



July 25, 2019

<p>SUBJECT</p> <p>HOME VISITING</p> <p>Priority Area III: Family Functioning</p> <p>Goal: All families have the knowledge, skills, and resources to support their children’s optimal development.</p>	<p><input checked="" type="checkbox"/> Action</p> <p><input type="checkbox"/> Information</p>
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SUMMARY OF THE ISSUE

In April 2019, Commissioners received the First 5 Association white paper for the Newsom Administration, which contained policy recommendations for home visiting expansion dollars and infrastructure in FY 2019–20. A summary of these recommendations is in Attachment A.

In support of the policy recommendations, staff request the Commission fund a statewide study to understand the existing home visiting workforce and workforce pipeline, and infrastructure needs and considerations to prepare, retain, support, and expand a well-qualified, consistent home visiting workforce.

RECOMMENDATION

To achieve the scope of work outlined below, First 5 California staff request authority for up to \$2 million over a two-year period from the Research and Evaluation account to conduct a study of the current home visiting workforce, project future workforce needs, and recommend infrastructure investments to address the gap. The study would be completed by January 2022.

BACKGROUND OF KEY ISSUES

About Home Visiting

First 5 California is dedicated to giving children the best possible start in life, which means every child is healthy and thriving, growing in a strong and resilient family, and living in a safe and nurturing community. In California, one child in every four lives in poverty, Medi-Cal pays for more than 50 percent of births, and children of color face higher rates of poverty than their White counterparts. Research shows intervening as early as possible to mitigate the impacts of poverty has the greatest likelihood of improving child outcomes.

Evidence-based early childhood home visiting has proven to help vulnerable children and families overcome barriers to health and well-being.¹ Because home visiting is a service delivery strategy, home visiting models vary widely in their target population, home visitor qualifications, and their focus. What home visiting programs share is the belief that services delivered in the family's natural learning environment will have a positive impact on families and that supporting parenting practices can have long-term benefits for children's development.

First 5 California defines home visiting in its Annual Report Guidelines² as a primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided in the home by qualified professionals with parents, prenatally and/or with children birth to age three. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly *in the home environment*. Program Models/Initiatives that fall under this definition include, but are not limited to, Early Head Start, Healthy Families America, Nurse Family Partnership, Parents as Teachers, and Home Instruction for the Parents of Preschool Youngsters.

This definition differentiates home visiting models from intensive pediatric and prenatal support service models that are similar, but are not conducted in-home. Many families also benefit from out-of-home programs that provide similar types of supports, called Perinatal and Infant/Toddler Pediatric Supports. These programs may provide comprehensive support, including parenting education, health information, developmental assessments, providing referrals, and promoting early learning in a pediatric or clinical environment. These programs include, but are not limited to, DULCE and Healthy Steps.

¹ Del Grosso, P., Hargreaves, M., Paulsell, D., Vogel, C., Strong, D., Zaveri, H., Hague Angus, M., Coffee-Borden, B., Cole, R., Barrett, K., and Boll, K., "undated". "*Building Infrastructure to Support Home Visiting to Prevent Child Maltreatment: Two-Year Findings from the Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Initiative*," Mathematica Policy Research Reports c9b061a8fb374f52b32fd1f9b, Mathematica Policy Research.

² The Commission received the 2019-20 Annual Report Guidelines at the April 2019 Commission Meeting. The Guidelines included updated definitions for Perinatal and Early Childhood Home Visiting, and Perinatal and Infant/Toddler Pediatric Supports.

The Need for a Home Visiting Workforce Study

In California, evidence-based home visiting programs are funded by federal, state, and local First 5 dollars. (See Attachment B: Summary of California Home Visiting Investments and Attachment C: Crosswalk of Home Visiting Investments by County.) In 2018–19, through these combined sources of funding, California spent nearly \$122 million on home visiting. More than half of this funding was supported by local First 5 county commission dollars.

Yet, not all families who are eligible and interested have access to voluntary home visiting services. Only 10 to 20 percent of at-risk families who would likely benefit from home visiting receive these services. According to the Strong Start Index, there are 50,000 vulnerable births in California annually, where home visiting services could impact short- and long-term child and family outcomes, including reducing child welfare rates. To combat this service gap, the final Budget Act includes \$164.9 million in new state funds across multiple home visiting programs, bringing the total 2019–20 state investment in home visiting is more than \$230 million. This includes last year's budget allocation of \$158.5 million in one-time Temporary Assistance for Needy Families (TANF) funds over a three-year period (through calendar year 2021) for a CalWORKs Home Visiting Initiative (HVI). With the rapid increase in funding for home visiting at the federal and state level in California, it is imperative California develop infrastructure to prepare, retain, and expand a well-qualified home visiting workforce.

