Children Now
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September 2023

A Statewide Approach to Strengthen Home Visiting in California

Home Visiting

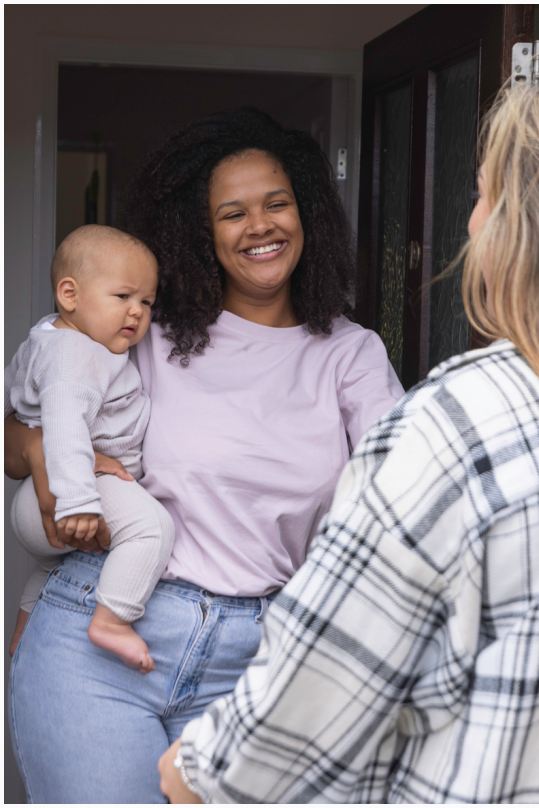
Contents

Introduction

California has made historic investments in expanding home visiting programs over the past several years. These investments reflect a transformative shift in how the state supports young children and families, focusing on preventive measures that begin in the perinatal period and extend into early childhood. Healthy development in the early years of a child's life depends on access to strong health care, positive and nurturing relationships with adults, and enriching environments and experiences.

Voluntary evidence-based home visiting programs match new and expectant parents with trained professionals who provide ongoing, tailored support, starting as early as pregnancy and during the child's first few year(s) of life; the research shows that the benefits of evidence-based home visiting last a lifetime – for both the child and parent.

Home visitors are trained on cultural competency and implicit bias, trained to build relationships, focus on strengths and skill building, to listen to the needs and aspirations of parents, identify and reinforce cultural practices in parenting, make referrals and support their clients to succeed over the span of two years or more. Research shows that racial disparities are present during pregnancy, at birth, and are present in the infant and toddler years; providing supportive services at the earliest point possible is vital to eliminating racial disparities for California's children.



The early data and evidence from the state's investments in home visiting programs are showing incredible promise and potential to further serve California's pregnant and parenting communities with better, more comprehensive supports that lead to positive long-term outcomes for the child, parent, and community.

Recognizing that the pandemic and recent challenges, such as rapidly rising inflation, changing work and school expectations, and dramatic changes to how people interact - we sought to learn more about how the state's home visiting programs have adapted, barriers that continue to hamper home visiting program outreach and enrollment, and opportunities to improve program implementation so that all eligible families can participate.

This project was designed to capture the experience of all state-focused home visiting program entities and partners and to provide a space for conversations that go beyond existing silos. Children Now interviewed over fifty individuals from various national, state, and local partners involved in the implementation of California's home-visiting programs, including state department administrators, county agency staff, First 5 staff, staff from national evidence-based models, and local providers as part of this effort.

We were inspired and encouraged by the leadership, enthusiasm, passion, and commitment of providers, county partners and others who lent their voice to this report. They eagerly discussed what has worked for them and our hope is that this report reflects their insights in the vignettes so that others can replicate or adapt effective strategies promptly. As we elevate barriers and challenges within the home visiting infrastructure that require policy reform, we urge state level departments to promptly address them with a spirit of collaboration and common goal of maximizing home visiting enrollment and participation by eligible families.

Voluntary evidence-based home visiting is an umbrella term for certain program models that are backed by rigorous research studies, and meet federally established criteria for effectiveness, replicability, and quality.

Overview of Home Visiting Programs in California

California began investing state resources in voluntary evidence-based home visiting programs to create meaningful opportunities for dual generational benefits and uplifting families with support during their pregnancy, after birth, and into their children's early years. When implemented with fidelity to their model standards, while also giving careful thought to adaptations that may be necessary to meet the diverse needs of communities, home visiting can support families to thrive. Consequently, these programs can generate public savings[1] by increasing healthy births, boosting positive parenting practices, reducing child maltreatment, and increasing family self-sufficiency in the forms of adult educational attainment, career training, and employment. Voluntary evidence-based home visiting is an umbrella term for certain program models that are backed by rigorous research studies, and meet federally established criteria for effectiveness, replicability, and quality.

There are two main state departments that fund home visiting programs:

1. The California Home Visiting Program (CHVP) managed by the California Department of Public Health (CDPH), established in 2010 by the federal Maternal Infant and Early Childhood Home Visiting Program (MIECHV) and augmented with state general fund dollars starting in 2019; and

2. The California Work Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Program (HVP) managed by the California Department of Social Services (CDSS), established in 2018 and funded by state general fund dollars.

Voluntary evidence-based home visiting models have decades of research demonstrating they can provide the two generation support that pregnant and parenting families with infants and toddlers need. Home visitors are trained to build relationships, focus on strengths and skill building, listen to the needs and aspirations of parents, identify, and reinforce cultural practices in parenting, make referrals, and support their clients to succeed over the span of two to three years or more. Research shows that the effectiveness of voluntary evidence-based home visiting lasts a lifetime – for both the child and parent.

Cost-benefit analyses show that evidence-based home visiting programs offer returns on investment ranging from $1.75 to $5.70 for every dollar spent due to reduced costs of child protection, K-12 special education, grade retention, and criminal justice expenses.[2]

Evidence-based models are diverse and varied, in terms of visitation schedules (dose) and duration, program emphasis, and curriculum. Given the wide variation of home visiting models in the field, we will be focusing on the evidence-based models funded at the state level, currently administered by CDPH and CDSS.

The U.S. Department of Health and Human Services (HHS) launched the Home Visiting Evidence of Effectiveness (HomVEE), which conducts a thorough and transparent review of early childhood home visiting models.[3] These approved model programs are focused on supporting the parent and child(ren) for an extended period up to 5 years and have undergone a rigorous evaluation of each program's impact on family outcomes and categorized as domains that improve outcomes for families.These domains are (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and school readiness; (5) reductions in child maltreatment; (6) family

economic self-sufficiency; (7) linkages and referrals to community resources and supports; and (8) reductions in juvenile delinquency, family violence, and crime.[4] The CDPH and CDSS home visiting administrators primarily fund HomVEE reviewed programs to both leverage the existing federal review process and maximize local capacity and funding for existing programs.* Evidence-based home visiting programs are primarily delivered in the family's home but can occur in any space that a family determines most comfortable, and most recently, delivered via virtual visits.

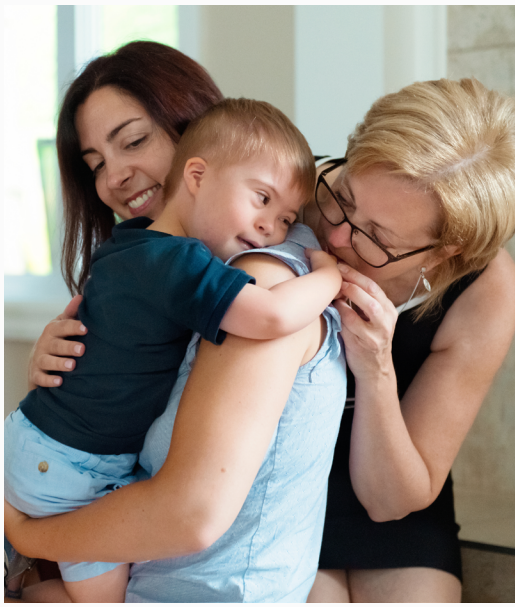
Although evidence-based home visiting programs are distinct from one another, they share common core principles and features:

- **Voluntary:** Parents can always opt in or opt out at any time, and all visits are arranged in advance, according to a family's schedule, preferences, location of choice, and needs.
- **Comprehensive:** Programs are multi-faceted and designed to foster the physical health, mental health, and education of both parents and children.
- **Family-centered:** Home visitors focus on recognizing and reinforcing clients' strengths and are trained to partner with families in culturally responsive ways.
- **Purposeful:** Informed by science on child development and attachment, programs empower and equip parents with the tools and skills to manage parenthood, foster strong family relationships and be their child's advocate and first teacher.
- **Effective:** Backed by decades of research, evidence-based home visiting program models are proven to yield positive outcomes for parents and children across many domains (see side bar[5]).
- **Replicable:** Programs have formal training, and fidelity mechanisms to monitor how programs are aligned to intended outcomes, as well as established evaluation protocols.
- **Flexible:** Programs are designed to be embedded in a variety of implementing agency types and can optimize the reach and effectiveness of many child and family serving systems.

