more targeted description will be presented in the second SIR:

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

San Joaquin County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families; **(moderately significant)**
- non-English speaking families

### Benchmarks

In addition, San Joaquin County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills; **(moderately significant)**
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in San Joaquin County.

San Joaquin County reports gaps of service that are identified in all domains. Waiting lists exist for the both PAT and EHS, which reinforces the need for more HV services. Data on duplications of service are not readily available.

### San Luis Obispo County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low Income, Pregnant Women, Teens, Families in the Foster Care System	--	--	46		Other
--	EHS	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Families in the Foster Care System	--	--	125	✓	HS/EHS

#### Home Visiting Model(s)

San Luis Obispo County is using the following two national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

San Luis Obispo County reported that in the most recent calendar or fiscal year:

- approximately 245 families received home visiting services by the two EBHV models cited above.
- Head Start Act/Early Head Start may fund 125 of the EBHV and non-EBHV services.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding San Luis Obispo County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by San Luis Obispo County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

San Luis Obispo County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age; **(moderately significant)**
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8; **(moderately significant)**
- families with children with developmental delays or disabilities; **(moderately significant)**
- families with children with low student achievement/drop-outs; **(somewhat significant)**
- families with a history of child abuse or neglect; **(moderately significant)**
- families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, San Luis Obispo County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development **(moderately significant)**
- Parenting skills
- Child abuse and injury prevention
- School readiness **(moderately significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency **(moderately significant)**
- Coordination of referrals to community resources and supports

Summary

On the basis of this information, there is basic infrastructure to expand established home visiting services in San Luis Obispo County.

San Luis Obispo County reports significant gaps of service identified in all domains. A waiting list exist for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### San Mateo County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT with AFA	--	Low Income, Pregnant Women, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement	--	--	137	✓	HS/EHS
--	EHS	--	Low Income, Pregnant Women, Children with Developmental Delays/Disabilities, History of Domestic Violence, Spanish-speaking; Father/Male; San Mateo County Coast	--	--	88	✓	HS/EHS
--	PAT with no AFA	--	Low Income, Teens, Pregnant Women, Children with Developmental Delays/Disabilities, History of Domestic Violence, Spanish-speaking; Father/Male; San Mateo County Coast	--	--	88		Other

#### Home Visiting Model(s)

San Mateo County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS). PAT exists in two different EBHV models, one operates independently with a national agency funding agreement (AFA). The other PAT is embedded in the EHS which does not have an AFA.

#### Number of Families Served and Funding Sources

San Mateo County reports that in the most recent calendar or fiscal year:

- approximately 225 families received home visiting services through the two national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 731 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and more likely follow model fidelity than those EBHV programs without AFAs. Based on the national model

descriptions, we can make the following general statements regarding San Mateo County services provided:

- **EHS (Non-AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services. PAT is embedded in their program (separate from below).
- **PAT (AFA)** uses paraprofessionals to provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

#### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by San Mateo County. A more targeted description will be presented in the second SIR:

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

#### Gaps/Unmet Needs

San Mateo County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with a history of child abuse or neglect
- families with a history of domestic violence
- current or former military families
- non-English speaking families

New HV funding would **somewhat significantly** address gaps in these populations:

- families with children with developmental delays or disabilities
- families with a history of substance abuse

Families with children with low student achievement/drop-outs would not be significantly addressed by new home visiting funding.

#### Benchmarks

In addition, San Mateo County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health

- Infant health and development
- Child health and development (**moderately significant**)
- Parenting skills
- Child abuse and injury prevention
- Domestic violence prevention
- Mental health
- Substance abuse (**moderately significant**)
- Economic self-sufficiency (**moderately significant**)

New HV funding would **somewhat significantly address these services:**

- Coordination of referrals to community resources and supports
- School readiness

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to expand established EBHV models in San Mateo County.

