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# NEWBORN HOME VISITING PROGRAMS IN LOS ANGELES COUNTY: A PRIMER

Children's  
Data Network

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## HOME VISITING PROGRAMS

Home visiting programs are cost efficient programs that are associated with improved long-term outcomes for children and parents (Michalopoulos, Faucetta, Warren & Mitchell, 2017). Children with parents participating in these programs have improved health and are less likely to be maltreated. Parents have improved educational and economic abilities and are less likely to experience intimate partner violence. As a result of these programs society has benefited from reduced spending on public assistance programs and increased parent and child well-being.

The following home visiting programs are operating in Los Angeles County:

1. Early Head Start
2. Nurse Family Partnership
3. Healthy Families America
4. Parents as Teachers
5. Welcome Baby
6. Partnerships for Families
7. Healthy Start

Programs vary based on the individuals they target (e.g., adolescent mothers, low income families), staff training and background (e.g., nurses, social workers, child development / early intervention specialists and paraprofessionals), length of service delivery, measures used, data collected, and theoretical models, among other factors (USDHHS, n.d.). The following section provides brief summaries of the programs identified by the Consortium and the number of annual slots identified in the county.



## EARLY HEAD START

Early Head Start (EHS) aims to serve low-income children and mothers from prenatal stages to age 3 (USDHHS, 2013a) and promote prenatal health, improve child development, and strengthen family functioning (Howard & Brooks-Gunn, 2009). This intervention targets the child's "physical, social, emotional, and intellectual development" (CDPH, n.d., p.262). Another one of the long-term goals of EHS is to encourage parents to become self-sufficient (CDPH, n.d.). These goals are met by facilitating 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 (CDPH, n.d.).

Not all EHS programs involve home visits. The home based program option includes a weekly 1.5 hour home visit by an EHS educator that is jointly planned by the parent(s) and assigned trained paraprofessional. The home visitor visits a maximum of 12 families per week (CDPH, n.d.). Only 8% of families participate in this option and 2% of families participate in both home visiting and center-based options (CDPH, n.d.). Home visits aim to improve parenting skills and recognize the home as the "child's primary learning environment" (CDPH, n.d., p. 262). Evaluations of EHS programs have demonstrated its effectiveness in reducing incidence of spanking, increasing immunization adherence, and improving the social-emotional, language, and cognition of child participants by age 3; the evidence is somewhat weaker, but still salient, with regard to reducing the use of harsh parenting techniques (Administration for Family and Children, 2006; Howard & Brooks-Gunn, 2009).

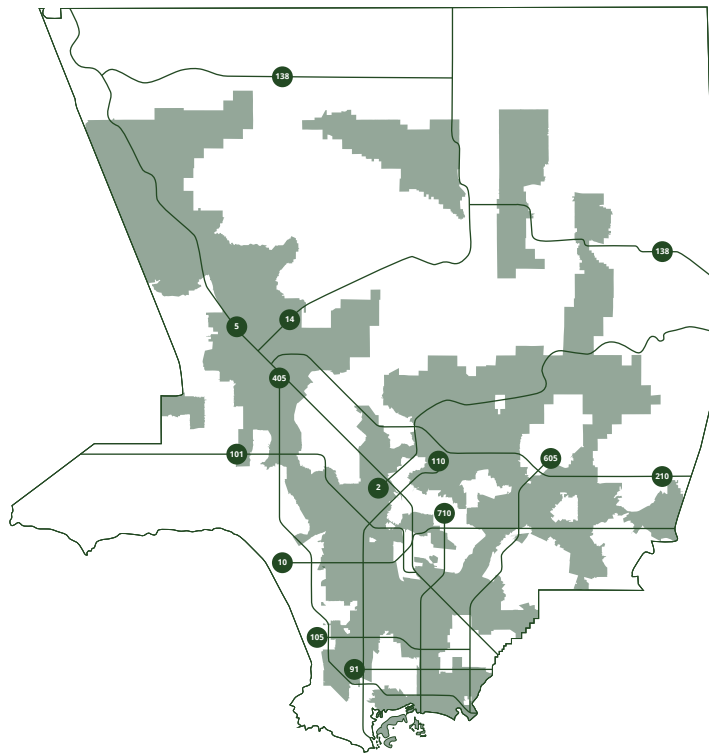
<b>Key Decision-Maker and Funder:</b>	Federal Administration for Children and Families, Head Start Bureau
<b>Additional Decision-makers:</b>	Los Angeles County Office of Education and local EHS grantee agencies. In addition, there are some foundations and other entities that provide local matching dollars in support of EHS programs in LA.
<b>Slots Identified Countywide:</b>	3,800