Positive Outcomes for Families Across Domains

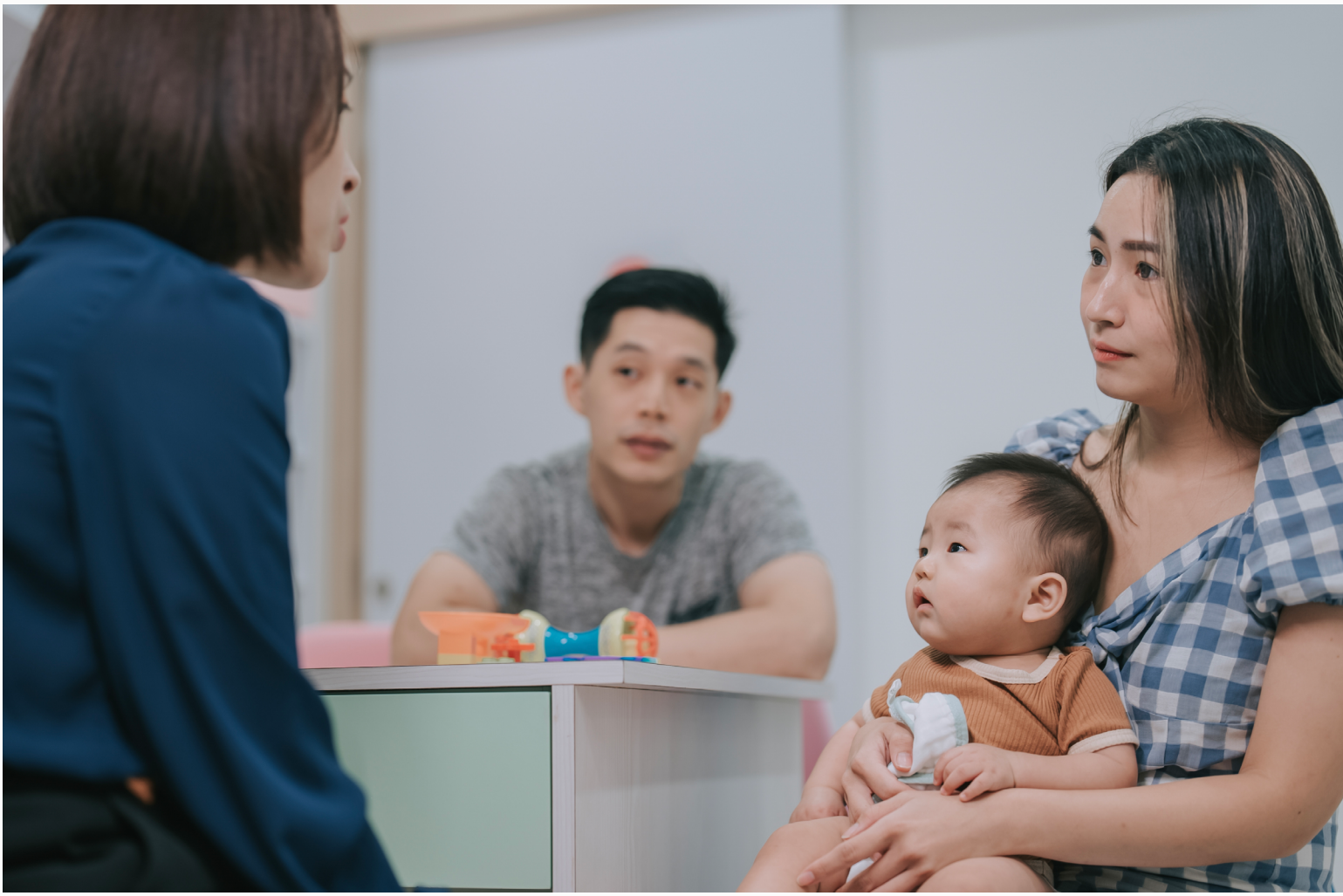
- Improvements in maternal, newborn, and childhealth
- Prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits
- Improvements in school readiness and child academic achievement
- Reductions in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports

* For the purposes of this report, please note that model and program are used interchangeably since a model will typically fit under a suite of programs.



The CDPH CHVP program has provided guidance to county level public health jurisdictions to implement the following national evidence-based home visiting models: Healthy Families America (HFA)[6], Nurse Family Partnership (NFP)[7], and Parents As Teachers (PAT).[8] Additionally, CDPH has supported opportunities to learn from the home visiting field by funding innovative projects throughout California, such as an adaptation of Home Instruction for Parents of Preschool Youngsters (HIPPY),[9] another evidence-based model to identify how the program adaptation has impacted families. The CDSS HVP offers the same three models with the additions of Early Head Start-Home Based Option (EHS-HBO)[10] and HIPPY. While CDSS primarily funds evidence-based home visiting models, CDSS has also allowed funding for innovative, evidence informed[11] home-visiting programs evaluated against HomVEE measures to learn from them and reach communities that may be better served by a different model.[12]

Some local First 5 county commissions, private foundations, and local county funding sources, support evidence-based home visiting models and other evidence-informed models in their respective counties. Local First 5 county, county department staff, and local providers play an integral and varied role across the state in providing technical assistance, relationship building, strategic planning, and partnership support as funders and providers of home visiting programs and advocates for systems that support children 0-5 and their families. As an example, the First 5 California state commission has also contributed funding to local home visiting infrastructure efforts through the California Home Visiting Coordination (HVC) Project that complement existing county First 5 efforts. The First 5 Association/California Children & Families Foundation, which encompasses the First 5 Center for Children's Policy, supports advocacy and research efforts, to ensure all families who need home visiting support receive it.



Creating Opportunities for Collaboration at All Levels

Different entities play essential roles and significantly contribute to the everyday operations and systematic processes of successful home visiting implementation across the state. The role and function of each entity is crucial to serving families well. Promoting a shared understanding of the various roles home visiting entities play in the broader home visiting landscape is critical to leverage experience, expertise, and resources as part of a collective vision. In the following table (**Figure 1.a**), we highlight the roles played by entities implementing home visiting in California at the national, state, county, and local levels.

Figure 1.a: Highlighting Roles and Functions of Home Visiting Entities in California

Level	Entity	Role/Function of Implementation
State	CA Dept. of Public Health CA Dept. of Social Services	State departments manage state and federal home visiting funds and create the policies that local county agencies implement.
	First 5 California, First 5 Association/Center for Children's Policy state level entity	First 5 California is currently focused on the home visiting infrastructure needs through home visiting coordination grants. First 5 California/Association and Center is a non-profit organization representing County Commissions and advocates directly to state and federal policymakers for strong prenatal to age five policies that optimize early childhood development and reduce childhood poverty.
County/Local	County public health jurisdiction County human services agency	Counties take a lead role in implementing state policies developed by CDPH and CDSS. They play an administrative and active role in supporting home-visiting programs to identify and reach eligible families. In many counties, county public health and human services agency staff closely collaborate on who takes the lead with implementing home visiting programs in their county.
	County First 5 commissions	County First 5 Commissions may be involved due to their longstanding investments in home visiting (evidence-based and evidence-informed programs) and services for children ages 0-5. Some First 5s provide technical assistance, relationship building support, strategic planning, partnership support, and advocates for systems that support children ages 0-5 and their families.
	Local Providers i.e. Antelope Valley Partners for Health (HFA), Early Head Start, El Nido Family Centers (PAT)	Local providers have one of the most complex implementation roles as recipients of funds from multiple local, county, state, and federal sources. Providers administer the program, including ensuring model fidelity, hiring and workforce training, conducting outreach and enrolling families, serving families and meeting data and reporting requirements from programs and funders.
National Program Models	Parent As Teachers (PAT), Nurse Family Partnership (NFP), Healthy Families America (HFA), Early Head Start (EHS) and/or Home Instruction for Parents of Preschool Youngsters (HIPPY)	National evidenced-based programs, such as PAT, NFP, HFA, EHS, and HIPPY, have their own criteria for model delivery, data collection, and reporting requirements. National programs provide training and support local providers in implementing the model to fidelity and holding space for the requirements of state- and local-level funders and the administrators of those funds.

