

Peabody College of Education and Human Development | 230 Appleton Place, Nashville, TN 37203

2022 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

EVIDENCE-BASED HOME VISTING PROGRAMS

What are evidence-based home visiting programs and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the <u>Prenatal-to-3 Policy Clearinghouse</u> for an ongoing inventory of rigorous evidence reviews, including more information on evidence-based home visiting programs.

What impact do evidence-based home visiting programs have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of home visiting for the health and wellbeing of young children and their families:

- A. Casillas, K. L., Fauchier, A., Derkash, B. T., & Garrido, E. F. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse and Neglect*, 53, 64–80. <u>https://doi.org/10.1016/j.chiabu.2015.10.009</u>
- B. Sama-Miller, E., Akers, L., Mraz-Esposito, A., Coughlin, R. & Zukiewicz, M. (2019). *Home visiting evidence of effectiveness review: Executive summary*. OPRE Report 2019-93. https://homvee.acf.hhs.gov/sites/default/files/2019-09/HomeVEE Executive Summary 2019 B508.pdf
- C. Filene, J. H., Kaminski, J. W., Valle, L. A., & Cachat, P. (2013). Components associated with home visiting program outcomes: A meta-analysis. *Pediatrics*, *132*, S100–S109. https://doi.org/10.1542/peds.2013-1021H
- D. Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31, 499–520. <u>https://doi.org/10.1002/imhj.20269</u>
- E. Michalopoulos, C., Faucetta, K., Hill, C. J., Portilla, X. A., Burrell, L., Lee, H., Duggan, A., & Knox. V. (2019). Impacts on family outcomes of evidence-based early childhood home visiting: Results from the mother and infant home visiting program evaluation. OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services. <u>https://www.acf.hhs.gov/sites/default/files/opre/mihope_impact_report_final20_508.pdf</u>

How and why do evidence-based home visiting programs vary across states?

In the absence of an evidence-based state policy, we present several choices that states can make to more effectively provide evidence-based home visiting programs to families who need the services. We identify states as leaders in the implementation of evidence-based home visiting programs if they:

- Serve a high share of their state's low-income infants and toddlers relative to other states; and/or
- Use state dollars or Medicaid to support home visiting services.

To assess if a state serves a high share of eligible infants and toddlers, we calculated the percentage of children under age 3 in a state participating in home visiting programs, using data from the National Home Visiting Resource Center's (NHVRC) 2020 Home Visiting Yearbook and population-level estimates from the 2018 and 2019 American Community Survey. For additional details regarding this calculation, see the information for Measure 1 below.

States identified as serving a high share of children are those that were in roughly the top third of states on this measure and typically had a substantial number of infants and toddlers in their state who may benefit from participating in home visiting. In states which the number served data reported in the 2020 Home Visiting Yearbook differed substantially from those data reported in 2019, we contacted individuals involved in the state's administration of its home visiting program to validate the data reported. Some states provided alternate service data to more accurately reflect the number of infants and children participating in home visiting in the state. These data reported those reported by the NHVRC in our calculation. Additionally, Vermont was not able to provide alternative data but the numbers reported by the NHVRC were determined to be not reflected of actual service levels. Data for Vermont is not reported in the 2022 Prenatal-to-3 State Policy Roadmap for this measure.

We also utilized research conducted by the Johnson Group Consulting to capture states that use state funds or Medicaid funding to support components of their home visiting programs.

Additionally, we performed an electronic search using Quorum State between August 15, 2021 and October 1, 2022 to assess legislative progress pertaining to home visiting, specifically related to new state appropriations or designating new funding models to support state home visiting programs. The main search strategy used combinations of keywords for proposed bills related to home visiting ("home visiting" OR "home visitor" OR MIECHV OR "maternal, Infant, and Early Childhood Home Visiting" OR HomVEE). Because we distinguish between high-touch and targeted home visiting programs versus low-touch and universally available comprehensive screening and connection programs, bills proposing "universal home visiting" are typically considered comprehensive screening and connection programs and are included in that section of the 2022 Prenatal-to-3 State Policy Roadmap. Research staff conducted searches, analyzed results for relevant state legislation, and summarized state's efforts around home visiting programs at the state level.

This section also contains the sources for the information presented in the individual state Roadmaps.

Sources:

State	Sources
All States	 Administration for Children & Families. (n.d.). <i>Positive Parenting Practices. Home Visiting Evidence of Effectiveness</i>. Retrieved on July 1, 2021, from https://homvee.acf.hhs.gov/index.php/outcomes/Positive%20Parenting%20Practices/In%20Brief National Home Visiting Resource Center. (2022). <i>2022 Home Visiting Yearbook</i>. James Bell Associates and the Urban Institute Retrieved on October 4, 2022, from https://https//htttps://https://https//https//https//https//https//https//http
Alabama	(no additional sources)
Alaska	(no additional sources)
Arizona	(no additional sources)
Arkansas California	 S.B. 63, 94th Leg., Reg. Sess., (Ark 2022). Johnson, K. (2019, January). <i>Medicaid financing for home visiting: the state of states'</i> approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from <u>https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf</u> Johnson, K. (2021, June 22). <i>Financing Home Visiting Opportunities for Advocates</i> [PowerPoint slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar. S.B. 187, 2022 Leg., Reg. Sess., (Cali. 2022).
Colorado	 Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states' approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from <u>https://www.ncsl.org/documents/cyf/Medicaid homevisiting 28330.pdf</u> Johnson, K. (2021, June 22). Financing Home Visiting Opportunities for Advocates [PowerPoint slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar.
Connecticut	(no additional sources)
Delaware	(no additional sources)
District of Columbia	(no additional sources)
Florida	(no additional sources)
Georgia	(no additional sources)
Hawaii	(no additional sources)
Idaho	1. Johnson, K. (2021, June 22). <i>Financing Home Visiting Opportunities for Advocates</i> [PowerPoint slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar.
Illinois	 Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states' approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf Johnson, K. (2021, June 22). Financing Home Visiting Opportunities for Advocates [PowerPoint slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar. S.B. 3853, 103rd Leg., Reg. Sess., (III. 2022).
Indiana	1. C. Kinderman, Indiana Department of Health, personal communication, July 29, 2021.
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Kansas	(no additional sources)
Kentucky	 Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states' approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from <u>https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf</u> Johnson, K. (2021, June 22). Financing Home Visiting Opportunities for Advocates [PowerPoint slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar.

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Louisiana	(no additional sources)
Maine	1. E. Whitham, Maine Children's Trust, personal communication, May 18, 2021.
Maryland	1. Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states'
	approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from
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Massachusetts	(no additional sources)
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	approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from
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	3. T. Kostelec, Michigan Department of Health and Human Services, personal communication,
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Minnesota	https://www.ncsl.org/documents/cyf/Medicaid homevisiting 28330.pdf
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Mississippi	(no additional sources)
Missouri	1. Johnson, K. (2021, June 22). <i>Financing Home Visiting Opportunities for Advocates</i> [PowerPoint
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Montana	(no additional sources)
Nebraska	(no additional sources)
Nevada	(no additional sources)
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New Hampshire	https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf
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New Jersey	 S.B. 444, 2022 Leg., Reg. Sess., (N.H. 2022). Johnson, K. (2019, January). <i>Medicaid financing for home visiting: the state of states'</i>
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New York	1. Johnson, K. (2019, January). <i>Medicaid financing for home visiting: the state of states'</i>
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Oklahoma	1. Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states'
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Oregon	https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf
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South Dakota	https://www.ncsl.org/documents/cyf/Medicaid_homevisiting_28330.pdf
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Tennessee	(no additional sources) (no additional sources)
Texas Utah	(no additional sources)
Otali	1. I. Stalberg, Maternal and Child Health Director, Vermont Department of Health, personal
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Vermont	 Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states' approaches. Johnson Group Consulting, Inc. Retrieved on July 1, 2021, from
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Virginia	slides]. Medicaid and HV Funding: Advocacy & Policy Community of Practice June Webinar.
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West Virginia	(no additional sources)
Wisconsin	1. Johnson, K. (2019, January). Medicaid financing for home visiting: the state of states'
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	https://www.ncsl.org/documents/cyf/Medicaid homevisiting 28330.pdf
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Wyoming	(no additional sources)

Data were collected for 1 measure to assess how states vary in their implementation of evidence-based home visiting programs. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Estimated percentage of children under age 3 served by evidence-based home visiting programs

Definition:

The percentage of children under age 3 served by home visiting programs out of all children under age 3 in families with incomes below 150% of FPL.

Notes:

- 1. **Numerator**: total number of children under age 3 who were served by home visiting in 2019. (Data in the home visiting yearbook are presented with the total number of children served by home visiting and the percentage of those children who were under age 3. We multiplied the percentage of children under age 3 by the total number of children served to get the number of children under age 3 who were served by home visiting.)
- 2. **Denominator**: the sample of children under the age of 3 whose family poverty value was below 150% of the federal poverty level (FPL) from the 2018 and 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).
- 3. We used the 150% FPL cutoff as a proxy for the high-priority eligibility criteria typically used across home visiting programs (e.g., pregnant women, mothers under 21, single/never married mothers, parents with less than a high school education, and families with incomes below 100% FPL).
- 4. Sample size estimates were calculated in Stata 17 using person-level weights. Given the age and income limits imposed on the sample (children under age 3 living in families below 150% FPL) and the estimates by state, two years of ACS data were combined to improve data quality and accuracy and all weights were appropriately adjusted to account for the combined years of data.
- 5. Children living in group quarters or whose family poverty status was not available (e.g., foster children or children who were unrelated to the head of household) were excluded from the calculation.
- 6. The US Census calculation of poverty is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size

and composition. This family income is compared to federal poverty thresholds based on related family size and composition (*povpip*).1

- 7. Data were not reported for Vermont, as the participation data collected were impacted by model changes during 2019 and likely not reflective of accurate participation rates.
- 8. The Home Visiting Yearbook typically gathers data directly from programs; however, in Iowa the state agency sends its data to the Home Visiting Yearbook.
- 9. Maine does not have any income requirements to determine eligibility for home visiting. Generally, the state measures the reach of its program by comparing the number of families who enroll in a year to the number of new births.
- 10. Since the FY 2017-2018 budget appropriation, Indiana has allocated \$5 million to its Nurse Family Partnership home visiting program every year. This new and sustained allocation likely explains the significant increase (~50%) in percent of children under age 3 in families with incomes of less than 150% of the FPL in Indiana's home visiting programs the data shows between 2018 and 2019 service data.
- 11. Data from the Michigan Infant Health Program (MIHP), one of the largest home visiting programs in Michigan, was not included in the National Home Visiting Yearbook prior to 2020 because it was not yet determined as evidence-based through the HOMVEE process. Once it was added to the HOMVEE platform, it was included in the 2020 Home Visiting Yearbook.
- 12. The Census Bureau warned of quality issues with the 2020 American Community Survey (ACS) data due to the pandemic's impact on data collection. Nonresponse bias in the 2020 sample made "it appear that the U.S. population had higher levels of education, had more married couples and fewer never married individuals, had less Medicaid coverage, had higher median household incomes, had fewer noncitizens, and were more likely to live in single-family housing units" (p. 37). Due to the potential impact of these quality issues on the population we study, we opted to continue using the pooled 2018 and 2019 ACS data for the 2022 Roadmap and, therefore, continued using 2019 service data for the numerator.¹

Sources:

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- 2. US Census Bureau. (2019-2020). 2018-2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS) [Data Sets]. <u>https://www.census.gov/programs-surveys/acs/microdata.html</u>
- 3. I. Stalberg, Maternal and Child Health Director, Vermont Department of Health, personal communication, July 8, 2021.
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¹ Asiala, M., Baumgardner, S., Galvin, S., Mykyta, L., Raglin, D., Renwich, T., Shin, H., Spader, J., Spence, M. & Stern, S. (2021, October 27). *An assessment of the COVID-19 pandemic's impact on the 2020 ACS 1-Year data*. The Census Bureau. Retrieved on October 10, 2022, from https://www.census.gov/library/working-papers/2021/acs/2021 Census Bureau 01.html.