



UNLOCKING POTENTIAL: THE NJ PRITZKER LEADERSHIP TEAM
HOME VISITING CONSENSUS DOCUMENT
JULY 16, 2019

This consensus document is intended to document key information and decisions made during the planning meeting held on July 16, 2019. This information will be reviewed by meeting participants for edits and additions and then finalized. The finalized consensus document will serve two purposes: to document the outcomes of the planning meeting and to inform the development of a community-wide Infant and Toddler Strategic Plan supported by the Pritzker Children's Initiative.

The purpose of the meeting was to re-think New Jersey's home visiting system with new goals in mind, including expanding the system toward universality and considering a system where all families can participate. The goal, per the Pritzker grant application, is to reach 27,000 low income children across four areas: home visiting, child care, infant mental health and maternal and child health. Meeting participants supported the development of a goal for home visiting to contribute to this overall goal.

Demographic snapshot: Approximately 102,000 babies are born each year in New Jersey; 28% of births are covered by Medicaid. Black babies and mothers are experiencing significantly worse perinatal outcomes compared to their white peers including rates of low birth weight (12.5% for black babies versus 6.7% for white babies). The infant mortality rate for black babies is 8.7 deaths per every 1,000 live births versus 2.6 for white babies.

Home Visiting System Background: New Jersey's current state-managed system invests over \$20 million, primarily from federal sources, in 4 evidence based home visiting programs serving 3,500 children and their families per year. These include: Nurse-Family Partnership (NFP); Healthy Families America (HFA); and Parents As Teacher (PAT). NFP, HFA and PAT are available in every county in the state. Programs are delivered by 65 nonprofit partners who employ 300 home visitors. Home Instruction for Parents of Preschool Youngsters (HIPPPY) is also supported in selected counties. Additionally, there are federally funded Early Head Start home-based (EHS-HB) slots in New Jersey serving 658 families including approximately 600 infants and toddlers and 58 pregnant women. These programs employ 65 home visitors.

The state-supported home visiting system also includes programs that are not defined as evidence-based by the federal governments including a Doula program and Community Health Workers that are available in selected counties. The full home visiting systems is comprised of several privately funded models in addition to the state-supported programs. Private and publicly supported programs are described in the *Conceptual Model* that supplements this paper.

The State engages Johns Hopkins University to gather data to inform both program evaluation and support continuous quality improvement (CQI). CQI is focused on ensuring greater engagement and retention in the program to ensure participant impact.



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Central Intake is a key attribute of NJ's home visiting system. This is a single point of entry for families into the home visiting system; the system triages families to the four funded HV models and connects them to other critical supports including disabilities support, preschool programs, child care assistance, and various other programs based on what is available in that community. Central Intake is operated by a community partner (typically nonprofit) in each of the 21 counties of the state. To date, over 40,000 families have engaged with the Central Intake system per year. Current priorities for Central Intake are focused on reaching families earlier - ideally during pregnancy. There is wide variability in the implementation of the hubs and no standard protocols exist across the model.

The hubs all use a data system, Single Point of Entry Client Tracking System (SPECT), that relies on interagency agreements for data sharing to gather data on families interacting with the Central Intake system and to track the success of their referrals. A key aspect of this program is the collection of perinatal risk data. NJ currently uses a Perinatal Risk Assessment that is designed and endorsed by all MMCO's. The purpose is to screen Medicaid-eligible pregnant patients for risk for fetal or infant death or infant morbidity. The goal of risk assessment is to prevent or treat conditions associated with poor pregnancy outcomes, and to assure linkage to appropriate services and resources through referral. The assessment is conducted at the first prenatal visit and updated throughout pregnancy. This tool can be voluntarily utilized for privately insured patients.

The TANF Initiative for Parents (TIP) program assists parents receiving TANF in accessing home visiting and other early childhood programs with the goal of improving parenting skills and encouraging child well-being and healthy development. Families that participate in home visiting can use some of these hours toward their TANF work requirement.

