

# **New York State Fiscal Analysis Model for Early Childhood Services:**

**A look at the New York State's Home Visiting Programs**



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## New York's Early Childhood Home Visiting Programs

Home visiting programs are an important component of New York's early childhood system. Home visiting programs typically focus on at-risk expectant and new parents, although some programs are universal in scope, and are designed to build parents' ability and capacity to support their child's development, from the prenatal period to preschool. The experiences children have prior to entering kindergarten have a lasting impact on their cognitive, social, and behavioral development,<sup>1</sup> and home visiting programs have proven to be an effective tool for reaching families early and successfully. Numerous research studies have shown these programs to produce a number of improved outcomes, including reduced child abuse, improved quality of the home environment, enhanced maternal outcomes such as employment and education, and improved intellectual development among children.<sup>2 3 4</sup>

In New York, thousands of families have access to home visiting programs as an essential part of a functioning safety-net for young children and vulnerable families. This brief examines the current scope of New York's home visiting programs, using the latest data on program participation and funding across the state from the New York State Fiscal Analysis Model for Early Childhood Services.

### About the Model

The Early Childhood Advisory Council (ECAC) Finance Work Group has developed a model that provides policy makers with an analytical tool to better understand the state's early childhood system. The tool helps accomplish several of the ECAC's goals, including gauging the impact of changes in access, quality, and funding levels for early childhood programs; providing the information necessary to maximize existing resources to support the goals of a coordinated and comprehensive early childhood service system; and helping identify new financing strategies to increase access and quality in the ECAC's four focus areas — Healthy Children, Strong Families, Early Learning, and Coordinated and Responsive Systems. The model helps users understand the costs of programs and services that together comprise a comprehensive early childhood system of supports for children birth to five and their families. Identified in the model are funding and participation rates for programs and services that support early learning, healthy families, family supports and coordinated and responsive systems, including six home visiting programs that serve pregnant mothers, families and children ages birth through five.

Data for the model came from relevant agencies as they pertain to the programs and services that were identified by members of the ECAC Finance Work Group. The model includes the most current data available at the time the model was built (2013). The majority of the data in the model is from 2010 or 2011, although some programs are from earlier years and some data is more current. When possible, funding data was disaggregated by source (federal, state, or other), and current enrollment is disaggregated into age and income brackets. In most cases, actual expenditures were used in the model. However, when programs were not able to provide unit costs, an estimate was developed by dividing the total funding by the enrollment in the most recent year that both values were available. In addition, the model includes data collected from the 2009 Census as it relates to New York State population and family income.

### Background: Home Visiting Programs

Home Visiting programs are an important component of state early childhood systems. Home visiting programs are heterogeneous, with varied approaches and goals. Some of the most well-known national programs are Nurse-Family Partnership, which has a focus on vulnerable first-time mothers and their babies, the Parent-Child Home Program, which focuses on early literacy and school readiness, and

Healthy Families, which works with families at-risk for adverse childhood experiences, focusing on families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues.

The key objectives of home visiting programs, according to the New York State Home Visiting Work Group, include increased school readiness and sustained school success; increased positive parenting and involvement; reduced child abuse and neglect; improved child and prenatal health; decreased parental crime recidivism; and increased maternal self-sufficiency. Home visiting programs involve trained professionals providing home visits to at-risk pregnant woman and new parents to offer guidance, risk assessment and referrals to other services as necessary. Key components of home visiting programs they are voluntary, they serve the whole family, they follow an established dosage and duration and they are culturally sensitive.

A growing body of literature demonstrates the positive impact of home visiting programs, with some estimates suggesting a return of \$5.70 for each \$1 invested.<sup>5</sup> Savings are accrued through reduced child abuse and neglect, improved birth outcomes, better school readiness and learning, improved economic stability and self-sufficiency and improved public safety.<sup>6</sup>

## **Home Visiting in the Model**

The model contains data on six home visiting programs:

- Healthy Families New York State
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Maternal and Infant Community Health Collaborative
- Nurse Family Partnership
- Parent-Child Home Program, Inc.
- Parents as Teachers

The total funding for these six programs is \$54,642,644, which, while substantial, comprises less than 1% of the system's total public funding for early childhood.

| <b>Program Name</b>  | <b>Funding</b>      |
|--|---------------------|
| Healthy Families New York                                    | \$26,781,430        |
| Home Instruction for Parents of Preschool Youngsters (HIPPY) | \$85,000            |
| Maternal and Infant Community Health Collaborative (MICHC)   | \$9,985,708         |
| Nurse Family Partnership (NFP)                               | \$13,152,717        |
| Parent-Child Home Program, Inc.                              | \$3,500,000         |
| Parents as Teachers (PAT)                                    | \$1,137,789         |
| <b>Total</b>   | <b>\$54,642,644</b> |

## **Projected Costs and Benefits of Changes to Home Visiting Programs**

This fiscal model can be used to project the effect of making changes to home visiting programs. For example, the number of families served can be adjusted and the resulting costs estimated. Alternatively, the model can work “backwards”, illustrating a set of scenarios that could occur with a specified amount of additional funding.

