

Home Visiting Matrix – Current Programs in MO

The purpose of this matrix is to delineate distinctions among existing HV programs in MO, and identify the range and gaps in services. Data is limited, please see detailed descriptions linked in appropriate cells.

This table represents programs that are either primarily state-wide, or primarily state-funded.

	PAT	EHS/HS	First Steps	Home Visitation Services (SAHP & CANP)
Focus	<input checked="" type="checkbox"/> School Readiness/ Education <input type="checkbox"/> Health <input checked="" type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/ Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input checked="" type="checkbox"/> School Readiness/ Education <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Abuse/Neglect prevention <input checked="" type="checkbox"/> Early Intervention/ Developmental Disabilities <input checked="" type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/ Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input checked="" type="checkbox"/> Early Intervention/ Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input checked="" type="checkbox"/> School Readiness/ Education <input type="checkbox"/> Health <input checked="" type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/ Developmental Disabilities <input type="checkbox"/> Family self-sufficiency
Evidence Base for this model (Link to research or briefly describe documentation.)	Parents as Teachers is one of the 7 approved home visiting model meeting the evidence-based criteria of the Federal Maternal, Infant, Early Childhood Home Visiting program (MIECHV). Please see the review at: http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=16	Early Head Start-Home Based option is one of the 7 approved home visiting model meeting the evidence-based criteria of the 7 Federal Maternal, Infant, Early Childhood Home Visiting program (MIECHV). Please see the review at: http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=8	Routines-based intervention, family-centered practices in natural environments http://dese.mo.gov/se/fs/EITEAM.htm	
Demonstrated outcomes.	Parents as Teachers is one of the 7 approved home visiting model meeting the evidence-based criteria of the Federal Maternal, Infant, Early Childhood Home Visiting program (MIECHV). Review of outcomes can be found at: http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=16		Early Childhood Outcomes: Positive social-emotional skills, acquiring and using knowledge and skills, and taking appropriate action to meet needs http://dese.mo.gov/divsp/eced/ECOtraining.html	

	PAT	EHS/HS	First Steps	Home Visitation Services (SAHP & CANP)
Specific Services Provided	<p>Personal visits provided by a certified parent educator;</p> <p>Group connections designed around child development and parenting skills;</p> <p>Monitoring of children’s development/ screening; and Resource Network.</p> <p>*DESE currently reimburses for personal visits and developmental screenings</p>		<p>Part C home visits with family and child, services may include: assistive technology, audiology, health services, diagnostic medical services, nursing, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech/ language pathology, transportation and related costs, vision services</p>	<p>Home visits by a qualified home visitor; facilitated parenting education and/or training a minimum of 2 hours per month in a group setting; facilitated networking with other families a minimum of 2 hours per month; provision of developmentally appropriate materials; overall focus on child development, health, safety, and family self-sufficiency.</p>
Target Population/ Age	Prenatal – kindergarten entry.	<p>EHS: Pregnant Women and children birth-age 3. At least 10% of enrollment opportunities must be available to children with disabilities eligible for Part C .</p> <p>HS: 3-5, 10% targeted to preschool children with disabilities</p>	0 to 3 years of age	At-risk families with child under 3 in the home.
Eligibility	<p>Prenatal – kindergarten entry; no additional criteria.</p> <p>*DESE has established criteria qualifying high needs families as a priority for funding.</p>	<p>55% of funded slots must be children at or below 100% of the federal poverty guidelines (FPG).</p> <p>Up to 35% of enrollment can be children whose family income is between 100-130% of poverty (program must have specific policies to ensure that needs of those at or below FPG receive highest priority).</p> <p>10% of enrollment may be with children over income (i.e., no income restrictions).</p>	<p>Newborn condition: birth weight less than 1500 grams</p> <p>Diagnosed condition: a medical condition associated with delay or disability.</p> <p>Developmental delay: Functioning at a half-age delay in one domain</p>	<p>a. Household income under 185% of poverty</p> <p>b. Unemployed but may be receiving Temporary Assistance or other income;</p> <p>c. Employed 20 hours or less per week;</p> <p>d. Participating in an education or job training program;</p> <p>e. Living in a shelter or temporary housing;</p> <p>f. A teen parent;</p> <p>g. Referred by the state agency as being “at risk” for physical, emotional, social, or educational abuse/neglect.</p>
Frequency/ Intensity of home	Curriculum designed for	Weekly, 90 minutes.	Varied visits	Home visits are a minimum of one hour

