



Maternal, Infant, and Early Childhood Home Visiting Programs Overview

An Overview of New York State's Research-Based Programs

NYS Home Visiting Coordination Initiative

- Thank you for joining us for our inaugural webinar! Visit our website for upcoming interactive presentations: www.nyshomevisitcoord.com
- Today you will hear from:
 - Early Head Start
 - Healthy Families New York
 - Maternal and Infant Community Health Collaboratives
 - Nurse-Family Partnership
 - Parents as Teachers
 - Parent-Child Home Program
 - Power of Two

NORTHERN RIVERS



NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER

Life changing care

Parsons Early Head Start

Home Visiting in an Early Head Start Setting

Head Start Standards

1302.20 (a)(1) A program must **choose to operate** one or more of the following program options: center-based, home-based, family child care, or an approved locally-designed variation as described in 1302.24. A program option(s) chosen must meet the needs of children and families based on the community assessment

1302.20 (b) **Comprehensive Services.** All program options must deliver the full range of services as described in subparts C,D, E, f, and G

Most Head Start Programs provide some Home Visiting.

Some Early Head Start programs only do home visiting, and some are a mix of Center and Home-base options.

Every Head Start program is designed differently to meet the needs of the community.

Parsons Early Head Start

- Parsons Early Head Start
 - 40 Home Base Children in 1998
 - Added 32 Center Base children in 2001
 - Added 22 additional Home Base in 2010 as well as 28 more Center Base
 - Currently, there is low Home Base enrollment and a long Center Base waiting list

Early Head Start Home-based Programs must:

- Provide one home visit per week per family that lasts at least an hour and a half
- Provide a minimum of 46 visits per year
- Provide, at a minimum, 22 group socialization activities distributed over the course of the program year

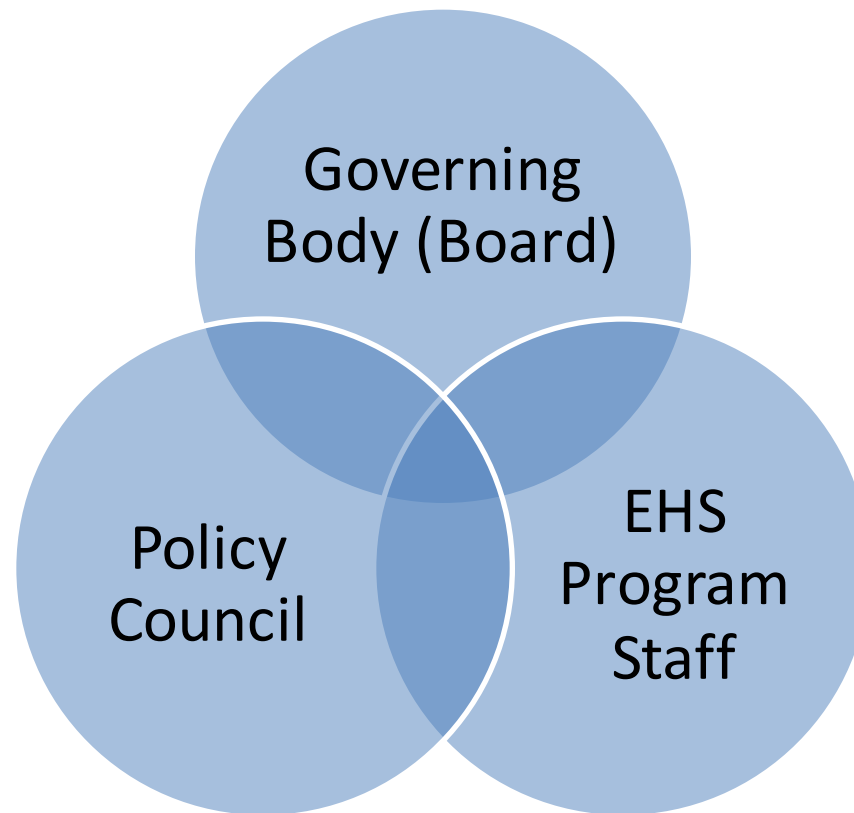
Home Visitors

- Must have the equivalent of a Home-based CDA or comparable credential, or equivalent coursework as part of an AA or BA degree.
- Average case load of 10 to 12 families, with the maximum being 12 families per home visitor
- Complete background checks before they work with children

All Head Starts are democratic in structure.

- Programs are run by the Agency Board, the Policy Council which is made up of parents and community members, and the Staff
- Parents are encouraged to be highly involved in all aspects of the program
- An annual Community Needs Assessment helps to determine the type of program each community needs

Interface of Governing Body, Parents, and Staff



How does information go from the Parsons Board to the Early Head Start Policy Council (PC) and back?

- The Director and PC president give presentations to EHS Board annually
- The Director sends Board Reports to the CEO monthly to share with the whole Board
- The Director shares Self-Assessment Review Team (SART) results, Community Assessment, and the Point System to determine eligibility of children with the EHS Board Committee
- Board Finance Committee receives reports on Early Head Start fiscal integrity and this info is shared with the EHS Board Committee

Board Composition per Federal Head Start Regulations

- Must have one member with a background and expertise in Early Childhood education and development
- Must reflect community served
- Must include parents of children currently or formally enrolled (Policy Council President is member of the Board Committee)
- Must have expertise in financial management

Eligibility for Head Start Programs

- Family income is equal to or below the federal guideline for poverty
- Family is eligible for public assistance (or would be eligible in the absence of childcare), including TANF child-only payments
- The child is homeless
- The child is in foster care
- (Some programs can go over poverty level by 30%)

Education in Home Base Programs

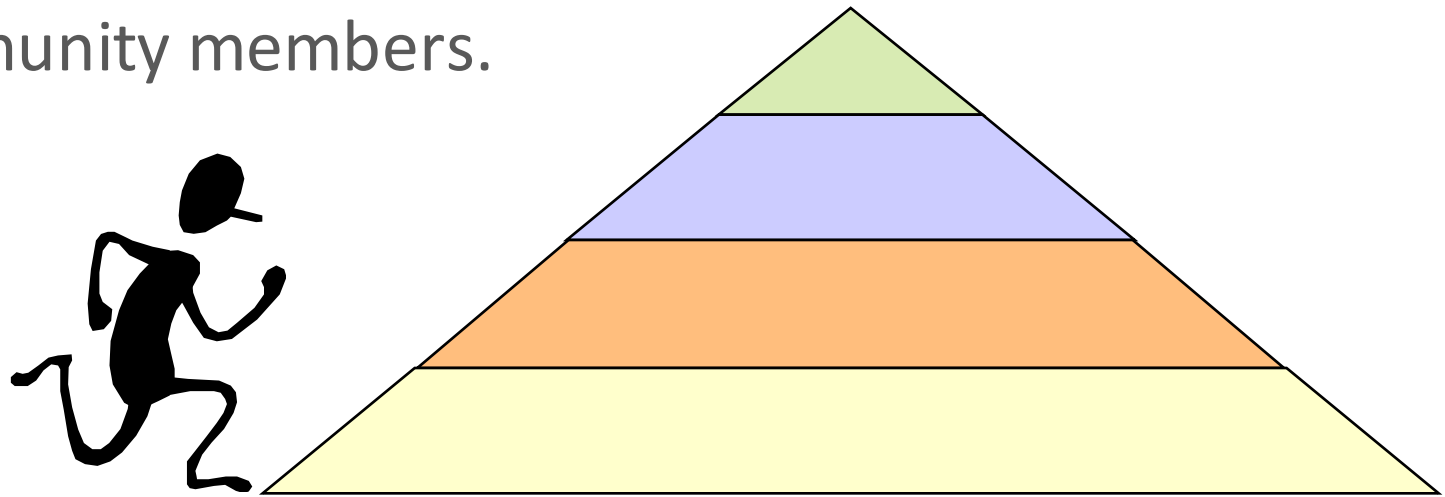
- Home visits are jointly planned by home visitors and parents
- Planning uses ongoing assessment information leading to individualized learning experiences
- The child's Cognitive, Social, Emotional, language, literacy and physical development are supported
- Promotes parents role as the child's teacher through strengthening the parent-child relationship
- Developmentally appropriate curriculum is used

Four Cornerstones of Head Start Programs

- Child Development/School readiness
- Parent Involvement in all aspects of child's program
- Healthy Family- Health Screens for child and pregnant mothers
- Healthy Community—access to resources

Self-Assessment Review

Starting every Fall, we review the Early Head Start program from top to bottom. We have help from parents, staff in other departments and in EHS, and community members.