**Program Objectives:**

- Create and promote a safe environment for children ages 0-3 in which they can develop holistically, both at home and in group settings.
- Equip parents to be strong leaders and support systems for child and family success.
- Empower communities to provide a positive foundation for children and families.

**EARLY HEAD START ZIP CODE COVERAGE**





## NURSE FAMILY PARTNERSHIP

The Nurse-Family Partnership (NFP) curriculum promotes healthy pregnancies, empowers mothers to become successful caretakers, and encourages economic self-sufficiency (NFP, 2011). The model also aims to improve the maternal life course by increasing the length of time between birth intervals and reducing the number of later births (Howard & Brooks-Gunn, 2009). The delivery is based on a home visiting model in which a registered nurse provides ongoing services in the client's home (CDPH, n.d.). The nurse's role is to engage mothers in prenatal care, breastfeeding, improved diet, and reduce drug and alcohol use. First-time, low income mothers are eligible from pregnancy to 2-years after the birth (CDPH, n.d.). The visits begin weekly and decrease in the frequency over time (Howard & Brooks-Gunn, 2009).

In Howard and Brooks-Gunn's (2009) analysis of home visiting programs they describe the NFP as "the most well developed home visiting program in the United States" (p. 123). The program has been evaluated in different states and on samples that are ethnically diverse and include adolescent mothers (Howard & Brooks-Gunn, 2009). Research has demonstrated this program's effectiveness in reducing harsh parenting behaviors, injuries, hospital admissions, referrals to child protective services, and incidence of child mortality (Howard & Brooks-Gunn, 2009). The NFP has also been shown to significantly reduce involvement in the criminal justice system and with substance abuse (Michalopoulos, Faucetta, Warren & Mitchell, 2017).

**Key Decision-Maker and Funder:** Los Angeles Department of Public Health

**Additional Decision-makers:** Department of Mental Health, Medi-Cal (TCM), and LAUSD

**Slots Identified Countywide:** 900

**Program Objectives:**

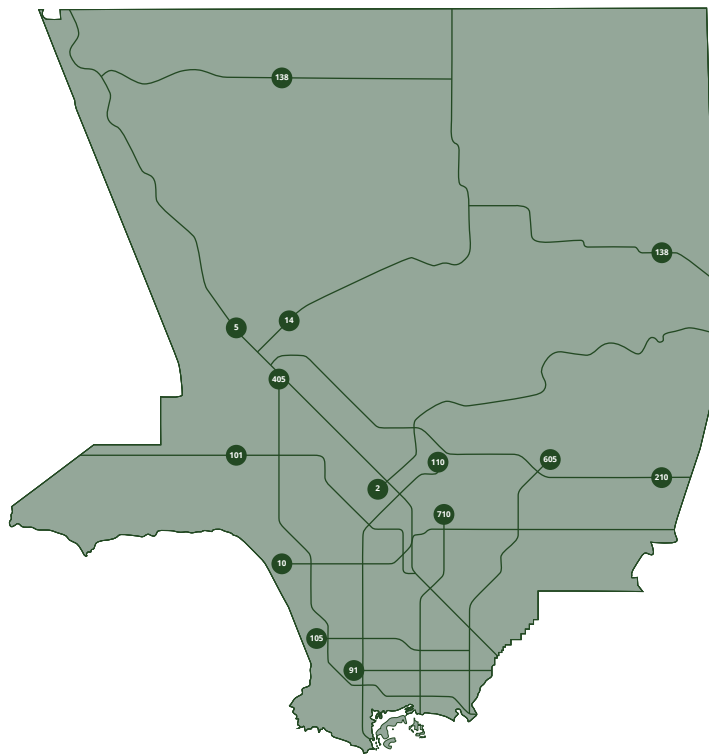
- Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances.
- Improve child health and development by helping parents provide responsible and



competent care.

- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

## NURSE FAMILY PARTNERSHIP ZIP CODE COVERAGE



## HEALTHY FAMILIES AMERICA

The primary goal of Healthy Families America (HFA) is to prevent child maltreatment (Howard & Brooks-Gunn, 2009). This program identifies families at risk of maltreatment early and administers services aimed at promoting permanency (CDPH, n.d.), promoting children's social-emotional well-being and physical health / development (HFA, 2015). HFA programs target at-risk mothers or pregnant women with newborn to preschool-aged children (up to age 5) (CDPH, n.d.) and connect identified families to services (HFA, 2015). Families are identified in hospitals and community organizations. There are no income requirements to participate (Healthy Families America, n.d.), but families are screened to assess the level of risk, and will only enroll families with children who are not in preschool (Howard & Brooks-Gunn, 2009). Agencies develop their own plans, and have flexibility with the implementation of the program as long as they include "activities, indicators, and a quality assurance plan" (CDPH, n.d., p.263). Paraprofessionals are trained for approximately 5 days (80 hours) in parent education and the needs of families in the community before conducting home visits. "In California, 10 counties use the model and serve 1,007 families per year, as of 2008" (CDPH, n.d., p. 263).

The HFA program is based on the Hawaii Healthy Start project. Outcome evaluations have taken place in California, Texas, Colorado, Alaska, and New York (Howard & Brooks-Gunn, 2009). The studies conducted in California, Alaska and New York were randomized controlled studies. One study demonstrated a 48% decline in rates of child maltreatment among program participants. However, randomized control studies have not demonstrated a reduction in the rate of substantiated CPS cases. The New York investigation found no significant differences between the control and intervention group in terms of substantiated child maltreatment reports in one year, but did find evidence of reduced harsh parenting techniques among program participants (Howard & Brooks-Gunn, 2009). Research shows participation in this program is associated with fewer hospitalizations, less maltreatment, increased maternal earnings, reduced maternal alcohol use (Michalopoulos, Faucetta, Warren & Mitchell, 2017).

**Key Decision-Maker and Funder:** First 5 LA

**Additional Decision-makers:** MIECHV (via DPH).

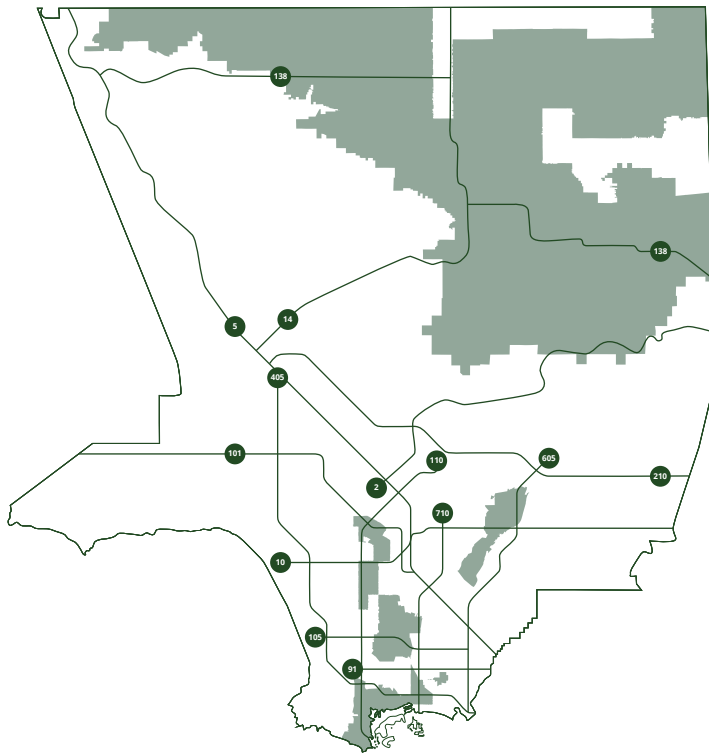
**Slots Identified Countywide:** 1,680



**Program Objectives:**

- Decrease the need for involvement with the child welfare system.
- Replace harsh and abusive parenting styles with benign discipline tactics.
- Expand primary health care and community resource accessibility so as to limit injuries to child and trips to emergency medical facilities.
- Educate parents on child's developmental needs, encouraging them to play an active and nurturing role in child's life.
- Enrich child and their development to prepare them for scholastic success.

