

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

June 29, 2010

The Honorable Joel T. Chaisson, II, President  
Louisiana State Senate  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804-9183

The Honorable Jim Tucker, Speaker  
Louisiana State House of Representatives  
P.O. Box 94062, Capitol Station  
Baton Rouge, LA 70804-9062

The Honorable Kay Katz, Chairwoman  
House Health and Welfare Committee  
Louisiana State House of Representatives  
P.O. Box 44486, Capitol Station  
Baton Rouge, LA 70804-4486

The Honorable Willie L. Mount, Chairwoman  
Senate Health and Welfare Committee  
Louisiana State Senate  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804-9183

Dear President Chaisson, Speaker Tucker, and Honorable Chairs:

In response to House Concurrent Resolution No. 226 and Senate Resolution No. 113 (HCR 226 and SR 113) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. HCR 226 and SR 113 create the Home Visiting Advisory Council, whose charge is to develop a plan to utilize potential federal funding for home visiting programs in the state. The resolutions request that the plan outline existing home visiting programs in the state, evaluate the effectiveness of existing programs, identify the gaps in home visitation in the state, identify the infrastructure, training, and technical assistance that will be needed to achieve and support the evidence-based home visiting program system, and recommend how the state can be prepared to respond to potential federal funding opportunities. The bill requires the council to submit its plan to the House and Senate Health and Welfare Committees. R.S. 24:772 also requires that the report be submitted to the President of the Senate and the Speaker of the House.

DHH is available to discuss the enclosed report and recommendations with you at your convenience. Please contact Joan Wightkin, program director in the maternal and child health program within the office of public health, at (504) 568-3506, or Clayton Williams, assistant secretary of the office of public health, at (225) 342-6188 with any questions or comments you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Levine".

Alan Levine  
Secretary

Enclosures

Cc: The Honorable Members of the House Health and Welfare Committee  
The Honorable Members of the Senate Health and Welfare Committee  
Representative Patricia Smith  
Senator Lydia Jackson  
David R. Poynter Legislative Research Library

## **Executive Summary**

Home visiting programs have become an important part of serving low-income, at-risk families. A new federal funding stream for home visiting programs was included in the Health Care Reform legislation. Created as part of Title V of the Social Security Act, the Home Visitation Grant Program will be administered by the Health Resources and Services Administration (HRSA), in collaboration with the Administration for Children & Families. It will provide five years of funding for formula grants to states, and will be divided as follows: \$100 million for FY 2010; \$250 million for FY 2011; \$350 million for FY 2012; \$400 million for FY 2013; and \$400 million for FY 2014.

The grant program's guidance, which outlines the details of funding allocations to states and the grant program's requirements, is still pending. In response to HCR 226 and SR 113, this report outlines existing home visiting programs in Louisiana, and makes recommendations to address the ways in which additional federal funding may be used once it becomes available.

There is not one definitive model that serves the entire state and meets the need for such services; therefore, this report describes 12 programs that provide home visits to families who have one or more children under the age of five. Most programs are based on a national model with varying degrees of fidelity to that model and with a wide range of program monitoring or evaluation. The Nurse-Family Partnership (NFP) is the only program that appears to have an infrastructure that is sufficient to provide the training, technical assistance, continuous quality improvement and oversight required to assure fidelity to the model.

There is wide variation in the strength of the evidence for, and effectiveness of, the various home visiting programs. Some home visits are incidental to the program (Head Start, LA4), some are mainly locations to provide services such as therapies (EarlySteps) and others are focused on the home setting. NFP is supported by the highest evidence base of any of the existing home visiting programs, and has an existing infrastructure in Louisiana. However, it currently only serves 15 percent of those families who are eligible for the program.

All indications suggest new federal funding will be limited to evidence-based programs that have sufficient infrastructure to provide training and technical assistance and ensure fidelity to the model. With these criteria in mind, the Council made the following recommendations:

- 1) It is recommended that any available federal funding be used to expand NFP in accordance with the plan called for in the report submitted to the Senate and House Health and Welfare Committees by the Department of Health and Hospitals (DHH) in response to SCR 70 of the 2008 Regular Legislative Session. This incremental expansion will increase the program's capacity from its current level of only 15 percent to 50 percent. NFP is supported by the highest evidence base of any of the existing home visiting programs and has an existing infrastructure in the state. Additional state supervisory staff will be required to support additional teams of nurses.
- 2) Once funding for NFP has reached the target level, consideration should be given to the implementation of the other home visitation models discussed in this report. However, any

investment should include sufficient funding to provide an infrastructure that ensures strict adherence to the national model. The Home Visiting Advisory Council may be called upon to examine the effectiveness of any model that is under consideration.

It is clear that the success of any home visit program will depend on an investment in the needed infrastructure, including supervisory staff, trainers, program developers, and quality assurance personnel. According to the 2010 Louisiana's Child and Family Services Review Statewide Assessment produced by the Louisiana Department of Social Services (DSS), DSS has a limited infrastructure for the Nurturing Parenting Program or a regional system of Family Resource Centers that could be utilized for such an expansion. Consideration should also be given to Parents as Teachers and Home Instruction for Parents of Preschool Youngsters (HIPPOY); this also would require an investment in state infrastructure to be successful.

- 3) It is recommended that DHH consider pursuing dollars available from the Federal Home Visitation Grant Program to serve as bridge funding to support and expand NFP while other aspects of Health Care Reform, such as expanded Medicaid eligibility and coordinated care networks, are implemented. While the additional federal funding is being used, the opportunity to incorporate NFP into the coordinated care networks will be pursued.
- 4) State agencies should consider shifting funds from programs which do not have evidence of effectiveness to NFP as a way to ensure sustainability of the program.

