Home Visiting: The Benefits for Families and Children and Potential Returns for Taxpayers

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Presentation for the First Five Years Encouraging Innovation in Early Learning: Building a Better US from Birth to Age 5

# Home Visiting: How it works

Voluntary home visiting matches at-risk parents with trained providers who share information and offer support during pregnancy and throughout their child's earliest years—a critical developmental period.

- Services are delivered by professionals or trained paraprofessionals
- Targeted to specific at-risk groups
- Families enroll voluntarily
- Typically last 6 months 2 years
- Intergenerational focus (Two-Generation Impact)
- Designed to improve myriad of health, educational, safety and economic issues
- Different model curricula for different family needs, which allows for a continuum of care

# **Different Model Curricula**

Model	Home Visitor Credentials	Primary Program Focus
Nurse-Family Partnership	Registered nurses with a minimum of a B.A. (M.A. preferred)	Improve pregnancy outcomes and support healthy child development
Parents as Teachers	Trained and certified paraprofessionals and professionals; Minimum of HS Diploma/GED; B.A. preferred	Increase parenting knowledge and school readiness and success for child
ΗΙΡΡΥ	Trained paraprofessionals and professionals; Minimum of HS Diploma/GED; Must live in community they serve	Increase school readiness; Help parents become child's first teacher
AVANCE	Varies by level of educator; HS Diploma-BA in Education, Social Work or related field	Improve literacy/school readiness; Focus on Hispanic population
Early Head Start	Trained in Early Childhood Development; Must hold CDA credential	Enhance child development and promote healthy family functioning

# Current Issue: ACE from Child Abuse and Neglect

More Likely to Suffer Learning Disorders Requiring Special Education

More Likely to Become Involved with Drugs

More Likely to Have School Related Problems

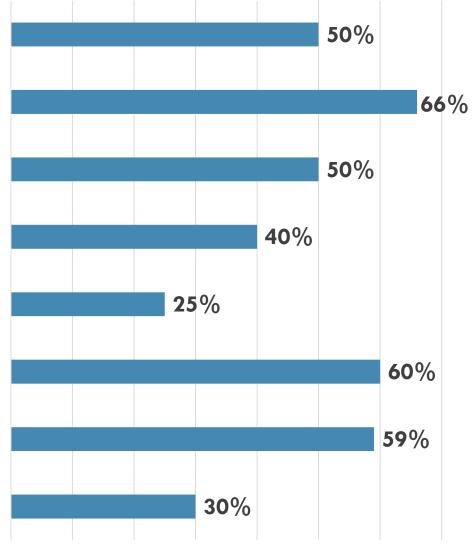
More Likely to Become Pregnant as a Teenager

