



## Home Visiting Saves Money, Prevents Child Abuse, Helps Children Learn

New York State offers a number of voluntary home visiting programs that have documented outcomes and cost-savings. These programs include Healthy Families New York (HFNY), Nurse-Family Partnership (NFP), and The Parent-Child Home Program (PCHP). The results promote economic stability, improve child safety—NFP alone shows a 48% decrease in child abuse<sup>1</sup>—and save New York State millions of dollars.

### **HEALTHY FAMILIES NEW YORK (HFNY):**

- Reduces child abuse and decreases foster care placements. The average cost to provide HFNY services to a family is about \$4,600. The average annual cost for one child in foster care is more than \$24,000. Federal, state, and local expenditures on child welfare services in New York State are approximately \$2.7 billion.<sup>2</sup>
- Reduces low birth weight by 50%, saving Medicaid and state sponsored health insurance plans about \$2.4 million in a year.<sup>3</sup>
- 50% of families receiving Temporary Assistance for Needy Families (TANF) benefits upon entering HFNY no longer need those services after participating in HFNY.<sup>4</sup>
- 81% of HFNY participants are enrolled in job training or education by the child's first birthday.<sup>5</sup>
- 57% of HFNY participants under age 21 have received a high school degree or GED by the child's first birthday.<sup>6</sup>

SUNY Albany's randomized trial of HFNY is available at:

<http://www.ocfs.state.ny.us/main/reports/NIJ%20ReportFINAL%20REPORT%2011-29-2010.pdf>.

### **NURSE-FAMILY PARTNERSHIP PROGRAM (NFP):**

- 49% of NFP mothers in New York State are in the workforce at program completion, up from 37% at intake (among those clients 18 and older at intake).<sup>7</sup>
- 63% of New York City NFP teen mothers aged 17-19 completed High School or received a GED by program completion (vs. 50% citywide).<sup>8</sup>
- 82% of mothers had no subsequent pregnancies at 18 months postpartum (vs. 73% nationwide).<sup>9</sup>
- 52% of New York City NFP fathers are moderately to highly involved in their children's lives by program completion (vs. 37% nationwide).<sup>10</sup>

NFP saves New York State and local governments an average of \$5,920 per family served by the child's fifth birthday.<sup>11</sup>

- Saves the Federal government \$4,264 in Medicaid, Food Stamps, and Child Care Development Block Grant costs by that age.

- Increases earnings, on average, more than \$14,250 over the 5-year period. Savings continue to accrue thereafter from additional tax revenue and reduced spending in TANF, Medicaid, Food Stamps, and child abuse.

NFP's short- and long-term outcomes from its three randomized, controlled trials are available at: <http://www.nursefamilypartnership.org/proven-results>

#### **THE PARENT-CHILD HOME PROGRAM (PCHP):**

- Saves \$210,000 per child from the reduced need for special education.<sup>12</sup>
- Increases state residents' earnings by 5.66% by increasing the high school graduation rate.<sup>13</sup>
- Estimated to increase lifetime earnings by between \$600,000 and \$1 million.<sup>14</sup>

The HFNY home visiting program is in danger of elimination because its funding was cut to create the Primary Prevention Incentive Program (PPIP) proposed in the 2011 *Executive Budget*.

In addition, funding streams that support NFP and PCHP – Community Optional Preventive Services (COPS) and the Hoyt Family Trust, respectively – are included in the PPIP and face elimination.

The establishment of the PPIP, intended to prevent unnecessary foster care placements and other more costly supports, will have the opposite impact. It will create a domino effect. Children and families will go unserved because the PPIP will only reinvest 50% of the savings from restructuring, pit programs that serve different populations against each other, and require a 38% match from counties that they do not have. This will dismantle the state system, which is essential to localities providing services. Families that go unserved in the earliest years will end up needing costly remediation services later on.

Any reduction in funding for home visiting will also disqualify New York State from applying for millions in federal aid by not meeting Maintenance of Effort (MOE) requirements for Maternal, Infant and Early Childhood Home Visiting grants. We cannot pass up these much-needed resources, which would help us expand and improve our existing system.

New York State is a leader for home visiting in the U.S. and HFNY is often used as a model for other states. It has taken us nearly 20 years to build this system of home visiting supports and services. Once the infrastructure (including research, training, and central administration) has been destroyed, it will take years to rebuild.

**We urge the Governor to rethink the PPIP and fully restore funding for HFNY, COPS and the Hoyt Family Trust.**

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<sup>1</sup> Miller, Ted R., PhD; Draft, *Cost Savings of Nurse-Family Partnership in New York*; Pacific Institute for Research and Evaluation; January, 2011.

<sup>2</sup> Prevent Child Abuse New York; 2011.

<sup>3</sup> Lee et al; *Reducing low birth weight through home visitation: a randomized controlled trial*; American Journal of Preventive Medicine, 36, 154-60. Cited in “Healthy Families New York Delivers an Immediate Return on New York State’s Investment,” paper prepared by Kimberly Dumont and Kristen Kirkland, Bureau of Evaluation and Research, NYS OCFS; 2009.

<sup>4</sup> Healthy Families New York Home Visiting Quarterly Report, New York State, prepared by Center for Human Services Research, University at Albany. Data as of March 31, 2010.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Nurse-Family Partnership Clinical Information as of 9/30/10.

<sup>8</sup> Nurse-Family Partnership Clinical Information System, data as of 9/30/10 and NYC Department of Education, 2010: [Rough estimate of rate of high school completion among teen mothers]. This is a special data point analysis conducted by the NYC Department of Health and Mental Hygiene.

<sup>9</sup> Nurse-Family Partnership Clinical Information System, data as of 9/30/10 and CDC Pediatric and Nutrition Surveillance System, 2008: [Among all U.S. women]

<sup>10</sup> National Survey of Family Growth, 2006: [Among fathers with children under age 5 who did not reside with children. Moderate to high level of father involvement was defined as having bathed, diapered, or dressed his child anywhere from once a week to a daily basis in the last 4 weeks]. This is a special data point analyzed by the NYC System, data Department of Health and Mental Hygiene.

<sup>11</sup> This figure is based on New York cost data with effectiveness data derived from four randomized trials of NFP (the Denver, Elmira, and Memphis trials by David Olds, a small independent trial in Louisiana and an unpublished evaluation of NFP effectiveness when scaled up in New York City. Using the number of first-time pregnant mothers enrolled from October 1, 2009 through September 30, 2010 as an illustrative example (n = 1812), NFP will have saved New York local and state governments \$10,730,000 by the time their children reach age 5. Louisiana information: Sonnier, SW; *Nurse-Family Partnership—Demonstrating Results*; Prepared for Baptist Community Ministries, New Orleans: Tulane University of Infant and Early Childhood Mental Health; 2007.

<sup>12</sup> Hevesi, Alan G.; *Building foundations: Supporting parental involvement in the child’s first years*; City of New York Office of the Comptroller; 2001.

<sup>13</sup> Bartik, Timothy J.; *The Economic Development Effects of Early Childhood Programs*; Partnership for America’s Economic Success; 2008.

<sup>14</sup> Hevesi, Alan G.; *Building foundations: Supporting parental involvement in the child’s first years*; City of New York Office of the Comptroller; 2001.