

2013 Maine Home Visiting Summary Report

Maine Department of Health and Human Services

Ensuring a Strong Start for Maine's Infants and Toddlers



As stated by Maine's 125th Legislature in 2011, "A Resolve to Ensure a Strong Start for Maine's Infants and Toddlers by Extending the Reach of High-quality Home Visitation," Maine is committed to maintaining a cohesive and accountable statewide home visiting system for improving childhood health and cognition outcomes, preventing child abuse and neglect, enhancing future productivity, and reducing future demand on tax-supported services.

This commitment is evidenced in *Maine Families*, Maine's state-administered voluntary home visiting program for pregnant women, expectant fathers, and parents or primary caregivers of children from birth to age three. Offered in every county of the state through a well-established and rigorously accountable system of performance-based contracts with local agencies, *Maine Families Home Visiting* is an evidence-based program that is delivered by trained specialists to ensure safe home environments, promote healthy growth and development for babies and young children, and provide key connections to needed services. Home visitors use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their baby.

Quick Facts SFY2013

All Maine Families Home Visiting programs share a single web-based Family Records System that allows for statewide evaluation and continuous quality improvement. All data listed below is from independent data report generated by HZA, Inc. for the State Fiscal Year 2013 reporting period July 1, 2012 to June 30, 2013, unless noted otherwise.

SERVICE DELIVERY STATISTICS

- 2,328 families served
- 2,535 children served
- 21,047 home visits conducted
- 12 months average length of participation per family, with length of service based on family needs
- 51% of families enrolled prenatally

PARTICIPANT DEMOGRAPHICS

Age of mother at birth of first child

- 40% of participants were 22 or younger when their first child was born
- 131 participants were under 18 when their first child was born

Education level

- 18% of participants had not completed high school
- 38% of participants had completed high school or GED
- Less than half of participants had any education beyond high school

Marital status

- More than one-quarter of participants were single parents (27%)
- Less than 40% of participants were married (36%)

Household income

- Over 40% of participants had an annual income of under \$10,000 (40.6%)
- The majority of participants had an annual income of less than \$20,000 (62%)

Following the nationally recognized Parents as Teachers (PAT) evidence-based model and curriculum, the intensity and length of service is matched to family needs in response to an individualized needs assessment. This allows for careful optimization of resources, in which highest-need families receive more frequent visits over a longer period of time. Priority is given to adolescent parents, families living in poverty, and families struggling with substance use, mental health, co-occurring, or family violence issues. Priority is also given to families living in remote rural areas, recognizing that other services are not easily available or accessible.

In State Fiscal Year 2013, *Maine Families Home Visiting* served 2,328 families based on family identified needs, reaching 2,535 infants and toddlers. The families who received home visits were largely young (40% under age 23 at their child's birth), single or unmarried (64%), and likely to be facing economic challenges (over 40% of the families had incomes under \$10,000 for the year).

In recognition of the demonstrated outcomes and accountability of the Maine Families Home Visiting program, Maine received a competitive four-year Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grant to expand *Maine Families* capacity to serve more vulnerable families statewide. The grant has a special focus on serving families with needs related to substance use, mental health, cooccurring, and/or family violence issues, those in rural areas, and those living in tribal communities. A portion of the federal grant funding is allocated to systemswide improvements including enhanced collaboration. evaluation, and sustainability planning, as well as the creation of a Fetal Alcohol Spectrum Disorder/Drug Affected Baby Coordinator position at the Maine Office of Substance Abuse and Mental Health Services.

With a baseline operating budget of less than \$6 million for direct service, the statewide network of 17 Maine Families Home Visiting sites employed over 135 trained specialists serving more than 2,300 families this year. The program's performance-based contracting structure, together with its commitment to evaluation and quality assurance, has demonstrated an exceptionally high level of accountability, as well as consistently positive outcomes for participating children and their families.

*2013 Maine KIDS COUNT Data Book: http://www.mekids.org/2013-maine-kids-count-data-book.php



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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Quick Facts SFY2013, continued

CHILD AND FAMILY OUTCOMES

Prenatal Care

88% of expectant mothers received adequate prenatal care.

Preventing Unintended Pregnancy

 92% of women who were not seeking to become pregnant were taking measures to prevent unplanned pregnancy.

Health Care for Children

- 93% of children had up to date immunizations (73% statewide*).
- 99.5% of children had an identified Primary Care Provider (Statewide, 36.6% of children do not have a medical home*).
- 97% of children had health insurance (95% statewide*).
- 89% of children were up to date with well-child check-ups.

Protecting Children from Violence, Abuse and Neglect

• In FY2013, Maine Families served increasing numbers of families involved with Child Protective Services (CPS). Of families involved with CPS at enrollment, 95% had no further substantiated allegations for child abuse or neglect during their participation with Maine Families. Home visitors prevent child abuse and neglect by helping families to build skills and confidence for managing the stresses of parenting a young child. Home visitors provide tools for understanding child behavior and addressing behavior challenges. In addition, home visitors comply with all state requirements for mandated child abuse and neglect reporting.

Secondhand Smoke

 Home visitors provide ongoing support for tobacco cessation and eliminating child exposure to second-hand smoke. In FY2013, onethird (36%) of babies who were exposed to second-hand smoke at 3 months of age were no longer exposed at 9 months of age, reducing their risk of developing respiratory and other related health issues.

Developmental Screening and Intervention

 As a result of routine screening by trained home visitors, more than 130 children were identified with possible developmental delays and provided supports to help address those delays early before more costly remediation is needed in school.

Home Safety

Home visitors help families to prevent child injuries and trips to the
emergency department by administering a Home Safety Assessment
at least every six months. At subsequent visits, home visitors check in
to make sure safety improvements have been made. As a result,
nearly 100% of Maine Families participants are following
recommended safety practices in most categories, with the largest
improvements seen in household, burns, sleep, and poison safety.

Increasing Family Self-Sufficiency

 Maine Families staff made more than 4,000 referrals on behalf of families. Nearly all enrolled families had adequate food and heat in their homes, facilitated in part by referrals of assistance to those in need.