San Mateo County reports gaps of service that are identified in all domains. Waiting lists exist for PAT and EHS, which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Santa Barbara County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA with no AFA	--	Low Income, Pregnant Women, Teens	--	--	50		Other
--	SafeCare	--	History of Substance Abuse, Families reported for Child Abuse & Neglect or at High Risk	--	--	Implemented in 2/10: Currently serving 24 Families		Other
--	HIPPY	--	Low Income, Low Student Achievement/Dropouts, Parents with Low Education Levels	--	--	113	✓	HS/EHS, Other
	EHS	--	Pregnant Women, Children with Developmental Delays/Disabilities,	--	--	20	✓	HS/EHS
	Other	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, English Language Learners	--	--	Implementation Date of 10/1/10: No families Currently Served		Unknown

Home Visiting Model(s)

Santa Barbara County is using the following four national evidence-based home visiting (EBHV) models: Healthy Families America (HFA), SafeCare, Healthy Start, Early Head Start (EHS), and Home Instruction for Parents of Preschool Youngsters (HIPPY).

Number of Families Served and Funding Sources

Santa Barbara County reports that in the most recent calendar or fiscal year:

- Approximately 207 families received home visiting services through the four national EBHV models cited above
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CalWORKS and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 2414 families

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model

fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Santa Barbara County services provided:

- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **HIPPY (AFA)** is a school readiness program that helps parents prepare their three to five year old children for success in school and life. Parents are provided with books and materials to help strengthen their child's cognitive and literacy skills.
- **SafeCare (AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.

#### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by Santa Barbara County. A more targeted description will be presented in the second SIR:

- **HFA** – Promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **HIPPY** – Empower parents as primary educators of their children; promote school readiness and early literacy through parental involvement.
- **SafeCare** - Teaches parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.

#### Gaps/Unmet Needs

Santa Barbara County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with low student achievement/drop-outs
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with a history of substance abuse;
- families with a history of child abuse or neglect;
- families with a history of domestic violence;
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Santa Barbara County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Santa Barbara County.

Santa Barbara County reports gaps of service that are identified in all domains. Waiting lists exist for EHS and HIPYPY which reinforces the need for expansion of HV services. Data on duplications of service are not readily available.

**Santa Clara County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low income, Pregnant Women, Teens, Involved in the Juvenile Justice System and Child Protective Services	--	--	Program begins 10/01/10	✓	Other
--	EHS	--	Unknown	--	--	Unknown	Unknown	HS/EHS

Home Visiting Model(s)

Santa Clara County is using the following two national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), and Early Head Start (EHS). The NFP model will begin service on 10/1/10, therefore data is “unknown” at this time. EHS did not provide data on their program.

Number of Families Served and Funding Sources

Santa Clara County reported that in the most recent calendar or fiscal year:

- The number of families receiving home visiting services by the two national EBHV models cited above is unknown at this time.
- Title V MCH Block Grant Funds; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start *may* fund both EBHV and non-EBHV home visiting services for 1297 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Santa Clara County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child’s 2<sup>nd</sup> birthday.
- **EHS (AFA ?)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Santa Clara County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Santa Clara County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect; families with a history of domestic violence; **(moderately significant)**
- families with a history of substance abuse; **(somewhat significant)**
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Santa Clara County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention; **(moderately significant)**
- Mental health
- Substance abuse; **(somewhat significant)**
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of limited information, it appears there is limited infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Santa Clara County. The establishment of a new NFP model has potential.

Santa Clara County reports significant gaps of service identified in all domains. Data on duplications of service are not readily available.

### Santa Cruz County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Substance Abuse, Foster Children	--	--	174	✓	HS/EHS

#### Home Visiting Model(s)

Santa Cruz County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Santa Cruz County reports that in the most recent calendar or fiscal year:

- approximately 174 families received home visiting services through EHS.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CalWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 750 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Santa Cruz County services provided:

- **EHS (AFA)** comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Santa Cruz County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Santa Cruz County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;

- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- families with children with developmental delays or disabilities;
- families with children with low student achievement/drop-outs;
- families with a history of child abuse or neglect;
- families with a history of domestic violence; (**moderately significant**)
- families with a history of substance abuse
- current or former military families; and
- non-English speaking families

### Benchmarks

In addition, Santa Cruz County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency; (**moderately significant**)
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand the established EBHV model in Santa Cruz County.