The Home Visiting Workforce Study will be designed to identify the current strengths, gaps, and needs in the home visiting workforce and inform workforce recruitment, retention, higher education capacity, and professional development efforts. The overall Study will address both the current study landscape, the workforce pipeline, and the projected home visiting workforce needs. It also will look at potential interactions with and impacts on the early childhood workforce and retention in other early childhood systems. Results will compare evidence-based home visiting models and out-of-home programs, home visitor roles, and regions. Findings from the Study will guide legislative recommendations for how to improve the local, regional, and state infrastructure to support the workforce and increase quality and consistency of preparation, training, and supports.

The Study will seek to learn about differences in workforce characteristics and projected needs by program model and region. Effectiveness of home visiting services rely upon a well-qualified, culturally competent workforce available to serve populations of need. Research illuminates the variance in educational and experience requirements for staff across home visiting models³ and within models by region. Variability in wages, caseload, schedules, and responsibilities across programs and regions relates to financial stability, job satisfaction, and overall well-being of the home visitor. In fact, many home visitors are required to use public assistance themselves. Programs report difficulty in finding bilingual and culturally competent home visitors, and difficulty retaining home visitors due to salary competition across home visiting programs.

³ Del Grosso, P, et al (undated).

The Study also will seek to understand differences in workforce characteristics and projected needs by role. The home visiting workforce encompasses different types of positions. In some cases, the home visitor is a source of coaching or clinical support – in particular, *nurse home visitors* provide information to support pregnancy health, infant care, and child development. In other cases, staff are *social workers* linking families to social supports and providing them with referrals to other resources in the community (e.g., mental health or domestic violence services). Home visitors can be trained *members of the community* (e.g., Promotoras) who serve as literacy or health educators, parenting coaches, role models, and experts on topics related to parent and child health and well-being. *Paraprofessionals and/or professionals* deliver out-of-home programs in a pediatric or clinical environment to provide prenatal care and follow-up for healthy development-related services for women and children during the first three years of a child’s life.

Developing the Request for Proposal

First 5 California staff shared its interest in carrying out the Home Visiting Workforce Study with key partners at the California Departments of Public Health and Social Services, who expressed interest in collaborating to develop the proposal and offered to provide data. This partnership, along with leveraging other data collection⁴ and data linkage⁵ efforts, will ensure the Request for Proposal meets the planning needs of multiple state agencies as well as informing legislative action.

The following are a sample of questions that may be addressed through the study.

Study Questions Related to the Current Workforce Landscape

1. What are the demographics, qualifications, and employment history of different types of home visitors, pediatric practitioners, and their supervisors?
2. What are their schedules and caseloads?
3. What are the demographics of families and average Strong Start assets of newborns served by different types of home visitors and out-of-home program practitioners?
4. How much do staff earn? On what are earnings based (e.g., degree, experience)?
5. What are advancement opportunities?

⁴ In fall 2016, the Office of Planning, Research, and Evaluation in the Administration for Children and Families at US Department of Health and Human Services, in collaboration with the Health Resources and Services Administration, awarded the Urban Institute a contract to study the state of the home visiting workforce. The study is called the Home Visiting Career Trajectories study, funded from 2016-2019. The project examines the characteristics, qualifications, and career trajectories of home visiting staff and strategies to build a pipeline of qualified home visitors and supervisors. Research questions in this study are similar to the Career Trajectories study.

⁵ Projections of need will draw from multiple sources such as the MIECHV Program needs assessment; Strong Start Index; Children’s Data Network (<http://www.datanetwork.org/>)

6. How do different position types enter the field?
 - a. What type of training is required as a prerequisite to service?
 - b. What is the capacity of higher education to meet workforce preparation needs?
 - c. What strategies are used to recruit staff? How difficult is it to fill these positions?
7. What are ongoing training expectations for different position types? Does existing training meet the workforce needs?

Study Questions Related to Projected Needs

To anticipate future needs, the research will map existing capacity on projected resources available to families with babies using the Strong Start Index.

8. What are the expected workforce needs based on projected service growth?
9. Where are gaps in the capacity of higher education to ensure a workforce pipeline, by position type?
10. Where are gaps in ongoing training opportunities for different position types? What training efficiencies could be maximized across program models to meet the training gap?

SUMMARY OF PREVIOUS COMMISSION DISCUSSION AND ACTION

Home visiting information items were presented to the Commission in January 2016 and April 2019.

ATTACHMENTS

- A. Summary of Policy Recommendations for Home Visiting Expansion Dollars in Fiscal Year 2019–20
- B. Summary of California Home Visiting Investments
- C. Crosswalk of Home Visiting Investments by County