The following examples demonstrate how the model may be used to model changes in funding or enrollment for home visiting programs.

### ***Effects of Increased Enrollment***

In the following example, this fiscal model can be used to increase enrollment in all of the home visiting programs by 20 percent. This expansion would require approximately \$9 million of additional funding.

| <b>Program Name</b>  | <b>Current Enrollment</b> | <b>Adjusted Enrollment (20% increase)</b> | <b>Current Funding</b> | <b>Adjusted Funding</b> |
|--|---------------------------|---|------------------------|-------------------------|
| Healthy Families New York State                              | 5,587                     | 6,704                                     | \$26,781,430           | \$32,135,803            |
| Home Instruction for Parents of Preschool Youngsters (HIPPY) | 40                        | 48  | \$85,000               | \$102,000               |
| Maternal and Infant Community Health Collaborative (MICHC)   | -                         | -   | \$9,985,708            | \$9,985,708             |
| Nurse Family Partnership (NFP)                               | 3,568                     | 4,282                                     | \$13,152,717           | \$16,961,700            |
| Parent-Child Home Program, Inc.                              | 1,300                     | 1,560                                     | \$3,500,000            | \$4,200,001             |
| Parents as Teachers (PAT)                                    | 844                       | 1,013                                     | \$1,137,789            | \$1,484,643             |
| <b>Totals</b>  | <b>10,339</b>             | <b>13,607</b>                             | <b>\$54,642,644</b>    | <b>\$64,869,338</b>     |

### ***Increased funding***

Another way this fiscal model can be used is to model the changes that could be made if a set amount of additional funding were available. For example, changes in enrollment that would be associated with a 10 percent funding increase for all programs. For simplicity, the additional funding is distributed between the programs based on the share of overall funding they currently receive.

| <b>Program Name</b>  | <b>Current Enrollment/Sites</b> | <b>Adjusted Enrollment/Sites</b> | <b>Current Funding</b> | <b>Adjusted Funding (10% increase)</b> |
|--|---------------------------------|----------------------------------|------------------------|--|
| Healthy Families New York State                              | 5,587                           | 6,146                            | \$26,781,430           | \$29,459,573                           |
| Home Instruction for Parents of Preschool Youngsters (HIPPY) | 40 (sites)                      | 44 (sites)                       | \$85,000               | \$93,500                               |

|  |               |               |                     |                     |
|--|---------------|---------------|---------------------|---------------------|
| Maternal and Infant Community Health Collaborative (MICHC) | -             | -             | \$9,985,708         | \$10,984,279        |
| Nurse Family Partnership (NFP)                             | 3,568         | 3,925         | \$13,152,717        | \$14,467,989        |
| Parent-Child Home Program, Inc.                            | 1,300         | 1,430         | \$3,500,000         | \$3,850,000         |
| Parents as Teachers (PAT)                                  | 844           | 928           | \$1,137,789         | \$1,251,568         |
| <b>Totals</b>  | <b>10,339</b> | <b>11,304</b> | <b>\$54,642,644</b> | <b>\$60,106,909</b> |

#### *Return on Investment*

The model reports the return on investment (ROI) of selected home visiting investments, based on available research. Home visiting programs which incorporate ROI data include Parents as Teachers, HIPPY and Nurse-Family Partnership.

For example, based on high-quality national randomized trials, the model estimates that the economic benefits of Nurse-Family Partnership equal \$5.68 per dollar invested for high-risk children. A ten percent funding increase, therefore, would cost about \$1.3 million dollars, but would yield over \$7 million in benefits if only high-risk children were targeted. The ROI of Parents as Teachers is estimated based on the number of children enrolled. Based on the best available research, A 10 percent increase in enrollment would cost about \$114,000, but would yield almost \$400,000 in benefits.

#### **Conclusion**

Home visiting programs are a critical part of New York's early childhood system. The data from the model for early childhood services related to home visiting programs can help policy makers as they make decisions about future investments or changes to these programs.

Funds dedicated to home visiting programs in New York represent a relatively proportion of overall early childhood spending in the state. The system could be substantially expanded at relatively little cost, relative to funding across the entire system. For example, increasing home visiting program enrollment by 20 percent would cost less than \$10 million, which represents less than 1 percent of total early childhood funding in the state. Given the numerous long-term benefits of home visiting programs to both children and the model can be employed a useful tool for policy makers to estimate the costs of increasing access and participation to these programs through a variety of scenarios.