Santa Cruz County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Shasta County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT with EHS	--	Low Income	--	--	206	✓	HS/EHS

#### Home Visiting Model(s)

Shasta County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Shasta County reports that in the most recent calendar or fiscal year:

- approximately 206 families received home visiting services through the two national EBHV models cited above.
- Head Start Act/Early Head Start funds both home visiting models.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Shasta County services provided:

- **EHS (AFA)** Comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (non-AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Shasta County. A more targeted description will be presented in the second SIR.

- **EHS** - To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** - To empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Shasta County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; **(somewhat significant)**
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Shasta County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development **(moderately significant)**
- Parenting skills
- Child abuse and injury prevention
- School readiness **(somewhat significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports **(somewhat significant)**

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Shasta County.

Shasta County reports gaps of service identified in all domains. Waiting lists that exist for the two Shasta County EBHV models reinforces the need for more HV services. Data on duplications of service are not readily available

**Sierra County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	Other	--	Unknown	--	--	Unknown	Unknown	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Title IV Temporary Assistance to Needy Families/ CalWORKS, Title V MCH Block Grant Funds, and Other

Home Visiting Model(s)

Sierra County is not using either EBHV or non-EBHV models to serve families

Number of Families Served and Funding Sources

Sierra County is not serving any families

Services Provided

Sierra County has no available services

Targeted Goals/Outcomes of the Intervention

There are no interventions in Sierra County

Gaps/Unmet Needs

Sierra County reported that new home visiting funding would **either somewhat or moderately** address the following services. Only three services would be **significantly** affected by new home visiting services:

- Pregnant females under 21 years of age; **(not significant)**
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8; **(moderately significant)**
- Families with children with developmental delays or disabilities; **(somewhat significant)**
- Families with children with low student achievement/drop-outs; **(somewhat significant)**
- Families with a history of child abuse or neglect; **(moderately significant)**
- Families with a history of domestic violence; **(moderately significant)**
- Families with a history of substance abuse; **(significant)**
- Current or former military families; **(significant)**

- Non-English speaking families; **(significant)**

### Benchmarks

In addition, Sierra County indicated that new home visiting funding would **either somewhat or moderately** address the following services. Only one service would be **significantly** affected by new home visiting services:

- Prenatal/maternal health; **(somewhat significant)**
- Infant health and development; **(moderately significant)**
- Child health and development; **(moderately significant)**
- Parenting skills; **(moderately significant)**
- Child abuse and injury prevention; **(somewhat significant)**
- School readiness; **(moderately significant)**
- Domestic violence prevention; **(moderately significant)**
- Mental health; **(unknown)**
- Substance abuse; **(significant)**
- Economic self-sufficiency ; **(moderately significant)**
- Coordination of referrals to community resources and supports; **(somewhat significant)**

### Summary

On the basis of this information there is no existing infrastructure in place (funding and an AFA agreement) to build EBHV models in Sierra County.

Sierra County reports gaps of service that are identified, to various degrees, in all domains. Data on duplications of service are not readily available.

### Siskiyou County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	136	✓	HS/EHS

#### Home Visiting Model(s)

Siskiyou County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Siskiyou County reports that in the most recent calendar or fiscal year:

- Approximately 136 families received home visiting services through EHS.
- Head Start Act/Early Head Start is the only funding source identified in the survey.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Siskiyou County services provided:

- **EHS (AFA)** comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Siskiyou County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Siskiyou County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age

- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; **(moderately significant)**
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Siskiyou County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand an established EBHV model in Siskiyou County.

Siskiyou County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Solano County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low Income, Pregnant Women, Teens, Parents in Foster Care System	--	--	46		Other
--	EHS	--	Low Income, Pregnant Women, Children with Developmental Delays/ Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	66	✓	HS/EHS
--	SafeCare	--	Low Income	--	--	100		Other
--	Other	--	Low Income, Pregnant Women, Children with Developmental Delays/ Disabilities, Isolated Monolingual Spanish Families	--	--	80	✓	Title V MCH Block Grant Funds

Home Visiting Model(s)

Solano County is using the following three national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), SafeCare, and Early Head Start (EHS).

