

Minnesota Coalition for Targeted Home Visiting: Minnesota Portfolio of Home Visiting Programs

Portfolio of Home Visiting Programs Overview and Purpose:

The Minnesota Coalition for Targeted Home Visiting developed this portfolio as a way to highlight and inventory major home visiting approaches used in Minnesota today.

This portfolio is not an exhaustive list of all home visiting providers, programs, or models; rather, included in the portfolio are offerings that satisfy the following criteria: 1) Home visits are the primary method of service delivery, 2) Home visited families represent the majority of the families served by the provider/program/model, and 3) Staff providing the visits are specifically trained to deliver services through home visits.

Providing quality, voluntary home visiting services for new and expectant parents is proven to improve health, education, and school achievement outcomes for both parents and children. Targeted home visiting programs seek to identify and offer services to families with highest risk factors, including low-birth weight or premature babies, teen parenting, very low-income, limited formal education, presence of substance abuse or mental health issues, and generational history of disruption and trauma by way of example.

Most Minnesota counties offer multiple types of home visiting services. Home visiting is a service strategy used in different ways by public health departments, social service agencies, Head Start, school districts and non-profit community agencies. Minnesota offers this variety of voluntary home visiting models within community resources constraints, to meet the varying needs of families, and to achieve the program-identified outcomes.

[Minnesota Department of Health](#)

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Minnesota Home Visiting Programs Using Nationally Recognized Models:

Models	Target Population	Age Range of Children	Service Intensity/ Duration	Program-Identified Outcomes	MN Counties Where Program Is Available	Identifying Characteristics/ Differences Between Models	For More Program Information
Early Head Start (EHS)	Low income families with infants and toddlers Pregnant women and children birth to three whose family income is at or below the federal poverty threshold	Pregnancy up to age 3 If the family is still income-eligible when the child becomes 3 they have priority for Head Start	Enrolled families receive 90 minute, weekly visits year round. Parents also participate in 2 group sessions per month. Services are provided by a home visitor (HV) and may offer a HV- lead team approach with other disciplines.	<ul style="list-style-type: none"> •Improved prenatal health and birth outcomes •Improved child health and development •Improved parent-infant/child attachment •Fewer childhood injuries. •Reduced incidents of child maltreatment •Improved early literacy/school readiness •Improved parental involvement •Improved employment 	Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clearwater, Cook, Clay, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake of the Woods, LeSueur, Lincoln, Lyon, Marshall, McLeod, Meeker, Mahnomen, Morrison, Mower, Murray, Nobles, Olmsted, Ottertail, Pennington, Pine, Pipestone, Polk, Ramsey, Renville, Rice, Rock, St. Louis, Scott, Sherburne, Steele, Swift, Todd, Stearns, Wabasha, Wadena, Washington, Wilkin	<ul style="list-style-type: none"> • 35 programs in Minnesota 2,144 total children in 2010 • EHS must meet national performance standards, but uses various models of service based on community needs and parent input. Models include partnerships with child care providers or center-based services that are full day and full year. Home-based services are also provided in many rural communities. • EHS agencies provide comprehensive health services (physical, mental, and oral health and nutrition), high quality child care, and early education services in a range of settings and in collaboration with a variety of community partners. • EHS seeks to build collaborations with other community providers and organizations to support families and to meet the needs of the communities they serve. • EHS models are supported by research and federally funded training and technical assistance. Programs are reviewed by a Federal Review Team every three years. 	www.mnheadstart.org
Healthy Families America	Low income parents with identified risk indicators. Program eligibility determined by income and the Parent Survey score (Kempe Family Stress Checklist)	Enrollment prenatal and postpartum up to age 3 months continuing to age 4	Weekly home visits during the first 9 to 12 months with decreasing frequency based on family need up to age 4.	<ul style="list-style-type: none"> •Improved prenatal health and birth outcomes •Improved child health and development •Increased intervals between births •Improved parent-infant attachment •Fewer childhood injuries •Reduced incidents of child maltreatment •Improved early literacy/school readiness 	Metro Alliance for Healthy Families located in the 9 metro Minnesota counties and also in Steele, Marin and Freeborn.	<ul style="list-style-type: none"> • Visits are provided by trained professionals including public health nurses, family support workers, social workers, early childhood/family educators, and infant mental health workers • 700 parents and 698 infants, toddlers and preschoolers in 2010. 	www.healthyfamiliesamerica.org www.metroallianceforhealthyfamilies.org gay.bakken@co.dakota.mn.us