	PAT	EHS/HS	First Steps	Home Visitation Services (SAHP & CANP)
visits	<p>up to weekly visits.</p> <p>Minimum duration of visit is 50 minutes.</p> <p>*DESE funds up to 25 personal visits for high needs families and up to 10 personal visits for families prenatal to age kindergarten entry.</p>	<p>EHS - primarily 12 month program.</p> <p>Preschool HS – primarily 9 months.</p>	<p>Service Coordinators: home visits at least 2x/year, more frequently as needed.</p> <p>Service Providers: home visits in accordance with a child’s IFSP, which can vary from daily to yearly visits.</p>	<p>per month.</p> <p>Two (2) hours per month of education/training on child development/early childhood education to families (group).</p>
Caseload	<p>60 visits per month for experienced parent educator (30 families) and 48 visits per month for new parent educators (24 families).</p> <p>*DESE does not have an established caseload for parent educators.</p>	<p>10-12 children per home visitor</p>	<p>40-60 children per Service Coordinator.</p> <p>Caseload varies for Service Providers, based on a provider’s availability and service delivery area.</p>	<p>A maximum of 25 per home visitor.</p>
Degree/Discipline	<p>A Bachelor’s/4-year degree in early childhood or a related field: 2-year degree or 60 college hours in early childhood or related field are accepted.</p> <p>*DESE Certification and/or 4 yr degree in early childhood or related field, or AA in related field, or 60 credit hours and two years of experience, or 5 years experience.</p>	<p>No degree required.</p> <p>(Head Start Act of 2007 calls for revision of standards for Home Visitor qualifications.)</p>	<p>Service Coordinators: specified bachelor or master degree in education or human services field.</p> <p>Service Providers: education/license/certificate requirements according to their respective discipline</p> <p>http://dese.mo.gov/se/fs/ProvEnrollpg.html</p>	<p>Education and experience in early childhood education or child development equal to or more than an Associate’s degree or 60 college credits with 15-23 approved college credits and a minimum of five (5) years of experience providing direct services in a home visitation or child care or early learning program .</p> <p>For more detailed information please go to https://www.openinitiative.org/content.aspx?file=CareerLattice.txt.</p>
Initial Training	<p>Organizations complete a Readiness Reflection and then submit an Affiliate Plan for approval to the national office. Staff will then attend the 21 hour PAT Foundational Training and the 14 hour Model Implementation Training to become certified parent</p>	<p>Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. They</p>	<p>Service Coordinators: initial training from the SPOE (System Point of Entry). Must complete 5 initial trainings online before visiting families.</p> <p>Service Providers: must meet all requirements established and outlined by their discipline. Must complete one initial</p>	<p>Initial training in the following areas prior to providing service:</p> <p>Establishing rapport with families; Identification of at-risk factors; Maintaining confidentiality; Assessing strengths and needs; Establishing realistic goals;</p>