**HEALTHY FAMILIES AMERICA ZIP CODE COVERAGE**





## PARENTS AS TEACHERS

Parents as Teachers (PAT) aims to "improve parenting skills and child school readiness, provide early detection of developmental delays and health problems, and reduce child abuse" (CDPH, n.d., p.265) through health screenings, group meetings, home visits, and the provision of resource networks (CDPH, n.d.). PAT provides a minimum of 12 one-hour-long home visit sessions annually with more available to high-need families. Families are served for at least 2 years between pregnancy and the child's entry into kindergarten (USDHHS, 2013c). The model has been shown to increase at-home literacy (Zigler, 2008) and decrease reports of child abuse and neglect (Michalopoulos, Faucetta, Warren & Mitchell, 2017; Bugental, 2002). PAT is offered throughout 20 counties in California, serving an estimated 11,000 families each year. The program is associated with Even Start, EHS, family literacy, and family resource centers. The National PAT office is responsible for oversight and technical assistance regarding program development (CDPH, n.d.).

**Key Decision-Maker and Funder:** First 5 LA

**Additional Decision-makers:** US Department of Housing and Urban Development, Los Angeles Homeless Services Authority, Housing Authority of the County of Los Angeles, and government funding to University of Southern California (remote PAT model)

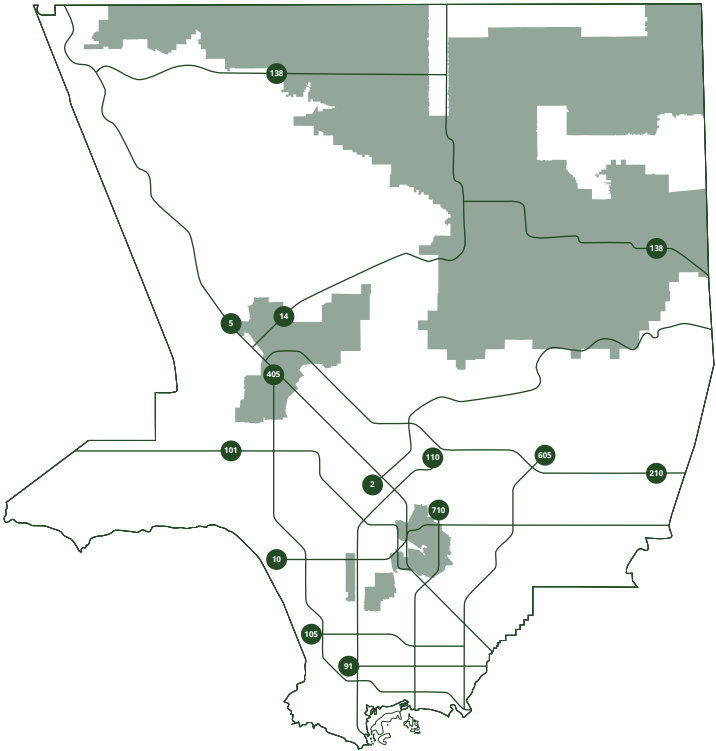
**Slots Identified Countywide:** 1,680

**Program Objectives:**

- Raise parental awareness of the development and best parenting practices for their young child.
- Readily detect health abnormalities and developmental delays.
- Minimize harmful parent-child interactions.
- Improve child's school-readiness.



PARENTS AS TEACHERS ZIP CODE COVERAGE



## WELCOME BABY

This universal intervention is available at no cost to families delivering in hospitals in the 14 Best Start communities (First 5 LA, 2015b). All families delivering at the identified hospitals receive information about breastfeeding, attachment, and other topics. Mothers also may elect to receive a home visit. The intensity of service delivery is contingent upon where families live and their specific needs. Welcome Baby is offered in Best Start communities and families can enroll prenatally (up to 38 weeks) or at the hospital. This program can refer families for additional supportive resources. Families may receive items such as thermometers, nursing pillows, toys, and baby-proofing supplies for the home.