Interview Project Findings

To better understand the challenges and opportunities that would better support the programs as the state transitions from a pandemic state to an endemic phase, Children Now interviewed over fifty individuals from various entities involved in the implementation of California's voluntary evidence-based home-visiting programs, including state departments, county agency staff, local First 5 staff, staff from national evidencebased models, and local home visiting providers.

From our interviews with various home-visiting entities, we heard their top statewide priorities are to support babies, toddlers, and families and ensure they are accessing the full array of services. We learned from local sites about the wide variation in experiences with home visiting program implementation. Some sites exhibited signs of early implementation efforts and emerging relationships, whereas others had more experience, established partnerships, and stronger program implementation sophistication. However, time or years of home visiting implementation were not a qualifier for site implementation readiness or sophistication. For instance, a new home visiting program site or county could have many essential components in place that makes it a strong and sophisticated provider or county. By contrast, a site or county could be operating for several years, but still be in the early phases of program implementation with a fragile infrastructure in place. We found that variability resulted in drastically different experiences for those implementing home visiting programs, ranging from engaged and enthusiastic problem solvers to frustrated providers concerned about their ability to continue to operate.

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While the world faced a multitude of challenges presented by the COVID-19 pandemic, the state departments took on the task of rolling out and expanding voluntary evidence-based home visiting programs across California. The effort demonstrated the resilience and adaptability to implement new programming or continued support of families, as reflected in some of the data made available by the Department of Social Services' inaugural evaluation of their home visiting program, which collected data from January 2020 through November 2021. For example, 91% of eligible children received at least

one developmental screening while participating in a CalWORKs Home Visiting Program[13] compared to 23% of 0-3 children in Medi-Cal.[13] Families participating in home visiting were referred to over 26 community-based services and public benefit programs ranging from food, material goods, housing support and mental health services – and, of those referred to services – 60-90% accessed them. The Department of Public Health California Home Visiting program supports the federal MIECHV program, which reports that in FY 2022, 81% of caregivers were screened for depression, 70% of mothers received a postpartum visit with a health care provider within 8 weeks of delivery, and 70% of children enrolled in MIECHV received their well child visits.[14]

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COVID-19 put a significant strain on the implementation of home visiting programs throughout the state and both state programs enrolled less clients than anticipated. Implementing programs at the local level requires the completion of a multitude of steps including hiring a qualified workforce, completing training through the national models, and setting up their internal systems to support programming. These activities all take time and can be complex, which were further exacerbated by the pandemic. In addition, evidence-based home visiting programs have a baseline of intensive administrative components that are decided at the federal and state levels and accumulate at the local level for counties and providers to navigate. Through our interviews with various home visiting entities, several barriers impacting outreach and enrollment emerged that do not necessarily stem from the pandemic (but were exacerbated by it). Below we share some key themes that emerged from the interviews regarding the challenges to outreach and enrollment in home visiting programs over the past few years.

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Staffing and Recruitment Challenges

Interviewees highlighted that staffing was a key barrier towards successful outreach and enrollment – the onset of the pandemic and the redirection of public health nurses (who may have staffed various home visiting programs) and county agency staff towards the COVID-19 response impacted the number of staff available to conduct outreach, facilitate enrollment, and conduct home visits. Community-based organizations, who deliver home visiting programs, also saw

increased rates of staff turnover, increasing strain on an already stretched workforce.

Workforce turnover is a challenge and results in constant hiring and loss of institutional knowledge when staff move on to other opportunities. In a home visiting workforce study from the Center for Nonprofit Management,[15] the cost of replacing and training new home visitors in 2019 for HFA and PAT ranged from $7,000 to approximately $11,600 per staff. One model representative stated that when families lose their home visitor, they are more likely to drop from the program.

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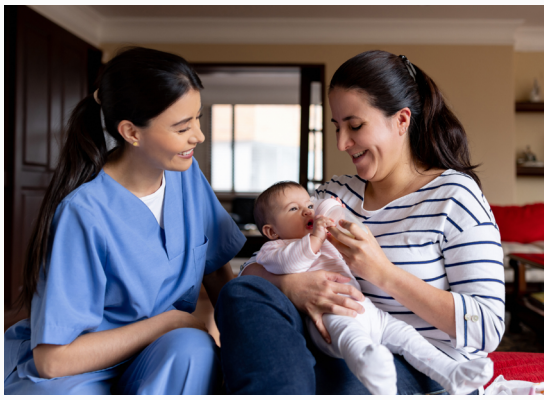
Further, there is a trickledown effect for eligibility workers who remain in their positions, like continued workforce and training needs, high caseloads related to the high turnover of eligibility workers at county agencies, which in some cases means that the few who stay are overwhelmed and can only do what is possible therefore creating a compliance driven approach.

Staff Training Gaps and Compensation

Training of staff came up in multiple interviews, particularly around CDSS-funded programs, which supports funding for staff to serve families with children under five for 24 months or until the child's second birthday, whichever is later. Some clients may receive more than 24 months of services; however, the evidence-based models are set up to serve for longer periods, creating a disconnect between model design and practice, with CDPH-funded programs home visitors serve families with children under five for the duration of the program model. MIECHV-approved models are designed to serve families up to the child's fifth birthday. Moreover, state departments provide as much flexibility as possible to give counties more autonomy to choose the model that best meets local needs. While funding may have a time limited opportunity for some families, there is opportunity to have some level of alignment in duration of programming where both departments serve families for the expected duration of the program/model. Otherwise, this leaves home visiting providers scrambling once they are approaching the end of one funding stream by requiring them to place a family under a different funding stream, risk losing the family completely, or offer locally available resources that may not be as robust, has long waitlists or is not responsive. While state



staff may not have control over the length of service duration (which is defined by state or federal policy), they can recommend the terms be reviewed for amendments and identify opportunities to smooth transitions between funding sources for providers on the ground.

Funding home visiting programs has many complexities. With two state departments funding programs, ensuring that home visiting is equitably financed, particularly by looking at opportunities to provide family essentials would be a beneficial approach to best reach families, as well as identifying staffing needs, structure salary requirements and reasonable compensation, and creating budgets to support ramp up of new sites, particularly for those who have limited experience in the implementation of programs.

Ensuring a well-trained and well-paid workforce would address staff turnover, create opportunities for growth and support retention of the workforce, as interviewees shared that losing and hiring new home visitors is costly in time, dollars, and loss of family engagement. The salary variability and overall disparities in compensation within the home visiting space is a significant challenge to workforce retention and growth in the field. Retention of the home visitor is crucial to the retention of families. In addition, some staff jump between different home visiting program sites due to better compensation and benefits. This endeavor would require both state departments, in partnership with local counties, to conduct a salary analysis and adjust rates based on the findings. Given both state departments fund the same home visiting models, it makes sense to provide comparable salary and compensation levels.

