

#1 The Pew Home Visiting Campaign Promising Practices Series

highlights state initiatives that can serve as a model for improving the efficiency and effectiveness of state home visiting investments and expanding the availability of these critical services to more high-risk families.



KENTUCKY

Joining HANDS for a Comprehensive System of Care

The needs of at-risk families are complex and typically include a variety of economic, health, social, and educational concerns. The services available to address these needs are usually delivered through a wide, yet disjointed, array of programs and providers, which can lead to poorer outcomes and an ineffective use of state resources. Recognizing the

detrimental impact of this fragmentation, policy makers in Kentucky—like many of their peers across the nation—are seeking to incorporate home visiting within comprehensive, integrated early childhood systems that are capable of yielding measurable improvements in the lives of children and families, as well as meaningful savings to taxpayers.

WHAT IS HOME VISITING?

High-quality, voluntary home visiting programs pair families with trained professionals who provide ongoing information and support services in the families' homes during pregnancy and through the child's early years. These programs can improve both immediate and lifelong family and child outcomes and can benefit society through direct cost savings, more self-sufficient families, and a well-developed workforce. Economists have found that, when well designed and implemented, home visiting programs return up to \$5.70 per taxpayer dollar investedⁱ through a variety of important gains, such as:

- A 50 percent decrease in low-birthweight births.ⁱⁱ
- Reductions of 35 percent and 40 percent in children's likelihood to end up in the emergency room and to need treatment for injuries and accidents by age two, respectively.ⁱⁱⁱ
- Higher grade-point averages and math and reading achievement test scores in third grade among participating children.^{iv}
- An 82 percent increase in the number of months participating mothers were employed.^v
- A 46 percent boost in fathers' presence in households by the time the baby was four-and-a-half years old.^{vi}

With their potential to reduce the demands on cash-strapped health care and child welfare systems, home visiting programs are a smart investment for both the short- and long-term strength of families and states' economies.

Cultivating a Systems Approach through Home Visiting

While the effectiveness of home visiting as a discrete service has been documented in a large body of research,¹ the magnitude of these effects is likely influenced by the broader early childhood system in which home visiting programs operate. A small but growing evidence base suggests that participant outcomes are improved when home visits are delivered in close coordination with other services.² In keeping

with these indications, the federal [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) program](#) requires states to describe how home visiting both integrates with other programs and contributes to the development of a comprehensive, high-quality early childhood system. Practices related to participant intake, screening, assessment, referrals to additional services, care coordination, case management, and policy advocacy represent important opportunities for home visiting programs to advance a more integrated, collaborative approach to serving families.

Kentucky's HANDS Program

Lessons Learned

Kentucky's [Health Access Nurturing Development Services \(HANDS\)](#) program offers a promising model for integrating home visiting within a broader continuum of early childhood services. Although at press time, HANDS was not yet recognized as evidence-based by MIECHV, the program's effectiveness has been documented through multiple evaluations³ that have been submitted to the U.S. Department of Health and Human Services for review.

Since its inception, HANDS has been grounded in a comprehensive approach to addressing the needs of children, mothers, and fathers. HANDS launched statewide in 2000 as part of [KIDS NOW](#), a carefully crafted legislative initiative to broadly enhance the effectiveness of the state's early childhood system. KIDS NOW was designed to reflect the analytic findings of an Early Childhood Task Force charged with creating a 20-year strategic plan to promote the success of Kentucky's children. As described by task force member Kim Townley, *"The plan needed to capitalize on strengths in existing systems, such as prior investments in pre-k education, so the task force set out to establish a really clear picture of what was already in place and what was missing."* Based on this assessment, the task force recommended several investments to address critical gaps in the state's early childhood system,

including improvements in medical, child care, and family support services. Within three years after the legislature adopted these recommendations, HANDS was operating in all 120 Kentucky counties.

