



## Legislative Fiscal Bureau

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May 18, 2005

Joint Committee on Finance

Paper #432

### **Family Foundations -- Home Visiting Program (DHFS -- Children and Families)**

[LFB 2005-07 Budget Summary: Page 209, #12]

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#### **CURRENT LAW**

The Department of Health and Family Services (DHFS) is budgeted \$995,700 GPR in 2004-05 to distribute as grants for the prevention of child abuse and neglect, under s. 46.515 of the statutes, which is commonly referred to as POCAN. DHFS is required by statute to distribute this funding to six rural counties, three urban counties, and two tribes for specified child abuse and neglect prevention activities. DHFS awarded the initial grants on a competitive basis.

There are currently six rural counties, three urban counties, and one tribe participating in the program. Eight of the 10 recipients have integrated the grant funding into existing programs operating in those counties. The other two created new programs with the grant funding. A number of programs have used the state grant funding to secure additional local and private funding to expand the level of service provided and the number of families served.

The amount of funding that each county (other than Milwaukee County) or tribe receives from DHFS is based on the number of births funded by medical assistance (MA) in that county or tribe in proportion to the number of MA-funded births in all of the counties and reservations of tribes selected to participate in the program. If Milwaukee County were selected to participate, its grant award would be based on 60% of the MA-funded births in that county in proportion to the number of MA-funded births in the other counties and tribes selected to participate.

The following table shows the POCAN grant recipients and their grant funding in 2004-05.

**POCAN Grant Recipients  
2004-05 Allocations**

<u>Recipient</u>	<u>Funding Amount</u>
Brown County Human Services Department	\$265,130
Marathon County Health Department	157,935
Waukesha County Department of Health and Human Services	140,021
Door County Department of Social Services	35,715
Fond du Lac County Department of Social Services	111,994
Manitowoc County Health Department	81,367
Portage County Department of Health and Human Services	78,189
Vernon County Health Department	37,160
Waupaca County Department of Health and Human Services	62,586
LacCourte Oreilles Tribal Government	<u>25,603</u>
 Total	 \$995,700

**Program Components.** There are two components to the program: (a) home visitation; and (b) intervention for families determined to be at risk of child abuse and neglect. These components are designed to serve potentially different populations, as indicated below.

*Home Visitation.* This component is a primary intervention, home visitation program for first-time parents who are eligible for MA. A family may receive services under the program until a child is three years of age. If risk factors for abuse or neglect continue to be present when the child reaches three years of age, the family may continue to receive services until the child reaches five years of age. Participation in the program is voluntary.

Grant recipients use this funding to support the cost of case management services and "flexible funds" they provide to participating families. "Flexible funds" are payments totaling no more than \$1,000 per family per year for appropriate expenses for participating families. Of the amount paid on behalf of a family, 50% may be paid from the state grant; the grant recipients must pay the remaining 50%. Because state law does not define the allowable uses of these flexible funds, the granting agency determines the appropriate uses of these funds. For example, grantees have used these funds to purchase equipment and supplies for infants, such as cribs, car seats, and diapers. Additionally, in the first year, grantees may use these funds to support start-up costs, capacity-building activities, and up to \$1,500 to fund training activities.

To be eligible for a grant, applicants, except Milwaukee County, must indicate in their application that they will claim reimbursement under MA for case management services provided to program participants.

If Milwaukee County were selected to participate, the county could not use its grant funding to support case management services for families participating in the home visiting program, since some Milwaukee County MA recipients are already eligible for case management services under the MA prenatal care coordination benefit. This benefit is not available in counties other than Milwaukee County.

In calendar year 2002, the most recent year for which information is available, grantees expended \$930,400 GPR to fund the home visitation component of the program, serving 377 families. In addition, grantees expended \$84,200 (\$42,100 GPR and \$42,100 in local matching funds) to serve 233 families under the flexible funds.

*Intervention.* This program component serves families with children who are at risk of abuse or neglect, based on a variety of criteria, including a filed child abuse or neglect report, indications of substantial risk of future abuse or neglect of a child in the family if assistance is not provided, and a petition alleging that the child is in need of protection or services will not be filed. This component is a secondary intervention program and participation is voluntary and is not restricted to MA-eligible families.

Under the program, grant recipients may use the grant funding as flexible funds, which are intended to be used to pay appropriate expenses, as determined by the agency, for the families in the program to reduce the risk of child abuse or neglect. However, the total payment to a family may not exceed \$500 per year and the program must encourage the participant to contribute towards the cost of the service funded. Examples of flexible fund expenditures for this program include car repairs, security deposits, and one-month rental payments. Additionally, the grant recipient must indicate that it is willing to fund case management services to MA-eligible families participating in the intervention program. The county may use a portion of its excess Title IV-E funds that it receives from the state to support the case management costs for the participants in the intervention service component of the program.