	PAT	EHS/HS	First Steps	Home Visitation Services (SAHP & CANP)
	educators.	must have knowledge of community resources and the skills to link families with appropriate agencies and services.	training online.	Developing an action plan with the family; Being a mandated reporter; Determining home and child safety; Teaching and observing parent/child interactions; Managing crises; Recognizing the signs of domestic violence, drug/alcohol abuse, child abuse and neglect, and other harmful situations; Cultural diversity; Accessing services; and Child development, health and safety, and social/emotional development.
Ongoing Professional Development Required.	Yearly in-service hours required in five core competency areas: 1 st year 20 hours of approved professional development 2 nd year 15 hours of approved professional development 3 rd and beyond 10 hours of approved professional development	Each agency must develop a professional development plan for all full-time staff. Extensive pre-service and in-service trainings.	Service Coordinators: Ongoing training from the SPOE (System Point of Entry) and/or through DESE sponsored training. Service Providers: Three additional online training within 6 months of enrollment, trainings at: http://dese.mo.gov/se/fs/moduletraining.html Ongoing CEU/PD based on license/certification requirements	12 clock hours of documented, on-going professional development in the areas defined above (or closely related) each contract year.
Primary funding sources	DESE; General Revenue – foundation formula categorical and local school district funds.	Federal, Early Childhood Development Education and Care Fund & General Revenue.	State and federal dollars, Medicaid, private insurance, and Family Cost Participation.	The Early Childhood Development Education and Care Fund and General Revenue.
#’s served, annualized	Families with children ages prenatal to three received parent education services: FY 09 – 84,979 FY 10 – 80,013 Families with children ages three to kindergarten entry received parent education services.	Total enrollment FY 10 = 21,895: Preschool – 19,060 (87%) EHS – 2,835 (13%) # in Home-Based = 1,326 total Preschool – 725 (55% of HB)	FY 2012: 5024 FY 2011: 4539 FY 2010: 4200	SAHP: PY09 – 1,509 families/1,854 children PY 10 – 1,304 families/1,623 children PY 11 – 1,272 families/1,560 children CANP: PY09 – 453

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	PAT	EHS/HS	First Steps	Home Visitation Services (SAHP & CANP)
	FY 09 – 60,417 FY 10 – 56,237 (FY 11 will be significantly reduced.)	EHS – 601 (45% of HB)		families/530 children PY 10 – 380 families/461 children PY 11 – 460 families/457 children
% of eligible population served	43% is the state average from 2009.		Approximately 2%	.8% of population under 3 in families at or below 100% of poverty.
% of eligible population not served	FY 09 – 57%			99.2% of potential eligible population.
# of counties served (out of 115) # HERE; LINK TO MAP	115	XXX for HS home-based; XXX for EHS home-based.	115 http://dese.mo.gov/se/fs/se-fs-contactinformation.html	30
Website	http://dese.mo.gov/divimprove/fedprog/earlychild/ECDA/Index.htm		http://dese.mo.gov/se/fs/	

This table represents programs that are less than state-wide, and not primarily state-funded.

	Building Blocks of Missouri, Nurse Family Partnership® Program (NFP)	Missouri Community Based Home Visiting Program	Nurses for Newborns	Family Support Network	Parents Learning Together (St. Louis ARC)	TIES	Whole Kids Outreach	Healthy Start
Focus	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency	<input type="checkbox"/> School Readiness/Education <input type="checkbox"/> Health <input type="checkbox"/> Abuse/Neglect prevention <input type="checkbox"/> Early Intervention/Developmental Disabilities <input type="checkbox"/> Family self-sufficiency
Specific Services Provided	Home visitation, maternal and infant assessments, care coordination with referrals for additional services. Screenings for depression and developmental disabilities. Parenting education, focused on safety, immunizations, other topics.	Home visitation, maternal and infant assessments, care coordination with referrals for additional services. Screenings for depression and developmental disabilities. Parenting education focused on infant safety, immunizations, other topics.	In-home visitation by highly trained registered nurses; infant and maternal health assessment, care coordination, depression screening, child development screening, parent education, connection to community resources, provision of emergency supplies as determined by	Through Project First Step and School Links, Family Support Network provides in-home family counseling, case management and parenting education to families at risk of child maltreatment with children age birth-13.	Group settings and individual mentoring.	Individualized, culturally appropriate services include crisis intervention, support for substance abuse treatment, supportive counseling, child development and parenting education, and connection to other community services.	<p>The Resource Mothers Program (RMP) is a childbirth preparation program promoting access to perinatal care and education for pregnant mothers and newborns through home visits and center-based programs conducted by Outreach Specialists.</p> <p>The Family Enhancement Program (FEP), addresses the needs of eligible children through Outreach Specialists.</p> <p>The Maternal-Child Visiting Nurse Program (MCVNP)</p>	Assessment, referral, education and care coordination provided in the home by nurses and peers.