The resolutions call for a Home Visiting Advisory Council. It is recommended that the Early Childhood Advisory Council (ECAC) also serve as the Home Visiting Advisory Council. The ECAC already has representatives from all the state agencies, as well as a number of non-governmental agencies that serve young children and have an interest in home visiting programs for families.

## **HOME VISITING PROGRAMS IN LOUISIANA**

### **Introduction**

House Concurrent Resolution No. 226 and Senate Resolution No. 113 were adopted during the 2009 Regular Session of the Louisiana Legislature. Both resolutions request that BrightStart, Louisiana's early childhood systems building initiative, establish the Home Visiting Advisory Council (the Council) to prepare for potential additional federal funding that would support home visiting programs.

The resolutions further request that, in anticipation of the additional federal funding, the Council prepare a preliminary plan that will include the following:

- (1) An inventory and examination of existing home visiting programs in Louisiana, including their program goals, target population, outcome measures and other relevant information;
- (2) Categorizing the home visiting programs' effectiveness;
- (3) Identifying Louisiana's gaps in home visitation, and determining which communities are in the highest need of the services;
- (4) Deciding the infrastructure, training and technical assistance that will be needed to achieve and support a system of evidence-based home visiting programs; and
- (5) Recommending ways in which Louisiana can be prepared to respond to future federal funding opportunities based on the national policy developments at the time the plan is completed.

An initial meeting was held on September 17, 2009, with members of a home visitation work group that BrightStart had seated prior to passage of the resolutions. The members received an update on the status of federal legislation and agreed that the work group would be expanded to advise on the development of the newly established Council and the preliminary plan. Members also provided information about Louisiana's existing home visiting programs and agreed to include all programs with an in-home component for families with children under the age of five in the inventory. A follow-up meeting was held on February 9, 2010 to review the draft report and finalize recommendations.

### **Background on Home Visiting**

Home visiting programs have become an important part of serving low-income, at-risk families. Most of these programs are focused on a combination of early learning, health, child development, and child safety. Most programs also target at-risk populations, usually with some a set of defined criteria such as families at risk of child abuse. Over the past year, several bills were introduced in Congress and home visiting became part of the health reform effort and is included in both the House and Senate-passed versions. President Obama has included funding for home visiting in his budget request. As with many national initiatives, the initial effort to expand NFP has broadened to include other home visiting models.

According to the *2009 Kids Count Data Book*, 27 percent of Louisiana's children live in poverty (\$20,650 for family of two adults and two children in 2007) compared to 18 percent in the United States. Three parishes are at or above 50 percent (Tensas, Morehouse, and East Carroll) and another six are over 40 percent (St. Bernard, St. Landry, Concordia, Catahoula, Franklin, and Madison). Poverty is associated with poor outcomes for children including low birth weight, compromised health and lack of academic success. There are many "safety net" programs designed to address the needs of such children including a variety of services provided in the home. Many professionals note that it is crucial to understand the child's home environment in order to help the child.

### **Inventory of Home Visiting Program in Louisiana**

In an effort to identify all programs in Louisiana that provide in-home services to children under the age of five, the Council made contacts with the Governor's Children's Cabinet, Children's Trust Fund, Partnership for Children and Families, BrightStart Steering Committee, and other child-serving agencies. The Council also sent surveys to identify organizations; responses were received from all but a small handful of those identified.

Most services provided in the home are voluntary with the exception of those that are ordered by a court or required by the Department of Social Services (DSS), Office of Community Services (OCS). All reported services are provided at no cost to the families. Most services are based on a national model with varying degrees of fidelity to that model and a wide range of program evaluations for the model. There is also wide variation in state infrastructure for the models. Ideally, the state should have staff to provide training, technical assistance, oversight, quality assurance, and program monitoring and evaluation to ensure fidelity to the national model. No single program serves all families that could benefit from the service. For example, NFP only serves approximately 15 percent of Medicaid-eligible women who are pregnant for the first time, and the Nurturing Parenting Program is limited to families with reported child abuse/neglect.

The following pages provide a summary of the survey's findings grouped by delivery model.

#### **Early Childhood Supports and Services (ECSS)**

The Office of Mental Health (OMH), with significant financial support from DSS through Temporary Assistance for Needy Families (TANF) funding, provides community-based, family-focused intervention for TANF-eligible families. To qualify, families must have at least one child under the age of six who is at risk of developing cognitive, behavioral and relationship difficulties.

Each family is enrolled in a case management program that evaluates its risk and engages a multi-agency network to provide family support. ECSS provides infant mental health intervention to reduce child and family mental health problems and address risk factors for ongoing mental health issues. Services include clinical assessment of children and child-caregiver relationships, and intervention to address behavioral, developmental or mental health concerns. The family works with ECSS staff to develop a service plan that may also include referrals to network partner agencies. Services are both office-based and home-based; a child

psychiatrist, a clinical psychologist and a master's level clinician with specialized training in infant mental health serve as the clinical team. Treatment is informed by substantial literature demonstrating the importance of parent-child relationships in early childhood mental health. The clinicians employ evidence-supported therapies including Parent Child Interaction Therapy, Child Parent Psychotherapy and Preschool Cognitive Behavioral Therapy.

ECSS services are limited to the following thirteen parishes: Desoto, East Baton Rouge, East Carroll, Iberia, Lafayette, Madison, Orleans, Ouachita, Richland, St. Martin, St. Tammany, Terrebonne and West Carroll. Many of the existing sites have extensive waiting lists, and only three-five percent of those eligible and in need of services are being met by the program. An external evaluation was completed by the University of Alabama in 2007, and the results demonstrated positive outcomes for the families served by the programs.

### **EarlySteps**

EarlySteps is a statewide program administered by DHH's Office for Citizens with Developmental Disabilities (OCDD), and supported by the Federal Individuals with Disabilities Education (IDEA) Act Part C, Medicaid and state general funds. The program serves children from birth to age three who have developmental delays or a medical condition that is likely to result in a developmental delay. Services are designed to improve the family's capacity to enhance the child's development, and are provided in the child's natural environment. EarlySteps does not have a waiting list, and 99 percent of the enrolled children receive services. In 2008-2009, EarlySteps served 8,143 children statewide.