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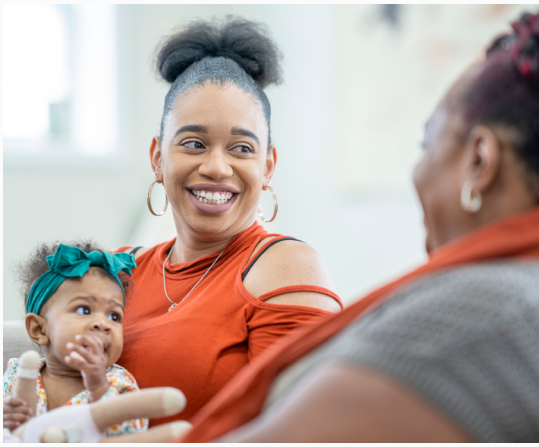
Additionally, during the interviews, some elevated the importance of training the entire home visiting related workforce — from state level staff administering funding to county departments administering and managing implementation to county staff managing providers — on the basic foundations of early childhood development and brain science research about children under five. Interviewees also emphasized the significance of ensuring coordinated and consistent training for all involved in engaging with families for home visiting enrollment, including county CalWORKs enrollment staff who offer home visiting as a benefit. It would help avoid confusion and allow families to better understand what they are being offered. It would bring uniformity to how home visiting is discussed and offered, to

the point where some suggested a reference script or uniform talking points. Ideally, a person deeply familiar with home visiting would have the opportunity to explain the program in greater detail with the family to address all their concerns and to best understand what the program is offering. This opportunity opens the possibility to consider statewide training on shared features of home visiting in general. For example, early childhood development, racial equity, implicit bias, and brain science. The possibility for joint training could provide spaces for shared learnings, experiences, and lift additional needs.

Coordination Gaps

Interviewees across the spectrum highlighted a gap in coordination between state and model requirements, creating complexity, duplicative requirements, and unique challenges in identifying funding to continue services for families. To achieve improved coordination between CDPH, CDSS, home visiting models, First 5's and county agency partners, greater effort should be made to create shared goals, align their efforts to maximize efficiency and reduce barriers for providers on the ground and centering the needs of families. The Early Childhood Home Visiting Collaborative (formerly the State Home Visiting Interagency Team) includes staff membership from the CDPH, CDSS, First 5 California and First 5 Association, and key partners (including other state departments, local level home visiting staff, tribal home visiting, Children Now, and others) and meets quarterly to support collaborative efforts and promote systems integration. For the previous several years, the meetings have focused on broad information and resource sharing rather than identifying specific challenges faced in the field and opportunities to resolve them collaboratively. More recently, recognizing the need for change, each of the state entities involved has signaled a desire for the meetings to change and are going through a process to improve their effectiveness and created two workgroups (Early Childhood Systems Coordination and Workforce Training and Development). Additional conversations to build a cohesive statewide vision and plan for improving and expanding home visiting would help align future funding and implementation efforts and reduce redundant requirements or systems.

The Early Childhood Home Visiting Collaborative meets quarterly to support collaborative efforts and promote systems integration.



At the local level, some staff who work for county departments stated they have minimal relationships with other county offices they work with to implement the programs and that encounters are more transactional than relational, making it difficult to engage. Strengthening the relationships at the local level to work in a seamless fashion can result in a stronger more unified support system for families. In addition, some home visiting providers also found their interactions with county departments to be more transactional rather than relational. The providers elevated the opportunities to be more engaged with one another and to trouble shoot as a collective group.

Despite these challenges, we have found examples, sometimes within the same county, where barriers did not exist because an individual staff member is more engaged and invested in ensuring families were enrolled into home visiting programs more swiftly than others. For example, within the same county/region, one county department staff person may interpret state policy as requiring them to conduct outreach or enrollment steps in a more burdensome manner, delaying enrollment, and sometimes causing families to lose interest, while another staff person interprets state policy in a different way that supports the ease of outreach and enrollment of families. Identifying opportunities to remove unnecessary steps in the outreach and enrollment process are essential to improving acceptance, retention, and program completion.

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Some interviewees shared that the two state departments hold training meetings for the programs they fund; however, gaps in coordination and collaboration lead to duplication of efforts as some home visiting providers are funded by both agencies and yet, require attendance to both series of meetings. Both CDPH and CDSS hold regular meetings for their local providers and county partners, and the efforts are appreciated by those we interviewed; however, providers in the field would like the state entities to partner and collaborate to streamline these meetings, where possible, and have more structured goals with clearer purpose, including improving home visiting outreach, enrollment, and implementation efforts across the state.

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The wide array of programmatic policies or guidelines coming from the two state departments also create barriers, confusion, and duplicative efforts, which are further exacerbated by the lack of consistent terminology and definitions across programs. Furthermore, the state

departments involved in administering the implementation of home visiting programs must understand the conditions of each county and remain mindful of each request and how it impacts the providers on the ground. Many providers are fulfilling compliance reporting to both agencies and other additional funding sources. Even well-meaning supports created by each state department to ensure that providers are equipped and resourced to successfully implement their home visiting programs can become a burden if they are duplicative or not designed well to meet the needs of their partners on the ground.

"When we get people to swim in the same direction, it makes things overall easier."

— Kit Patterson, HFA

As an example, one local First 5 stated that it is collaborating with a contractor managing CalWORKs, not a county office, and their attempts to contact the contractor and partner with them have not been successful. The local condition of the county also determines their potential to engage in home visiting efforts. Some counties have a challenging time finding their footing, struggle fiscally, and are impacted by local politics.

Burdensome, Duplicative Data Requests, and Lack of Data Sharing

Coordination to measure family/participant outcomes is a requirement of both state departments funding home visiting and the national models. However, the level of documentation local providers face is unnecessarily burdensome. The program model curriculum asks providers for one set of requirements; yet the state departments each have their own reporting and data requirements. Several providers are funded by both state programs, in addition to meeting requirements for other local, federal, or philanthropic sources. This cascades into a complex world of data collection requirements, separate data sharing agreements, and overall redundancies that drain the time of home visitors.

Data collection efforts should emphasize simplicity, transparency, and aid in decisionmaking at the program, policy, and system-wide levels, prioritizing and maximizing its benefit to the families served by the program and maximizing limited resources.

Additionally, not all county systems utilize a database to track family outcomes and counties are left to use antiquated systems to track and create reports. While coordination and collaboration between the groups is highly desired, a collective vision is also necessary to drive these efforts to ensure state departments share responsibility, as the largest funders of home visiting programs, with models, counties, and local providers to create a seamless system for home visiting

efforts throughout the state. Data collection efforts should emphasize simplicity, transparency, and aid in decisionmaking at the program, policy, and system-wide levels, prioritizing and maximizing its benefit to the families served by the program and maximizing limited resources. While each state department follows a set of standards based on program models and federal guidelines for MIECHV set by the Health Resources & Services Administration (HRSA) and state level mandates for Continuous Quality Improvement (CQI), the state departments can come to a shared agreement to be more coordinated, leverage existing data requirements, and attempt to streamline requests for counties and providers.

Moreover, the state, along with counties, can develop a data-driven outreach and enrollment plan to reflect program capacity and waitlists across the entire county or region, this way there is transparency in caseload capacity and availability of slots. As further conversations around aligning data emerge and efforts are placed on data coordination, emphasis will need to be placed on the utility of the data for pregnant and birthing people, parents, and caregiver and child health outcomes.