In calendar year 2002, counties and tribes expended \$46,400 (\$23,200 GPR and \$23,200 in local funds) to fund intervention services for 196 families.

**Technical Assistance.** DHFS is budgeted \$160,000 FED (Title IV-B, part II) in 2004-05 to fund technical assistance and training to counties and tribes that are selected to participate in the POCAN program. DHFS has contracted with the University of Wisconsin-Extension to provide these services.

## **GOVERNOR**

Provide \$1,454,500 (\$1,251,100 GPR and \$203,400 FED) in 2006-07 to support a universal home visiting program for first-time parents and a targeted home visiting program for first-time, MA-eligible parents, with identified risk factors for child abuse and neglect, beginning January 1, 2007.

**Universal Home Visiting.** Provide \$244,800 GPR in 2006-07 for a universal home-visiting program, which the administration estimates would be sufficient to serve approximately 40% of first-time parents statewide. Direct DHFS to award grants for universal home visiting services to applying organizations, which may include a county department of human or social services, local health department, Indian tribe, private nonprofit agency, or local partnership, under a competitive application process which ranks applicants based on the quality of their applications. Specify that DHFS must determine the amount of an organization's grant award based on the number of first-time births in the community served by the organization.

Define a "local partnership" as any combination of two or more county departments, local health departments, Indian tribes, and private nonprofit agencies that have agreed to jointly implement a universal home visitation program.

Modify the current appropriation that supports child abuse and neglect prevention grants to also include universal home visitation grants.

*Allowable Uses of Grant Funding.* Require grant recipients to provide matching funds or in-kind contributions, in amounts determined by DHFS, and prohibit a grant recipient from using any of the grant funds to supplant any other funds used by the grant recipient at the time of the grant award to provide home visitation services.

Require grant recipients to use the grant award to provide a one-time visit to all first-time parents in the community served by the organization for the purposes of: (a) providing parents with basic information regarding infant health and nutrition, the care, safety, and development of infants, and emergency services for infants; (b) identifying parents' needs; and (c) providing parents with referrals to programs, services, and other resources that may meet those needs. Specify that an organization may visit a first-time parent only if the parent (or, if the parent is a child, his or her parent, guardian, or legal custodian) consents to the visit. Require that any informational materials distributed about the home visitation services state the sources of funding for the services.

In the first year in which a grant is awarded to an organization, permit the organization to use a portion of the grant to support start-up costs and capacity building related to the provision of home visitation services and specify that DHFS would will determine the maximum amount of the grant that could be used for these costs.

*Child Abuse or Neglect Reports.* Prohibit mandatory reporters of suspected or threatened child abuse or neglect from making or threatening to making a report of child abuse or neglect based on a person's refusal to receive a home visit under this program.

Specify that, if a person providing home visitation services under this program determines that he or she is required or permitted to make a report of suspected or threatened abuse or neglect of a child in the family receiving services, require the person, before making the report, to make a reasonable effort to notify the child's parent that an abuse or neglect report will

be made and to encourage the parent to contact the county child welfare department or DHFS to request assistance. Specify that this notification requirement does not affect the individual's mandated reporting requirements for child abuse and neglect.

*Confidentiality Requirements.* Prohibit individuals from using or disclosing any information concerning an individual offered home visitation services under this program, including an individual who declines to receive those services, or concerning an individual who is provided with a referral to other programs, services, or other resources, unless: (a) as a mandated reporter of suspected or threatened child abuse or neglect, disclosure of the information is required; (b) the use or disclosure of the information is connected to the administration of the universal home visiting program; or (c) the individual has given his or her written informed consent to the use or disclosure of the information.

Require an organization that receives a grant for a universal home visiting program to provide or designate an individual or entity to provide an explanation of these confidentiality requirements to each individual offered home visitation services under this program by the organization.

**Targeted Home Visiting.** Provide \$1,209,700 (\$1,006,300 GPR and \$203,400 FED) in 2006-07 for a targeted home visiting program, which the administration estimates would be sufficient to serve approximately 45% of first-time parents eligible for MA in 2006-07. This is an expansion of the current POCAN program, which provides more intensive services to families to meet their individualized needs.

The funding in this item includes: (a) \$851,300 GPR to support grants to counties (base funding for this aspect of the program is \$955,000 GPR annually); (b) \$155,000 GPR to support technical assistance training for grant recipients (base funding for this aspect of the program is \$160,000 FED); and (c) \$203,400 FED in federal MA matching funds, to reflect funds that counties could claim for MA-eligible services under this program. In addition, the Governor's recommendation assumes \$126,200 in local or county matching funds in 2006-07.