Number of Families Served and Funding Sources

Solano County reported that in the most recent calendar or fiscal year:

- approximately 292 families received home visiting services by the three EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 449 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Solano County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.

- **SafeCare (non-AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Solano County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Solano County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

#### Benchmarks

In addition, Solano County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention

- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports; **(moderately significant)**

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Solano County.

Solano County reports significant gaps of service identified in all domains. Waiting lists that exist for two of the four EBHV models cited (this includes the unnamed service) which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Sonoma County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low Income, Pregnant Women, Teens, Parents in Foster Care System	--	--	46	✓	Other
--	EHS	--	Parents with low education levels and children ages 0-3	--	--	66	✓	HS/EHS
--	Other	--	Low Income, Pregnant Women, Children with Developmental Delays/ Disabilities, Isolated Monolingual Spanish Families	--	--	80	✓	Title V MCH Block Grant Funds

Home Visiting Model(s)

Sonoma County is using the following two national evidence-based home visiting (EBHV) models: Nursing Family Partnership (NFP), and Parents as Teachers (PAT). PAT operates in two different EBHV models, one has a national agency funding agreement (AFA) and the other does not have an AFA.

Number of Families Served and Funding Sources

Sonoma County reports that in the most recent calendar or fiscal year:

- approximately 228 families received home visiting services through the two national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Title IV Temporary Assistance to Needy Families/CalWORKS may fund both EBHV and non-EBHV home visiting services for 566 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Sonoma County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **PAT (AFA)** uses paraprofessionals to provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group

meetings, developmental screenings, and linkage to a resource network. *Another PAT (non-AFA) exists as previously noted.*

### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by Sonoma County. A more targeted description will be presented in the second SIR:

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Sonoma County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with low student achievement/drop-outs
- families with children with developmental delays or disabilities
- families with a history of substance abuse
- families with a history of child abuse or neglect
- families with a history of domestic violence
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Sonoma County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse

- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Sonoma County.

Sonoma County reports gaps of service that are identified in all domains. Data on duplications of service are not readily available.

**Stanislaus County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low Income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities	--	--	204	✓	HS/EHS
--	PAT	--	Low Income, Teens	--	--	50	✓	Other
--	PCHP	--	Low Income	--	--	30		Other

Home Visiting Model(s)

Stanislaus County is using the following three national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT), Healthy Start, Early Head Start (EHS), and Parent-Child Home Program (PCHP).

Number of Families Served and Funding Sources

Stanislaus County reports that in the most recent calendar or fiscal year:

- approximately 284 families received home visiting services through the three national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 2110 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Stanislaus County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PCHP (AFA)** works with primary caregivers to develop their children's literacy and language skills and prepares them to enter school. They also serve as a referral to link families with social services or early childhood and parenting education opportunities.
- **PAT (Non-AFA)** uses paraprofessionals to provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by Stanislaus County. A more targeted description will be presented in the second SIR:

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PCHP** – Develop children’s language and literacy skills; enhance parenting skills and empower parents to be teachers; and prepare children for life long academic success;
- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Stanislaus County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Stanislaus County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse

- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Stanislaus County.

Stanislaus County reports gaps of service that are identified in all domains. Waiting lists exist for the two of the three EBHV models, PAT and EHS, which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Sutter County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts, Those who qualify for EHS	--	--	50	✓	HS/EHS

#### Home Visiting Model(s)

Sutter County is using only EHS as a national EBHV model.

#### Number of Families Served and Funding Sources

Sutter County reports that in the most recent calendar or fiscal year:

- Approximately 50 families received HV services through the EHS model
- Title IV Temporary Assistance to Needy Families/CalWORKS, HS/EHS, and other unidentified funds may fund both EBHV and non-EBHV services for 89 families

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Sutter County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by Sutter County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Sutter County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age

- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Sutter County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Sutter County.