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			nurse assessment and availability				<p>assesses and promotes health-related needs of pregnant and parenting mothers in conjunction with the RMP and FEP. (NFP model.)</p> <p>Outreach Specialists provide parenting skills, immediate crisis intervention, ongoing support, education and/or skill building, along with recreational activities which help to improve such things as: self confidence, general health and wellness, networking of social services, and relationship/appropriate social skill development.</p>	
Evidence Base	<p>The Nurse Family Partnership ® is one of the 7 approved home visiting model meeting the evidence-based criteria of the Federal Maternal, Infant, Early Childhood Home Visiting program (MIECHV). Please see the review at:</p> <p>http://homvee.acf.hhs.gov/document</p>	<p>This program has not been evaluated and at this time is not considered to be evidence-based.</p>	<p>Nursing practice guided by 20 evidence-informed clinical guidelines developed with Vanderbilt University; includes core evidence-based screening tools (e.g ASQ, Edinburgh, ESI).</p> <p>Recent evaluation at Washington University shows lower child abuse/neglect rates</p>	<p>Strengthening Families practice approach</p> <p>Draws from:</p> <p>Solution – Focused Therapy</p> <p>Cognitive Behavioral Family Intervention</p> <p>Nurse/Family Parentership</p>			<p>Sent msg 4/24to Sr. Anne to resend.</p> <p>6/2 Rec'd outcomes, no info re evidence base.</p>	

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	.aspx?rid=1&sid=14		in NFN-served vs. matched Missouri counties 2010-2011 federal SAMHSA Service to Science Academy grantee with technical assistance to advance evidence-base for NFN model					
Demonstrated Outcomes	Outcomes on specific indicators for NFP are listed here .	Outcomes on specific indicators for MCBHV are listed below .	Outcomes on specific indicators for NFP are listed below.	Outcomes on specific indicators for FSN are listed below.			(attached outcomes for review)	
Target Population/ Age	First-time pregnant women (women who have not experienced a live birth) who enroll prior to the 28 th week of pregnancy and continuing through age two of their index child.	Women at-risk who enter the program prenatally through age two of their index children.	Families with significant risk factors including medically fragile infants, mothers with mental or physical illness/intellectual disabilities teen parents. Core programs are prenatal through age 2; extended services through age 3 available.	Parents/caregivers at medium to high risk of child maltreatment, who have children ages birth to age 13.	Parents with intellectual and developmental disabilities.	Target population is adult pregnant or postpartum women and their families affected by substance abuse and/or HIV living in service area.	Resource Mothers – All pregnant women. FEP – All families with young children who have witnessed family violence, have experienced or at risk for child maltreatment , have developmental delays, or are living in poverty; MCVNP – All families eligible for Resource Mothers, and those who meet criteria for Nurses for Newborns.	Pregnant women with risk factors. Most are low-income, African American and under the age of 24.
Eligibility	185% of the	185% of the Federal	Low income; One	Residents of City of	Must live in St. Louis	Referrals are accepted up	All that meet target	Any pregnant woman

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	Federal poverty level or below	poverty level or below.	or more infant, maternal, or environmental risk factors; or by referral as appropriate.	St. Louis or St. Louis County Must not have an open Children’s Division CA/N case	city or county; Must have intellectual or developmental disability.	to six months postpartum. TIES is an entirely voluntary program, and women must be able to consent for themselves to program participation and other community services	population. Preference is given to families with children 0-3 years old. Families of older children accepted only if a specific need that the program can address.	and/or any woman with a child under the age of 2 within defined service area.
Frequency/ Intensity of home visits	Visits are one to two hours in length on average. Visit schedule can be adjusted based on client need. Weekly during the first four weeks of prenatal enrollment; every two weeks until delivery; postpartum, weekly for six weeks; then every other week until the child reaches the age of 21 months; and then monthly through the age of 24 months.	Monthly, average 60 minutes. The Registered Nurse visits every client during the first six weeks post partum at least one time. Other visits can be scheduled based on client need.	Families are visited within 72 hours of referral/initial contact, weekly for the first 4 weeks after delivery, then every 2 weeks until 8-12 weeks, then monthly; visit schedule is flexible according to family needs and preferences. Visit duration is typically 60 to 120 minutes.	Family sessions are conducted weekly for approximately 1-2 hours for 6 to 9 months with follow up visits conducted at 3 months and again at 12 months post-service.		Families are seen in their homes at least one time per week until target child turns 2 years old.	WKO home visitors (OS and RNs) make visits with families as frequently as once/week or as infrequently as once/month, depending on the needs of the family and program guidelines. Visits typically last 60 to 90 minutes. Families can stay in HV programs as long as needs dictate, or until the youngest child is 12 years old unless specific need indicates ongoing services.	Varies depending on need. Minimum schedule is once per month by the nurse and twice per month by the community outreach mother.
Caseload	25 clients per each nurse home visitor	25 clients per family support worker	25-45 per RN	15-17 per Family Therapist			Typical caseload for full-time worker is ~30-35 families.	Up to 40 per nurse and 33 per