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—Kim Townley, *Kentucky Early Childhood Task Force member*

HANDS is designed to be comprehensive and inclusive. First piloted in 1998, the program is modeled after [Healthy Families America](#) and [Hawaii Healthy Start](#) and serves at-risk, first-time parents. Trained paraprofessionals work closely with professional supervisors—nurses and licensed clinical social workers—to respond to the diverse needs of families. HANDS home visitors utilize the [Growing Great Kids](#) curriculum (a strengths-based approach to promoting parenting skills, child safety and development, and family health) and provide linkages to a broad range of community resources, with a special emphasis on medical services. HANDS is administered by local health departments, facilitating referrals to related county-sponsored



KENTUCKY'S HOME VISITING SYSTEM AT A GLANCE

Kentucky delivers home visiting services through Health Access Nurturing Development Services (HANDS), a state-developed program that launched in 2000 and has operated in all 120 counties since 2003.

Capacity: The HANDS program provided about 160,000 home visits to first-time parents in FY2010 and serves more than 10,600 families each year.^{vii}

Eligibility: Participation is open to all first-time parents deemed at risk, including those who are single, have received inadequate prenatal care, or considered terminating their pregnancy, as well as those who exhibit two or more risk factors related to unemployment, isolation, history of substance abuse, unstable housing, limited parental education, domestic violence, and maternal depression. Screening typically occurs during pregnancy, but eligibility determinations may be made up until the child is three months old.

Populations Targeted: High-risk families are targeted, but screening and eligibility criteria are fairly inclusive. As a result, approximately 38 percent^{viii} of all first-time parents have some level of interaction with the program.

Organization: HANDS is administered by the state Department for Public Health, with home visiting services delivered by county health departments.

Staffing: Some local health departments rely heavily on trained paraprofessionals to provide home visits, while others utilize only professional staff, and still others use a mixed staffing model. In all cases, home visitors work closely with professional supervisors (nurses and licensed clinical social workers) who are responsible for initial client intake and assessment. Families served by paraprofessionals also receive home visits from a professional at least once each quarter. Supplemental health services, such as maternal depression screening and fluoride varnishes for children's teeth, may also be delivered by professional staff during home visits.

Financing: In FY2012, Kentucky plans to spend about \$22.4 million on the HANDS program, with roughly two-thirds of this total expected to be drawn from the federal Medicaid match.^{ix} State support for home visiting services (i.e., the state's share of Medicaid expenses, as well as costs associated with participants who are ineligible for Medicaid) is financed through Kentucky's tobacco settlement fund.

services (e.g., the Women, Infants, and Children [WIC] nutrition program; immunizations; smoking cessation; early intervention for developmental delays; substance abuse treatment). To further improve health care access, nurses or social workers deliver some clinical services, such as maternal depression screenings and fluoride varnishes for children’s teeth, during home visits.

Financing for HANDS reinforces the program’s strong emphasis on health-related services. Kentucky’s Medicaid program has reimbursed home visiting services through the targeted case management (TCM) benefit since 2000. Federal rules mandate that, in order to qualify for reimbursement, TCM services must include a comprehensive assessment of participant needs, the development of customized care plans, and referral to appropriate follow-

on services. Although HANDS was not originally designed as a Medicaid benefit, the program has adopted care management policies consistent with federal requirements.

Though most HANDS participants are Medicaid eligible, and Medicaid represents the dominant funding source for HANDS, all at-risk families can access the program’s comprehensive services regardless of income level. These inclusive eligibility criteria are made possible by a dedicated financing mechanism, which directs 25 percent of Kentucky’s tobacco settlement fund to the implementation of the various activities included in the KIDS NOW initiative. A portion of this fund is used to cover program costs for both the small proportion of HANDS participants who are ineligible for Medicaid—about 15 percent⁴—and the state’s share of expenses for Medicaid-eligible participants.