Goals and objectives are reviewed and updated each year to ensure that all regulations and standards are met or exceeded.

- Program Information Data—demographics of population served
- Community Assessment updates
- Health Services Data, inclusive of physical, dental, and mental health
- Child Specific Data regarding School Readiness
- Staff Data regarding education, ethnicity, languages

The End

***A child's life is like a piece of paper on which
every person leaves a mark.***

Chinese Proverb

Wendy A. Hopkinson

Executive Program Director of Early Childhood Services

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Healthy Families New York (HFNY)

www.healthyfamiliesnewyork.org



- ❖ HFNY strategies are relationship-based, culturally sensitive, family centered, strength-based (building on parental competencies) and grounded in the parallel process.
- ❖ HFNY home visitors develop healthy relationships with families and partner with parents to support them in responding in a sensitive and in a nurturing manner to their young children.
- ❖ HFNY offers comprehensive support services designed to promote positive parent-child interaction, healthy child development, healthy relationships, family self-sufficiency, and connections to community resources when needed.



Supporting Families Right From the Start

- ❖ Healthy Families New York (HFNY), a Healthy Families America (HFA) accredited home visiting program, seeks to improve the health and well-being of infants and children through home-based services delivered by non-profit organizations and municipalities in local communities. HFNY was established in 1995 by the New York State Office of Children and Family Services (OCFS).
- ❖ HFNY is an evidence-based voluntary home visiting model designed to provide services to families that begin prenatally, or at birth, through age five. HFNY uses an infant mental health/relational development approach that promotes parent-child attachment to achieve its mission of preventing child abuse, neglect, and other adverse childhood outcomes.



What is the Healthy Families Advantage...

3 key principles make Healthy Families America® stand out from the crowd:



Relationship and Attachment: Recognizing that our developing relationship with a family is the conduit to service delivery.



Trauma-Informed Practice: Knowing how trauma impacts the way that adults perceive and see the world is a core element of our philosophy.



Reflective Capacity: Supporting staff to reflect upon how their feelings and experiences might impact their work.



Healthy Families
America®

healthyfamiliesamerica.org

[f /healthyfamiliesamerica](https://www.facebook.com/healthyfamiliesamerica)



The goals of the program are to:

- ❖ Support positive parent-child bonding and relationships.
- ❖ Promote optimal child and family health, development, and safety.
- ❖ Enhance family self-sufficiency.
- ❖ Prevent child abuse and neglect.

...all in an effort to build Protective Factors



Healthy Families New York...

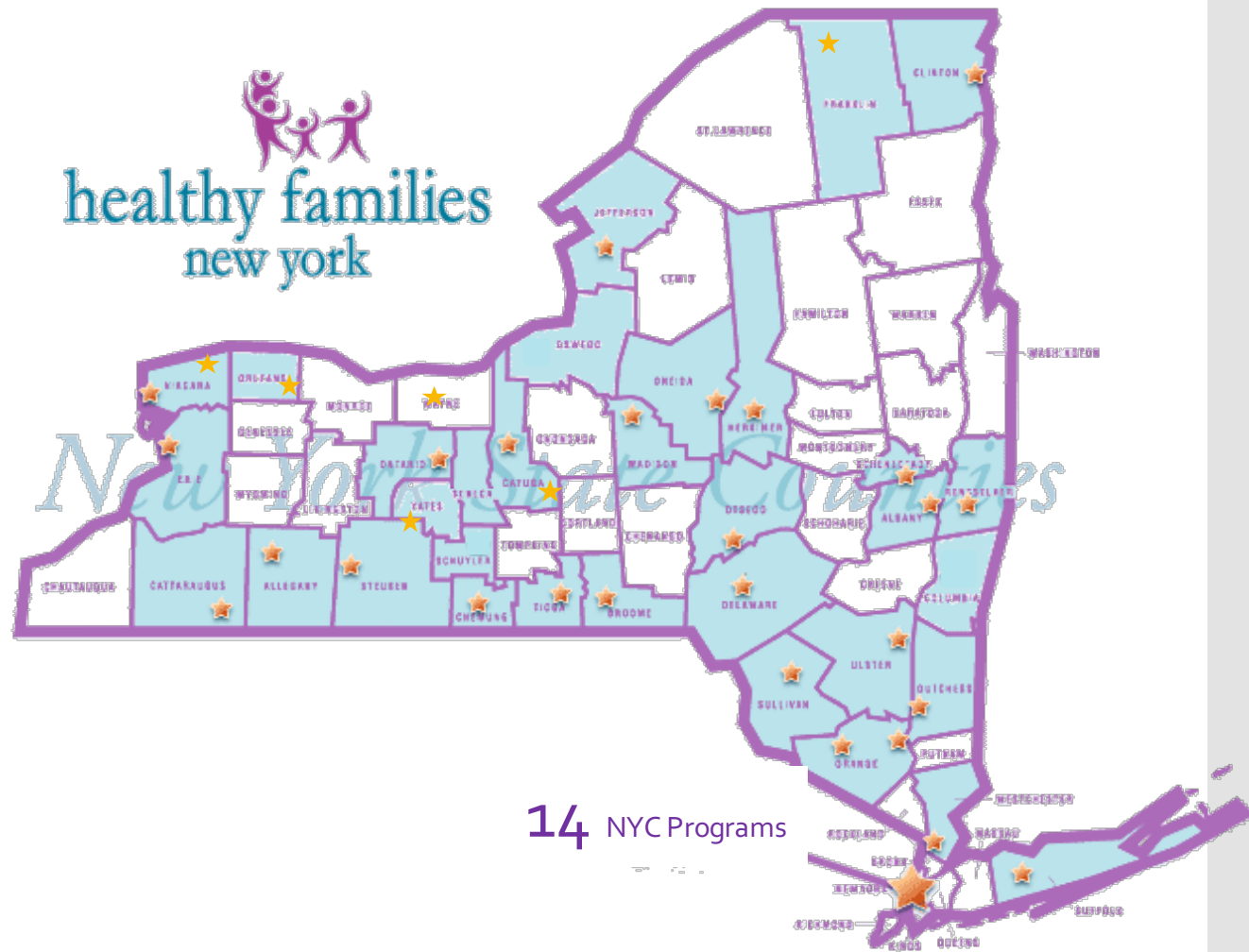
- ❖ Is the first Healthy Families America (HFA) accredited multi-site system in the nation and program practices are **based on 25 years of research** about the best ways to help children and families.
- ❖ Is **managed by a strong infrastructure** that includes evaluation, training, quality assurance and an extensive data system, mechanisms that aid in improving day-to-day practices.
- ❖ Focuses on **parent/child interaction and bonding**.
- ❖ Is **open to all** pregnant women and/or families with at least one child less than three months of age.
- ❖ Encourages an **active role for fathers**.
- ❖ Staff are hired from the same communities the program serves as they **know the neighborhoods and understand the culture**.
- ❖ **Partners with other community programs and agencies** to effectively connect families with needed services and resources such as health care providers; early childhood providers; social service agencies; family and social support services; employment, training, and education programs; and counseling and support services.

Getting connected...

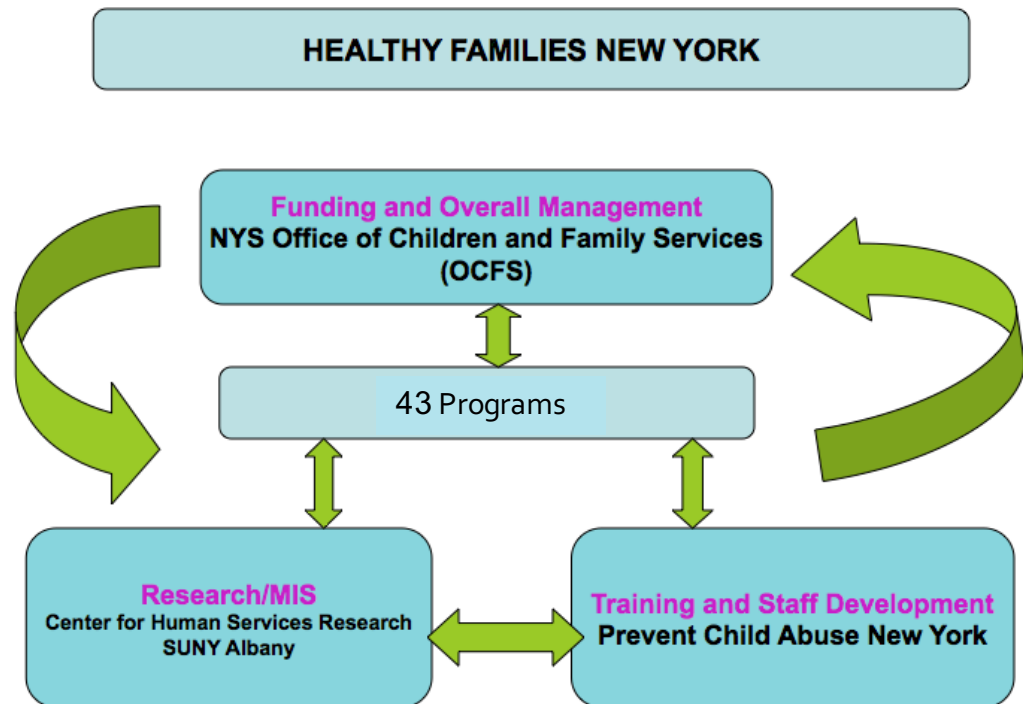
“It helps in so many other ways than what you might see initially on the surface. It is a strength based program. It’s positive and you could at least allow for the first initial visits with an open mind and go from there.”

~HFNY Participant

- The Healthy Families New York Home Visiting Program offers home-based services to support expectant families and new parents with the changes and needs that often come with the birth of a new child. **Services are voluntary and provided at no cost.**
- Anyone can make a referral to HFNY; parents can even refer themselves. HFNY strives to talk with all expectant parents and parents of newborns in the communities served.
- HFNY receives screens from community health and social service agencies, and hospitals on expectant parents and parents with an infant less than three months old for risk factors. Parents who screen positive are referred to a HFNY program.



HFNY Central Administration



On-going Quality Assurance

HFNY has a unique feedback loop between CA and programs to enhance all functions including administrative, QA, training, evaluation, etc.





Thank you!

Questions?

Erika Leveillee

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HFNY

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Department
of Health

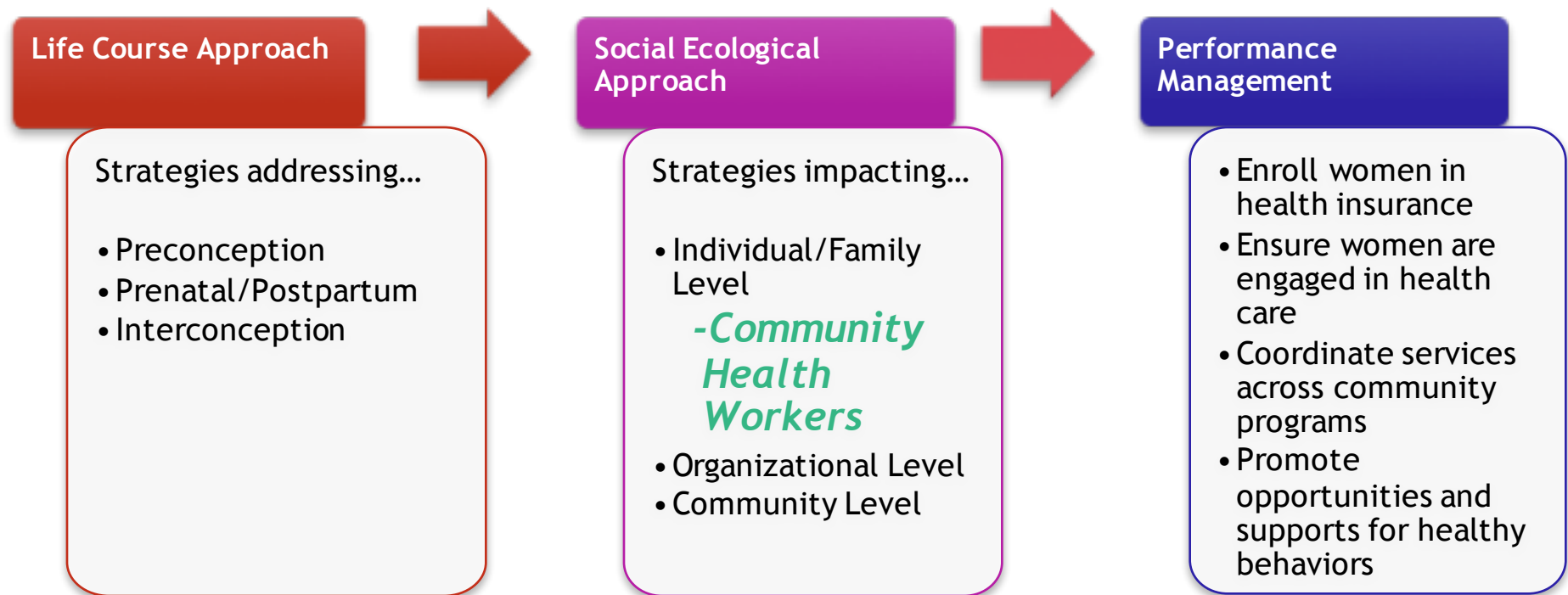


Maternal and Infant Community Health Collaboratives

Prevent Child Abuse NY– Home Visiting Webinar

October 16, 2018

MICHHC uses a **needs-driven, community-based collaborative** approach to improve key birth outcomes—preterm birth, low birth weight, infant mortality and maternal mortality.



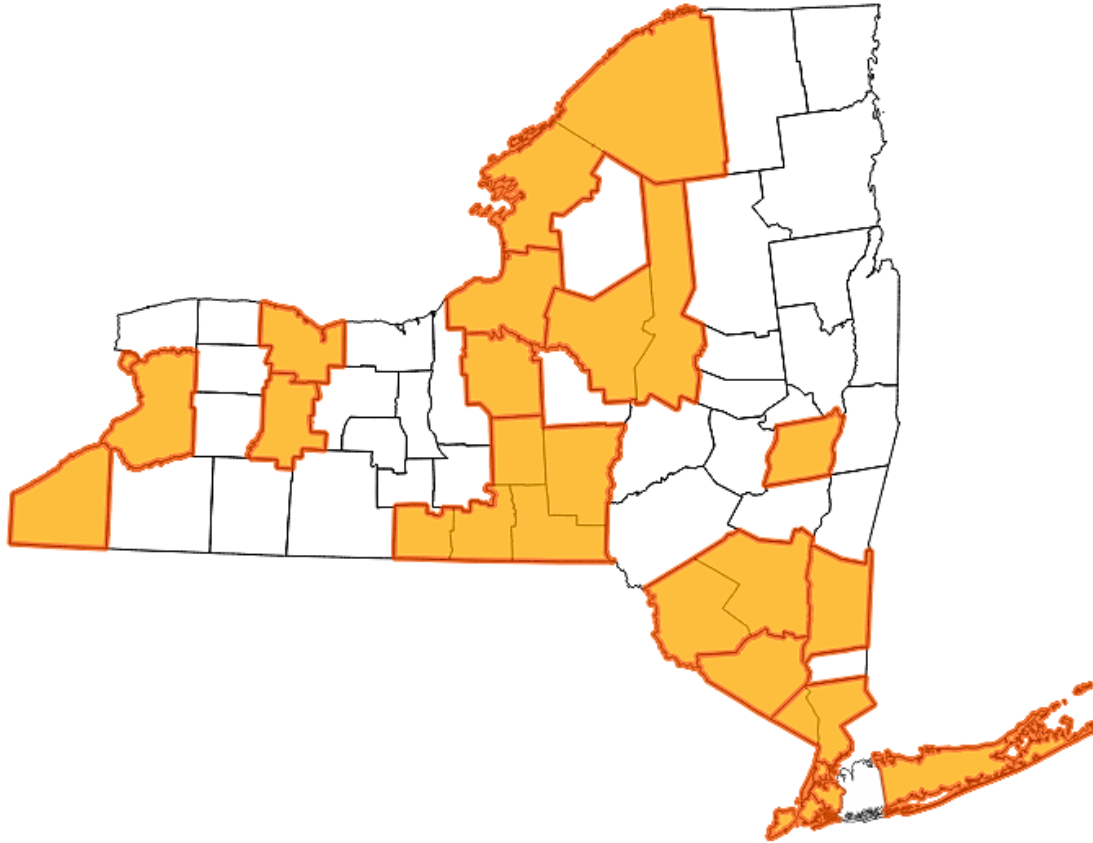
MICHC Program

Goal: To Improve maternal and infant health outcomes for high-need women and families in targeted communities and reduce racial, ethnic and economic disparities in those outcomes.

Reach:

- NYSDOH funds 23 contracts with services in 32 counties.
- In 2017-2018 provided services for approximately 5,726 women and their families.

County Map of Awards



Program Eligibility Requirements

- ✓ High-need Medicaid-eligible women and families
- ✓ Reproductive age 15-44
- ✓ Not eligible for other evidence-based home visiting programs (NFP, HFNY)
- ✓ Client preference for MICHHC program – CHW services

Best Practice Strategies

- ✓ Utilize Community Health Workers
- ✓ Standardized training for CHWs
- ✓ CHW Supervisors – Registered Nurse or Licensed Social Worker
- ✓ Conduct community education and outreach
- ✓ Use standardized screening tools
- ✓ Establish linkages and referral mechanisms with healthcare providers and social service agencies
- ✓ Coordinated Intake
- ✓ Integrate oral health screening, referral and follow-up

MICHC Training and Resources

Online Training for Community Health Workers & CHW Supervisors:

https://www.health.ny.gov/community/adults/women/chw_training/

Maternal and Infant Health Initiative:

<https://www.health.ny.gov/funding/rfa/inactive/1207271237/>

Contact Information:

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An Overview of our Program





"There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, Ph.D., Founder,
Nurse-Family Partnership



NFP Goals

Improve Pregnancy Outcomes

Improve Child Health
and Development

Improve Economic
Self-Sufficiency of the Family



The How

EXPERT:

Specially-trained nurses

PROVEN:

Extensive and
compelling evidence

INTENSIVE:

Pregnancy through
age 2

TIMELY:

First 1000 days

The First 1,000 Days

- Early experience influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development



NFP Projected Outcomes

PIRE Report by Dr. Ted R. Miller

Based on 177,517 pregnant women enrolled in NFP from 1996-2013, Miller projects that by 2031, NFP will prevent an estimated:

- 500 infant deaths
- 10,000 preterm births
- 13,000 dangerous closely-spaced births
- 42,000 child maltreatment incidents
- 36,000 intimate partner violence incidents
- 90,000 violent crimes by youth
- 41,000 cases of youth substance abuse





NFP Funding Sources

MIECHV

Medicaid/Managed Care Reimbursement

Title V/Maternal and Child Health

TANF/Public Welfare

Child Abuse Prevention

Juvenile Justice/Delinquency Prevention

Substance Abuse and Mental Health

Tobacco Settlement

State, City and County General Funds

Private Philanthropy

School Readiness

Pay for Success/Social Impact Bonds

Health Systems

Number of families served since replication began in 1996:

269,311

Number of families currently enrolled:

34,467

Number of nurse home visitors:

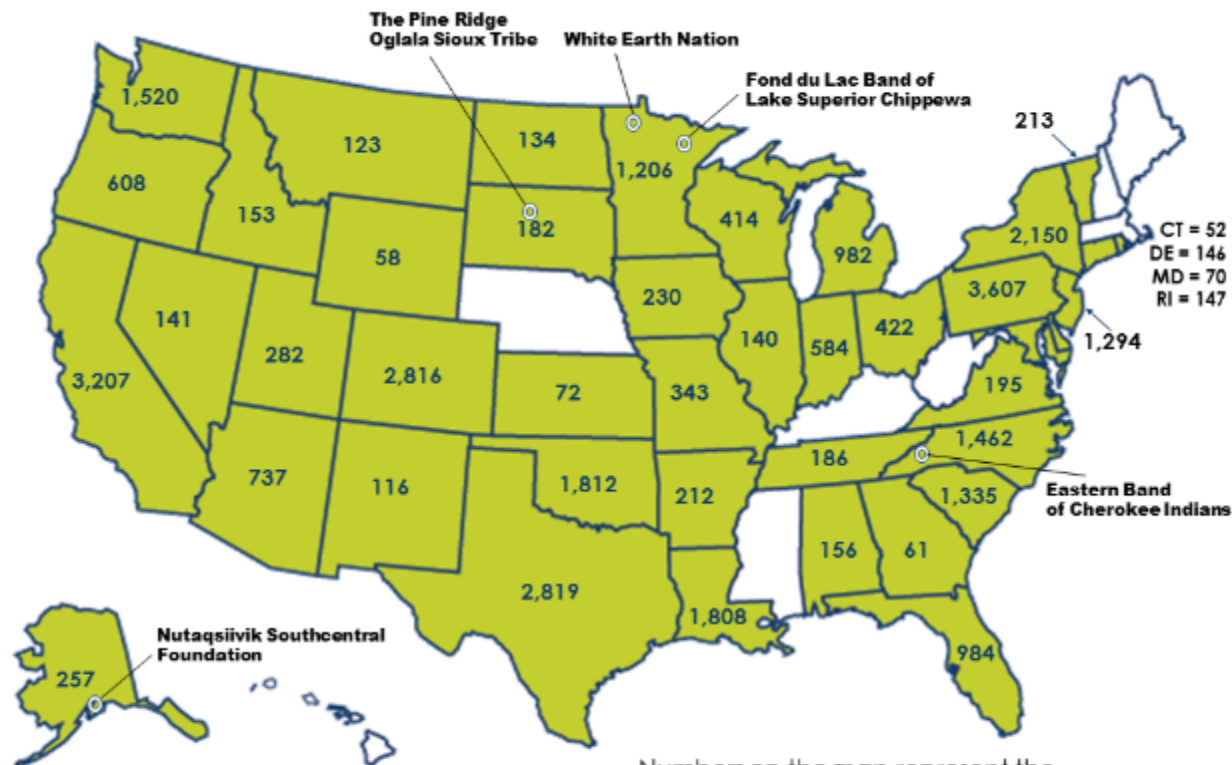
1,867

Number of counties where the program is serving clients:

586

Number of states where the program is serving clients:

42 + U.S. Virgin Islands



Numbers on the map represent the number of families currently enrolled.

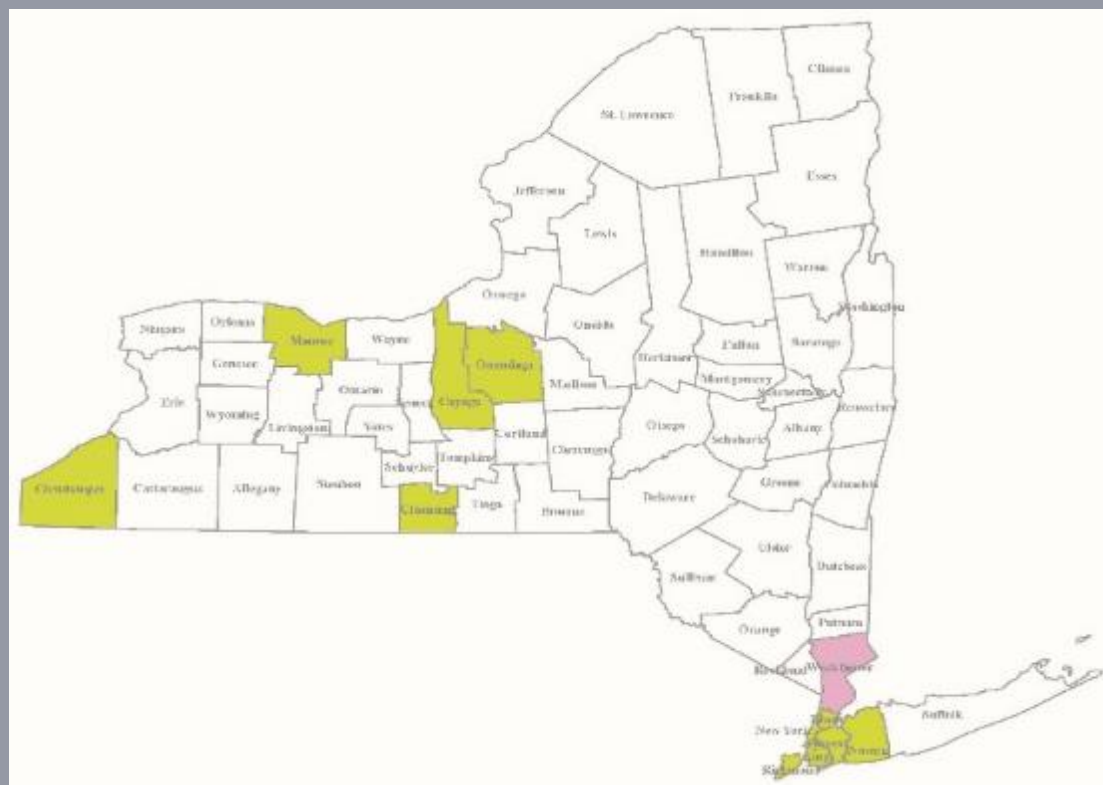
Data as of September 30, 2017

Established in 2003
17,508 Families Served
11 Counties Served
14 Agencies

Number of families currently
enrolled:
Over 2,200

Program Outcomes

- 95% babies received all immunizations by 24 months
- 90% mothers initiated breastfeeding
- 77% had no subsequent pregnancies at program completion



= Implementing counties



= Confirmed 2017 expansion counties



Questions?

Kristin Duffy

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for the Northeast*

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**Nurse-Family
Partnership**

Helping First-Time Parents Succeed[®]





Parents as Teachers®



Parents as Teachers®

**An Evidence-Based
Home Visiting Model**



**New York State Home Visiting Coordination
Initiative
October 16, 2018**

Parents as Teachers Footprint

- Binghamton City School District
- Head Start of Rockland, Inc/Haverstraw Head Start
- Hillside Children's Center/Family Resource Ctr. Of Rochester
- Jamestown Community Learning Council
- YWCA of Rochester & Monroe County



- 402 families in 2017-2018
- 4,078 personal visits
- 115 Group Connections



Guiding Theoretical Framework

Human Ecology and Family Systems | Tenets of Child Development | Developmental Parenting | Attribution Theory | Empowerment and Self-Efficacy

Inputs

- Implementing agency leadership and support
- Qualified supervisors and parent educators trained in Foundational and Model Implementation
- Participants (families with children ranging from prenatal to kindergarten)
- Technology (database, phones, etc.)
- Sustainable funding
- Policies, procedures and protocols
- Community support and partnerships
- The Foundational curricula, Model Implementation and Supervisor's Handbook
- Comprehensive Affiliate Plan with design elements that meet Parents as Teachers Essential Requirements and Quality Standards
- Program management, evaluation and Continuous Quality Improvement (CQI)
- Implementation, advocacy, data collection and management resources with support from state and national offices

Activities

- Reflective Supervision and Professional Development
- Personal Visits
- Group Connections
- Child Screening
- Resource Network
- Family-Centered Assessment and Goal Setting
- Stakeholder Engagement
- Evaluation and Continuous Quality Improvement

Approach: Partner, Facilitate, Reflect

Outputs

- Staff receive regular reflective supervision and participate in professional development.
- Families have regular personal visits that include the areas of emphasis and follow the Foundational curricula.
- Group connections are provided for families.
- Children receive regular developmental screening and a health review, including hearing and vision.
- Families are connected to needed community resources.
- Parent educators complete family-centered assessment and support families to set goals.
- Advisory committee meetings are held regularly and advocacy work is conducted.
- Measurement of outcomes and participant satisfaction and participation in the Quality Endorsement and Improvement process.

Outcomes

Short-term

- Increased healthy pregnancies and improved birth outcomes.
- Increased early identification and referral to services for possible developmental delays and vision, hearing and health issues in children.
- Increased parent knowledge of age-appropriate child development, including language, cognitive, social-emotional and motor domains.
- Improved parenting capacity, parenting practices and parent-child relationships through the demonstration of positive parenting skills and quality parent-child interactions.
- Improved family health and functioning as demonstrated by a quality home environment, social connections and empowerment.

Intermediate

- Improved child health and development.
- Reduced rates of child abuse and neglect.
- Increased school readiness.
- Increased parent involvement in children's care and education.

Long-term

- Strong communities, thriving families and healthy, safe children who are ready to learn.

Broad Model Design

Allows for Community Level Targeting

- Nationally, 85% of families in PAT programs demonstrate at least one high-risk factor, or what PAT refers to as a family stressor. The most prevalent factor is poverty.

Populations to be served	
Age of children	Depending on their program design, affiliates can serve families with children from pregnancy through kindergarten. An organization can focus services primarily on families with children prenatal to 3 or extend their PAT services to families with children ages 3 years through kindergarten by having their parent educators attend <i>Foundational 2 Training: 3 Years Through Kindergarten</i> . (This training is available only to parent educators who have attended the <i>Foundational Training</i> .)
Target population	Some affiliates target services to a specific community or geographic location. Communities may be identified as particularly in need of home visiting because of demographic data (e.g., levels of infant mortality, teen pregnancy, poverty, or low educational attainment). The type of community – major city, small town, urban, rural, or suburban – and associated characteristics, such as geographic isolation or lack of accessible resources, will also influence the development of your affiliate, particularly as you determine appropriate recruitment strategies, budget for travel costs, community partners, and key resources for families.
Eligibility criteria	The PAT model is suitable for varied target populations and communities, and affiliates typically serve families with a range of risk and protective factors. Some affiliates have specific eligibility criteria for the families who receive services based on their funding. Such eligibility criteria might include children with special needs, families at risk for child abuse, income-based criteria, teen parents, first-time parents, immigrant families, families with limited literacy, or parents with mental health or substance abuse issues.

Evidence Base

Parents as Teachers is:

- Backed by 30 years of evidence
- Independent evaluations
- Strong randomized controlled trials and quasi-experimental designs

Recognitions

Meets the evidence-based criteria of the Maternal, Infant, Early Childhood Home Visiting program (MIECHV), 2011 <http://homvee.acf.hhs.gov/>

SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov

Community-based Child Abuse Prevention's (CBCAP) Evidence-based Program Directory www.friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory

California Evidence-Based Clearinghouse (CEBC) for Child Welfare www.cebc4cw.org

National Academy of Parenting Practices' (U.K.) Commissioning Toolkit www.education.gov.uk/commissioning-toolkit

Strengthening America's Families: Effective family programs for prevention of delinquency www.strengtheningfamilies.org

Child Trends Lifecourse Interventions to Nurture Kids Successfully (LINKS) database www.childtrends.org/Links

Proven and Promising Practices website www.promisingpractices.net

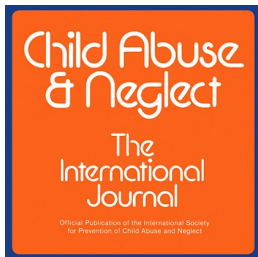
Phineo Wirk! program for working with children in poverty in Germany www.phineo.org

Listed as an "Educational Program that Works" by the National Diffusion Network, 1995 www.ed.gov/pubs/EPTW/index.html

Listed in the S & I 100, an index of nonprofits creating social impact www.socialimpactexchange.org/exchange/si-100

New Research in 2018: Reduces Child Abuse

- Yale study shows a 22% reduction of child abuse in a state-wide scaled up PAT program
- The research represents one of the largest studies in the U.S. conducted to investigate the impact of home visiting on child maltreatment, including nearly 8,000 families.



Barbara H. Chaiyachati, Julie R. Gaither, Marcia Hughes, Karen Foley-Schain, John M. Leventhal, Preventing child maltreatment: Examination of an established statewide home-visiting program, *Child Abuse & Neglect*, Volume 79, 2018, Pages 476-484, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2018.02.019>.

New Research in 2018: Improves Infant Mental Health

- RCT “ZEPPLIN”
- **Children in PAT demonstrated:**
 - better adaptive behavior (lower rates of bottle feeding at night and higher rates of sleeping at night)
 - higher levels of self-control
 - scored significantly higher on cognition and language development
 - higher vocabulary at 24 and 36 months
- **Moms in PAT demonstrated:**
 - Increased parenting skills and more sensitivity to children
 - Increased social integration, accessing libraries and communities resources more often



Neuhauser, A., Ramseier, E., Schaub, S., Burkhardt, S. C. A., & Lanfranchi, A. (2017). The Mediating Role of Maternal Sensitivity: Enhancing Language Development in At-Risk Families. *Infant Mental Health Journal*, submitted.

New Research in 2018: Obesity Reduction in Moms

- RCT
- **Mothers with overweight or obesity assigned to a lifestyle intervention that's already embedded in Parents as Teachers were more likely to achieve 5% weight loss vs. mothers assigned to standard home visits, according to trial results published in *American Journal of Preventive Medicine*.**
- Example of “precision home visiting”.
- Extension of decades of research.
- In August, NIH awarded 3.3M to continue this study in 23 sites across the U.S.

Kindergarten Readiness & Health Research Findings

- **Children in Parents as Teachers score higher on measures of achievement, language ability, social development and other cognitive abilities.**
- **Programs saw a decrease in the number of children falling in delayed categories in school readiness proficiency.**
- **screened 150,673 children nationally, approximately 25,092 children every year are newly identified with delay, referred to services.**
- **five times more likely to be fully immunized**
- **More likely to be up to date on well-child visit me recommendations**

"By enrolling in Parents as Teachers through my school district, I began receiving visits from a trained parent educator, twice a month from my son's birth until he turned 6. As a mother, I felt empowered to have a professional that I could ask questions of and get advice from; someone I could trust with questions about my children's development and health."

– Leslie Miller, PAT participant mom


DYK?

1. All parent facing materials in our core curricula are available in English and Spanish. (A select number of parent facing materials are offered in Nepali, Chinese, Arabic, French, and Burmese.)
2. We're the only model with a curriculum that is also used by other models including hundreds of Early Head Start and $\frac{3}{4}$ of all HFA sites nationally.
3. We have an extremely rigorous accreditation process.
4. PAT serves more families annually than there are families in the MIECHV program nationally.
5. 16/24 tribes that implement Tribal MIECHV have chosen PAT, a totally of 115 tribes implement PAT nationally
6. We're piloting virtual home visits with fidelity in a joint project with USC Telehealth.



Thank you!

Eva Szmuto
Regional TA Manager
eszmuto@preventchildabuse.org



"It wasn't until I started working with our parent educator that I realized just how far behind Layla was. Eventually we got a diagnosis: autism.

Parents as Teachers gave me the tools and information to move in the right direction. Those visits continue to make a huge difference for my daughter today."



NYS Home Visiting Coordination Initiative

 **PARENT-CHILD HOME PROGRAM**
50 YEARS OF PROVEN SUCCESS



October 16, 2018

Agenda

Our Purpose

The Importance of Investing Early

The Parent-Child Home Program



PARENT-CHILD HOME PROGRAM

50 YEARS OF PROVEN SUCCESS

Our Purpose

An evidence-based school readiness model, utilizing education to break the cycle of poverty.

Leveling the playing field for the most vulnerable families.

Building school success and a love of learning early.



PARENT-CHILD HOME PROGRAM
50 YEARS OF PROVEN SUCCESS

Transformative Power

Building powerful parent-child attachment in the first 1,500 days gives children the tools to succeed.



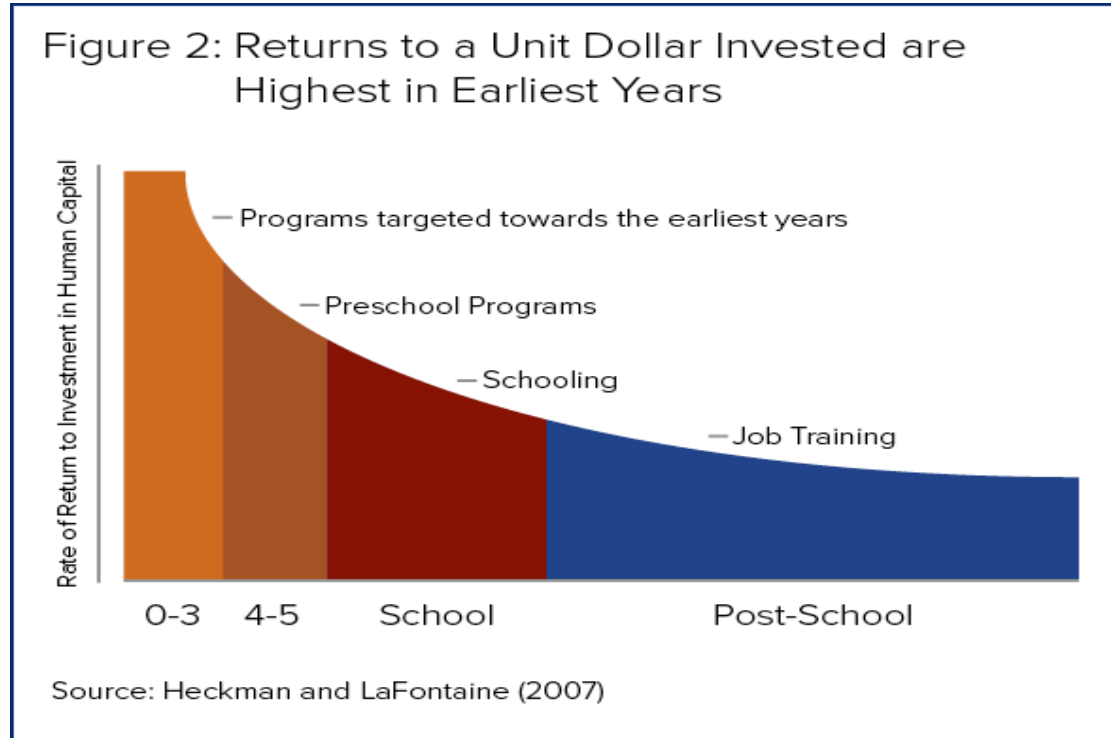
Secure attachment is the foundation for strong and confident families.



PCHP children have more robust social-emotional skills than their peers.



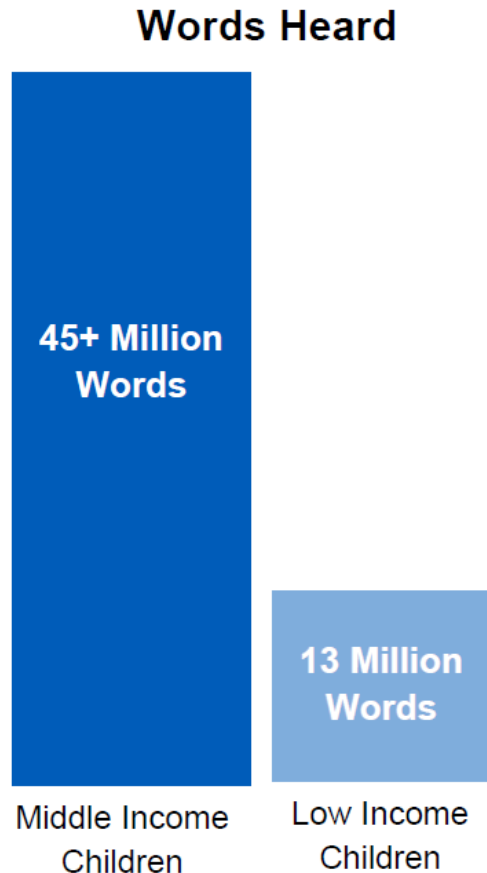
The Importance of Investing Early



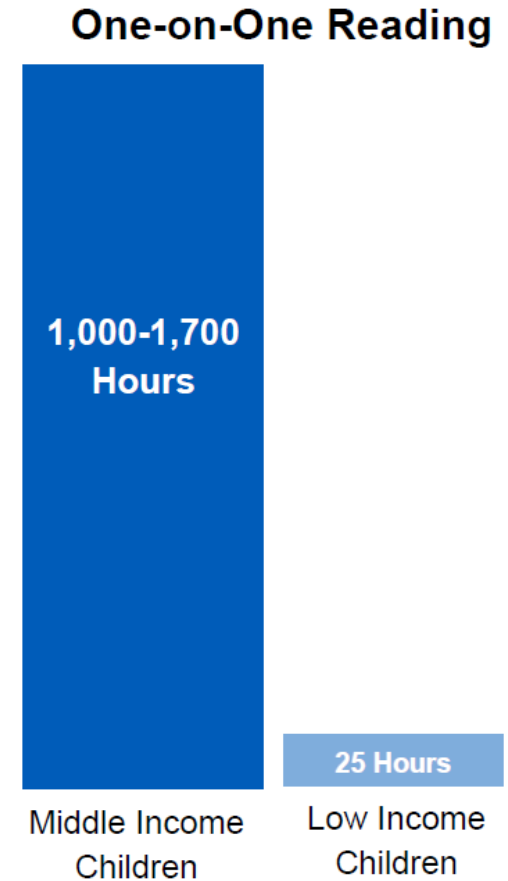
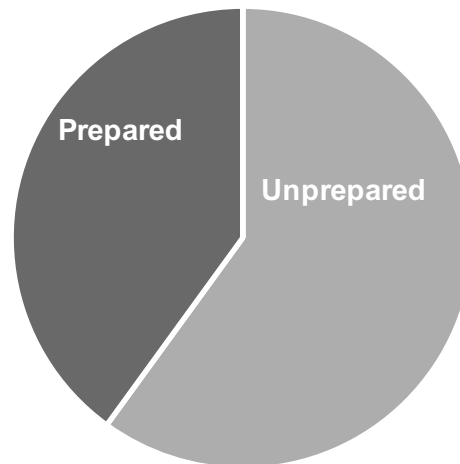
“The accident of birth is a principal source of inequality in America today. American society is dividing into skilled and unskilled, and the roots of this division lie in early childhood experiences.”

- James Heckman

Too many low-income children are not ready for school – why?



60% of NY kindergartners are not ready for school



The Solution: PCHP's Unique Model

½ HOUR

2x PER WEEK

TWO 23-WEEK
CYCLES

92 VISITS
TOTAL

- 46 books and educational toys as permanent learning tools in the home.
- Connections to social, economic, and educational services for all family members.
- Assistance in enrolling graduates in center-based preschool.
- Diverse implementation partners, including school districts, social service agencies, immigrant aid organizations, housing authorities, and community-based organizations.
- Staff from the community who understand the culture and language of the families.
- 25% of home visiting staff are former Program parents.



PCHP Families



We work with over **7,300** families and **1,000** childcare providers annually.



Over **80%** of PCHP families report incomes of **\$25,000 or less** annually, with **30% under \$10,000**.



69% of participating parents were born outside of the United States and **42%** of the families are Latino.



67% of participating children do not speak English as their home language. The Program is available in over **50 languages**.



PARENT-CHILD HOME PROGRAM

50 YEARS OF PROVEN SUCCESS

Proven Outcomes



PCHP children are **50% more likely to measure ready for kindergarten** than their socio-economic peers.



Program graduates **scored 2 ½ times higher on social-emotional skills assessment** than the control group.



Enter school performing **10 months above their chronological age**.

Outperformed the statewide average on third grade state math achievement test.



30% higher graduation rate than their socio-economic peers.



50% less likely to be referred to special education services by the third grade.



Visit www.parent-child.org for all research references.



PARENT-CHILD HOME PROGRAM
50 YEARS OF PROVEN SUCCESS

PCHP Long-Term Benefits

Workforce development benefits

IMMEDIATE:

Early Learning Specialist positions created

LONG-TERM:

Reduced investment in workforce training

50% reduction in need for special education

\$210,000

Estimated savings per child kept out of special education

Increased lifetime earnings potential

\$0.6-\$1.0

Estimate in millions

An independent study estimates that if PCHP were implemented nationally, the long-term economic impact would be:

- 300,000 jobs created
- \$53 billion in generated earnings
- \$42 billion in long-run annual government revenue



PARENT-CHILD HOME PROGRAM
50 YEARS OF PROVEN SUCCESS

Blanketing a Community with School Readiness: PCHP Core and Family Child Care Models

**PCHP
Core Model**
16 mo. – 4 yrs.



The Core Model targets families with a parent/primary caregiver who is regularly available for twice-weekly home visits.

**PCHP
FCC Model**
0 – 5 yrs.



The FCC Model reaches under-resourced families who are not able to access PCHP at home, and are relying on family child care that is not focused on school readiness. Home visits will not reach these families, but PCHP can reach them through their family child care provider.



PCHP in New York State



PARENT-CHILD HOME PROGRAM
50 YEARS OF PROVEN SUCCESS

New York Sites

PCHP's National Center and 25 replication sites are located in New York.
Local partner sites currently provide services in the following communities:

- Bronx (2 sites)*
- Brooklyn (2 sites)*
- Buffalo (2 sites)
- Centereach
- Center Moriches
- East Ramapo
- Nassau BOCES –*
Great Neck/Manhasset
- Nassau BOCES –*
Hempstead/Westbury/
Uniondale
- Manhattan (2 sites)
- Nanuet
- North Fork
- North Rockland
- Nyack
- Oyster Bay
- Port Washington
- Queens (2 sites)*
- Roslyn
- Syracuse
- Westchester County*
- William Floyd School District

* Site includes the FCC model



PARENT-CHILD HOME PROGRAM
50 YEARS OF PROVEN SUCCESS

New York State Overview



- PCHP helps NY's neediest families prepare their children for school success and high school graduation.
- 72% of participating families have incomes under \$20,000.
- 50% of families do not speak English as their primary language.
- Over 30% of parent participants are single parents.
- 72% of participating families receive Medicaid or other government aid.
- 63% of participating parents did not graduate from high school.



PARENT-CHILD HOME PROGRAM

50 YEARS OF PROVEN SUCCESS

Supporters of New York Sites



PCHP's work in New York State is supported by:

Public dollars such as the New York State Legislature, the New York State Office of Children and Family Services, the New York City Council, public libraries, and school districts.

Private dollars such as individuals, Community, Family and Corporate foundations.



PARENT-CHILD HOME PROGRAM

50 YEARS OF PROVEN SUCCESS





**POWER
OF TWO**

NYS Home Visiting Coordination Initiative

October 16, 2018
Erasma Monticciolo
VP Programs and Community Engagement

OUR PURPOSE

Power of Two's purpose is to promote nurturing and responsive parenting practices among families throughout NYC's underserved communities—so that every little New Yorker has a greater chance to **smile, learn, and thrive.**



THE MODEL

Power of Two disseminates the ***Attachment Biobehavioral Catch-Up (ABC)*** program; the key aspects of ABC delivery are:

- **Achieves Behavior Change.** Uses in-the-moment positive commenting to create positive feedback loop between parent and child
- **Grounded in Research.** Every aspect of the ABC model guided by over 15 years of extensive research by renowned scientist Dr. Mary Dozier
- **Highly Quality-Controlled.** Rigorous coach training and supervision; sessions videotaped, scored, and reflected upon to lead to best results
- **Serves Multiple Audiences.** Supports low-income birth parents and foster caregivers
- **Short-Term.** 10 in-home coaching sessions (1 hour per week)
- **Active Community Outreach.** Outreach workers recruit parents where they are—shelters, high schools, food banks, day care, health clinics

THE OUTCOMES

ABC has **proven effects**:



Secure Attachment: 1-2 years old

- Infants who received ABC were more likely to develop secure attachments and learned to turn to their parents in times of distress, confidently exploring their world once soothed. Forming a secure attachment to a parent in the first two years of life is critical for healthy social and emotional development.¹

Emotion Regulation: 2-3 years old

- Toddlers who received ABC showed reduced levels of anger and the ability to express and regulate negative emotions. This is an essential building block for success in school, for getting along with peers, and for dealing with stress.²

School Readiness: 3-5 years old

- Preschool-age children who received ABC in infancy showed higher levels of executive functioning; studies show that executive functioning is critical for success in school.³
- Children who received ABC also showed significantly improved vocabulary recognition at three years old after the intervention.⁴



Stress System Well-being: early childhood

- Children who received ABC showed healthy levels of cortisol, a hormone produced by the body's stress response system that also supports positive mental and physical health functioning. When children experience stress, resulting disruptions to cortisol levels can lead to behavior and attention problems, such as defiance and hyperactivity, and poor executive functioning.⁵

Healthy Brain Development: 8-10 years old

- Children who received ABC as infants demonstrated more normative patterns of brain development at age eight. Their brain wave patterns predict a decreased risk for cognitive delays, inattention, and hyperactivity.⁶



1 Bernard, Dozier, Bick, Lewis-Morrarty, Lindhiem, & Carlson, 2012

2 Lind, Bernard, Ross, & Dozier, 2014

3 Lewis-Morrarty, Dozier, Bernard, Terraciano, & Moore, 2012

4 Bernard, Lee, & Dozier, 2017

5 Bernard, Hostinar, & Dozier, 2015

6 Bick, Palmwood, Zajac, & Dozier, under review

ABC SESSIONS

- 10-weeks of in-home parent coaching for one-hour each week
- In-the-moment, praising commentary using video

1

BE NURTURING



2

FOLLOW
THE CHILD'S LEAD



3

DON'T BEHAVE
IN FRIGHTENING WAYS



ABC SESSIONS

1 - 2	Providing nurturance
3 - 4	Following the child's lead
5	Attending to signals
6	Reducing frightening behavior
7 - 8	Recognizing own issues
9 - 10	Consolidation



KEYS TO SUCCESS

The keys to seeing long-term effects of ABC on children's development are—

- Maintaining **high fidelity** to the ABC model
- Changing **parent sensitivity**, the intervention target
- Our talented, highly trained, culturally sensitive team



ABC Model Fidelity at Power of Two—

- **100% of parent coaches** have met ABC model fidelity certification criteria.
- On average, parents hear **1.4 positive comments per minute** (or approximately 80 comments per session) about their sensitive interactions with their children.



Parent Sensitivity

- The number of caregivers who show **low sensitivity is reduced by over 50%**
- We see similar effects for foster parents and parents

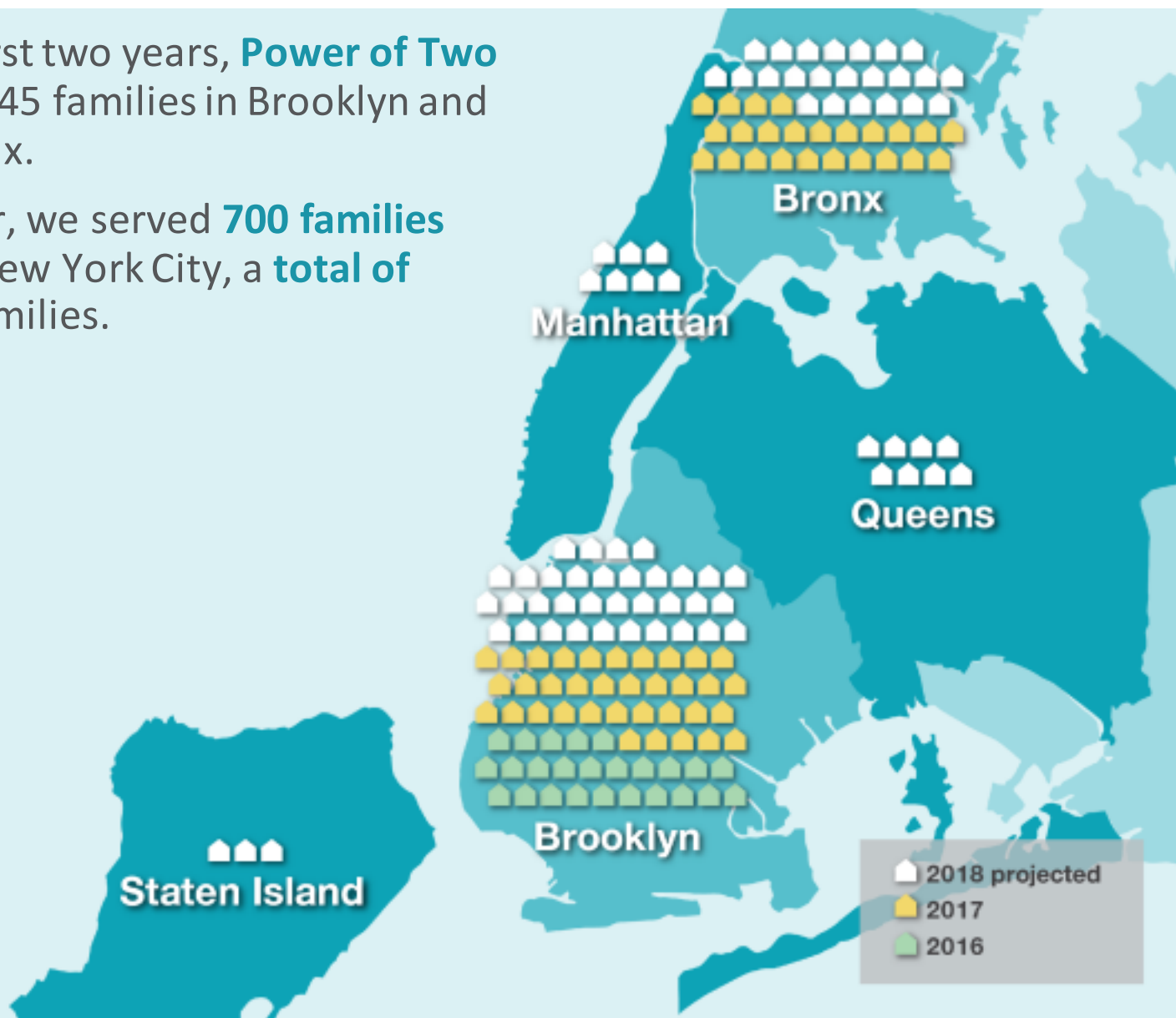
Child Outcomes

- Over **60% of children show reduced risk for socio-emotional problems** after ABC

OUR SCOPE

In our first two years, **Power of Two** served 845 families in Brooklyn and the Bronx.

This year, we served **700 families** across New York City, a **total of 1,545 families**.



Thanks from all of us at Power of Two!



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QUESTIONS?

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