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							Outreach Specialists and RNs are expected to make at least 10 visits/week.	community outreach mother. Attempt to balance caseloads by risk level and prenatal/postpartum status.
Degree/ Discipline	Registered Nurses (RNs), preferred BSN with previous related experience.	Family support workers: No degree required. Experience with early childhood and/ or delivering home visiting or maternal-child health services. Registered nurses (RNs) licensed in Missouri; experience in home visiting and/or maternal-child health.	Registered nurse, BSN preferred, minimum 3-5 years experience in NICU/maternal-child/women’s health nursing; additional formal coursework/training in child development also preferred	Direct service staff who go into the homes are all masters level clinicians with either MSW or LPC and previous related experience. Most have also earned their license or are in the process of earning it.			RN, 3-5 years NICU/ maternal-child nursing. Outreach Specialists: Experience with early childhood and/or delivery of home visiting or maternal-child health services.	[St. L.] Nurses all have registered nurse credentials. All have a minimum of 5 yrs of hospital NICU or community health nursing experience. [Bootheel] Case Managers must have an Associate’s or Bachelor’s degree, preferably in social work, education, or similar field.
Initial Training	Training is divided into three units with specific goals for each section. Unit 1 - foundational knowledge of the NFP and home visiting intervention. Unit 2 - Prepare the nurses to	Training on: Edinburgh Post Partum Depression screening tool; the Missouri Community Based Home Visiting database; Ages and Stages or the Denver Developmental Screening; and additional training required by the local employer agency. In FY1: training on	Extensive clinical orientation (including pre-post-testing) based on the 20 NFN Clinical Guidelines and corresponding modules and screening tools; policy/procedures review; training on NFN’s electronic medical records	Formal, in-depth orientation plus mentoring with experienced FSN Family Therapist for the first month of employment.			The Outreach Specialists complete a minimum of 40 clock hours of intensive classroom training as well as an internship with experienced OS and RNs. Topics: prenatal education, screening tools, relationship building, case management, home visits, child safety, abuse/neglect recognition and prevention, parenting crises intervention, etc.	

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	implement the intervention with fidelity to the model.	Partners for a Healthy Baby curriculum, which is an evidence-based curriculum used by all programs.	and custom database. field based practice with RN mentor, 90 day mentorship period with skills review and check-out				RNs go through much of this training, as well as training by NFN.	
Ongoing Professional Development Required.	Unit 3 - deepen understanding of the model, specifically in regards to infant temperament, motivational interviewing, and fidelity to the Model Elements.	DHSS provides annual training on a current topic of interest related to infancy or pregnancy.	Monthly half-day training for all nurses following annual curriculum, monthly case conferences, peer review process, 24 hour on-call supervision	All direct service clinicians are required to have their professional license (either LCSW or LPC) within two years of employment. 15 hours of approved professional development courses are required each year for all direct service staff.			Ongoing education, inservice training, and conferences at least quarterly.	Monthly sessions are scheduled. Approximately 25 topics are facilitated by various agencies/organizations and speakers. Topics are selected on the needs of the program participants and the group.
Primary funding sources	Federal Maternal Child Health Title V Block Grant	Federal Maternal Child Health Title V Block Grant	DSS [SAHP AND CANP], CTF, DHSS, federal, foundations, private contributions, managed care, local county grants, United Way	United Way, Mo Foundation for Health, local foundations, Productive Living Board, St. Louis Office of DD Resources and special event fundraising.	Office for DD Resources (SB 40 Board); Daughters of Charity	HHS ACF Abandoned Infants Assistance grant and COMBAT (Jackson County anti-drug sales tax) contract with additional support from Children’s Mercy	CTF, MFFH, Alternative to Abortion, DFS and NFNF vendor contracts, other foundational grants, and donations.	HRSA