*Changes to Current Program.* Eliminate the current requirements that no more than six rural counties, three urban counties, and two tribes can receive funding under the POCAN program, and delete references to this requirement. Delete the requirement in current law that DHFS must allocate available funding based on the comparative number of MA-eligible births parents in each county or tribe, and in Milwaukee County, 60% of the number of MA-eligible births. These changes would take effect January 1, 2007.

## **DISCUSSION POINTS**

1. Research suggests that some home visiting programs that combine home visitation services for the families most at risk of child maltreatment with less intensive services and referrals to other programs for all families of infants and young children have been successful in reducing the incidence of child abuse and neglect among families that received these services. These programs

have the following characteristics: (a) are universal and serve all families, regardless of level of need, close to the birth of a child; (b) connect all families to community resources that match their particular needs; and (c) provide intensive support to those families most in need.

2. Prevent Child Abuse America and Healthy Families America identified 12 critical elements of effective home visitation programs based on reviews of research and program evaluations. The 12 elements relate to service initiation, services content, and service provider selection and training. These elements are identified in the attachment to this paper.

3. Many in the field of child abuse and neglect prevention believe, to have the greatest impact on child maltreatment, a combination of universal and targeted programs need to be available, such that intensive, one-on-one home visitation for the families that need it the most is combined with less intensive, group-based parenting education and support available to all families.

4. The Governor's family foundations program includes two components: (a) universal home visiting for all first-time parents; and (b) targeted home visiting for first-time MA-eligible parents, with identified risk factors for child abuse and neglect.

### **Universal Home Visiting**

5. Under the bill, \$244,800 GPR in 2006-07 would be provided for a universal home visiting program. An estimated 20% of first-time parents are currently receiving home-visiting services through local public health agencies or county programs. In the counties that have universal home visiting programs, the counties have found that approximately 35% of first-time parents accept a home visit and about one-third receive a follow-up phone call after the visit. Public health nurses, a para-professional, or social worker would conduct the home visits. The remaining 65% of first-time parents, who did not accept the home visit, receive a phone call shortly after their child's birth. Participation in the program is voluntary, and the parents can refuse to receive either service.

6. Under the program, DHFS would allocate grants to counties to provide a one-time visit to all first-time parents in the community served by the organization for the purposes of: (a) providing parents with basic information regarding infant health and nutrition, the care, safety, and development of infants, and emergency services for infants; (b) identifying parents' needs; and (c) providing parents with referrals to programs, services, and other resources that may meet those needs. The bill includes language that would prohibit counties from using the state grant funding to supplant funds the county may currently be using to provide these services, recognizing that some counties already have existing programs.

7. The funding amounts in the bill reflect an assumption that grant recipients would contribute matching funds equal to 25% of total program costs. The administration's intent is to expand the program statewide over five years, with the program serving 40% of the state's first-time parents in the first year, 60% in the second year, 80% in the third year, 90% in the fourth year, and 100% in the fifth year. Assuming each family is served for three years, the administration estimates

that the total cost of the program, when fully implemented, would be \$1.6 million (all funds) annually, of which \$1.2 million would be supported by the state, and the remainder by grant recipients.

### **Targeted Home Visiting - Expansion of Current POCAN Program**

8. In September, 2003, DHFS released its evaluation of POCAN, which measured the effectiveness of the home visitation aspect of the program. The evaluation followed 236 families from the time they enrolled in the program to when they exited the program. The evaluation found that the substantiated abuse or neglect rate for families in the program was 4%, compared to the estimated 16% if the family had not participated in the program. Additionally, 3% of the study population were in a formal out-of-home care placement at some point during the family's participation in POCAN. DHFS estimated that without services, the percentage might have been 13%.

9. The DHFS evaluation found that the rate of emergency room use for both illnesses and injuries was 0.36 visits per year among children that had received services under the program, compared to the rate of emergency room use among MA children up to age five of 0.76 visits per year. Approximately 83% of the children in the program received all scheduled comprehensive health examinations (HealthCheck examinations under the MA program). Finally, 87% of children in the program reported being up-to-date on their immunizations, compared to 54% of MA eligible two-year-olds who received all of their immunizations in 2001.

10. Overall, the evaluation found statistically significant improvements in family functioning and positive parenting practices among families in the program. The report contained recommendations to improve the program. These include suggestions that agencies: (a) enroll families closer to the time of birth to improve program retention rates; (b) assess family functioning and positive parenting practices immediately after families enroll and throughout their participation in POCAN; and (c) provide more intensive assessment and case management to identify treatment and service needs and provide additional follow-up referrals.