**Key Decision-Maker and Funder:** First 5 LA

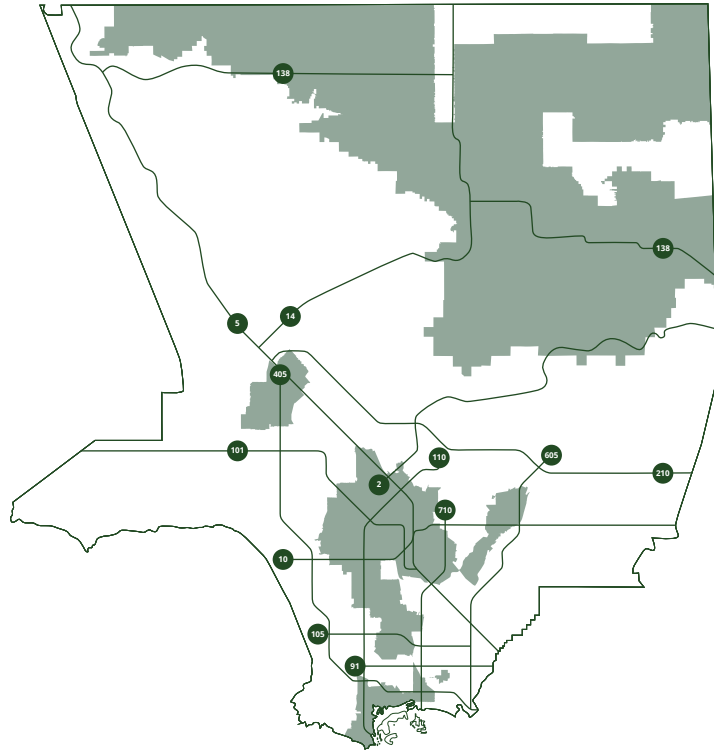
**Slots Identified Countywide:** 15,000

**Program Objectives:**

- Foster wellness through and after the first year of pregnancy.
- Increase breastfeeding.
- Help new parents create a safe home environment for their newborn.
- Establish a relationship between community resources and the families they intend to serve, when needed.
- Provide consistent healthcare to children.
- Refer eligible families to continuing home visiting programs.



## WELCOME BABY ZIP CODE COVERAGE





## PARTNERSHIPS FOR FAMILIES

Partnerships for Families (PFF) aims to prevent child abuse and neglect by offering 6 to 12 months of voluntary, preventative services to pregnant women and families with children 5 and younger who have received a prior referral to child protective services (CPS) (First 5 LA, 2015a). Services provided include in-home case management and counseling, safety-related goods and services, intensive services for special needs, access to early care and education, and referrals to additional community resources. Parent testimonials and evidence-based research point to the success of the model, noting how the first 4-6 months particularly are most protective, and that the program, as a whole, establishes a long lasting foundation for families, resulting in decreased substantiated reports of child maltreatment (McCroskey, Franke, Christie, Pecora, Lorthridge, Azzam, Fleischer, & Rosenthal, 2010). Each Service Planning Area (SPA) is served by PFF, which coordinates efforts with other organizations. Pregnant women and families are eligible if a Structured Decision-Making Tool (SDM) rating indicates high or very high risk to children and a CPS case is not opened or if they are referred by a community partner and have a history of mental illness, domestic violence, or substance abuse.