National Context: in support of the Family First Prevention Services Act (FFPSA) as codified in Title IV-E of the Social Security Act, the Title IV- E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. NJ is focused on the child welfare population and anticipates future funding opportunities related to this national initiative.

Re-framing New Jersey's system: A Conceptual Framework

The framework was developed to offer a new way to frame the New Jersey home visiting system and envision home visiting that is inclusive of all families that want to participate. The framework seeks to ensure that all families see a place for themselves in the system (i.e. services are attractive and needed) and Central Intake continues to be the system connection point where families' needs are assessed, and programs are identified to suit them. The model adopts the home visiting program goals and objectives. Outcomes are based on the federal framework. The framework recognizes that there is a need for various programs beyond those that currently exist, and that programs need to vary in emphasis, dosage, intensity.

This concept will focus NJ on expanding the system to serve more participation by developing and adopting new models into the system, ensuring that Central Intake is able to manage increasing quality and diversity of participants, garnering public support and financing for the expanded system, and building capacity to ensure outcomes are achieved.

Thought bubble: Note that the framework needs to infuse more focus on relationships as a foundational concept >> relational wellness.

Moving to Action: Identifying indicators to drive action to ensure that mothers and babies are healthy, babies learn and grow, and families are strong.

REACH: New Jersey will significantly increase the number of participants in its Home Visiting System

- 65% of young children (0-3) will participate (approximately 200,000 children)
- Serve 14,000 by 2023 (double the number of families currently being served)
- Services are available to all families at 200% federal poverty level (approximately 110,000 children)

POPULATION GOALS: New Jersey will move the needle on population health indicators as a result of expanding its Home Visiting System.

- Increase breastfeeding rates (82.8% ever breastfeed; 40.6% exclusively at 3 months; 24.4% exclusively at 6 months)
- Increase the percentage of children who have health care coverage
- Close the racial disparity gap on maternal mortality, infant mortality and child deaths
- All infants and toddlers will regularly receive developmental screening (100%) and all those with concerns will be referred to Early Intervention
- Increase Kindergarten readiness (NJKEA)
- Reduce the number of substantiated cases of child abuse and neglect
- Increase the use of family leave
- Increase economic opportunity for families (reduce TANF lifetime availability usage)

PROGRAM GOALS: Across a system of various programs and models, New Jersey will monitor indicators that demonstrate their success.

- Children have adequate well-child visits according to AAP guideline
- Reduction of parental stress, depression and/or other mental health concerns
- Children are on track based on developmental and social emotional development screening (ASQ);
- Parents read and sing to children at home



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- Parent select and use high quality child care
- Families demonstrate warm and responsive caregiving
- Families transition to high quality preschool
- Children's homes are safe and free from hazard (lead)

Moving to Action: Planning for system expansion by building capacity, expanding financing and messaging impacts effectively.

FINANCING

Adopt the Think Babies Plan (link/attach) with the following additions:

- Seek to leverage resources from Families First by focusing expansion on models approved by the Clearing House (Healthy Families America and Nurse Family Partnership to-date).

Enhance Medicaid funding strategy in Think Babies:

- Potentially expand the New Jersey application to Centers for Medicare and Medicaid Services (CMS) to add 500 slots
- Identify a partner for the coalition (possibly the Medicaid Policy Center) who can identify whether the state's contracts for managed care organizations currently include indicators and measures that would lead to potential home visiting investments. If not, this partner could assist in developing model language or working with MMCO's to pilot initiatives for inclusion in the contracts.

Identify additional resources to support the advocacy to ensure the success of this strategy.

- Develop a proposal for funding.

CAPACITY

Increase understanding of the workforce conditions for home visitors.

- Conduct a study of home visitors in New Jersey to identify key issues, barriers and opportunities for support.
- Identify funding source and research partner to conduct this study.

Increase home visitor qualifications and competencies and reduce turn over. Support current and prospective home visitors in receiving the Child Development Associate (CDA) for home visitor credential.