Family Perceptions

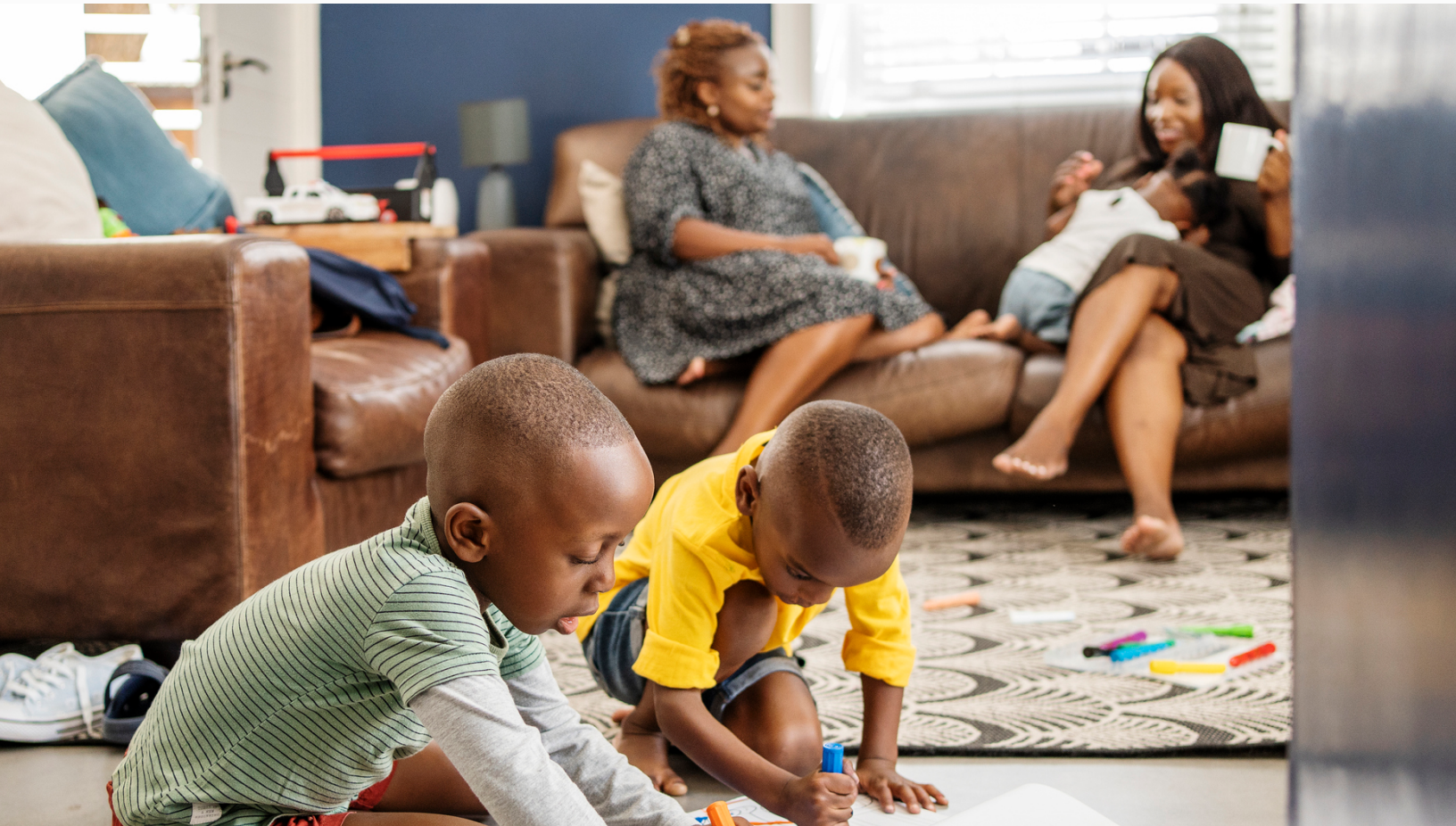
Interviewees highlighted family perceptions that impact their willingness to participate in county systems and CalWORKs. For instance, families may be resistant towards participating due to misconceptions that home visiting is like child protective services or that home visits might result in punitive actions rather than increased supports. Subsequently, the political climate of the past three years, including the former public charge rule, which threatened families with vulnerable immigration statuses and dissuaded them from utilizing public benefit programs, exacerbated community mistrust and hesitancy to use home visiting.

Families are addressing multiple crises and stressors at the same time, which impacts their perception of the value of home visiting programs resulting in a drop-off in participation.

Interviewees for both state programs alluded to other reasons for hesitancy from families including time commitments, already participating in another program, returning to work, and moving out of the area. In addition to the enrollment barriers previously highlighted above, incomplete address and contact information received for CalWORKs participants contribute to poor enrollment.

Outreach and enrollment were also limited by funder restrictions pertaining to a predetermined geographic location, such as zip codes, or other requirements like income, and perceived provider competition for referrals. Some local counties interpreted state guidelines as saying that only eligibility workers can enroll families into CalWORKs home visiting, which several interviewees cited as a major limitation in reaching families. This has been addressed in some areas where county human services offices share a list of families that home visiting providers can contact, but the turnaround time to then reverify eligibility can be as long as 4 weeks. This results in depressing enrollment depending on the model that a family is served by, or families lack interest due to the delay.

Additionally, interviewees reported that families are addressing multiple crises and stressors at the same time, which impacts their perception of the value of home visiting programs resulting in a drop-off in participation. This also elevates the importance of ensuring all staff who engage families and talk with them about the opportunity to enroll in home visiting are well trained and sensitive to the different issues families face and recognize the potential to impact a family's perception of home visiting positively or negatively because of their interaction or how they speak about the program.



Five Essential Components to Strengthen Home Visiting by Centering Families

Children Now created the Five Essential Components to Strengthen Home Visiting Infrastructure, Centering Families, along with a framework that entities across the home visiting spectrum can utilize to implement their work in a well-coordinated manner. The framework encompasses the specific role of the home visiting entity in relation to the Five Essential Components to Strengthen Home Visiting by Centering Families.

In addition to promoting a shared understanding of the distinct, but interconnected roles various home visiting entities play, we have identified five essential components that undergird successful home visiting implementation across county-wide and state-level systems that effectively reach and serve families. For example, while outreach and enrollment of families is an aspect of program administration and implementation, each entity in the home visiting system must consider and address, the effectiveness of outreach and enrollment; which is ultimately based on the level of planning, workforce, data, resources, and strength of relationships present across the various entities, including state and local departments, programs, and providers. Along with these five essential components, centering families' needs cuts across all five essential components because their input and contributions ensure improvements will reach more families and achieve intended outcomes.

Reaching families from all backgrounds is only one step in deepening access to home visiting. State departments can partner with local counties and local partners to collaborate with parents, who benefit from these programs, and are the best advocates and driving force to reach more eligible families. While considering the incorporation or strengthening of family engagement strategies, great caution needs to be taken to ensure they are properly integrated, well-represented, equitable, and power-sharing systems.

Figure 2.a: The Five Essential Components to Strengthen Home Visiting

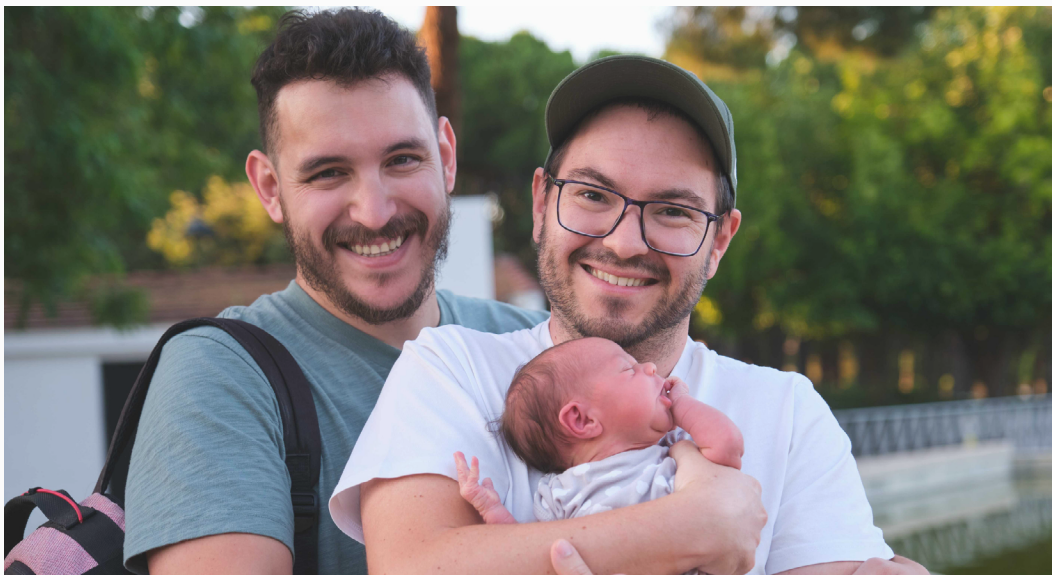
* Centering families' needs

Planning*

Develop and promote a shared long-term vision and implementation roadmap to ensure as many children and families as possible receive home visiting services. State and countywide plans help incentivize coordination, collaboration, sharing of resources, training, and opportunities. Families receiving services and populations/communities eligible for services should be engaged in the shared vision and planning process. Families should also contribute to the decision making on model selection to ensure local implementation plans are consistent with community-defined priorities.

Strength of Relationships & Partnerships*

Build and strengthen partnerships among diverse entities to promote alignment and implementation of the shared vision for home visiting that is driven by families, home visiting entities, county agencies, local partners (e.g., health plans, housing providers, food assistance programs, child welfare, etc.), and funders with shared goals and aligned services; partnerships should promote shared outreach, enrollment, data, referrals, and workforce development. Families and communities should be engaged in efforts to identify which and how different partners can be engaged and how they can leverage those relationships to reach more families. Community partnerships are essential and identifying trusted community-based agencies that meet the various needs of families is necessary. Another trust-building best practice is to employ parents that have been served by home visiting programs.



