

# Evidence-Based Home Visiting Strengthens Montana Families



## What is Home Visiting?

Home visiting is a **voluntary, proven service that supports and strengthens families** during critical times of early life development. Trained home visitors, such as nurses or trained parent educators, work with expecting parents and parents of children under age 5 to provide necessary resources and skills to raise physically, socially, and emotionally healthy children.

Through the trusting relationships formed with home visitors, vulnerable Montana parents are empowered to **build self-sufficiency** and **achieve stable, healthy futures** for their families.

## Current Landscape of Home Visiting in Montana

In Montana, home visiting services are provided using the following evidence-based models: **Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare/SafeCare Augmented.**

## Home Visiting Outcomes for Montana Families

Decades of research show home visiting to impact the following child and family outcomes:



## Home Visiting is Essential During the COVID-19 Pandemic

As the impact of the COVID-19 pandemic moved across the state, home visitors quickly pivoted to provide telehealth/virtual visits. Home visiting programs report strong retention of participating families after the shift to virtual visits as well as continued enrollment of new families. Home visitors are a critical link of support for families who are facing economic challenges and increased isolation due to shelter-at-home recommendations.

## Nurse-Family Partnership Outcomes on Child Welfare

Nurse-Family Partnership (NFP) uses **specially-trained, registered nurses** to build a trusting relationship with **first-time mothers beginning early in pregnancy and continuing until the child's second birthday**. The powerful impact of NFP has been demonstrated in one or more randomized control trials, including the following outcomes:

- 48% reduction in state-verified cases of child abuse and neglect<sup>1</sup>;
- 56% reduction in emergency room visits for injury/ingestion<sup>2</sup>;
- 39% fewer healthcare encounters for injuries or ingestions in the first two years of life among children born to mothers with low psychological resources<sup>3</sup>;
- 59% reduction in arrests by child age 15<sup>4</sup>;
- 33% fewer arrests among female children at age 19<sup>5</sup>;
- 46% increase in father presence in household by child age 4<sup>6</sup>.

## Nurse-Family Partnership Cost Savings and Return on Investment<sup>7</sup>

- In Montana, by a child's 18<sup>th</sup> birthday, state and federal cost savings due to NFP are predicted to average **\$32,091 per family served** or **3.7 times** the cost of the program.
- NFP's total benefits to society equal **\$69,793 per family served** or **8.2 times the cost of the program**.
  - This is calculated by analyzing broader savings to society and taking into account less tangible savings (like potential gains in work, wages and quality of life) along with resource cost savings (out-of-pocket payments including savings on medical care, child welfare, special education, and criminal justice)

## Need for State Funding for Home Visiting in Montana

Home visiting in Montana is funded primarily with federal dollars through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program and Early Head Start grants. According to the National Home Visiting Resource Center<sup>8</sup>, **1,478 Montana families** were served through home visiting in 2018. This is only **2.6% of the 56,000 pregnant women and families** with children under 6 years old not yet in kindergarten who could benefit from home visiting.

Supplementing Montana's current federal funding with state dollars will **allow services to expand to counties and families not currently served**. Families will benefit and the state will see long-term cost savings as a result.



<sup>1</sup> Reanalysis Olds et al. Journal of the American Medical Association 1997 Aug 27;278(8):637-43.

<sup>2</sup> Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. Pediatrics 1986 Jan;77(1):16-28.

<sup>3</sup> Reanalysis of Kitzman et al. Journal of the American Medical Association 1997 Aug 27;278(8):644-52;

<sup>4</sup> Reanalysis of Olds et al. Journal of the American Medical Association 1998 Oct 14;280(14):1238-44.

<sup>5</sup> Eckenrode J, Campa M, Luckey DW, Henderson CR Jr., Cole RE, Kitzman HJ, Anson EA, Arcoleo-Sidora KJ, Powers J, Olds DL. Long term effects of prenatal and infancy nurse home visitation on the life course of youths 19-Year follow-up of a randomized trial. Archives of Pediatrics and Adolescent Medicine January 2010;164(1):9-15.

<sup>6</sup> Kitzman H, Olds DL, Sidora K, Henderson CR Jr, Hanks C, Cole R, Luckey DW, Bondy J, Cole K, Glazner J. 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 2000 Apr 19;283(15):1983-9.

<sup>7</sup> Miller, T.R. Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013. Prevention Science 2015; 16 (6): 765-777. This fact sheet relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major research updates (latest revision: 12/22/2018).

<sup>8</sup> National Home Visiting Resource Center, retrieved from [https://nhvrc.org/state\\_profile/montana-2019/](https://nhvrc.org/state_profile/montana-2019/)

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