More Likely to Drop Out of School

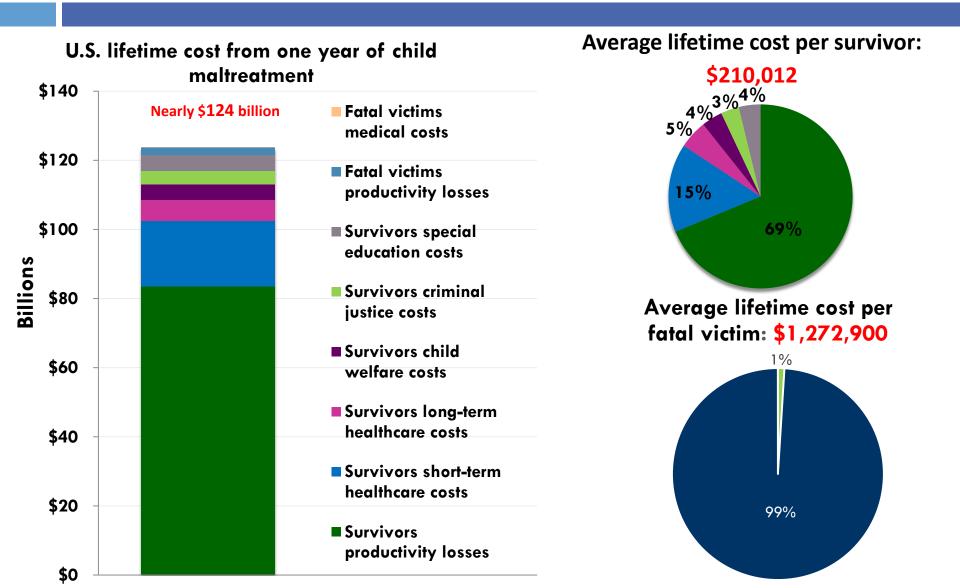
More Likely to Never Attend College

Greater Likelihood of Becoming a Juvenile Deliquent

Greater Likelihood of Being Arrested for a Violent Crime

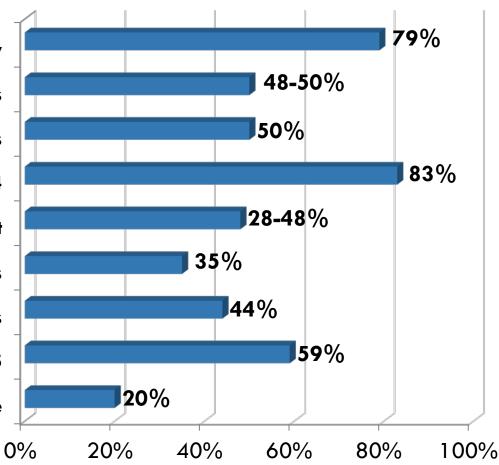


### Cost of Doing Nothing: CDC Lifetime Cost of Child Maltreatment



# Home Visiting: Outcomes for At-Risk Children and Families

**Reduction in premature delivery Reduction in low birth weight babies** Reduction in language delays at 21 months Higher maternal labor force particip. by age 4 **Reduction in child abuse and neglect Reduction in ER Visits Reduction in Out-of-Home Placements** Reduction in child arrests by age 15 Reduction in maternal months on welfare

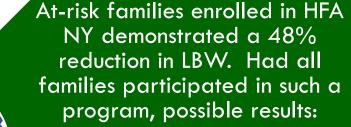


# Potential Cost Savings for High-Risk Families:

#### Low Birth Weight (LBW)



325,563 LBW Babies in 2010 cost an additional **\$14,500** in hospital costs per birth



156,921 Fewer LBW

Almost **\$2.3 Billion in Savings** from hospital costs during stay (roughly **\$956 million** from Medicaid savings)

#### Youth Criminal Offenses

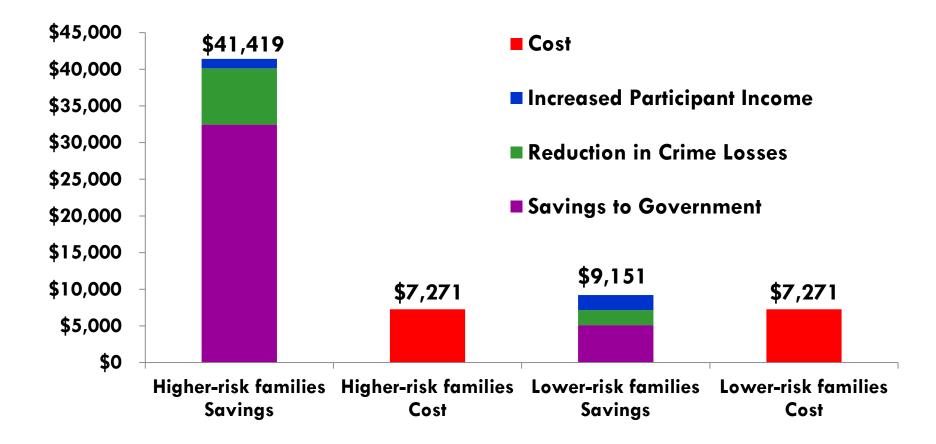


287,474 Juveniles Under 15 Arrested in 2011 Each arrest costs approximately \$11,037

Studies of Nurse-Family Partnership show anywhere from a 46%-59% reduction in arrests for youths through age 15. Had all those families participated in such a program, it could have resulted in at least:

- 132,238 Fewer Arrests
- Almost \$1.5 Billion in Savings

# **Rand Corp: Financial Benefits**

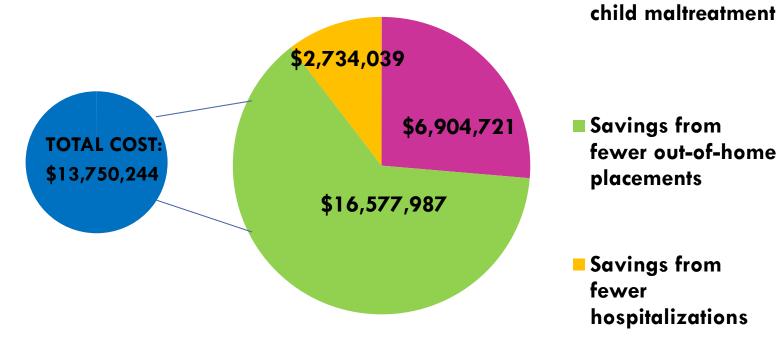


RAND Corporation Analyses of the Nurse-Family Partnership Program (2008)

### TRIPLE P PROGRAM COST SAVINGS

From RCT Trial in South Carolina:

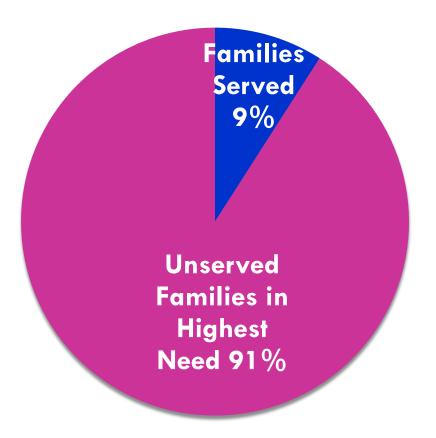
- 28% reduction in substantiated abuse
- 44% reduction in out-of-home placements
- 35% reduction in hospitalizations from abuse



Savings from less

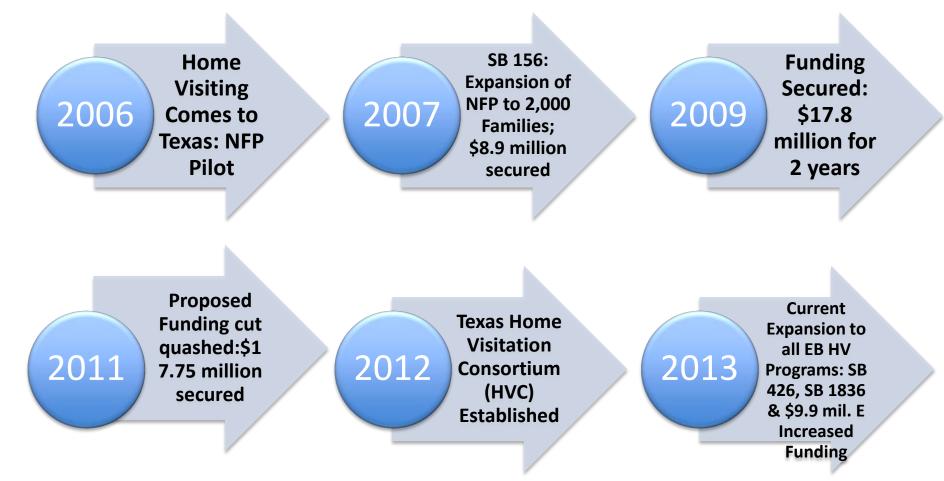
## **Texas and Home Visiting**

Current Need: 477K families at FPL with children < age 6 □ Highest Need: 212K: families at 50% FPL with children < age 6 Currently serving 19,200 total families



### **Bi-Partisan Support of Texas Home Visiting**

Unanimous passage of SB 156 in both chambers and all committee hearings Unanimous passage of SB 426 and SB 1836 in all committees and full Senate



### **TEXAS HOME VISITING FUNDING 2014 - 2015**

Source	Program(s)	Amount	Families Served (E)
		\$10.5 million (Formula) \$3.3 million	
MIECHV	EHS, HIPPY, NFP, PAT, Triple P	(Competitive)	3,133* + ECCS
State & TANF	Nurse-Family Partnership	\$17.8 million	4,050
State & TANF	Texas Home Visiting Program	\$7.9 million	2,351
SB 1836	Texas Home Visiting Program	\$2 million E	595
	TOTAL:	\$33.6 million	10,129