Sutter County reports gaps of service identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Tehama County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	PAT with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, No previous early learning education (pre-K)/Parents working with CPS	--	--	130	✓	Title II Child Abuse & Treatment Act/CBCAP/CAPIT/PSSF, Other
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	30	✓	HS/EHS

#### Home Visiting Model(s)

Tehama County is using the following two national evidence-based home visiting (EBHV) models: Parents as Teachers (PAT) and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Tehama County reports that in the most recent calendar or fiscal year:

- approximately 160 families received home visiting services through the three national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; Title IV Temporary Assistance to Needy Families/CaWORKS; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 156 families

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Tehama County services provided:

- **EHS (AFA)** comprehensive child development services provided in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **PAT (non-AFA)** Paraprofessionals may provide weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Tehama County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **PAT** – To empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.

### Gaps/Unmet Needs

Tehama County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs; (**somewhat significant**)
- families with a history of child abuse or neglect;
- families with a history of domestic violence;
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Tehama County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency; (**moderately significant**)

- Coordination of referrals to community resources and supports; **(moderately significant)**

Summary

On the basis of this information, there is infrastructure in place (funding and AFA agreements) to build on and expand established the EBHV model in Tehama County.

Tehama County reports gaps of service that are identified in all domains. Waiting lists exist for EHS and PAT which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Trinity County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	25	✓	HS/EHS
--	PAT	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Low Student Achievement/Dropouts	--	--	25	✓	HS/EHS

Home Visiting Model(s)

Trinity County is using two national EBHV models; PAT and EHS.

Number of Families Served and Funding Sources

Trinity County reports that in the most recent calendar or fiscal year:

- Approximately 25 families received HV services through PAT and EHS models using HS/EHS funds

Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for PAT and EHS, we can make the following general statement regarding Trinity County services provided:

- **PAT (AFA)** provides weekly to monthly home visits during pregnancy through enrollment in kindergarten. Service components also include group meetings, developmental screenings, and linkage to a resource network.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of PAT and EHS, the national model used by - Trinity County. A more targeted description will be presented in the second SIR.

- **PAT** – Empower parents to give children a solid foundation in life and school readiness; prevent and reduce child abuse/neglect; improve parenting practices/skills; detect developmental delays and health issues early.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Trinity County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age
- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities
- Families with children with low student achievement/drop-outs
- Families with a history of child abuse or neglect
- Families with a history of domestic violence; **(moderately significant)**
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition, Trinity County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness; **(moderately significant)**
- Domestic violence prevention
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**

- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreements) to build on and expand established EBHV models in Trinity County.

Trinity County reports gaps of service that are identified in all domains. Waiting lists exist for EHS and PAT which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Tulare County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	NFP	--	Low Income, Teens, Pregnant Women, History of Domestic Violence, History of Substance Abuse	--	--	50		Title V MCH Block Grant Funds
--	SafeCare with no AFA	--	Low Income, History of Substance Abuse, Families with Children 0-5 Years with Substantiated General Neglect Referrals	--	--	Implemented on 7/1/10; Currently serving 55	✓	Other
--	EHS	--	Low Income, Pregnant Women	--	--	79		HS/EHS
--	Other	--	Low Income, Pregnant Women, Teens, Families in Rural Communities	--	--	250	✓	Unknown
--	Other	--	Low Income, History of Domestic Violence, History of Substance Abuse, Child Welfare Services Families Working Towards Reunification or Recently Reunified	--	--	40		Unknown

#### Home Visiting Model(s)

Tulare County is using the three national evidence-based home visiting (EBHV) models: the Nurse Family Partnership (NFP), SafeCare, and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Tulare County reported that in the most recent calendar or fiscal year:

- approximately 184 families received home visiting services by the three EBHV models cited above.
- Title V MCH Block Grant Funds and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 96 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model

fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Tulare County services provided:

- **NFP (AFA)** uses public health nurses to provide home visits to promote positive health and development behaviors to first time mothers beginning prenatally through their child's 2<sup>nd</sup> birthday.
- **SafeCare (non-AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.
- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Tulare County. A more targeted description will be presented in the second SIR.

- **NFP** – Improve pregnancy outcomes; child health and development and families economic self-sufficiency.
- **SafeCare** – Teach parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.
- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Tulare County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age;
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8;
- families with children with developmental delays or disabilities; (**moderately significant**)
- families with children with low student achievement/drop-outs; (**moderately significant**)
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

#### Benchmarks

In addition, Tulare County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health

- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to expand established EBHV models in Tulare County.