EarlySteps evaluates each child and develops a service plan to address the child's individual needs. There are more than 600 providers who serve the children with minimum qualifications for each professional discipline. All providers must be licensed and/or certified through their professional organizations, and are required to complete six core in-service training modules as part of enrollment. Services include assistive technology audiology, nutrition, occupational therapy, physical therapy, psychology, speech language pathology, vision, medical evaluation, service coordination, social work, special instruction, nursing and health services, and transportation.

The program is evaluated based on its ability to meet 14 required program indicators and other requirements, and includes measurement of child and family outcomes. "Home" intervention focuses on supporting the families in meeting the child's developmental needs. Intervention is provided in the natural environment, that is, where the "typical" child without disabilities would be; this includes home, child care, or other community settings.

### **Even Start Family Literacy Program**

Even Start Family Literacy is a federally funded program administered by the Louisiana Department of Education (DOE) for low-income families with low literacy skills and their children from birth through age seven. There is no specific income requirement but the federal law requires that those in greatest need be given priority for service. Low literacy is determined by a pretest administered to the adults (Test for Adult Basic Education, Pretest) to establish literacy level. Low-income is determined by the adult's participation in some verified program,

which establishes poverty level such as Women Infants and Children (WIC) or the Supplemental Nutrition Assistance Program (food stamps). It is designed to help parents improve their literacy, allowing them to become more active in their child's education. The program consists of four parts: early childhood education; adult literacy; parenting education; and interactive literacy activities between parents and their children. Services include a minimum of one home visit per family each quarter. Persons providing these visits are required to have a high school diploma with additional training determined by the local program. Federal funds for this program have decreased, and existing programs use community partners to contribute 65 percent of their operating costs.

The Louisiana Even Start programs are in Jefferson, Lafourche, Natchitoches, Sabine, West Feliciana, Ouachita, Lincoln, Union, West Carroll, Morehouse and Richland Parishes. For the fiscal year (FY) 2007-2008, 357 Louisiana families participated in all four of the programs' components. DOE provides an annual summary that shows that children who participate achieve learning gains in language development, oral language skills, and reading on grade level in kindergarten through grade 3. However, the numbers of children evaluated are small. For example, on the measure related to language development, only 36 children were identified as old enough to enter kindergarten, 30 were pre- and post-tested, and 26 met the goal.

### **Head Start and Early Head Start**

Both Head Start (age 3-5) and Early Head Start (prenatal to age 3) have home visiting requirements. Center-based programs require a minimum of two home visits per year unless the parent refuses the visits. Home-based programs require one visit of 1.5 hour duration per week; parents cannot refuse the visits in the home-based program. At this time, trained home visitors bring the Head Start components into the home setting. Educational requirements vary by program. Typically, home-based services are provided by new programs that begin to enroll clients before their center is operational. Once the program moves into the center, the home-based program is phased out. For the last full reporting year (2008), only one percent of Louisiana Head Start/Early Head Start services were home-based.

Head Start is principally a school-readiness program, but it also focuses on ensuring enrolled children receive age-appropriate health services. Early Head Start can include prenatal visits, as well as parenting and comprehensive child development services. In 2008, a total of 86 pregnant women in Louisiana were enrolled in Early Head Start.

Louisiana has approximately 22,700 children enrolled in Head Start/Early Head Start; most programs maintain a waiting list. Generally, family income must not exceed 130 percent of the federal poverty level (FPL) for children to be eligible. Program evaluations are conducted by the federal regional office staff. Head Start services are available in all 64 parishes. Early Head Start is more limited; Louisiana grantees include: Bossier Office of Community Services, Caddo Parish Commission, Child Development Council of Acadiana, Cenla Community Action Committee, Regina Coeli Child Development Center, St. Charles Public Schools, SMILE –St. Martin, Iberia, Lafayette and Evangeline parishes, Community Action Agency, Total Community Action (New Orleans), North Louisiana Volunteers of America, Young Women's Christian Association (YWCA) in Baton Rouge and West Feliciana Parish School System. Stimulus appropriations provided one-time federal funding for Early Head Start. Some new

programs may be added, and existing programs may receive additional funding. All grants are provided from the federal government directly to the local provider. There is a small federal collaborative grant that provides two staff persons, housed at the state level at DSS, who work with Head Start and Early Head Start grantees to provide training and technical assistance, and conduct a needs assessment as a basis for a plan of action.

### **Healthy Start**

Healthy Start is a federal program that funds local agencies committed to community-driven strategies to address the causes of infant mortality, low birth weight, and other poor perinatal outcomes for women and infants living in high-risk situations. There is no income eligibility requirement for those living in the target areas. Healthy Start is administered by the City of New Orleans Health Department, Family Road in Baton Rouge, Family Tree in Lafayette, and North Louisiana Area Health Education Center (AHEC) in Bossier City. Louisiana has three single-parish programs that serve pregnant women and those with children under two in specific zip codes in the following parishes: East Baton Rouge, Lafayette and Orleans. In addition, there is one multi-parish program that serves the following parishes: Bienville, Claiborne, Desoto, Morehouse, Richland, Sabine, Union, Caldwell, East Carroll, Franklin, Madison, Jackson and Lincoln. The program model requires outreach, case management, health education, interconceptional care, and depression screenings and referral.