Research suggests that Kentucky’s strategy of dedicating funding to high-quality home visiting that ensures linkages to health and other services is paying off. The state has invested in multiple studies conducted by REACH of Louisville that document the effectiveness of HANDS services. These evaluations show that HANDS participants have lower rates of preterm birth, infant mortality, developmental delay, emergency room usage, and





substantiated child abuse and neglect relative to nonparticipants.⁵ These outcomes not only reduce disease and disability among participants, but also result in significant cost savings for the state's health care system. Kentucky's Department for Public Health estimates that approximately \$23 million in medical costs are avoided each year due to improved health outcomes.⁶

Continuing Challenges

Dedicated financing has shielded HANDS from the fiscal austerity many state programs are facing, but reliance on tobacco settlement funds has created its own form of budgetary pressure. While those payments are assured in perpetuity, state receipts fluctuate each year and are expected to dwindle in the future due to declining cigarette sales.⁷

Kentucky received \$106.7 million in settlement payments in FY2001.⁸ By FY2011, however, levels had declined to \$99.8 million,⁹ and they are projected to drop to \$89.8 million in FY2016.¹⁰ Reduced tobacco settlement revenue has forced difficult resource allocation decisions for the various early childhood programs financed under KIDS NOW. To date, HANDS' strong track record of success has helped the program retain funding in this challenging environment. With tobacco settlement funds expected to become increasingly constrained, HANDS' demonstrated effectiveness and cost savings—which largely accrue to Medicaid—may prove instrumental in persuading state policy makers to find alternative sources of funding for the program.

Further, as state leaders seek to maximize the effectiveness of home visiting services, additional investments beyond current funding levels may be required. For example, unlike Healthy Families America, which provides home visiting for a minimum of three years after a baby's birth, HANDS services are typically provided only until a child reaches two years of age. Some in Kentucky argue that increasing the program's duration to three years would enable an increased focus on school readiness and would facilitate families' transitions from home-based services to the center-based supports available through pre-k programs.

Opportunities Related to the Federal MIECHV

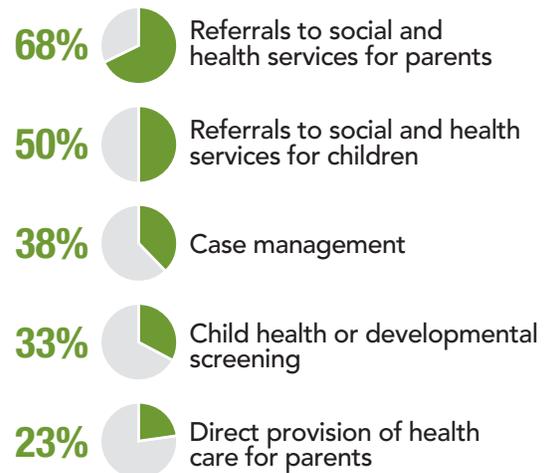
State officials have identified a number of opportunities to magnify the impact of HANDS services. U.S. Department of Health and Human Services grants allow Kentucky to implement a variety of program enhancements in nine of the state’s highest-risk counties. These enhancements include:

■ **Expanding home visiting to all at-risk parents:** Kentucky’s needs assessment conducted for the federal MIECHV program revealed that a substantial portion of teen and other at-risk mothers are not first-time parents. Expanding program eligibility to these parents will allow HANDS to reach significantly more families who could benefit from home visiting services.

■ **Providing mental health services in the home:** HANDS has well-established protocols in place to identify signs of depression or other mental illness and to make referrals for treatment. However, in eight of the nine counties targeted for MIECHV funds, HANDS tracking data indicated poor follow-up among mothers referred for depression treatment. In response, these counties

are implementing a program delivered in the home by mental health specialists working closely with HANDS home visitors. The program will utilize [In-Home Cognitive Behavioral Therapy](#), an evidence-based treatment developed by the Cincinnati Children’s Hospital Medical Center, specifically designed to integrate depression treatment with on-going home visitation.¹¹

Estimated Percent of U.S. Home Visiting Programs that Incorporate HANDS Promising Practices



SOURCE: M. A. Sweet and M. I. Appelbaum, "Is Home Visiting an Effective Strategy? A Meta-Analytic Review of Home Visiting Programs for Families with Young Children," *Child Dev* 75, no. 5 (2004).