11. The bill would provide \$1,209,700 (\$1,006,300 GPR and \$203,400 FED) in 2006-07 to expand the current POCAN program to additional counties. This includes funding for both components of the program - the home visiting and flexible funds, primary prevention component and the intervention, secondary prevention aspect of the program.

12. The home-visiting aspect of POCAN serves first-time, MA-eligible parents. Based on the current POCAN counties' experience, about 30% of these families enroll and approximately 92% of the families that enroll receive home-visiting services for one-year, 67% for two years, and 44% for three years. Counties can claim for federal reimbursement under the MA program for the case management services these families receive.

13. Of the 30% that enroll, approximately 60% receive flexible funds in the first year, 30% in the second year, and 10% in the third year. Counties may use the state grant to support 50%

of the flexible fund costs and support the remaining 50% with county funds. The annual cost of this component of the program incorporates these assumptions with the estimated number of first-time, MA eligible parents served in each year. The Governor's intent is to implement this program statewide over five years, with 45% of the first-time parents eligible for MA served in the first year, 20% in the second year, 15% in both the third and fourth years, and the final 5% in the fifth year.

14. The intervention aspect of the program serves families that have risk factors of child abuse and neglect, which may include but would not be limited to first-time, MA eligible parents. Families served under this aspect of the program may have older children, multiple children, difficulties securing housing or other basic needs, or other risk factors for child maltreatment. The intervention services provided to families under this component are intended to deter or prevent placement in out-of-home care through the child welfare system. Counties have a 50% match requirement for these intervention services.

15. Under the bill, grants for the expanded targeted home visiting program would first be awarded in 2007. Consequently, the bill provides funding for six months of services. In 2006-07, the estimated cost of the expanded targeted home visiting program is \$1,569,900, which includes \$155,000 for technical assistance and training to counties and tribes in the program. A portion of these costs would be supported with base GPR funding and county matching funds. The remaining costs, \$1,006,300 GPR and \$203,400 FED, would be provided under the bill. The federal funds are MA funds for targeted case management services conducted by the counties as part of the home visiting component of the program. When fully implemented, the estimated annual cost of the targeted home-visiting program, including training costs, is \$17.2 million (all funds), which includes federal and local funding and approximately \$12.6 million GPR.

### **Alternatives**

16. The Governor's recommendation would provide six-months of funding for a new, universal home visiting program and an expanded targeted home-visiting program. If the Committee agrees that this is a priority at this time, it could approve the Governor's recommendation. Alternatively, based on the results of the evaluation of the POCAN program, the Committee could approve the expansion of the targeted home visiting program but delete the funding for the universal home visiting program. This would reduce funding in the bill by \$244,800 GPR in 2006-07. However, the Committee could instead approve the Governor's recommendation to create grants for a universal home visiting program but delete the funding for the expansion of POCAN. This would reduce funding in the bill by \$1,006,300 GPR and \$203,400 FED in 2006-07. Finally, in light of the limited availability of GPR funding, the Committee could delete this item from the bill.

### **ALTERNATIVES**

1. Approve the Governor's recommendation.
2. Approve the Governor's recommendation to expand the current targeted home



visiting (POCAN) program, but delete the Governor's recommendation to support a universal home visiting program. Reduce funding in the bill by \$244,800 GPR in 2006-07.

<u>Alternative 2</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	- \$244,800

3. Approve the Governor's recommendation to support a universal home visiting program, but delete the Governor's recommendation to expand the current targeted home visiting (POCAN) program. Reduce funding in the bill by \$1,209,700 (\$1,006,300 GPR and \$203,400 FED) in 2006-07.

<u>Alternative 3</u>	<u>GPR</u>	<u>FED</u>	<u>TOTAL</u>
<b>2005-07 FUNDING</b> (Change to Bill)	- \$1,006,300	- \$203,400	- \$1,209,700

4. Delete provision.

<u>Alternative 4</u>	<u>GPR</u>	<u>FED</u>	<u>TOTAL</u>
<b>2005-07 FUNDING</b> (Change to Bill)	- \$1,251,100	- \$203,400	- \$1,454,500

Prepared by: Yvonne M. Onsager  
Attachment



## ATTACHMENT

### 12 Elements to Effective Home Visiting Programs

- Initiate services prenatally or at birth.
- Use a standardized assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes.
- Offer services voluntarily and use positive, persistent outreach methods to build family trust.
- Offer services intensively (i.e., at least once a week), with well-defined criteria for increasing or decreasing intensity of service, and over the long-term (i.e., three to five years)
- Services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; and materials used should reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.
- Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development.
- At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care). Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.
- Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
- Service providers should be selected because of their personal characteristics (i.e., nonjudgmental, compassionate, able to establish a trusting relationship, etc.), their willingness to work in or their experience working in culturally diverse communities, and their skills to do the job.
- Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
- Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation.
- Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations.