

**Written Statement of the  
National Association of Public Child Welfare Administrators**

**Hearing on Early Support for Families Act**

**Subcommittee on Income Security and Family Support  
Ways and Means Committee  
U.S. House of Representatives**

**June 23, 2009**

Chairman McDermott, Ranking Member Linder, and members of the Subcommittee on Income Security and Family Support of the Committee on Ways and Means, the National Association of Public Child Welfare Administrators, an affiliate of the American Public Human Services Association, respectfully submits this statement for consideration of H.R. 2667, the Early Support for Families Act.

APHSA is a nonprofit, bipartisan organization representing state and local human service professionals for more than 79 years. NAPCWA, created as an affiliate in 1983, works to enhance and improve public policy and administration of services for children, youth and families. As the only organization devoted to representing administrators of state and local public child welfare agencies, NAPCWA brings an informed view of the problems facing families today to the forefront of child welfare policy.

NAPCWA appreciates the sponsors of this legislation, Reps. Jim McDermott, Danny Davis, Todd Platts and James McGovern, for recognizing the value of home visitation in the prevention of child abuse and neglect. As Title IV-B focuses on preventative services, many NAPCWA members regard this is an appropriate location for home visiting programs.

**Prevention of Child Abuse and Neglect**

According to the National Child Abuse and Neglect Data System, 1,760 children died of abuse and neglect in 2007.<sup>1</sup> These statistics highlight the need for preventive child abuse and neglect programs, and NAPCWA members continually work to improve the lives of children. We also understand, often first-hand, the positive effects of home visitation programs in abuse and neglect prevention. The Early Support for Families Act provides a forum for discussions on home visitation improvement and funding. Because of this, NAPCWA members express their support.

With 3.2 million reports of maltreatment in 2007, state and local agencies need greater support from the federal government in order to effectively finance home visitation prevention. All families can benefit from qualified mentors, available information and usable resources when facing the struggles of family life and parenting. Abuse and neglect often stem from an unstable

home environment; yet, through home visitation programs, stability and continuity can be established so that children may experience healthy growth, emotionally and physically.

The goal of NAPCWA is always to ensure the best interests of the child. Thus, providing safe homes with their own families is preferred to foster care placement. Home visitation services provide another resource to prevent children entering into the child welfare system. Home visitation programs offer families guidance, information, risk assessment and parenting strategies at home.<sup>2</sup> Home visiting programs have a long history in the United States dating back to the 19<sup>th</sup> and 20<sup>th</sup> centuries.<sup>3</sup> A National Center for Children in Poverty survey found that 40 states reported funding one or more home visitation program, representing 70 distinct programs.<sup>4</sup>

### **State Efforts**

As the committee discusses federal home visitation legislation, states continue to utilize a variety of home visitation programs. Each program strives to create safe and stable home environments for children and families. Though the program types and methods vary, the two state examples below represent evidence-based, effective home visitation implementations.

#### *New York*

The New York State Office of Children and Family Services, in collaboration with the New York State Department of Health, operates the home visitation program, Healthy Families New York. HFNY is an affiliate of Healthy Families America, a national initiative of Prevent Child Abuse America.<sup>5</sup>

Healthy Families provides in-home services to new and expectant parents or families. From prenatal preparation to after-birth adjustment, HFNY guides and supports expecting parents. HFNY screens participants to identify possible stressors and risk factors and then offers home-based services until the child is in school or Head Start. This home visitation program remains respectful of cultural diversity while focusing on the health of the child. HFNY connects families with medical providers and community-based services to prevent child abuse and neglect.<sup>6</sup>

New York's comprehensive home visitation program extends a hand to isolated and needy families through its Family Support Workers, trained individuals from the community sent to work with families in a supportive and positive manner. Both public and private agencies sponsor HFNY within each community and assist parents in establishing meaningful bonds with their children.<sup>7</sup>

Health Families New York, through Healthy Families America, provides a pathway toward safety, stability, and self-sufficiency for parents and families. Though focused on the well-being of the child, HFNY understands that to positively affect children it must first help its own participants, the parents.<sup>8</sup>

## *Wisconsin*

Wisconsin provides two state-funded home visitation programs, Family Foundation and Empowering Families Milwaukee, based on separate models.

Results from the Family Foundation Program suggest positive outcomes for children and families. Family Foundation consists of ten sites; three urban communities, six rural sites, and a tribal site. It provides voluntary, comprehensive public health–home visitation services to first-time Medicaid-eligible mothers. These mothers must have children who are deemed at risk for abuse or neglect. Children and their families are enrolled at birth or soon after and may be eligible for services until age 3.<sup>9</sup>

In 2003, Family Foundation-substantiated child abuse and neglect cases were 25 percent of what could be expected given the target population. Out-of-home placements were less than 25 percent of what could be expected. Emergency room visits were less than half that of other Medicaid children up to the age of 5 and the percent of children receiving all scheduled Health Check exams was 83 percent, greater than the federal standard.<sup>10</sup>

Empowering Families Milwaukee, established in 2005 with lessons learned from the Family Foundation program, assists pregnant women and women with infants up to 2 months old who are at risk for poor birth outcomes. Participants fall into a target area defined by a high incidence of poverty, infant mortality and low birth weight, late entry to prenatal care, teen pregnancy, sexually transmitted diseases, lead poisoning and child welfare reports.<sup>11</sup>

EFM's goals are to improve birth outcomes, enhance family functioning, support child health and development, and prevent child abuse and neglect. The program follows the 12 Critical Elements of Home Visiting and subscribes to the Parents as Teachers curriculum. Particular EFM strategies include: community and culturally competent services, outreach to recently impregnated women, access to health and social support, nutrition education, breastfeeding assistance and help with safe sleep practices.<sup>12</sup>

Three member teams comprised of a public health nurse from the City of Milwaukee Health Department, a social worker and a community health worker from community-based organizations provide participants with services. Families receive services based on their level of need and the program seeks to develop long-term relationships with clients. Services can be provided until the child is 5 years old and families can continue to receive program services if they move from the targeted ZIP code area to another area in the city of Milwaukee.<sup>13</sup>

## **Recommendations**

### *Flexibility in Model Choice*

Research suggests different types of home visitation models benefit families with children and families expecting children.<sup>14</sup> Each model targets a specific population in accordance to identified goals and outcomes. States employ these models to provide services to needy populations in their communities. Many states support multiple evidence-based models to offer a

wide variety of services to families. Because the needs of these families differ, states require flexibility in the type of model it chooses to implement.

We support the inclusion of all evidence-based models as eligible programs and recommend that states are afforded flexibility in their implementation.

### *Maintenance of Effort*

In order to operate home visitation programs, many states use a combination of state and federal funds to provide necessary resources. Temporary Assistance for Needy Families and Title IV-B, Part 2 offer states monetary assistance to target specific home visitation services to needy populations. Without federal funds, many states would be unable to support these vital programs at current levels. Therefore, the maintenance-of-effort provision in H.R. 2667 poses challenges to states' ability to apply for home visitation grants.

This legislation requires states to maintain FY 2009 expenditures on home visitation programs and prohibits the use of federal funds for the state match obligation. In current practice, FY 2009 expenditures on home visitation programs include federal funds. Thus, to comply with the maintenance-of-effort provision, states would have to devote more state dollars to home visitation programs than in FY 2009. Given today's fiscal climate, states would be unable to designate additional funds to home visitation programs.

For example, Wisconsin operates several home visitation programs of which two are state-funded. The state-funded Family Foundations program provides comprehensive public health visitation to Medicaid eligible mothers who exhibit risk factors for child abuse and neglect. The state general-purpose revenue funds this program at \$995,000. The other state-funded program uses \$812,000 in TANF dollars and in-kind contributions from the Milwaukee Health Department to target services at pregnant women and women with infants to improve birth outcomes; enhance family functioning; support child health, safety and development; and prevent child abuse and neglect. The maintenance-of-effort provision in this legislation would challenge Wisconsin's ability to continue these state-funded programs.

We strongly recommend the removal of the maintenance-of-effort provision, as it would hinder states' ability to access new federal funding in H.R. 2667. Home visiting programs and support services are integral tools to prevent children and families at risk of becoming involved with the child welfare systems. State agencies strive to encourage evidence-based home visitation models that will benefit children and families. This maintenance-of-effort provision would only burden states and harm, rather than help, their ability to utilize more evidence-based home visitation programs.

### **Conclusion**

NAPCWA is convinced that all children should have the opportunity to flourish in a safe, stable and nurturing environment. Public child welfare administrators feel these experiences should begin at home. We urge you to support and expand evidence-based home visitation programs for states to invest in cost-effective, promising approaches for children to grow and thrive to become

productive members of society. We appreciate the committee's efforts to strengthen home visitation programs through this legislation and encourage collaboration with public child welfare administrators.

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<sup>1</sup> Child Welfare Information Gateway. *Child Abuse and Neglect Fatalities: Statistics and Interventions* (Washington, D.C., 2008), 2.

<sup>2</sup> Johnson, Kay. *State-Based Home Visiting: Strengthening Programs through State Leadership*, National Center for Children in Poverty, 2009.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> New York State Office of Children & Family Services, *Healthy Families New York*, [http://www.ocfs.state.ny.us/main/prevention/home\\_visiting.asp](http://www.ocfs.state.ny.us/main/prevention/home_visiting.asp).

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Wisconsin Department of Children and Families, e-mail to the National Association of Public Child Welfare Administrators, June 17, 2009.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Johnson, *State-based Home Visiting*, 6.