

# HOME VISITING PROVIDED BY IDAHO'S PUBLIC HEALTH DISTRICTS

December 2019 Report to the Child Protection Oversight Committee

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## Overview

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- The aim of [Idaho's Home Visiting Programs](#) is to put future generations of Idahoans on the best path for success by *preventing* child abuse and neglect, *decreasing* adverse childhood experiences, and *increasing* parental knowledge of early childhood development, early detection of developmental delays, school readiness, and resiliency
- 2018 & 2019: Public Health Districts received \$1,600,000 to expand home visiting services from 12 to over 30 counties across the state
- 3 home visiting programs are offered in Idaho: Parents as Teachers®, Nurse Family Partnership®, and Infant and Early Childhood Mental Health Therapy
- Continuation of state appropriated funding is necessary to support access to home visiting services throughout Idaho

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## Home Visiting Efficacy

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- A CDC Task Force found that home visiting programs reduced child abuse and neglect by approximately 40%
- Child participants scored higher on standardized measures of reading, math, and language at kindergarten entry and later grades
- Improves parenting capacity, parenting practices, and parent-child relationships
- Child participants are more likely to meet American Academy of Pediatrics well-child visit recommendations
- Children enrolled in a home visiting program are 5 times more likely to be fully immunized

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## Idaho Home Visiting Facts

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- Wait lists and/or access barriers exist in all districts
- Referrals come from courts, WIC, doctor offices, hospital, schools, and IDHW
- Eligibility general requirements include, but are not limited to low-income, parent under 21 years, child protection, child welfare, chronic health conditions, developmental delay, mental health conditions, homeless, unstable housing, first-time parent
- Families are visited approximately 2 times per month
- Public Health Districts will submit their annual reports to LSO by December 31, 2019

## Supplemental Information

The Public Health Districts' (PHDs) receive \$1,600,000 through a supplemental appropriation transfer from Department of Health and Welfare's Child Welfare Program. The estimated need for home visiting services in our state far exceeds our capacity to provide those services.

Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds granted to IDHW's Division of Public Health (and sub-granted to PHDs) are restricted to twelve at-risk counties identified through a statewide needs assessment. That leaves 32 counties across the state relying exclusively on State General Funds for home visiting.

Since 2012, over 2,100 families (and over 2,300 children) have received home visiting services funded by MIECHV. That still leaves almost 14,000 families in Idaho who could benefit from home visiting services beyond the current MIECHV budget capacity and service areas.

***One of the goals of home visiting is to prevent child abuse and neglect.*** In 2017, Idaho had 20,948 total referrals for child abuse and neglect. Of those, 8,568 reports were referred for investigation. In 2017, there were 1,832 victims of abuse or neglect in Idaho, a 9.4% increase over 2013. In 2017, there were 10 child deaths resulting from abuse or neglect reported in Idaho. Home visiting programs reduce healthcare encounters for child injuries.

***Home visiting increases healthy pregnancies, improves birth outcomes, and increases the length of time between pregnancies.*** Over 2,400 pregnancies in Idaho received inadequate prenatal care, and 194 live births occurred after no prenatal care at all. There were 1,552 low birth weight live births in Idaho in 2017 and 1,939 pre-term births (not mutually exclusive). Home visiting programs directly contributed to decreases in prenatal cigarette smoking by 25% in 2017 as well as decreases in substance use, hypertensive disorders of pregnancy, low birth weight, behavioral problems, and adolescent crime, and contributed to increased rates of breastfeeding (97%) and immunizations (85%) in 2018.

***Home visiting increases early identification and referral to services for possible developmental delays and other health issues in children.*** In Idaho, the Children's Developmental Disabilities Services Program includes multiple "pathways" for qualifying children to receive services: traditional services, family-directed services, and school-based services. The step-by-step guide to apply for services includes a 6-step assessment process and then a 5-step application process.

Navigating the interviews, tests, appointments, and documentation to apply for these services, and navigating the unique pathways, could be a barrier to families with multiple target criteria (low-income, single parent, low education attainment of parent/s, etc.). Home visitors can help families navigate these services. Home visitors are often the first to identify a problem and get families connected with services sooner.

***Home visiting improves parenting capacity, parenting practices, and parent-child relationships.*** 1,351 children in Idaho lived apart from their families in out-of-home care in 2014. Of these children, there were 519 ages 5 or younger. Improved economic self-sufficiency brings down spending on social and other government program costs, and results in significant improvements in Protective Factors of family functioning, social support, and concrete support.

***Home visiting has been proven to increase children's school readiness and school success.*** Nearly half of Idaho children entering Kindergarten cannot identify more than 11 letters in the alphabet – that puts us last in the country for this readiness benchmark. Idaho is one of only four states that does not invest in prekindergarten or school-readiness programs. As a result, just 35 percent of Idaho's 3- and 4-year-olds are attending preschool. From these shaky beginnings, Idaho kids starting off at a disadvantage only see their struggles compound. For example, in 2017, 38 percent of Idaho fourth-graders scored proficient in reading and 35 percent of eighth-graders scored proficient in math. Decreases in maternal depression and social disadvantage lead to improvements in child cognitive and language development, which is associated with better academic achievement in the first six years of elementary school.