Tulare County reports significant gaps of service identified in all domains. Waiting lists exist for SafeCare, EHS and an unidentified service which reinforces the need for more HV services. Data on duplications of service are not readily available.

**Tuolumne County Survey Results**

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, and English Language Learners	--	--	15	✓	Unknown

Home Visiting Model(s)

Tuolumne County is using one national evidence-based home visiting (EBHV) model: Early Head Start (EHS).

Number of Families Served and Funding Sources

Tuolumne County reports that in the most recent calendar or fiscal year:

- Approximately 15 families received home visiting services through EHS.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 532 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Tuolumne County services provided:

- **EHS (AFA)** comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Tuolumne County. A more targeted description will be presented in the second SIR.

- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

Gaps/Unmet Needs

Tuolumne County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities
- families with children with low student achievement/drop-outs; **(moderately significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Tuolumne County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports; **(moderately significant)**

### Summary

On the basis of this information, there is some infrastructure in place (funding and AFA agreements) to build on and expand an established EBHV model in Tuolumne County.

Tuolumne County reports gaps of service that are identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Ventura County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low Income, Pregnant Women, Children ages 0-3	--	--	465	✓	HS/EHS

Home Visiting Model(s)

Ventura County is using the following two national evidence-based home visiting (EBHV) models: SafeCare and Early Head Start (EHS).

Number of Families Served and Funding Sources

Ventura County reports that in the most recent calendar or fiscal year:

- approximately 544 families received home visiting services through the two national EBHV models cited above.
- Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 767 families.

Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Ventura County services provided:

- **EHS (AFA)** is a comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.
- **SafeCare (Non-AFA)** consists of a parent-training curriculum which includes three modules: Health; Home Safety; and Parent-Infant.

Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of the national models used by Ventura County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.
- **SafeCare (Non-AFA)** - Teaches parents in child behavior management and home safety training, child health care skills to prevent child maltreatment.

### Gaps/Unmet Needs

Ventura County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with developmental delays or disabilities; **(somewhat significant)**
- families with children with low student achievement/drop-outs; **(somewhat significant)**
- families with a history of child abuse or neglect
- families with a history of domestic violence
- families with a history of substance abuse
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Ventura County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness **(somewhat significant)**
- Domestic violence prevention
- Mental health **(moderately significant)**
- Substance abuse
- Economic self-sufficiency **(moderately significant)**
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Ventura County.

Ventura County reports significant gaps of service identified in all domains. A waiting list exists for EHS services which reinforces the need for more HV services. Data on duplications of service are not readily available.

### Yolo County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	HFA with no AFA	--	Low income, Pregnant Women, History of Depression	--	--	46		Other
--	EHS with no AFA	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse	--	--	60	✓	HS/EHS

#### Home Visiting Model(s)

Yolo County is using the following two national evidence-based home visiting (EBHV) models: Healthy Families America (HFA) and Early Head Start (EHS).

#### Number of Families Served and Funding Sources

Yolo County reports that in the most recent calendar or fiscal year:

- Approximately 106 families received home visiting services through the two national EBHV models cited above.
- Title V MCH Block Grant Funds; Title II Child Abuse and Treatment Act/CBCAP/CAPIT/PSSF; and Families/CalWORKS and Head Start Act/Early Head Start may fund both EBHV and non-EBHV home visiting services for 407 families.

#### Services Provided

Some national EBHV programs have an Agency Funding Agreement (AFA) with their national office. An AFA increases the likelihood that they follow standards of care and follow model fidelity than those EBHV programs without AFAs. Based on the national model descriptions, we can make the following general statements regarding Yolo County services provided:

- **HFA (non-AFA)** programs typically include an initial assessment of new parents; ensure families to have a medical home; link families with other resources in the community; and help families feel empowered
- **EHS (non-AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, the following describe some of the goals and outcomes of the national models used by Yolo County. A more targeted description will be presented in the second SIR:

- **HFA** – To promote positive parenting skills; prevent child abuse and neglect; and support optimal prenatal care and child health and development.
- **EHS** – To promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