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Home Instruction for Parents of Preschool Youngsters (HIPPY)	Any family	3 to 5 years	Bi-weekly home visits and bi-weekly group meetings for two to three years.	<ul style="list-style-type: none"> •Improved parent-child attachment/ relationship •Improved early literacy/school readiness •Improved parent involvement 	Hennepin County	<ul style="list-style-type: none"> • Home visitors are members of the participating communities and are also parents in the program. • Visitors are supervised by a professional coordinator. 	www.hippyusa.org ebell@community-initiatives.org
Nurse Family Partnership	First-time, low-income mothers	Early pregnancy: families must enroll by 28 th week of pregnancy. Services continue until age 2.	Home visits by nurses occurring weekly first month and post-partum, then biweekly to 21 months, monthly to age 2.	<ul style="list-style-type: none"> •Improved prenatal health, pregnancy outcomes. •Improved child health and development •Fewer childhood injuries •Fewer subsequent pregnancies •Increased intervals between births •Increased maternal employment •Improved school readiness 	Currently there are nine NFP projects implemented in 25 Minnesota counties. Anoka, Clay, Wilkin, St. Louis, Ottertail, Ramsey, Wright, Todd, Morison, Hennepin Supporting Hands (Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Redwood, Renville, Stevens, Traverse, and Yellow Medicine) 3 Tribal governments	<ul style="list-style-type: none"> • Visits must be completed by a nurse who has completed education in the NFP model. • In Minnesota, in use by local public health agencies, tribal governments and other nurse agencies. • Focus is on health outcomes, but others documented in clinical trial research • Families cannot have any other children: first-time mothers only. 	www.nursefamilypartnership.org maryjo.obrien@nursefamilypartnership.org
Parents As Teachers	Pregnant adolescents/women and families of children prenatal through kindergarten-entry Additional eligibility criteria varies according to requirements by sponsoring organization	Pregnancy through kindergarten-entry, age 5 or 6	The PAT Model has four components: 1) Personal visits 2) Group connections 3) Screenings 4) Resource Network Services are ongoing from pregnancy through kindergarten-entry; families enroll at any time during this period.	<ul style="list-style-type: none"> • Improved prenatal health and birth outcomes • Improved child health and development • Improved parent-infant attachment/relationship • Fewer childhood injuries • Reduced incidents of child maltreatment • Improved early literacy/school readiness • Improved early detection of child health and developmental delays • Improved parent involvement 	There are 13 PAT affiliates serving 2,500 families in 10 Minnesota counties and three reservations including: Anoka, Cook, Dakota, Freeborn, Hennepin, Lake, Olmsted, Ramsey, St. Louis, and Washington counties and on the Fond du Lac Band of Lake Superior Chippewa reservation and on the Mille Lacs Band of Ojibwe reservation	<ul style="list-style-type: none"> • Visits are provided by certified parent educators that range from paraprofessionals to professionals depending upon plan developed by the sponsoring organization • Evidence-based curriculum • Initial training and ongoing professional development is required for home visitors and supervisors • Requirements for model fidelity and quality assurance • Strengthening Families approach to build five protective factors in families • Adaptable to diverse and high needs populations • Implemented in Minnesota by school districts/Early Childhood Family Education (ECFE), Early Head Start, Head Start, Bureau of Indian Education (BIE) tribal governments and non-profit entities. 	www.parentsasteachers.org jennifer.barshack@parentsasteachers.org

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Parent-Child Home Program	At-risk parents (single, low-income, teen parents, multiple risk factor families)	16 months through age 4, but typically 2 and 3 year olds are the target	Home visits twice weekly for ½ an hour each visit for two years (23 weeks is minimum amount of weeks that constitute a program year). Families receive 46 visits per year.	<ul style="list-style-type: none"> • Improved early literacy/school readiness • Improved child-parent attachment, relationship • Improved child health and development 	Suburban Hennepin	<ul style="list-style-type: none"> • Home visitor brings a book or educational toy once a week for families to keep and model interaction with the item. • Visitors can be professionals or paraprofessionals from the community served. 	www.parent-child.org mcbrody@jfcsmpls.org

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Minnesota Designed Home Visiting Programs:

Programs	Target Population	Age Range of Children	Service Intensity/ Duration	Program-Identified Outcomes	MN Counties Utilizing Program	Identifying Characteristics/ Differences Between Models	For More Program Information
Minnesota Family Home Visiting – Local Public Health	At-risk parents as defined in statute: <ul style="list-style-type: none"> • Low income (below 200% FPL) • History of alcohol, drug abuse; • History of child abuse or family violence; • Insufficient finances; • Low resiliency to adversities/stresses • Reduced cognitive function; • Risk of long-term dependency; • Lack of knowledge re child growth and development 	Prenatal through age 21	To receive funding, a plan must be submitted by a local public agency to the Minnesota Department of Health that describes: <ul style="list-style-type: none"> - outreach strategies - delivery of health, safety and early learning services - continuity of services - outcome measures - collaboration and coordination - program work plan. 	<ul style="list-style-type: none"> •Improved prenatal health, pregnancy outcomes •Improved child health and development •Fewer childhood injuries •Fewer subsequent pregnancies •Increased intervals between births •Increased maternal employment •Improved school readiness 	State funding for targeted home visiting is provided to: <ul style="list-style-type: none"> 53 community health boards/91 local public health departments and 10 tribal governments 	<ul style="list-style-type: none"> • State of Minnesota allocates funds directly to counties for voluntary home visiting for high risk families. • Most counties report having a continuum of home visiting services that vary in intensity and duration. All have a public health nursing assessment for the initial home visit. On-going visits are done by nurses or trained home visitors. • 28 local health departments use nationally recognized home visiting models: 63 use other types of programming. 	http://www.health.state.mn.us/fhv/ dawn.reckinger@state.mn.us
Parent Support Outreach Program	Families reported to a county Child Protection Program but not meeting the requirement for a formal intervention	At least one child in the family under age 11	No duration limitation but average length of service is 5 months.	<ul style="list-style-type: none"> • Improved child health and development • Improved parent-infant attachment • Fewer childhood injuries • Reduced incidents of child maltreatment • Improved parental involvement • Improved maternal employment 	Anoka, Beltrami, Blue Earth, Carlton, Chisago, Clay, Cottonwood, Crow Wing, Dakota, Dodge, Houston, Marshall, Mille Lacs, Norman, Olmsted, Otter Tail, Polk, Pope, Ramsey, Roseau, Scott, Sherburne, Steele, Stevens, Waseca, Winona, Yellow Medicine, Lincoln, Lyon, Murray	<ul style="list-style-type: none"> • Home visitors are either county child welfare social workers or contract community agency social workers • Largely consumer driven services focusing on meeting basic needs or professional services to address family functioning. 	www.dhs.state.mn.us
Family Assessment Response (FAR)	Families reported to a county Child Protection Program and accepted for a formal intervention	Appropriate for child maltreatment reports that do not allege substantial child endangerment (approximately 70% of all CPS reports receive a FAR)	No time duration. Average length of service is approximately 6 months	<ul style="list-style-type: none"> • Improved child health and development • Fewer childhood injuries • Reduced incidents of child maltreatment 	All Minnesota Counties implement the Families Assessment Response	<ul style="list-style-type: none"> • Home visitors are either county child welfare social workers or contract community agency social workers • Largely consumer-driven services focusing on meeting basic needs or professional services to address family functioning. 	

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Other Minnesota Programs Using Home Visiting as Component of Service Delivery:

Program	Target Population	Age Range of Children	Service Intensity/ Duration	Program-Identified Outcomes	MN Counties Utilizing Program	Identifying Characteristics/ Differences Between Models	For More Program Information
Early Childhood Family Education (ECFE)**	Parents and children ages birth to five	0 to 5	<ul style="list-style-type: none"> Varies based on need. May include classroom weekly attendance Home or school visits Visits may be monthly or more than once a week for families at risk 	<ul style="list-style-type: none"> Parent Education about the physical, mental, and emotional development of children Enhance skills of parents and other relatives in providing for their children's learning and development Structured learning activities for children that promote children's development and positive interaction with peers, which are held while parents or relatives attend parent education classes Information on related community resources Information, materials & activities that support the safety of children, including prevention of child abuse and neglect Early literacy skills Reach isolated or at-risk families Referral to Early Intervention Service as indicated 	349 programs statewide	<ul style="list-style-type: none"> Visits to new parents Serving parents and children with special needs Outreach, family and community events Multiple home visits, WIC clinic visits, and child care provider visits Increased time and/or service, for example, basic program series with specialists in addition to early child and parent education Link families with challenging life circumstances, a child with significant behavior difficulties, parent with mental health issues to resources while providing parenting and child development information. 	http://education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Family_Education/index.html
Early Childhood Special Education (ECSE)**	Children with Special Needs		<ul style="list-style-type: none"> Varies based on need. Weekly attendance available for classroom participation Monthly or as needed for home or school visits Visits may be more than once a week for families at risk. 		233 programs Statewide	<ul style="list-style-type: none"> Referral and Screening Comprehensive Evaluation IFSP/IEP development and Interagency Service Coordination Home-based, school-based or community-based intervention Interagency Planning 	

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** Source: Minnesota Department of Health

* Criteria Used for the Portfolio of Home Visiting Services:

The criteria for creating categories of home visiting programs were adapted from two sources: 1) The Washington State Council on Children and Families Matrix of Home Visiting Services; 2) The National Center for Children in Poverty, *State-based Home Visiting: Strengthening Programs Through State Leadership (2009)*, which specified that home visiting program can be distinguished by these three criteria: 1) Home visiting is the primary method for delivering the intervention/service, 2) A majority of services or a majority of clients are served through home visiting. And 3) Staff are specially trained to deliver services and supports through home visits.

Program Performance Measurements:

Measurement of common outcomes is key to improving performance, moving to evidence-based programming, and comparing performance. The following outcomes and goal statements are the result of the comparison of measurements used by a variety of providers and health plans and are intended to begin the development of a common set of measures across programs.

Health and Development Goals and Outcome Measures:

- Improved prenatal health and birth outcomes
- Improved child health and development
- Increased intervals between births
- Improved parent-infant attachment/relationship
- Improved maternal employment
- Fewer childhood injuries
- Reduced incidents of child maltreatment
- Improved early literacy/school readiness.
- Improved detection of child health and developmental delays.