Coordinated Outreach & "No Wrong Door" Enrollment*

Align communications and outreach (e.g., develop shared outreach materials, messaging, scripts, etc. conveying the benefits of home visiting and enrollment) to increase awareness of home visiting programs and their impact. Streamline enrollment to ensure families receive services that meet their needs in a timely manner (e.g., leverage data and a broad, diverse network of trusted community partners to engage and enroll hard to reach populations). Outreach and enrollment efforts should be driven by feedback provided by current and eligible, but unenrolled families to identify and eliminate barriers and inform continuous improvement.

Intentional engagement of hard-to-reach populations, such as fathers, Black/African American, Native American, Asian, Asian American Pacific Islander families, and groups with specific challenges, such as pregnant teens, homeless populations, refugees, or people impacted by substance use disorders.

Workforce Support Development & Equitable Compensation*

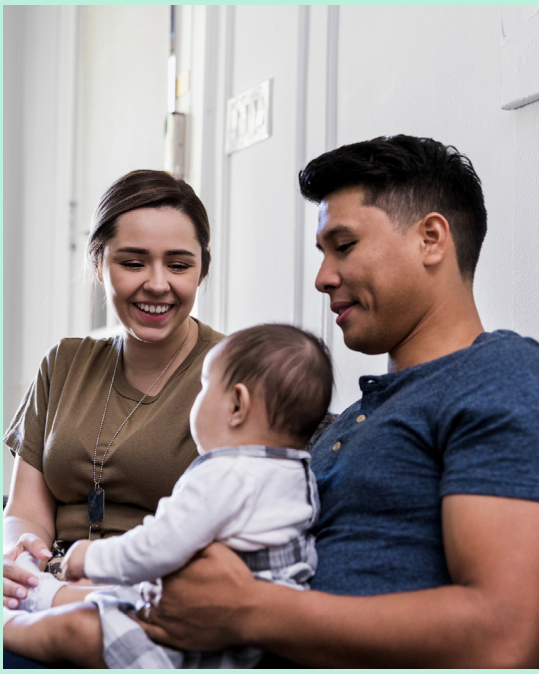
Recruit and retain high-quality staff and implement or strengthen ongoing professional development and training to ensure home visiting programs are reflective of and/or responsive to the diversity of children and families. Ensure the priorities and needs of home visiting frontline staff and families participating in services drive workforce development efforts. As noted above, families and the home visiting workforce can work collectively to ensure families receive high quality services. Coordinate training for all who engage in home visiting efforts so that a universal language can be uplifted across California and eliminates duplication of efforts. Investing in systems and infrastructure to support the home visiting work through technical assistance via collaboration with CDPH, CDSS, county agency, models, and First 5's that allow for problem solving and movement as a system. State agencies should also collaborate to align salary scales and create fair home visitor compensation guidelines with opportunity for growth.

Shared Data & Measurement*

Evaluate, measure, and communicate progress toward achievement of the shared vision and goals. Families and home visiting local and state stakeholders should be engaged in decisions regarding the collection, analysis, dissemination, and use of home visiting data.

Resources for Centering Families and Supporting Parent Leadership

There are several frameworks and resources that center families available for any home visiting group considering family engagement as a strategy to strengthen their programming. The Center for the Study of Social Policy developed the **MANIFESTO for Race Equity & Parent Leadership in Early Childhood Systems Manifesto for Race Equity & Parent Leadership in Early Childhood Systems – Center for the Study of Social Policy (cssp.org);** while Harvard Catalyst developed a **Community Engagement Continuum** that is being used in Centering Parenting and Practitioner Power. This community of practice is facilitated by Liberated Development and is aligned to **the Alliance for Early Success' revised Theory of Change** and new Power Equity Initiative — a broad multi-component strategy to align the organization's investments and influence in support of collective power in state advocacy. Similarly, the Home Visiting Collaborative Improvement and Innovation Network's **2.0: Toolkit to Build Parent Leadership in Continuous Quality Improvement** was designed to engage participants and parents in Continuous Quality Improvement, which is part of a movement to advance outcomes for families and sets the stage to incorporate families in a meaningful and respectful manner.



County Spotlights: Applying the 5 Essential Components to Strengthen Home Visiting by Centering Families

Our interviews highlighted the many ways state, county, and provider level entities are implementing each key essential home visiting component. Based on the five essential components and centering families, we have spotlighted the collaborations within three counties to illustrate the varying roles present in local home visiting implementation and the support that is needed to maximize enrollment.

Monterey County – Promoting Cross Agency Collaboration to Maximize Outreach and Enrollment

First 5 Monterey County (F5MC), Monterey County Department of Social Services, and CalWORKs Employment Services (CWES), work collaboratively to ensure there is strong implementation of the CalWORKs Home Visiting Program (HVP) locally. F5MC leverages Prop. 10 funding by ensuring home visiting services funded by CalWORKs are offered through their existing funded partners that provide other parenting development services, such as care coordination. F5MC provides overall leadership, including development of protocols for its partner to have concrete guidance (i.e., allowable spending for CalWORKs Material Goods, Welfare to Work designations, referral process, etc.), learning groups for coordinators and parent educators, data alignment between Parents as Teachers (PAT) National and local partners, Continuous Quality Improvement (CQI) reports, and other critical management roles. At the start of the partnership, F5MC developed a one-day training for CalWORKs Employment Services (CWES) case managers to better understand CalWORKs HVP and the importance of the early childhood period, as well as the importance of this program to the families they serve. F5MC also developed a short video that is now used to help train new case workers. In addition to F5MC's management roles, they take the lead on outreaching to CalWORKs families on a regular basis. CWES provides them with a list of clients to target monthly, and F5MC serves as the referral hub between CWES and the F5MC funded partners, who provide direct PAT home visiting services to families.

> "Our relationship with the county is great, we were asked for support, and we responded by hosting a full-day training on the importance of the early childhood years and we developed a training video for their case workers. We also learned more about their challenges and constraints. This could be a standard training approach across the state to support engagement of the CalWORK's team and to maximize the outcomes of the CalWORKS program."
>
> — Oscar Flores, First 5 Monterey

Figure 3.a: Essential Components for Home Visiting Utilized in Monterey County

Strength of Partnerships	Strong partnership between Monterey County Department of Social Services, CalWORKs Employment Services (CWES), First 5 Monterey County, and three (F5MC) funded partners and local home visiting programs/providers.
Coordinated Outreach and No Wrong Door Enrollment	Co-created clear CalWORKs HVP outreach and enrollment workflow that connects families to services within 2-5 days and allows for self-referral of families into services.
Planning	Leveraged CalWORKs funding to create a central pathway to enrollment by having a dedicated staff position to conduct family outreach and enrollment.

Los Angeles County - Creating a Coordinated Network to Serve Families

Within greater Los Angeles County, in the Lancaster/ Palmdale region, a collaborative consisting of Antelope Valley Partners for Health (AVPH), Child & Family Guidance Center, Child Care Resource Center, and Children's Bureau - each implementing and providing home visiting services - established a partnership to create a centralized hub for home visiting managed by Antelope Valley Partners for Health. This approach allowed local partners to create an intake and referral process that connects families to the program that best matches their needs. These efforts also promoted trust and a shared commitment among the programs and providers to maximize enrollment into services by eliminating redundancies and program competition that could impact a family's experience with home visiting. Staff are also trained to speak about home visiting in the same way and have an understanding about the various family serving models, which helps them effectively engage families and offer programming that meets their unique needs. Valley Partners for Health has identified ways to ensure they have outreach staff to engage families, including outreach specialist support on a limited basis.

To promote coordinated cross learning and coordination, AVPH regularly convenes a home visiting coalition to work together on outreach and enrollment, including identifying and addressing barriers across all home visiting programs. In addition to promoting coordination in their region, AVPH promotes and engages in coordination activities with home visiting programs across the entire county as one of the first organizations to join the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (LACPECHVC). This model has been successful because the local providers are coordinating and working towards a shared vision that ensures families get served by their programs. Their relationships and trust in each other have also allowed them to maximize outreach and enrollment efforts.