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#’s served, annualized	473 families in FY10.	456 clients in FY10.	2,999 infants and their families served in Missouri in FY10 [136 ARE FUNDED THROUGH SAHP]	400+ families annually including an avg. of 600 parents/caregivers and 1,500 children for a total of approximately 2,000 individuals each year.	125 families per month.	70-80 families; approx. 200 children annually.	In last 12 months: 769 Moms and/or children (383 families).	The goal is to enroll 300 program participants annually.
% of eligible population served	7% of the women in the counties currently served by the program based on Medicaid first-time live births.	6% of the women in the counties currently served by the program based on Medicaid live births.		Based on most recent data of # of children involved in hotline calls in St. Louis City & County (7,700), FSN serves 1,100 or 14%			Pregnant women = 31 % of the ~ 700 live births Children ages ~0-5 = 416. Unsure of percentage of service area children in age range.	From 3.6 to 10% across the 3 regions.
% of eligible population not served	93% of potential eligible population	94% of potential eligible population						
# of counties served (out of 115)	17 counties and the City of St. Louis.	12 counties in FY 10	25	2 (St. Louis City; St. Louis County)	2 (St. Louis City; St. Louis County)	1 (Most of Jackson County—Kansas City)	6 for all options: Butler, Carter, Iron, Reynolds, Shannon, Wayne counties. Also Madison for NFN.	Kansas City (Jackson County by zipcode); St. Louis (3 zipcodes in St. Louis city and county); Bootheel (5 counties)
Website	http://health.mo.gov/	http://health.mo.gov/	www.nfnf.org	www.familysupportnet.org			www.wholekidsoutreach.org	www.mbrinc.org www.stl-mcfhc.org www.mchc.net

**DSS Home Visitation
Linked Information**

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Purpose/Mission (and/or Outcome/Goals)

- Stay at Home Parent Program - Missouri Revised Statute Chapter 313, Section 313.835 sets aside funding for an Early Childhood Development, Education and Care Fund. The impetus for this legislation came from the recommendations outlined by the Governor's Commission on Early Childhood Care and Education. The purpose of the Early Childhood Development, Education and Care Fund is to promote the growth and quality of early childhood care and education and school readiness for children. Funding for these programs comes from Missouri gaming funds, specifically, riverboat entrance fees.

The Department of Social Services' goals for funding received under Missouri Revised Statute Chapter 313, Section 313.835 are to:

- a. Support and encourage care that promotes positive brain development of children.
 - b. Provide services that lead children to school readiness.
 - c. Ensure low-income children and children with special needs have equal access to care that promotes positive brain development of these children and school readiness.
- Child Abuse and Neglect Prevention Program - The job of parenting is one of the most important and challenging responsibilities adults can assume. Yet many new parents come to this role without the information, personal resources, or support needed to successfully nurture their children. Home visiting for parents and their children, beginning prenatal or at birth, has been shown through extensive national research and experience to be an important and effective strategy to prevent a range of poor childhood health and developmental outcomes, including child abuse and neglect. Young parents and their children are at particular risk for poor health, social, educational, and economic outcomes. Reaching these young parents upon the birth of their first child, before negative parenting practices have been established and repeated pregnancies have occurred, provides the opportunity to have a greater impact on strengthening young families and preventing these poor outcomes.

Outcomes:

1. Children served will experience appropriate social and emotional development.

Measure: 100% of the children served will be assessed for appropriate social and emotional development levels using the Ages & Stages Questionnaires: Social Emotional at the time of enrollment into the program or when the child attains six (6) months of age, whichever is applicable, and at intervals of every six (6) months after that until the child attains the age of three (3) years.

Sub-Measure: 100% of the children assessed as being below the appropriate social and emotional level of development will be referred for additional services to address the identified needs.