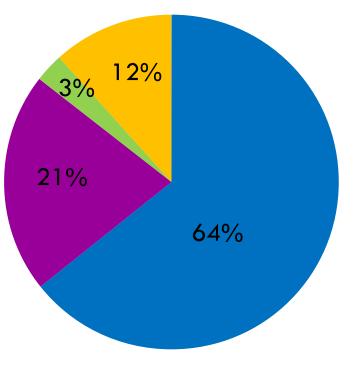
\* One grant cycle remains for MIECHV funding; this is the annual amount from 09/13 - 09/14

### Fed/State/Local/Private Partnership

#### □ 2014 – 2015

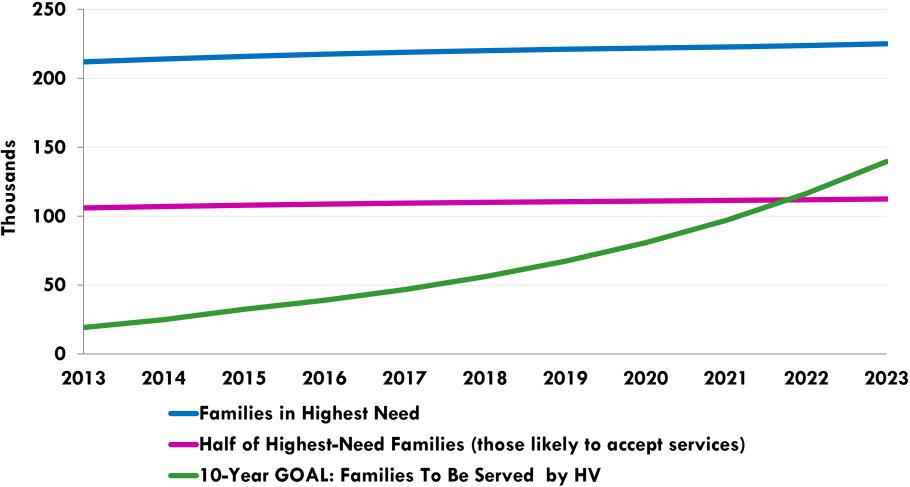
### 22,159 Families Across All Sources - Biennium Projections with Additional \$9.9 Million

- Federal Funding
- State Funding
- Local Government
- Private Funding

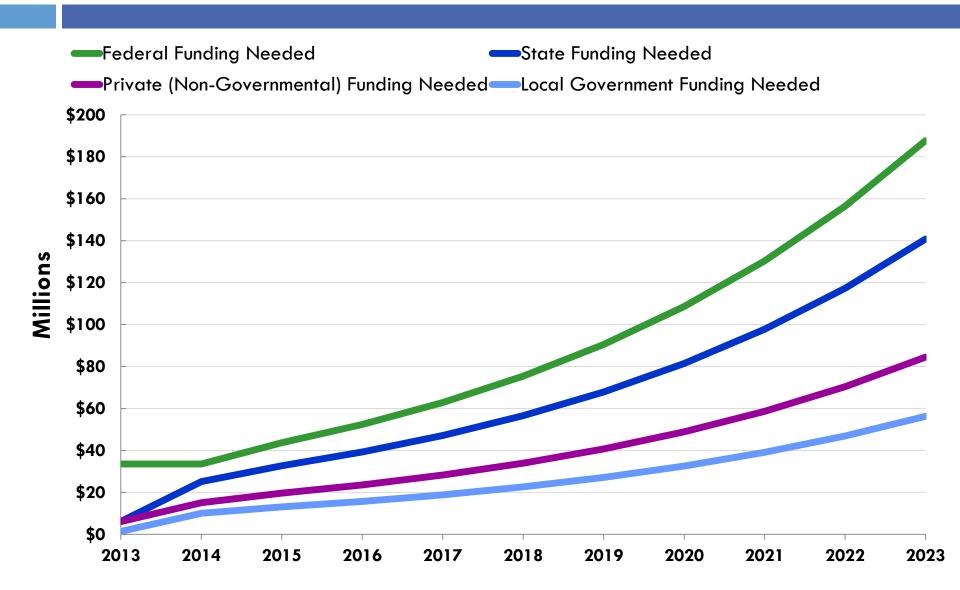


### **Goal: Reach Critical Mass by 2023**

2023 Goal: Serve at least half of families in highest need (225K): 112,500:
Approximately 25% growth per year from all funding sources



# All Funding Sources: Key to Success



### **Questions?**

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