Figure 3.b: Essential Components for Home Visiting Utilized in Los Angeles County

Strength of Relationships and Partnerships	AVPH regularly convenes a robust network of approximately 4 home visiting entities in their region to achieve shared outreach and enrollment goals.
Coordinated Outreach and No Wrong Door Enrollment	There is a centralized intake and referral process to promote "best fit" enrollment. Enrollment occurs through Obstetrics clinics, bedside in hospitals, Women Infants and Children (WIC)[16] offices, self-referrals, and referrals from various local programs and county agencies.
Planning	AVPH leverages the support provided by the LACPECHVC to influence and align with broader county-wide efforts and advance the county-wide vision and plan for expanding high quality home visiting programs.
Workforce Support Development and Equitable Compensation	AVPH leverages local partnerships and support from the LACPECHVC[17] to promote a well-trained and supported workforce through shared training, exchange of information and resources, and development of workforce quality standards.

Fresno County – Developing a Unified Plan to Expand Home Visiting

In Fresno County, increasing participation in home visiting programs is part of a broader cradle to career framework and economic development plan in the county that is being implemented. Home visiting is one of the key strategies within their Preconception to Age 5 portion of the equity-centered economic plan with a long-term goal of expanding local home visiting services from 3,910 to 10,000 families annually.

To promote successful expansion of home visiting, Fresno County's Home Visitation Network of 26 organizations developed shared county-wide outcome measures. These include improving the preterm birth rate by race/ethnicity, reducing maternal depression levels, and capturing county-level developmental screening activity and referrals, which are currently unavailable. A subset of network partners reports quarterly into a de-identified person-level shared database tracking demographics, activity, and outcomes to show the value of home visiting county-wide to outside funders, internal departments, and policymakers. The network also provides training to home visitors on topical issues, along with other upcoming strategies from a new strategic plan to expand services to 4,715 in 2025.

> "Success to increase outreach and enrollment into home visiting will be dependent on relationships and knowing not just the place, but also the people. [It is also important to] ensure staff have support and opportunities to be creative to engage families"
>
> — Tomeaka, HFA

Figure 3.c: Essential Components for Home Visiting Utilized in Fresno County

Strength of Relationships and Partnerships	Strong partnerships between First 5 Fresno County, Dept. of Public Health, Dept. of Social Services, Fresno County Superintendent of Schools/Cradle to Career, and urban and rural community-based organizations. Local coalition or coordinated network of home visiting programs and entities.
Planning	Leverage CDPH and CDSS funding to expand home visiting services to more families (4,715 in 2025; long term to 10,000); complete MOUs for greater data sharing and expansion of shared data system to measure outcomes; develop common intake form; create home visitor wellbeing/incentives fund to address workforce retention.

A Framework for Strengthening State and County Home Visiting Infrastructure

While funding for home visiting has expanded in recent years, California only has the capacity to serve a limited number of families. Despite research proving the benefits of voluntary evidence-based home visiting programs, they do not reach enough California families. Based on Children Now's 2022 Report card approximately 1,044,572 families, who have one or more risk factor,[18] could benefit from home visiting; yet only 14,788 or less than 2% of them are being served.[19] In most counties, locally funded home visiting programs reach only a fraction of the potential families who could benefit from them. It is essential for state and county agencies to develop strong collaborations to ensure program capacity is maximized and local counties have clear plans to support expansion when additional resources become available.

State Level Infrastructure

State departments play the key role of interpreting and enforcing federal and state laws to ensure public policies meet the stated goal. As part of implementation, it is critical that staff from CDPH, CDSS, and F5CA work collaboratively to support counties in building their local infrastructure to maximize outreach and enrollment of families. Our interview project findings revealed a powerful desire from counties and local providers to see more coordination and collaboration at the state level to eliminate barriers to home visiting implementation at the local level.

The current structure has demonstrated a disjointed system, further challenged by the pandemic, which is worthy of additional support to strengthen its overall infrastructure and support counties in successfully implementing their programs. The success of reaching as many families as possible will demonstrate what we already know about the decades of research related to home visiting and its value. Below we provide a framework for how state entities can engage in collaborative efforts and support counties to strengthen their home visiting infrastructure.

State framework on the next page →

Figure 4.a: State Level Home Visiting Framework

State Level Framework

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Planning

Recommended Activities (Non-exhaustive list)

- ☐ Establish a 10-year state plan for expansion of home visiting services to serve all eligible families.
- ☐ CDSS and CDPH, along with their state partners, and national models, can provide collective guidance and technical assistance support to home visiting implementation efforts through a more coordinated approach that filters into local counties and provide a framework for providers and funding that is equitable, allows for incentives, and promotes salary equity.
- ☐ Establish streamlined funding requirements, including flexibilities to meet county or program needs.
- ☐ Develop model program guides that leverage the various funding streams and identify local infrastructure supports for successful implementation or strengthened program growth.
- ☐ Establish equitable home visiting financing and availability of incentives or material goods is equitably financed.

Coordinated Outreach & No Wrong Door Enrollment

Recommended Activities (Non-exhaustive list)

- ☐ Establish streamlined program eligibility and enrollment requirements that allow for referrals from various stakeholders, including self-referrals.
- ☐ Identify and address barriers to family enrollment and local program implementation
- ☐ Implement a multi-pronged statewide marketing and outreach campaign to increase awareness of and enrollment in home visiting programs.

Shared Data & Measurement

Recommended Activities (Non-exhaustive list)

- ☐ Establish streamlined data collection and reporting requirements that minimize duplication.
- ☐ Provide streamlined, publicly available program data and evaluations

Strength of Relationships & Partnerships

Recommended Activities (Non-exhaustive list)

- ☐ CDPH, CDSS, and First 5's collaborate and coordinate to support local counties in the successful implementation of voluntary home visiting evidence-based programs with a clear, consistent point of contact for counties.
- ☐ Develop relationships and collaborate with county entities to design and plan: disbursement of funding, data collection and reporting metrics, model selection, program eligibility and enrollment requirements, salary requirements of HV staff that is equitable and compensates the home visitor to grow in the field, workforce training, and technical assistance and quality improvement efforts.
- ☐ State departments strengthen relationships and collaboration with the national home visiting models operating within California (HFA, PAT, EHS-HBO, and NFP) to plan implementation, data requirements, eligibility, and reporting requirements.
- ☐ National program models play a stronger role in aligning data, providing data systems, and common outcomes.
- ☐ Collaborate and partner with the state health care system to identify additional funding opportunities and strategize population health initiatives to support outcomes for pregnant people, infants, and toddlers.
- ☐ Approve and recommend discretionary use of funds to allow programs to pay for family incentives and/or meet family needs (e.g., rental support, grocery gift cards, etc.)
- ☐ Conduct unduplicated training, quality improvement and problem-solving state calls that are inclusive of topics that are of interest to providers at all levels.
- ☐ Create a training and curriculum to support state staff and local county agencies on strength-based approaches and early childhood development.
- ☐ State departments create a unified home visiting program that is easy to implement at the county level with national models and input for model selection by local counties.

Workforce Support Development & Equitable Compensation

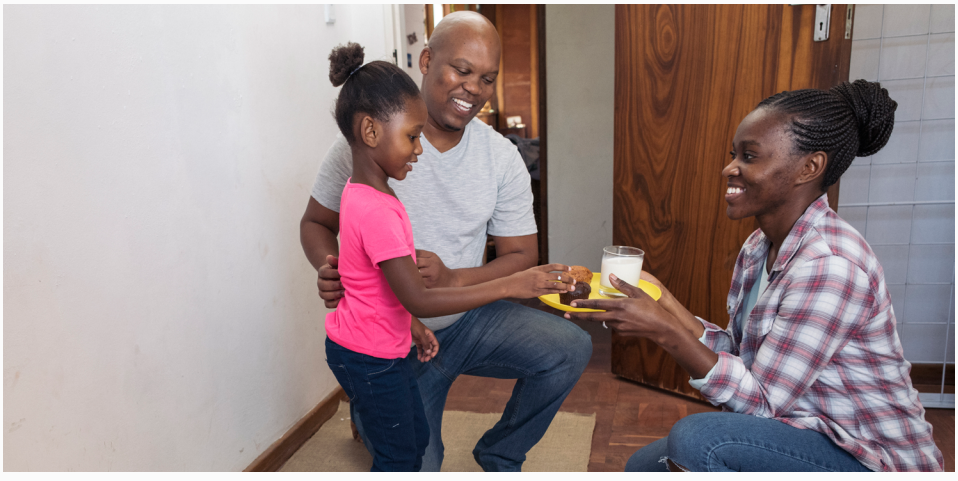
Recommended Activities (Non-exhaustive list)

- ☐ Provide consistent training requirements outside of requirements established by models and support other trainings to better support specific populations.
- ☐ Coordinate with local counties to ensure equitable salaries for home visitors.
- ☐ Provide coordinated workforce training, technical assistance, and quality improvement efforts to local county agencies where possible (e.g., partnering with national models funded by both state departments rather than engaging and paying for these efforts separately).