HANDS Outcomes and Potential Related Medical Cost Savings

Outcome	Estimated Cost Per Case*	HANDS Impact	Estimated Annual Cost Savings
Preterm Births	\$49,000	32% reduction	\$16,900,000
ER Use	\$420	50% reduction	\$5,700,000
Child Abuse	\$10,400	N/A	\$685,940
Child Neglect	\$1,900	33% reduction	\$90,900
Infant Mortality	N/A	70% reduction	N/A

*The original calculations used estimated costs per case drawn from the Children’s Safety Network. The estimated costs per case for child abuse and child neglect are hospitalization costs only and do not consider costs associated with Child Protective Services or other expenditures.

Source: Kentucky Cabinet for Health and Family Services and Department for Public Health, *Home Visiting: A Healthy Return on Investment-a Presentation for the Prichard Committee*.

■ **Strengthening the system of care:**

Federal MIECHV dollars allow Kentucky to strengthen linkages among the state’s various early childhood agencies and providers. Currently, programs within county health departments generate the vast majority of referrals to HANDS. Improvements are planned to strengthen system integration in targeted counties through the implementation of a screening tool that can be used by a wide range of organizations to identify at-risk families eligible for home visits. Better coordination between HANDS and other service providers to assist families in accessing a full range of wrap-around services, such as vocational training and GED classes, is also planned.

These enhancements will allow Kentucky to continue refining HANDS and to augment the contributions of home visiting to the development of a more fully integrated and truly comprehensive early childhood system of care.



Key Takeaways and Resources

Kentucky has developed a home visiting program that is comprehensive in scale of implementation, breadth of services, and level of integration with other child-serving agencies and programs.

A variety of factors have contributed to HANDS' ability to achieve these goals, including:

- A relatively ambitious program design that seeks to influence multiple goals related to early childhood health and development;
- An objective and inclusive planning process that catalyzed the program's implementation statewide;
- Dedicated financing mechanisms that encourage service coordination; and
- Evaluation results that document the cost-effectiveness of home visiting services.

These practices reflect many of the core components identified in the Pew Center on the States' [Policy Framework to Strengthen Home Visiting Programs](#).

Despite its many achievements, HANDS continues to pursue opportunities to advance a more comprehensive,

coordinated system of care. Ongoing improvement efforts are focused on:

- Ensuring that potential partners are fully involved in identifying families likely to benefit from home visitation;
- Assessing the extent to which home visiting services address families' multifaceted needs; and
- Adapting home visiting practices to better respond to unmet needs by expanding the types of home-based services offered and improving referrals to, and coordination with, community-based resources.

For more information, visit the HANDS website at <http://chfs.ky.gov/dph/mch/ecd/hands.htm>.

Conclusion

States can maximize the effects of investments in home visiting by ensuring that services are fully integrated within a broader system of care that addresses the diverse needs of families. Embracing a family-centered orientation requires a critical assessment of home visiting practices, as well as a holistic understanding of the context in which these services are delivered. Kentucky's HANDS program offers a model for other states seeking to expand and enhance quality home visiting, improve the lives of children and families, and save taxpayers money.

Endnotes

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Sidebar Notes

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- vi H. Kitzman et al., “Enduring Effects of Nurse Home Visitation on Maternal Life Course: A 3-Year Follow-up of a Randomized Trial,” *Journal of the American Medical Association* 283, no. 15 (2000).
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Acknowledgements

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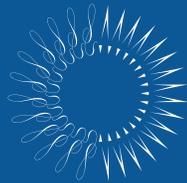
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The Pew Home Visiting Campaign partners with policy makers and advocates to promote smart state investments in quality, voluntary home-based programs for new and expectant families.

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