Sub-Measure: 85% of the children referred for additional services due to deficiencies in social and emotional level of development will show advancement on subsequent assessment at or before the time they leave the program due to ineligibility due to attaining the age of three (3) years.

2. Children will improve in health, safety, and overall well-being.

Measure: 95% of children served will not be a victim of substantiated child abuse and neglect.

3. Parents will experience less stress.

Measure: 100% of parents receiving services will have their stress levels measured by the Everyday Stressors Index at their time of enrollment into the program and at intervals of every twelve (12) months after that until the family leaves the program.

Sub-Measure: 100% of parents assessed as having high levels of stress or for whom areas of stress are identified are provided appropriate referrals for additional services to address the identified areas of concern.

Sub-Measure: 95% of the parents receiving services demonstrate a reduced level of stress as measured by the Everyday Stressors Index when they leave the program.

4. Reduce subsequent teen pregnancy.

Measure: 90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program.

5. Children develop appropriately.

Measure: 100% of children are assessed using the Ages & Stages Questionnaires at their time of enrollment into the program and at intervals of every six (6) months after that until the child attains the age of three (3) years.

Sub-Measure: 100% of the children assessed as being below the appropriate developmental level are referred for additional services to address the identified needs.

Sub-Measure: 95% of the children referred for further developmental level assessment and services are enrolled in appropriate services and begin receiving these services prior to leaving the program.

NOTE: While optional for the Child Abuse and Neglect Prevention program unless services are proposed in the contractor's awarded proposal, the Stay at Home Parent program contractor must address the following outcomes and meet the following measures for each family served.

6. Increase every child's access to books, language, and reading.

Measure: 100% of the families enrolled in the program have a minimum of four (4) age-appropriate books for each child under the age of three (3) they have in their home.

Sub-Measure: 85% of parents participating in the program spend a minimum of 4 hours per week participating in literacy-related activities with their children under the age of three (3), as reported by the parents to the contractor.

7. Families understand "school readiness" and children enrolled in the program are ready to transition to the next level of education.

Measure: 100% of families are provided access to and explanation of the Missouri Department of Elementary and Secondary Education's Pre-K Early Learning Standards for Social and Emotional Development, Literacy, Science, Math, and Physical Development, Health & Safety to parents.

Measure: 85% of the families with children under the age of three (3) receiving services from the program are participating in the Parents as Teachers program during and at the time of their transition from the program.

Initial Training/Qualifications:

In addition to qualifications listed in the matrix home visitation staff must:

Possess training in the following areas prior to providing services:

- a. Establishing rapport with participating families;
- b. Identification of at-risk factors within families of diverse backgrounds;
- c. Maintaining confidentiality;

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- d. Assessing strengths and needs of the family and establishing realistic goals based on building upon the identified strengths and meeting the identified needs;
- e. Developing an action plan to address meeting the needs of the family in regards to attaining their identified goals;
- f. Being a mandated reporter;
- g. Determining home and child safety;
- h. Teaching and observing parent/child interactions;
- i. Managing crises;
- j. Recognizing the signs of domestic violence, drug/alcohol abuse, child abuse and neglect, and other harmful situations that affect the safety and well-being of the child and family;
- k. Working within and responding appropriately to diverse cultural settings;
- l. Accessing needed services; and
- m. Child development, health and safety, and social/emotional development.

Prior to providing services and on a yearly basis thereafter, staff must become registered with and/or undergo child abuse/neglect and criminal background screenings using the Family Care Safety Registry. In addition staff must undergo a criminal background check by completing and submitting two sets of fingerprints, one to the Missouri State Highway Patrol and one to the national Federal Bureau of Investigation.