County Level Infrastructure

Counties take a lead role in implementing policies instituted by CDPH and CDSS for evidence-based home visiting programs. County agency staff play an active role in supporting providers to reach families and must partner with and collaborate with multiple interests locally to ensure these investments are maximized. This collaboration can include additional county programs housed in different agencies, including homeless support, mental health, food aid, Medi-Cal, and healthcare, and collaborating with other interests including health plans, philanthropy, and non-profit organizations. In addition, county First 5 Commissions may also be involved due to their commitment to programs that support young children and families, including their long-standing investments in home visiting, which may include a variety of locally designed, evidence-informed models and evidence-based models supported by state and federal home visiting funds.

Creating a county-wide collaborative table has many benefits for strengthening home visiting implementation on the ground. Below, we provide a framework for how those involved with home visiting at the county level can strengthen their collaborative efforts and build local infrastructure to streamline outreach and enrollment, strengthen local workforce capacity, share resources, and increase growth opportunities for home visitors, and plan for local expansion as funding opportunities emerge. Some counties have implemented such collaboratives for over a decade, and some are in the initial stages of establishing relationships, while others have a mix of ongoing partnerships that could benefit from identifying next steps to strengthen their local efforts.



County framework on the next page →

Figure 4.b: County Level Home Visiting Framework

County Level Framework

Planning

Recommended Activities (Non-exhaustive list)

- ☐ Create a collaborative table for entities implementing home visiting such as providers, funders, and key collaborators to share information and resources, opportunities to co-create or share training and data, and problem solve local issues. In some instances, a multi-county collaborative may make sense to share resources, ideas, and opportunities.
- ☐ Establish a county-wide, ten-year long-term vision for home visiting in the county or region and develop five-year strategic plans to implement activities toward that ten-year period.
- ☐ Implement eligibility requirements, as designated by the state entity(ies).
- ☐ Collaborate and partner with providers to support the blending and federal, state, county and philanthropic funding.
- ☐ Collaborate with state departments and providers to advocate for and implement equitable salaries and compensation for home visitors.
- ☐ Utilize data to inform and drive outreach including Women Infants and Children (WIC), CalFresh, and Medi-Cal enrollment data to identify and understand higher need populations or communities, monitor home visiting program capacity for program delivery and help inform plans should additional funding become available to expand.
- ☐ Create cross-sector networks to triage enrollment and create cross-program referral pathways in a timely manner and share information about community-based referrals for family support services across multiple programs and geographic regions that include warm hand-offs.
- ☐ Provide technical assistance and quality improvement support across all providers to strengthen the field as a whole and eliminate redundant efforts.
- ☐ National program models play a stronger role in aligning data, providing data systems, and common outcomes.

Coordinated Outreach & No Wrong Door Enrollment

Recommended Activities (Non-exhaustive list)

- ☐ Create a centralized or common pathway for intake and eligibility determinations to refer families to program best suited to meet their needs for the county or region.
- ☐ Work closely with Medi-Cal coverage and managed care plans and health providers (OB/GYN, hospital, birthing centers, etc.) to leverage outreach and enrollment.
- ☐ Implement referrals from and paid partnerships with current families, past program graduates, and trusted community members and partners to leverage their expertise and networks to successful outreach and enroll more families.

Strength of Relationships & Partnerships

Recommended Activities (Non-exhaustive list)

- ☐ County agency staff and those implementing home visiting establish strong relationships with providers in the field that are beyond transaction and compliance, but nurture strengthening program implementation and opportunities to expedite and streamline enrollment of families and maximize funding.
- ☐ Plan family engagement strategies to help program design, implementation, and quality improvement across the county and not by funding source.
- ☐ Participate and coordinate with partners on regular meetings to discuss home visiting efforts in the county (unduplicated).
- ☐ Strengthen community partnerships and relationships with other child serving agencies, like child welfare, WIC, health plans, community-based organizations and clinics, parents/caregivers.
- ☐ Establish a collaborative strategy and process to maximize home visiting efforts and referrals to local resources.
- ☐ Collaborate with other funding entities to reduce/eliminate competition between providers by developing shared understanding of the various home visiting offerings in the county.

Workforce Support Development & Equitable Compensation

Recommended Activities (Non-exhaustive list)

- ☐ Provide essential training, like home visitor safety, child development, domestic violence, fatherhood engagement, implicit bias, etc. for all home visiting providers across the county or region.
- ☐ Coordinate with state partners to support equitable salaries for home visitors.

Shared Data & Measurement

Recommended Activities (Non-exhaustive list)

- ☐ Create a centralized dashboard with data on program enrollment, families, gaps, and vacancies, etc. to identify case load capacity.
- ☐ Create coherent outcome measurements for families that are not duplicative.

Conclusion

The intent of the report is twofold: 1) to elevate voices from the field who agreed to participate in the interview project and discuss challenges impacting outreach and enrollment efforts, lifting up how some communities have excelled and demonstrated their creativeness in these efforts, and 2) identify how state and county entities, who share the same goals for providing families with home visiting services, can improve collaboration and planning using the developmental framework - 5 Essential Components to Strengthening Home Visiting by Centering Families. The voices from the field are calling for a change - a more coordinated and unified approach to home visiting- that is more impactful and assists in reaching as many families as possible. To ensure the maximization of existing home visiting resources, state departments should create a shared vision with local partners that can be implemented in ways that elevate the strength of and increase the capacity of providers, who are well equipped to reach families.

Finally, attention needs to be devoted to decisionmaking at the program, policy, and systems-wide levels, prioritizing the maximization of benefits to the families served by the program and public funding from a wholistic statewide perspective, versus a siloed perspective. This roadmap reflects the voices of over 50 interviewees, who contributed their insights and wholesomely strive to provide the best support to families. Our hope is that by sharing this feedback and moving the state towards an aligned framework, California will be in an extraordinary position to strengthen and expand its capacity to offer home visiting programs for all families who may benefit from it in the future.

The views and findings of this report reflect Children Now's conclusions, based off findings through policy research and analysis as well as interviews with individuals in the home visiting sector.

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Acknowledgments

Many thanks to the following organizations who contributed their time, expertise, and helpful insights:

American Academy of Pediatrics – San Diego Chapter (AAP-CA3)

Antelope Valley Partners for Health

California Department of Public Healwth

California Department of Social Services

Child Care Resource Center (CCRC)

County of Los Angeles Public Health

El Sol Neighborhood Educational Center

Evaluation Corp

First 5 Association and First 5 Center for Children's Policy

First 5 California

First 5 Fresno

First 5 Monterey

First 5 LA

First 5 San Bernardino

First 5 San Diego

Healthy Families America, Prevent Child Abuse America

Healthy Start – San Diego

Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (LACPECHVC, or the Consortium)

Parents As Teachers

Tehama County Health Services Agency

The Children's Institute

The National Service Office for Nurse-Family Partnership and Child First

Writing, research, and policy analysis for this brief was provided by Children Now staff and partners: Leticia Casillas-Sanchez, Stacy Lee, Sara Ortega, Fatima Clark, Alex Matias, and Kim Lewis.

Design: Jose Murillo & Nima Rahni.

This brief was funded with the generous support of the Blue Shield of California Foundation and the Conrad N. Hilton Foundation.

Images via iStock: cover from svetikd, pg. 3 from SolStock, pg. 7 from manonallard, pg. 8 from Edwin Tan, pg. 12 from Hispanolistic, pg. 14 from FatCamera, pg. 18 from NickyLloyd, pg. 20 from Ladanifer, pg. 22 from SDI Productions, and pg. 29 from PixelCatchers.

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