**Key Decision-Maker and Funder:** Department of Children and Family Services

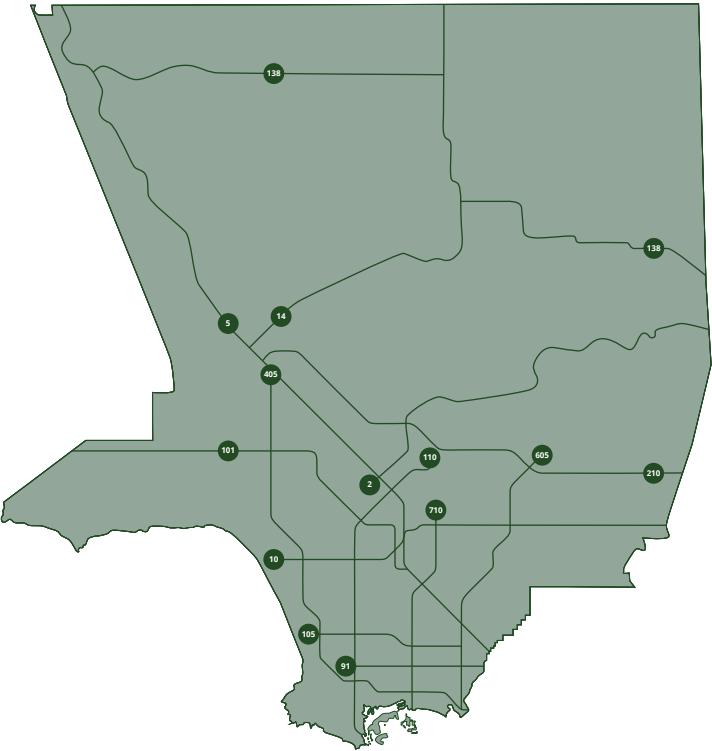
**Slots Identified Countywide:** 1,250

**Program Objectives:**

- Educate parents about evidence-based parenting techniques and early childhood development.
- Reduce referrals to LA County DCFS hotline for child maltreatment.
- Limit parenting risk factors.



**PARTNERSHIPS FOR FAMILIES ZIP CODE COVERAGE**



## HEALTHY START

Healthy Start aims to improve maternal and child health and engage community members in the design and implementation of this home visiting program (USDHHS, 2010). Program goals include reducing incidence of infant mortality, low birth weight, and racial disparities in perinatal outcomes. Eligibility varies across programs, but population targets include racial or ethnic minorities, immigrant populations, young mothers, and/or low income families. Services offered include case management, health education, interconception care, and depression screening and referrals. The core of this program is to promote “community-level collaboration, sustainability, and system improvement and change” (USDHHS, 2010).

**Key Decision-Maker and Funder:** US Department of Health and Human Services

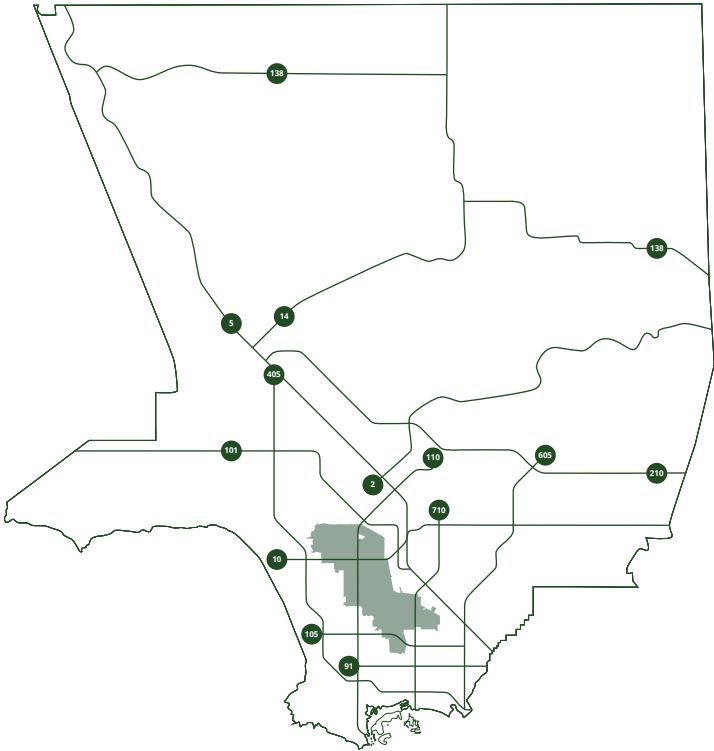
**Slots Identified Countywide:** 500

**Program Objectives:**

- Reduce low birth weight and rates of infant mortality.
- Correct perinatal health inequities for minorities and at-risk populations.
- Teach families about various risk factors that can detrimentally influence health outcomes during pregnancies.