Community outreach workers go door-to-door in the targeted areas to find and enroll clients; workers are lay people who receive training before they are utilized in the communities. The case management component employs client assessment, referral and follow-up, monitoring, and the use of wrap-around services using a team approach. A care plan is developed with the family. Healthy Start recognizes the importance of home visitation to assess the entire family environment for creating a viable, goal oriented plan for its participants. The frequency of home visits is usually dependent on the risk level of the family. The team may include a social worker, nurse or other trained professionals. The health education and training component employs a variety of strategies including classroom, individual instruction, and group activities. These services may be provided in the home or in community settings. Interconceptional care helps ensure women are healthy prior to beginning a pregnancy and that appropriate spacing between pregnancies is observed. Depression screening identifies women who need treatment following childbirth and refers them to treatment resources. Healthy Start works with the mother before birth and follows the child until age three.

The Healthy Start grantees are required to establish and maintain a community-based consortium that serves as an advisory body. The consortium improves collaboration with other services/programs, recommends policy changes and helps the program in its monitoring and evaluation. The programs are also evaluated through the National Healthy Start Evaluation and the National Performance measures.

Healthy Start works closely with NFP (see below) and identifies many of the clients for that program through their community outreach. First-time mothers who are typically Medicaid-eligible receive direct support from NFP if available; conversely, Healthy Start can work with mothers who have had previous children and pregnant women already beyond 28 weeks gestation.



**HIPPY (Home Instruction for Parents of Preschool Youngsters)**

HIPPY is a parent involvement, school readiness program that works with parents of three, four and five year old children. Ideal HIPPY families are those with low parental involvement due to poverty, social isolation and lack of education; however, any family who wants education enrichment for their child is eligible to participate. There is a 30-week curriculum that focuses on language development, problem solving and discrimination skills. Paraprofessionals or lay workers from the neighborhood visit the home to train the parent and also host group sessions. There are four programs in Louisiana, which are administered by the local school systems, including East Baton Rouge, Orleans, Pointe Coupee and Rapides. All are administered and marginally funded by their local education authorities with federal Title I funds. The Orleans receives aid from the National Council of Jewish Women whose research institute developed the program, but it the only program that receives local support. Limited state general funds were once available but no dollars were appropriated for the current fiscal year.

For the last full year, East Baton Rouge served 90 families, Orleans served 68, Pointe Coupee served 150, and Rapides served 15. Each local program is required to conduct an evaluation, and the Louisiana programs meet this requirement by collecting and reporting kindergarten pass-rate data. The University of Louisiana at Lafayette Center for Child Development prepared a report reviewing the programs that employ AmeriCorps members, and including only those children actually served by the AmeriCorps personnel (33 percent of total children served). They reported increases in performance by both three- and four-year olds on the Brignance Screen II post-test as compared to the pre-test results. Successful kindergarten completion rates of the studied children averaged 96 percent compared to an 88 percent statewide average for at-risk children. The Child Development Center at University of Louisiana-Lafayette recommended that a future evaluation report look at a longitudinal study of the entire program to obtain a more accurate representation.

**Individuals with Disabilities Education Act, Part B**

This federally funded program targets children between three and five years old with a disability as defined under the federal law. The funding flows through DOE to the local education authorities. Most children in the program are identified as developmentally delayed. Once identified, an individualized education program (IEP) is developed for each child and may include services in the home. The goal is to improve academic and social performance and declassify the child as needing special education. There is no overall evaluation for this program, but each individual child's progress is tracked. The October 2007 count included 323 children being served in the home setting and more than 6,000 served in educational settings such as LA4 (see below) and kindergarten. The service is available statewide. Special education teachers must be certified in early intervention. When related services, such as speech pathology, are provided, the personnel must have an ancillary certification issued by the DOE.

**Intensive Home Based Services (IHBS)**

DSS has regional contracts with agencies that provide intensive home-based services (IHBS) throughout the state. Crisis intervention services are provided both to prevent removal of a child from his/her home after abuse/neglect, and to facilitate the return of a child that is in the state's care. It can also be used to intervene in difficult post-adoption situations. In some regions, the

contract provider for IHBS is the same as the Family Resource Center (see below); while in other regions a separate provider is engaged.

The services are based on the national Homebuilders model, which was developed by the Institute for Family Development. The model provides intensive, in-home crisis intervention, counseling and life-skills education concentrated in a four-week period. Each family receives 40-50 hours of direct service. Child safety is ensured through small caseloads (two or three families at a time), program intensity and 24-hour service availability. It is the oldest and best-documented intensive family preservation program in the United States. National data shows that 86 percent of children have avoided placement in foster care, and Louisiana has exceeded these national outcomes. The Homebuilders quality enhancement system is designed to assure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes. The national Homebuilders model works with the state agency to develop its infrastructure, assists in hiring staff and provides workshops and clinical consultations. IHBS staff members who work with families must have a minimum of a master's degree. The program is funded by the federal Social Service Block Grant (SSBG).

#### **LA4 – Louisiana's Pre-Kindergarten Program**

There is no requirement at the state level for in home visits to families with a child enrolled in LA4, the largest state-funded pre-k program, which is administered by the DOE. However, some home visits do occur. Some local education agencies require them, some are done to accommodate parents who cannot attend conferences or other parent events at school, some are required by the principal at particular schools, and some are teacher-initiated. There is no standard for such visits and no formal evaluation.

#### **Louisiana Family Resource Centers/Nurturing Parenting Program**

OCS has contracts with local agencies that serve as regional family resource centers to provide services throughout the state. One of the principle services these centers provide is parent education. For families with children from birth to age five, the Nurturing Parenting Program (NPP) model was selected and regional staff leadership was trained by Dr. Steven Bavolek, the program's developer. NPP provides a sixteen-week course with a pre- and post-test for parents of children in the OCS system. The program provides in-home services and group sessions for both the parents and the children referred by OCS. Participation is voluntary for some families, required by DSS for some, and ordered by the court for others. The program's goal is to treat and prevent child abuse and neglect through development of non-violent parenting beliefs and practices so that children with alleged and/or validated abuse/neglect cases may safely remain with their parents. NPP staff must have at least a bachelor's degree and receive orientation to the program and ongoing training. An NPP certified trainer is on contract with DSS to provide ongoing training, technical assistance and quality assurance.