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Nurse Family Partnership (NFP)

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- 13% of the women enrolled in the program quit smoking from intake to 36 weeks gestation. This is a 1% increase since 2009.
- 70% of the women enrolled in the program initiated breastfeeding. This is a 2% increase since 2009.
- 91% of the children were up-to-date with immunizations at age two. This is a 1% increase since 2009. (Rate for State of Missouri, National Immunization Survey 2009, total population 64.5 % +/-6.9%).
- 88% of the children were tested for lead exposure by age two with 1% testing positive for lead exposure. There has been no change since 2008. (Rate for State of Missouri 2009 was 47% were tested with 1% testing positive).
- 25.1% of women enrolled in the program had a repeat pregnancy eighteen months or less from the birth of their first child.
- 59% of women less than 17 years of age who entered the program enrolled in school but without a high school diploma or GED (82.8% of total number of clients) completed their GED or received a high school diploma while enrolled in the program. This is a 26.8% increase since 2009.
- Upon enrollment, 20.2% of the women age 17 or younger at intake were employed; on discharge at age two of their children 45.6% were employed. This is a 3.2% increase since 2009.
- Upon enrollment, 47.4% of the women age 18 or older were employed; on discharge at age two of their children 63.3% were employed. This is a 5.4% increase since 2009.
- Upon enrollment, 12.7% of the women were married; on discharge at age two of their children 26.3% were married. This is a 1.7% increase since 2009.
- 84% of the women who enrolled in the program received their first prenatal visit during the first trimester of pregnancy; 16% received their first visit during the second trimester. (State of Missouri rate for comparable population first trimester entry into prenatal care 76.3% MICA 2008)
- 48% of the women reported a decrease in physical abuse by their partner from intake to 36 weeks gestation. . This is a 7% increase since 2009.
- 9.4% of infants were born less than 37 weeks gestation. This is a 1% decrease since 2009. (State of Missouri rate for comparable population 15.0% MICA 2008)
- 10.4% of the infants were born low birth weight, less than 5.5 lbs. This is 7.1% for the white program population and 13.8% for the black program population. (State of Missouri rate for comparable population 10.1% for total Medicaid population. 7.8% for white Medicaid population. 13.1% for black Medicaid population. MICA 2008). This data is comparable to 2009 data.

Source: Missouri NFP program data 2010 (CIS)

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Family Support Network (FSN)

- 98% of children remain free of abuse/neglect for 12 mos.
- 95% of Parents learn new positive parenting skills
- 90% of families strengthen overall functioning (measured by GARF)
- 95% of families access new community supports/resources
- 80% of families reduce CA/N risk factors (Family Risk Scales)

Demonstrated Outcomes – Details

Missouri Community-Based Home Visiting (MCBHV)

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- 43% of the women who enrolled in the program reported entering prenatal care during the first trimester. This is a 7% increase since 2009.
- 33% of the women who enrolled in the program reported entering prenatal care during the second trimester. This is comparable to 2009.
- 24% of the women who enrolled in the program reported entering prenatal care during the third trimester. This is a 5% decrease since 2009.
- 26% of women enrolled in the program, who delivered during this period, initiated breastfeeding. This is a 3% decrease since 2009.
- 13.5% of the infants enrolled in the program were tested for lead exposure. This is a 1.5% decrease since 2009.
- 5.5% of the infants born in the program during this period were low birth weight (less than 5.5 pounds). This is a 0.8% decrease since 2009.
- 88.34% of the infants enrolled in the program were up to date with immunizations for age. This is comparable to the 2009 data.
- 58.06% of women enrolled in the program took folic acid during pregnancy. This is a 4.34% decrease since 2009.
- 13.5% of the women enrolled in the program screened positive for depression within 60 days post partum. This is a 2.5% increase since 2009
- 2.35% of babies in the program were reported to sleep on their stomach. This is a 2.2% increase since 2009.
- 13.15% of the mothers report sharing a bed with their infant. This is a 2% increase since 2009.

Data Source: MCBHV MOHSAIC 2010.

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Nurses for Newborns (NFN)

- 99% of infants did not have substantiated report of abuse or neglect as determined by independent state records
- 87% of infants were fully immunized per CDC standards as of last visit
- 97% of infants did not sustain injury from household safety hazard
- 97% of infants did not have an inappropriate emergency room visit
- 99% of infants did not have a preventable hospitalization
- 91% of parents successfully connected with and utilized community resources appropriate to their needs
- 99% of infants utilized a medical home
- 92% of teen mothers did not have a repeat pregnancy

*evaluation group includes families with minimum of 6-8 visits

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