

A High-Yield Investment in Stronger Families

California Home Visiting Program

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 was signed on March 23, 2010. This act established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, which provides funds for evidence-based home visiting to families in at-risk communities.

The California Department of Public Health, Maternal, Child and Adolescent Health Division was designated as the single state entity authorized to apply for and administer program funds on behalf of California.

PROGRAM GOALS

- ◆ Improve maternal and newborn health related issues
- ◆ Improve school readiness and achievement
- ◆ Improve family economic self-sufficiency for at-risk families
- ◆ Reduce child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits
- ◆ Reduce domestic violence
- ◆ Improve coordination and referrals for other community resources and supports
- ◆ Facilitate development of comprehensive early childhood systems

CONTACT US

PHONE: 1-866-241-0395
EMAIL: CA-MCAH-HomeVisiting@cdph.ca.gov
WEB: www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx



The first few years of a child's life are critical. Without a strong beginning, the odds of long-term success are diminished. Home visiting is a proven approach to helping new and at-risk families receive a solid start. By helping parents learn how to care for their families, children are safer, healthier and better prepared to succeed in school and in life.

The Maternal, Child and Adolescent Health (MCAH) Division, California Home Visiting Program (CHVP) provides comprehensive and coordinated services for families residing in at-risk communities. Research has shown that laying the foundation for a child's emotional, social and cognitive development reaps benefits for families and society as a whole. Home visiting produces positive outcomes that save taxpayer dollars by reducing societal costs associated with child abuse and neglect, poor health, academic failure and crime.⁶

HOW DOES IT WORK?

Home visiting programs pair new and expectant parents with trained professionals who provide parenting information, resources and support during pregnancy and throughout the child's first years. It's a high-yield investment that strengthens parent-child relationships, increases language and literacy skills, and reduces child abuse and neglect.

Home visiting produces positive outcomes that save taxpayer dollars by reducing societal costs associated with child abuse and neglect, poor health, academic failure, and prevented crime.

RETURN ON INVESTMENT

Research from the Pew Center On The States

- ◆ Home visiting programs have been proven to decrease the incidence of low birth weight births by nearly half—saving states \$28,000-\$40,000 for each one averted.¹
- ◆ Home visiting programs have been proven to cut instances of child abuse and neglect almost in half.^{2,3,4}
- ◆ Home visiting produces positive outcomes that, over time, yield returns of up to \$5.70 per taxpayer dollar spent.⁵
- ◆ Benefits to society per home visiting family served averages \$81,656, according to one Nurse-Family Partnership study.⁴

Home Visiting: The Results

POWER OF TEAMWORK

Helping at-risk children and families thrive requires collaboration among state and community agencies to tackle a variety of challenges. This “shared goals for shared populations” effort is the purpose of the California State Interagency Team (SIT) for Children, Youth and Families.

Within SIT is the CHVP workgroup, focused on improving the quality, efficiency and effectiveness of home visiting through collaboration.

SIT’s CHVP WORKGROUP:

- ◆ California Department of Public Health
- ◆ American Academy of Pediatrics
- ◆ American Indian Infant Health Initiative
- ◆ California Early Childhood Comprehensive Services and California Project LAUNCH
- ◆ California Department of Education
- ◆ California WIC Program
- ◆ California Dept. of Alcohol and Drug Programs
- ◆ California Dept. of Developmental Services, Early Start Program
- ◆ California Department of Health Care Services, Children’s Medical Services, Childhood Health and Disability Prevention and California Children’s Services
- ◆ California Department of Social Services, Office of Child Abuse and Prevention
- ◆ California Domestic Violence Leadership Group
- ◆ Center for the Study of Social Policy
- ◆ Family Resource Center network of California
- ◆ First 5 California
- ◆ MCAH Directors of California
- ◆ Safe and Active Communities—CDPH/State and Local Injuries Control Section

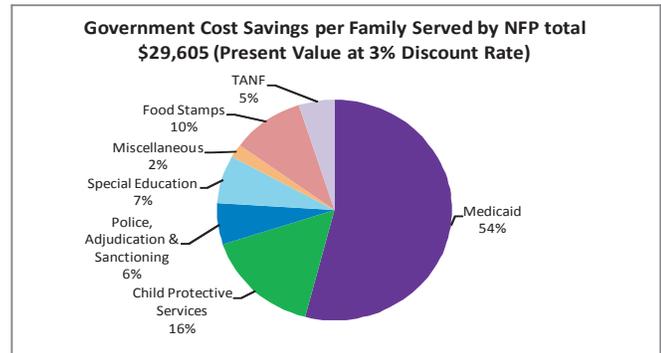
The Pew Center on the States funded a meta-analysis study on the costs, outcomes and return on investment of the **Nurse-Family Partnership (NFP) Home Visiting program**, one of two programs offered through CHVP. NFP Public Health Nurses served 145,704 low-income mothers and their first-borns prior to 2011. Here are some of the findings:⁴

Expected Life Status and Financial Outcomes When First-Time Low-Income Mothers Receive Nurse-Family Partnership Home Visitation Services⁴

OUTCOME	CHANGE
Smoking during pregnancy	24% reduction in tobacco smoked
Complications during pregnancy	27% reduction in pregnancy-induced hypertension
Preterm first births	28% reduction in births below 37 weeks gestation
Infant deaths	60% reduction in risk of infant death
Breastfeeding	14% increase in mothers who attempt to breastfeed
Childhood injuries	38% reduction in injuries treated in emergency departments, ages 0-2
Language development	38% reduction in language delay
Youth criminal offenses	45% reduction in crimes and arrests, ages 11-17
Youth substance abuse	53% reduction in alcohol, tobacco and marijuana use, ages 12-15
Immunizations	23% increase in full immunization, ages 0-2
Food stamp payments	9% reduction through at least year 10 post-partum

References

- ¹ Lee, E. et al. 2009. Reducing Low Birth Weight Through Home Visitation: A Randomized Controlled Trial. *American Journal of Preventative Medicine*, 36: 154-160.
- ² Duggan, A.K., et al. 2007. Impact of a Statewide Home Visiting Program to Prevent Child Abuse. *Child Abuse & Neglect*, 31: 801-827.
- ³ DuMont, K.A., et al. 2008. Health Families New York Randomized Trial: Effects on Early Child Abuse & Neglect, 32: 295-315.
- ⁴ Miller, T.R. 2012. Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment. H.B.S.A., Inc., A Supporting Organization of the Pacific Institute for Research and Evaluation: Beltsville, MD.
- ⁵ Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon. 2005. *Early Childhood Interventions: Proven Results, Future Promise*, MG-341, Santa Monica, CA: RAND Corporation.
- ⁶ Pew Center on the States. 2009. *Delivering Healthier Babies and Economic Returns. Partnership for America’s Economic Success, Issue Brief #11*. December. Online. www.partnershipforsuccess.org/uploads/200912_00609PAESLongtermCostsBriefpressproof.pdf.
- ⁷ Avellar, S., et al. 2012. *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, D.C.



In 2009, the Department of Health and Human Services launched a review of home visiting research literature, called the Home Visiting Evidence of Effectiveness (HomVEE) study. **Healthy Families America (HFA)**, one of two programs offered through CHVP, was the only evidence-based program to receive favorable impacts in all eight domains:⁷

- ◆ Child Development and School Readiness
- ◆ Child Health
- ◆ Family Economic Self-Sufficiency
- ◆ Linkages and Referrals
- ◆ Maternal Health
- ◆ Positive Parenting Practices
- ◆ Reductions in Child Maltreatment
- ◆ Reductions in Juvenile Delinquency
- ◆ Family Violence and Crime