The Casey Family Foundation evaluated NPP to assess the pre- and post-test results and examine OCS data related to repeat maltreatment after the completion of the program. The evaluation included participants served in the program during calendar years 2006 and 2007. Some participants were intact families and others were families whose children had been removed from

the home. Results showed significant improvement in parental attitudes and a lower rate of repeat maltreatment. The study found inconsistencies among the Family Resource Centers in their implementation of the model, but complimented their 68 percent retention rate for family participation. The report also examined participant satisfaction surveys in which parents reported high satisfaction with the program's structure and content. The report emphasized the importance of ensuring model fidelity in the delivery of the program's essential components.

The family resource centers also provide other parenting programs for OCS clients but those tend to be for families with older children. They also provide visit coaching, a service that works with families in which the child has been removed due to validated abuse/neglect, and parental visits are supervised. Some of these visits occur in the home.

### **Nurse-Family Partnership (NFP)**

Nurse-Family Partnership is administered by the Maternal and Child Health Program in the Office of Public at the Department of Health and Hospitals. It serves low-income, first-time mothers and their children in 52 Louisiana parishes. Services are not available in Plaquemines, St. Bernard, St. Charles, St. John, St. Mary, Cameron, Caldwell, East Carroll, Madison, Tensas, Union and West Carroll Parishes. Funding is provided from the Maternal and Child Health (MCH) Block Grant, Temporary Assistance for Needy Families (TANF), Medicaid and state general funds.

Home visits begin during the prenatal period, prior to 28-weeks gestation, for Medicaid-eligible first time mothers and continue until the child reaches age two. The first four visits after enrollment are scheduled weekly, then every other week until the baby's birth. After delivery, visits continue weekly for six weeks and then every two weeks until the child reaches 21 months. Monthly visits are conducted from 21 months to 24 months of age. The program aims to improve pregnancy outcomes and child growth and development, and increase self-sufficiency for the mother and family.

The program follows a national model and is continuously evaluated. Louisiana data is submitted to the national NFP Clinical Information System and measured for adherence to the model and certain clinical indicators. Approximately 2,429 families were served in FY 2008-2009. At present capacity, it is estimated that only 15 percent of eligible clients can be served.

Home visitors are registered nurses with at least three years of experience. They receive training from the NFP National Service Office, infant mental health training, and the Nursing Child Assessment Satellite training program. Continuing education is also provided. OPH's NFP Management Team provides ongoing continuous quality assurance.

Randomized clinical trials on NFP programs have shown a 48 percent reduction in verified reports of child abuse/neglect; 56 percent fewer emergency room visits; 61 percent reduction in maternal arrests and 59 percent reduction in arrest rate of juveniles; and 31-month increase in the interval between the first and second children. Follow-up at age 6 shows an increase in IQ, language development, and fewer behavior problems. It is estimated that NFP saves more than \$18,000 per family in welfare, criminal justice and medical costs.

### **Parents as Teachers**

Parents as Teachers is a national parenting education program designed to increase parent knowledge of early childhood development and improve parenting practices in order to improve school readiness and academic success. A new component of the Parents as Teachers program focuses on families with special needs children. Local programs are required to complete an annual program report to meet the requirements for fidelity to the model in order to maintain certification. National evaluations show that children at age 3 are more advanced than comparison children in language, problem solving, and other cognitive abilities and social development. The participating children have improved scores on kindergarten readiness tests and on standardized measures of reading, math and language in first through fourth grade.

There are a few programs currently operating in Louisiana using this model, which requires one home visit per month and a monthly group meeting during pregnancy and continuing until the child enters kindergarten. One program reported that they were doing two home visits per month and quarterly group activities. The national office requires the parent educators to have a minimum of a high school education and to complete a five-day training program.

According to an inventory search, Louisiana has several Parents as Teachers programs. There is a state office in Baton Rouge (at the YWCA Center for Family Empowerment) that provides leadership and oversight for all the programs in the state. The YWCA received TANF funding until December 31, 2009 to provide the program in East and West Baton Rouge parishes for TANF eligible families. This program served 690 families in its last complete fiscal year with home visitors that, at a minimum, have a high school diploma and have completed a five-day Born to Learn Institute to become a certified Parent Educator. The sponsoring agency is currently seeking grants from other sources to restart the program. The Caddo Parish Public School System uses Title 1 funds to provide Parents as Teachers program that served 136 families during its last fiscal year. Home visitors in this program must have at least a bachelor's degree. Fort Polk has a Parent as Teachers program funded by the military, which is limited to military and Department of Defense families.

### **Categorization of Effectiveness**

There is wide variation in the strength of the evidence for, and effectiveness of, the various home visiting program models being offered in Louisiana. As the inventory indicates, some home visits are incidental to the program (Head Start, Early Head Start, LA4), some are mainly locations to provide services such as therapies (EarlyStart, Part B IDEA), and some are focused on the home setting.

The Coalition for Evidence-Based Policy (Coalition) is a national, non-partisan organization that serves as a neutral, objective party in assessing evidence. They have no affiliation with any program models in home visitation. They state that the highest level of confidence is provided by multiple, well-conducted randomized experimental trials, and their combined results should be used in most cases. Without such evaluations, evidence for efficacy or effectiveness cannot be considered definitive. The history of social policy is replete with interventions that appeared

highly promising but were subsequently found ineffective in randomized controlled trials. One such example is the U.S. Department of Health and Human Services (HHS) Comprehensive Child Development Program in which trained paraprofessionals conducted home visits for families with young children in the 1990s. At the five-year follow-up, the study found the program produced no effects on the main child and family outcomes, including children's cognitive and social development, child health and parents' economic self-sufficiency.

According to the Coalition, numerous studies support NFP's effectiveness. By contrast, the Coalition finds few validated effects of other home visiting models they have studied. Those findings are consistent with results of an evidence review published in *The Lancet* in 2009, which noted that the home visiting program with the best evidence for preventing child abuse and neglect is the Nurse-Family Partnership. Nurse-Family Partnership has been evaluated in three well implemented randomized controlled trials in three different populations and settings. All three trials found sizeable, sustained effects on mother and child outcomes in the arena of verified child abuse reports, arrests, time spent on welfare, subsequent births, health care encounters for children's injuries, child mortality, and gains in academic performance.

The Coalition found few effects on child and parent outcomes for the Parents as Teachers Program in three randomized controlled trials. Two studies found an overall pattern of weak or no statistically significant effects on a broad range of parent knowledge/attitudes, child development, and child health outcomes. Some benefits to children in the area of child development were identified although they were small and not consistent. The third trial found no statistically significant effects on any child developmental outcomes and few statistically-significant effects on parent knowledge, attitude or behaviors.

For HIPPY, the Coalition found that the evidence is not strong enough to draw valid conclusions about effectiveness. It was evaluated in one randomized controlled trial that found mixed effects on educational outcomes. It found a positive effect on standardized reading achievement and classroom adaptation for children who entered the first year of the study but no effect on those measures for the next cohort of children who entered the following year. There was high attrition in this study suggesting that the families who remained were the more motivated families and that motivation could be a factor in the results.

For Even Start, each grantee is required to have an independent evaluation of program activities and progress of participants. The state coordinator then collects and reports to the federal Department of Education. The report addresses goal attainment based on pre- and post-tests but does not address long-term outcomes. It should be noted that the Obama Administration did not request funding for the continuation of this program in FY10, but Congress has appropriated funds for the current federal fiscal year at the same level as the previous fiscal year.

The two DSS programs, IHBS and NPP are limited to families with alleged or validated child abuse. Since they are not designed for the general population, they were not included in the Coalition's evaluation report on home visiting services. Both programs have been independently evaluated and show positive outcomes for their target population.

Healthy Start grantees are evaluated by the federal funding agency and measured against national performance measures. Local programs must also have an evaluation protocol to document

progress toward achieving the goals and objectives. The performance measures include such items as infant mortality, percent of very low birth weight births, and percent of pregnant women with first prenatal visit in first trimester.

### **Identification of Gaps**

The table on the following page shows the availability of home visiting programs by parish and the child poverty rate for 2007 in each parish. This rate is the best indicator of need for home visiting programs as these are the children who will be most at risk. The chart does not include those programs described above that are currently available in all parishes.

## Home Visiting Services Available by Parish

	Child Poverty Rate	ECCS	Even Start	Early Head Start	Healthy Start	HIPPY	NFP	Parents as Teachers		Child Poverty Rate	ECCS	Even Start	Early Head Start	Healthy Start	HIPPY	NFP	Parents as Teachers
Acadia	29%						x		Madison	49%	x			x			
Allen	26%						x		Morehouse	51%		x		x		x	
Ascension	16%			x			x		Natchitoches	37%		x				x	
Assumption	31%						x		Orleans	36%	x		x	x	x	x	
Avoyelles	36%						x		Ouachita	34%	x	x	x			x	
Beauregard	22%						x		Plaquemines	22%							
Bienville	36%				x		x		Pointe Coupee	30%					x	x	
Bossier	22%			x			x		Rapides	28%			x		x	x	
Caddo	36%			x			x	x	Red River	35%						x	
Calcasieu	24%						x		Richland	36%	x	x		x		x	
Caldwell	29%				x				Sabine	26%		x		x		x	
Cameron	22%								St. Bernard	40%							
Catahoula	45%						x		St. Charles	15%			x				
Claiborne	39%				x		x		St. Helena	33%			x			x	
Concordia	45%						x		St. James	22%						x	
DeSoto	30%	x			x		x		St. John	24%							
East Baton Rouge	24%	x		x	x	x	x	x	St. Landry	42%			x			x	
East Carroll	56%	x			x				St. Martin	25%	x		x			x	
East Feliciana	28%						x		St. Mary	34%							
Evangeline	35%						x		St. Tammany	15%	x		x			x	
Franklin	46%				x		x		Tangipahoa	32%			x			x	
Grant	27%						x		Tensas	50%							
Iberia	28%	x		x			x		Terrebone	25%	x					x	
Iberville	27%						x		Union	29%		x		x			
Jackson	27%				x		x		Vermilion	29%						x	
Jefferson	23%		x				x		Vernon	24%						x	x
Jefferson Davis	25%						x		Washington	36%			x			x	
Lafayette	22%	x		x	x		x	x	Webster	29%						x	
Lafourche	24%		x				x		West Baton Rouge	23%						x	x
LaSalle	26%						x		West Carroll	35%	x	x					
Lincoln	28%		x		x		x		West Feliciana	20%		x	x			x	
Livingston	15%						x		Winn	33%						x	

Note: The mere availability of a program in a parish in no way suggests that the services are available for all eligible families. The following programs exist in all parishes and therefore are not shown on the chart: EarlySteps, Head Start, Individuals with Disabilities Education Act Part B, IHBS and NPP. However, these statewide programs may not be meeting all of the need and/or have waiting lists.

### **Infrastructure Needs**

It is clear that any program implemented under the new federal appropriation will require an investment in staff at the state level to provide appropriate training, technical assistance and oversight to ensure quality and fidelity to the model. Actual program delivery staff could be state employees or provided through contracts with community agencies.

For the NFP, OPH has made the investment to recruit, hire and train state supervisory staff. Any program expansion would require additional supervisory staff and program staff for each new team.

HIPPY has an in-state certified instructor for the model but does not have state infrastructure to provide training and technical assistance. Parents as Teachers relies on out-of-state instructors from the national office or other states to conduct the five-day training for its parent educators but does have a state coordinator who helps develop programs and provides some technical assistance/oversight. Even Start has one state coordinator. If any of these programs were expanded, the state would need to recruit and train supervisory staff before any expansion should take place.

DSS's programs have limited supervisory staff to work with their contractors. In addition to DSS employees, a contract with Prevent Child Abuse Louisiana provides for one certified trainer/consultant in the Nurturing Parenting Program who travels the state providing training, technical assistance and quality assurance. Program expansion would require both additional supervisory staff and program staff.

The importance of infrastructure to ensure implementation with fidelity to the program model and continuous quality assurance cannot be overstated. Louisiana should avoid expansions that water down models to the extent that they yield little for the families and children served and waste limited federal and state resources. The mere fact that a program uses a national model does not mean that there is oversight and infrastructure from the national level to assure that there is fidelity to the model. Several of the programs described in this report are based on national models that do not have the necessary infrastructure to avoid model drift.

### **Home Visiting Advisory Council**

The Governor has designated BrightStart as the state's Early Childhood Advisory Council. As a result of this new designation, the former BrightStart steering committee has been phased out and agencies and organizations designated in the federal law that addresses Early Childhood Advisory Councils have been asked to name representatives. The new Council/BrightStart has begun meeting and will have the right to name committees and work groups to address specific issues as needed and may choose to name such a sub-group once the federal legislation and/or appropriation is enacted.



### **Recommendations**

Federal legislation has not been finalized but all indications suggest that new federal funding will be limited to evidence-based programs with sufficient infrastructure to provide training and technical assistance and assure fidelity to the model. States will be required to fund programs that have been rigorously evaluated. With these criteria in mind, the following recommendations are presented:

- 1) New federal funding should be used to expand the existing NFP. This program now reaches 52 parishes, but does not begin to address the needs for this service in those parishes. It is supported by the highest evidence base of any of the existing home visiting programs, and already has an existing infrastructure in Louisiana. However, the program currently serves only 15 percent of eligible clients. In the NFP expansion plan submitted to the Senate and House Health and Welfare Committees by the Department of Health and Hospitals in response to Senate Concurrent Resolution 70 of the 2008 Regular Legislative Session, it was recommended that funding for NFP be increased incrementally from its current capacity of serving only 15 percent of eligible families to serving 50 percent of all eligible families in the state. It is now recommended that any available federal funding be used to implement this expansion plan. It is important to assure that the service becomes available to all eligible women who choose to participate in the program and that current commitment to model fidelity be maintained.

**Sustainability:** The Federal Home Visitation Grant Program is funded at \$1.5 Billion over 5 years with mandatory funding, which means that the funding is not subject to the annual appropriations process. Funding is guaranteed for 5 years and will begin as of October 2010. The Home Visiting Program is part of the new Section 511 under Title V of the Social Security Act (originally enacted in 1935), which includes the Maternal and Child Health Block Grant. Although the Home Visiting Program is included in the statutory framework for the MCH Block Grant, this program is separate from the MCH Block Grant. MCH Block Grant funding and other grants from Title V have been extremely stable. The yearly federal allocations are:

- FY 2010 \$100 million
- FY 2011 \$250 million
- FY 2012 \$350 million
- FY 2013 \$400 million
- FY 2014 \$400 million

- 2) It is recommended that DHH consider pursuing dollars available from the Federal Home Visitation Grant Program to serve as bridge funding to support and expand NFP while other aspects of Health Care Reform, such as expanded Medicaid eligibility and coordinated care networks, are implemented. During the period of time that the additional federal funding is being used, the opportunity to incorporate NFP into the coordinated care networks will be pursued. Lessons learned from other states that currently fund NFP via a managed care organization system will be explored to design and sustain a high quality NFP system in Louisiana. For example, in Minnesota, all Minnesota NFP programs receive reimbursement from Minnesota managed care organizations. The coordinated care networks in Louisiana will be educated on the positive outcomes and the cost benefit

realized by NFP programs in an attempt to assure that the value of the program is recognized, and that an investment from the networks is realized as a mechanism for sustainability. Data including the following will be provided:

Outcomes (see attached Hedis measures and how NFP excels in these measures)

- Fewer emergency room visits for childhood injuries/ingestions
- 94 percent immunization rates
- Reduced smoking during pregnancy
- Reduced alcohol use during pregnancy
- Reduced hypertension during pregnancy
- Improved pregnancy spacing
- Prenatal and postnatal medical visits

Return on investment data:

- Pacific Institute for Research and Evaluation found that when Medicaid pays for NFP services, the Federal government saves more than it spends on program costs
- RAND (\$5.70 return for every dollar invested in NFP and cost of the program is recovered by time child reaches 4 years old)
- Washington State Institute for Public Policy (NFP ranked highest in terms of cost return among pre-K, child welfare, youth development, mentoring, youth substance prevention and teen pregnancy prevention programs)

- 3) Once funding for the NFP reached the target level, consideration should be given to the implementation of other models of home visitation discussed in this report. However, any investment should include sufficient funding for needed infrastructure to ensure strict adherence to the model. The Home Visiting Advisory Council can be called upon to examine the best available evidence of the effectiveness of a model under consideration. Again, any decision to implement a new model should include a commitment to fund needed supervisory staff, trainers, program developers, and quality assurance personnel. Without adequate training, technical assistance, monitoring, program evaluation, and ongoing, continuous quality improvement, the best model will not be successful. Currently, there is available, but limited, infrastructure at DSS for the Nurturing Parenting Program and a regional system of Family Resource Centers that could be utilized for such an expansion. Consideration should also be given to Parents as Teachers and HIPPY but, again, this would necessitate significant investment in state infrastructure to be successful.
- 4) State agencies should consider shifting funds from programs which do not have evidence of effectiveness to NFP as a way to ensure sustainability of the program.

Regular Session, 2009

HOUSE CONCURRENT RESOLUTION NO. 226

BY REPRESENTATIVE PATRICIA SMITH

A CONCURRENT RESOLUTION

To urge and request BrightStart, an interagency collaboration, to establish the Home Visiting Advisory Council in preparation for potential new federal funding of home visiting programs.

WHEREAS, the home is the first and most important learning environment for children, and parents are their children's first and most influential teacher; and

WHEREAS, parent education and family support can promote parents' ability to enhance their children's development from birth until entry into kindergarten, thereby helping parents to prepare their children for success in school; and

WHEREAS, early childhood home visitation can lead to positive outcomes for children and families, including readiness for school, improved child health and development, positive parenting practices, and reductions in child maltreatment; and

WHEREAS, President Obama's 2010 budget outline includes new federal funding opportunities for evidence-based home visiting programs; and

WHEREAS, the current early childhood home visitation programs being funded in Louisiana span at least three different state departments including the Department of Health and Hospitals, Department of Social Services, and Department of Education; and

WHEREAS, Louisiana has an existing earlychildhood system building effort, known as BrightStart; and

WHEREAS, BrightStart has been in existence for six years and has previously completed a statewide needs assessment, strategic plan, and implementation plan; and

WHEREAS, BrightStart has a steering committee comprised of members from each of the state departments that serve children as well as a number of statewide child-serving nongovernmental organizations; and

WHEREAS, BrightStart has a member of the Louisiana Senate and the Louisiana House of Representatives on the steering committee.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request that BrightStart establish, head, and coordinate a Home Visiting Advisory Council.

BE IT FURTHER RESOLVED that the Home Visiting Advisory Council prepare a preliminary plan in anticipation of the federal funding opportunities that will become available to the state.

BE IT FURTHER RESOLVED that the preliminary plan may include but not be limited to:

(1) An inventory and examination of current known home visiting programs in Louisiana, including their program goals, target populations, outcome measures, and other relevant information.

(2) A categorization of the effectiveness of these home visiting programs.

(3) The gaps in home visitation in the state, including identification of communities that are in high need of the services.

(4) The infrastructure, training, and technical assistance that will be needed to achieve and support a system of evidence-based home visiting programs.

(5) Recommendations for how Louisiana can be prepared to respond to future federal funding opportunities based on the national policy developments at the time the plan is completed.

BE IT FURTHER RESOLVED that the preliminary plan shall be provided to the House and Senate committees on health and welfare prior to April 1, 2010.

BE IT FURTHER RESOLVED that the Home Visiting Advisory Council shall continue to exist as long as deemed necessary by the BrightStart Steering Committee.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the executive director of the Children's Cabinet within the office of the governor, the president

HCR NO. 226

**ENROLLED**

of the Board of Elementary and Secondary Education, the secretary of the Department of Social Services, the secretary of the Department of Health and Hospitals, and the superintendent of the Department of Education.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE

SENATE RESOLUTION NO. 113

BY SENATORS JACKSON AND MOUNT

A RESOLUTION

To urge and request BrightStart, an interagency collaboration, to establish the Home Visiting Advisory Council in preparation for potential new federal funding of home visiting programs.

WHEREAS, the home is the first and most important environment for children, and parents are their children's first and most influential teachers; and

WHEREAS, parents' education and family support can promote the parents' ability to enhance their children's development from birth until entry into kindergarten, thereby helping parents to prepare their children for success in school; and

WHEREAS, early childhood home visitation can lead to positive outcomes for children and families, including readiness for school, improvement in child health and development, positive parenting practices, and reductions in child maltreatment; and

WHEREAS, President Obama's 2010 budget outline includes new federal funding opportunities for evidence based home visiting programs; and

WHEREAS, the current early childhood home visitation programs being funded in Louisiana span at least three different state departments including the Department of Health and Hospitals, Department of Social Services, and the Department of Education; and

WHEREAS, Louisiana has an existing early childhood system building effort, known as BrightStart; and

WHEREAS, BrightStart has been in existence for six years and has previously completed a statewide needs assessment, strategic plan and implementation plan; and

WHEREAS, BrightStart has a steering committee comprised of members from each of the state departments that serve children as well as a number of statewide child serving non-governmental organizations; and

WHEREAS, a member of the Louisiana Senate and a member of the House of Representatives are on BrightStart's steering committee.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana does hereby request BrightStart to establish the Home Visiting Advisory Council in preparation for potential new federal funding of home visiting programs.

BE IT FURTHER RESOLVED that the Home Visiting Advisory Council shall prepare a preliminary plan in anticipation of the federal funding opportunities that will become available to the states. The preliminary plan shall include the following:

(1) An inventory and examination of current known home visiting programs in Louisiana, including their program goals, target populations, outcome measures and other relevant information.

(2) A categorization of the effectiveness of these home visiting programs.

(3) The gaps in home visitation in the state, including identification of communities that are in high need of the services.

(4) The infrastructure, training, and technical assistance that will be needed to achieve and support a system of evidence based home visiting programs.

(5) Recommendations for how Louisiana can be prepared to respond to future federal funding opportunities based on the national policy developments at the time the plan is completed.

BE IT FURTHER RESOLVED that this preliminary plan shall be provided to the Senate Committee on Health and Welfare and the House of Representatives Committee on Health and Welfare prior to April 1, 2010.

BE IT FURTHER RESOLVED that the Home Visiting Advisory Council shall continue to exist as long as deemed necessary by the BrightStart steering committee.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the executive director of the Governor's Children's Cabinet, the president of the Board of Elementary and Secondary Education, the secretary of the Department of Social Services, the secretary of the Department of Health and Hospitals, and the superintendent of the Department of Education.

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PRESIDENT OF THE SENATE