### Gaps/Unmet Needs

Yolo County reported that new home visiting funding would **significantly** address gaps in serving the following populations:

- pregnant females under 21 years of age
- low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- families with children with low student achievement/drop-outs; **(somewhat significant)**
- families with children with developmental delays or disabilities; **(somewhat significant)**
- families with a history of substance abuse
- families with a history of child abuse or neglect; **(moderately significant)**
- families with a history of domestic violence; **(moderately significant)**
- current or former military families
- non-English speaking families

### Benchmarks

In addition, Yolo County indicated that new home visiting funding would **significantly** address the following services:

- Prenatal/maternal health
- Infant health and development
- Child health and development
- Parenting skills
- Child abuse and injury prevention
- School readiness
- Domestic violence prevention
- Mental health; **(moderately significant)**
- Substance abuse
- Economic self-sufficiency; **(moderately significant)**
- Coordination of referrals to community resources and supports; **(moderately significant)**

Summary

On the basis of this information, there is basic infrastructure in place (funding and AFA agreements) to build on and expand established EBHV models in Yolo County.

Yolo County reports gaps of service identified in all domains. A waiting list exists for EHS which may reinforce the need for more HV services. Data on duplications of service are not readily available.

### Yuba County Survey Results

Name of the Program	Model or approach in use	Specific service provided	Intended recipients/targeted population	Targeted goals/outcomes of interventions	Demographic characteristics of families served	Number of families served	Waiting list for services	Funding Source
--	EHS	--	Low income, Pregnant Women, Teens, Children with Developmental Delays/Disabilities, History of Domestic Violence, History of Substance Abuse, Families with Multiple Risk-Factors, Homeless, and Receiving Public Assistance	--	--	400	✓	HS/EHS

#### Home Visiting Model(s)

Yuba County is using only EHS as a national EBHV model.

#### Number of Families Served and Funding Sources

Yuba County reports that in the most recent calendar or fiscal year:

- Approximately 400 families received HV services through the EHS model
- HS/EHS funds are used for EHS services

#### Services Provided

Some national EBHV programs have an AFA with the national office. An AFA increases the likelihood that programs follow standards of care and model fidelity than EBHV programs without AFAs. Based on the national model description for EHS, we can make the following general statement regarding Yuba County services provided:

- **EHS (AFA)** provides comprehensive child development services in a center-based setting, supplemented with home visits by the child’s teacher and other EHS staff. Also includes early education, parenting education, comprehensive health and mental health services for mother and children, nutrition education and family support services.

#### Targeted Goals/Outcomes of the Intervention

In general, these are the goals and outcomes of EHS, the national model used by Yuba County. A more targeted description will be presented in the second SIR.

- **EHS** – Promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.

#### Gaps/Unmet Needs

Yuba County reported that new home visiting funding would **significantly** address gaps in serving the following populations unless otherwise noted:

- Pregnant females under 21 years of age

- Low income pregnant women and/or low income families with newborns, infants, or children between the ages of 1-8
- Families with children with developmental delays or disabilities; (**moderately significant**)
- Families with children with low student achievement/drop-outs; (**moderately significant**)
- Families with a history of child abuse or neglect; (**somewhat significant**)
- Families with a history of domestic violence
- Families with a history of substance abuse
- Current or former military families
- Non-English speaking families

### Benchmarks

In addition Yuba County indicated that new home visiting funding would **significantly** address the following services unless otherwise noted:

- Prenatal/maternal health
- Infant health and development; (**moderately significant**)
- Child health and development; (**moderately significant**)
- Parenting skills
- Child abuse and injury prevention; (**somewhat significant**)
- School readiness; (**moderately significant**)
- Domestic violence prevention; (**moderately significant**)
- Mental health; (**moderately significant**)
- Substance abuse
- Economic self-sufficiency
- Coordination of referrals to community resources and supports

### Summary

On the basis of this information, there is a basic infrastructure in place (funding and an AFA agreement) to build on and expand established EBHV models in Yuba County.

Yuba County reports gaps of service identified in all domains. A waiting list exists for EHS which reinforces the need for more HV services. Data on duplications of service are not readily available.