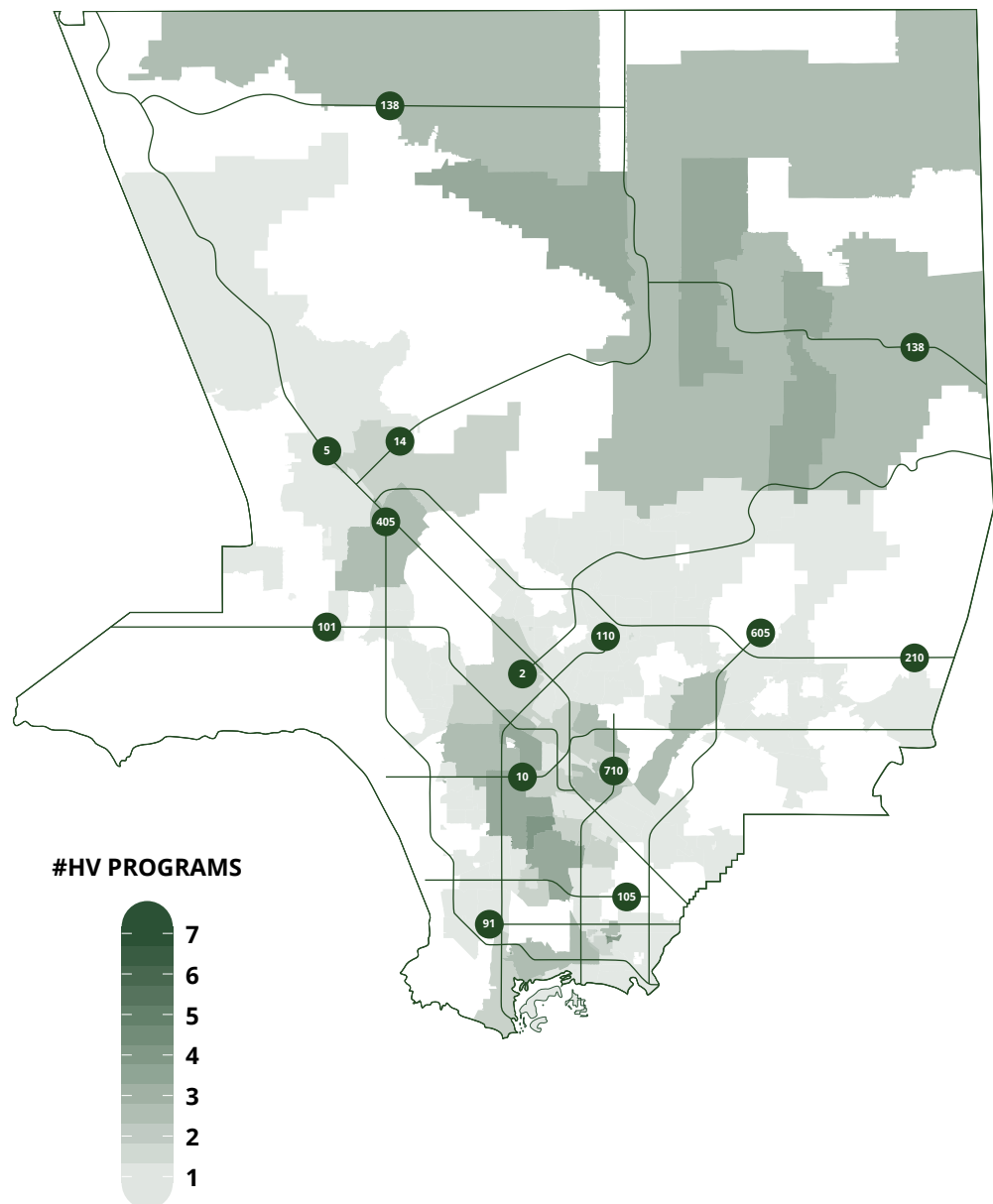
**HEALTHY START ZIP CODE COVERAGE**





## SUM OF HOME VISITING PROGRAMS PER ZIP CODE

This map shows the concentration and overlap of home visiting programs by zip code in LA County. The seven home visiting programs operate in different zip codes, as displayed below.



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## ABOUT THE PROJECT

Stories and data can help connect the dots - revealing new insights and understandings of children and their families.

Connecting the Dots, an informational resource coordinated by the Children's Data Network (CDN) and funded by First 5 LA, is a cross-sector partnership committed to making data and research more accessible to those engaged in the development of public policy and the delivery of programs for children and families.

To learn more about this project and the Children's Data Network, please visit <http://www.datanetwork.org/snapshots/>

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