## Appendix A: Six Home Visiting Programs

| <b>Program Name</b>  | <b>Program Description</b>   |
|--|--|
| Healthy Families New York                                    | The Healthy Families New York program is a home visiting program that offers systematic assessment of pregnant women and new parents at risks that may lead to child abuse and poor health care development outcomes. Families identified with high risk factors are offered long-term home visiting services until the child is in school or Head Start. The home visiting services focus on supporting parents and building on the inherent strength of families.  |
| Home Instruction for Parents of Preschool Youngsters (HIPPY) | The Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home visiting program which supports parents who may not feel sufficiently confident to prepare their children for school.   |
| Maternal and Infant Community Health Collaborative (MICHC)   | The Department's new MICHC initiative supports 24 MICHC projects in high-risk communities across the state for a five-year project period 10/1/13 to 9/30/18. MICHC grantees collaborate with community partners to assess and prioritize specific community needs and strengths, and to select and implement specific improvement strategies to address those needs. The overall goal is to improve maternal and infant health outcomes for high-need low-income women and their families while reducing persistent racial, ethnic and economic disparities in those outcomes. Specific priority outcomes for this initiative include preterm births, low birth weight, infant mortality and maternal mortality. To positively impact these four key outcomes, MICHC activities seek to address maternal and infant health behaviors, supports and service systems across three key life course stages: preconception, prenatal/postpartum and interconception. |
| Nurse Family Partnership (NFP)                               | Nurse Family Partnership is a home visiting program which focuses on improving the health, well-being and self-sufficiency of low income, first time mothers and their children. Such programs improve pregnancy outcomes by helping women engage in preventive health care including: (1) prenatal care to improve the child's health and development by helping parents provide responsible and competent care and (2) improve the self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies and continue their education and help find employment.   |
| Parent-Child Home Program, Inc.                              | Parent-Child Home Program (PCHP) is a home visiting program which focuses on early literacy and school readiness. Home visitor brings a book or educational toy once a week and model interaction with the item as a way to teach parents how to use the toy. Families receive a home visits twice weekly for two years.   |
| Parents as Teachers (PAT)                                    | Parents as Teachers (PAT) is a home visiting program that helps organizations and professionals work with parents during the critical early years of their children's lives, from conception to kindergarten. In addition, home visitors provide information, support and encouragement to parents needs to help their children develop optimally during the crucial early years of life.  |

## Appendix B: Six Home Visiting Programs by Category

| <b>Home Category</b>            | <b>Visiting</b> | <b>Category Description</b>  | <b>Home Programs</b>  | <b>Visiting</b> | <b>Per Unit Costs Range</b> |
|---------------------------------|-----------------|--|---|-----------------|-----------------------------|
| Target Home Visiting Program    |                 | The target category provides services to children and families with identified needs, such as: mental illness, substance abuse, speech and language issues, or physical disability. Program techniques are based on promising practices or on research/evidence-based practices.   | <ul style="list-style-type: none"> <li>• Home Instruction for Parents of Preschool Youngsters (HIPPY)</li> <li>• Maternal and Infant Community Health Collaborative (MICHC);</li> <li>• Parents as Teachers (PAT); and</li> <li>• Parent Child Home Program.</li> </ul> |                 | \$1,300 - \$2,700           |
| Intensive Home Visiting Program |                 | The intensive category provides services to families and children at high-risk for issues such as abuse and neglect, homelessness, and poverty. Teen parents also fall into this category. Programs must be evidence-based. This would include evidence-based programs defined as those that have the following characteristics: (a) a specific model, curriculum, or protocol in implementation; (b) specific written materials that set out components and goals of the practice protocols; (c) a description of intensity and frequency of services, including program outcomes; (d) a description of educational requirements of home visiting, ongoing training, support and supervision; and (e) data documenting a statistically significant impact on the stated goals and desired outcomes. | <ul style="list-style-type: none"> <li>• Healthy Families New York and</li> <li>• Nurse Family Partnership.</li> </ul>  |                 | \$3,700 - \$4,800           |

<sup>1</sup> Szekely, A. (2011) "Maximizing the Impact of State Early Childhood Home Visitation Programs," *NGA Center for Best Practices Issue Brief*. Available at: <http://www.nga.org/files/live/sites/NGA/files/pdf/1103HOMEVISIT.PDF>

<sup>2</sup> Texas Health and Human Services Commission (2013) "Why Home Visiting is Important," *Texas Home Visiting* [website]. Available at: <http://www.texashomevisiting.org/for-professionals/why-home-visiting-is-important/>

<sup>3</sup> Fergusson, et al. (2013) "Nine-Year Follow-up of a Home-Visitation Program: A Randomized Trial," *Pediatrics*, 131(2) pp. 297-303. Available at: <http://pediatrics.aappublications.org/content/131/2/297.abstract>

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<sup>4</sup> American Academy of Pediatrics (2009) "The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes." *Pediatrics*, 123(2), pp. 598-603). Available at: <http://pediatrics.aappublications.org/content/123/2/598.full#content-block>

<sup>5</sup> Karoly, L., Kilburn, M., Cannon, J. (2005) *Early Childhood Interventions: Proven Results, Future Promise*, RAND Corporation. Available at: [http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf)

<sup>6</sup> Schuyler Center for Analysis and Advocacy (2011) *Home Visiting Saves Money, Prevents Child Abuse, Helps Children Learn and Strengthens Families*. Available at: [http://www.scaany.org/policy/documents/homevisiting\\_issuebrief\\_summer2011\\_000.pdf](http://www.scaany.org/policy/documents/homevisiting_issuebrief_summer2011_000.pdf)



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