- Identify the needs of various programs for training and the approximate demand for a CDA-home visitor initiative. Review current data on home visitor credential requirements, turnover, and home visitor interest. There are currently 365 home visitors across the four state-funded programs and early Head Start-Home Based.
- Identify if any community training organizations and institutions of higher education currently offer the CDA with home visitor emphasis. If none exist, convene potential partners along with the Council for Professional Recognition to identify a partner who could develop this program. Identify a peer program in a different state as a mentor.
- Identify potential sources of funding for this initiative (state CQI funds, Head Start grantee T/TA funds, private philanthropy). Develop a funding proposal to pilot the development of a program or expansion of existing proposal.
- Recruit participants, implement the program, and track participant outcomes (including whether they are more likely to be retained in the sector as a result of this training).

Enhance supervisor competency to effectively support home visitors. Develop a system-wide support for reflective supervision and building supervisor competencies.

- Identify a model for reflective supervision that is acceptable and feasible for use in NJ home visiting programs.
- Identify a partner to convene supervisors across programs for training and ongoing support (consider ways to use technology to convene across the state or develop regional clusters for face-to-face interaction).
- Identify funding sources to support this initiative (existing agency training funds, state CQI funds, private philanthropy).
- Roll out the initiative and collect and track participant outcomes.
- Consider how to use this forum to enhance inter-disciplinary teaming around cases and issues.

Ensure a robust pipeline of entrants to the sector who want to work in various roles including home visitor, intake coordinator, and home visitor supervisor.

- Identify what academic programs are preparing home-visitors. Work with these departments to ensure field experiences and projects that expose participants to the home visiting sector, clients and experiences.
- Partner with Labor & Industry to identify a career pathway for home visitors that articulates appropriate preparation, compensation, and career progression expectation.
- Consider developing initiatives to promote the pathway and recruit high school and early career professionals to consider the home visiting profession.
- Consider what other supports the home visiting workforce needs and can learn from other aspects of the early learning system including quality rating and improvement system (QRIS) and professional development registry.

MESSAGING

Adopt vision and impact statements to convey the universality of the home visiting system and expected outcomes to children and families, including:

- All parents need extra help when bringing home a new baby. Home visiting programs and the work of their skilled and trained home visitors are a proven investment that support expecting and new parents as they nurture their child's healthy development. It's a smart investment in our youngest children and families that pays dividends over time.
- Home visiting programs ensure moms and babies are healthy, children are safe, and ready for school.
- Early investments pay off for the child, family and state – identify data relevant to specific audience.

Change name of Central Intake to something more engaging for families of various demographic and economic backgrounds by December 2019.

- Engage a professional communication firms to help in selecting a new name and rebrand. Determine the budget and funding source for this contract.
- Get all agencies to agree to use the new name and brand via revisions of state contracts and support with training.

Link outcomes with investment in home visiting; develop a report with data to inform public and policymakers by June 2020.

- Identify a research or policy partner to develop an impact report.
- Determine the budget and funding source for the report.
- Support data collection via various channels.
- Conduct focus groups with parents and providers to get feedback and testimonials regarding their experiences in home visiting.



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- Develop a report on the indicators of success that are measured and reported by program-type.

Redefine home visiting in New Jersey as a universal approach with various models that can assist all families by December 2020

- Create a messaging campaign to emphasize the multiplicity of models in the system and the benefits to diverse families. Ground the campaign in expected outcomes for children and families and use stories to show how different families can “fit” in the universal system.
- Identify partners for the campaign including advocates, community anchors, existing model operators, health care providers, etc.
- Develop a budget for the campaign and identify a funding source.
- Engage parents as spokespersons for the campaign.
- Work with employers to share the campaign messages and direct employees to the Central Intake for services.

Pilot a universal program of home visiting (such as Family Connects) to reinforce message that all parents need help by June 2020.

- Determine the budget and funding source for this pilot.
- Identify new models to add to the system with a goal of diversifying the model emphasis, target population and dosage.
- Identify implementation partners to conduct the pilot.