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HOUSE DEMOCRATIC POLICY COMMITTEE
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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
Topic: Why Investing In Early Childhood Development Programs Matters?
Saint Joseph's University – Philadelphia, PA
April 13, 2017

AGENDA

- 10:00 a.m. Welcome and Opening Remarks
- 10:10 a.m. Panel One:
- Ailene Keys, MSW, LSW, Maternal Child Health Supervisor, Montgomery County Health Department
 - Nadine Miller, Program Improvement Administrator, Montgomery County Office of Children and Youth
 - Maggy Saad, Parent
 - Cathleen Palm, Founder, Center for Children's Justice
- 10:50 a.m. Panel Two:
- Shaun Elliott, President and CEO, Philadelphia Freedom Valley YMCA
 - Zakiyyah Boone, Vice President of Child Care, Philadelphia Freedom Valley YMCA
 - Bruce Clash, Pennsylvania State Director, FIGHT CRIME: INVEST IN KIDS
- 11:30 a.m. Closing Remarks

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- Bruce Clash, Pennsylvania State Director, FIGHT CRIME: INVEST IN KIDS

11:30 a.m. Closing Remarks

Good Morning! Thank you so much for having me here today. I am very excited and honored to be here this morning to talk about a topic that is very near and dear to my heart and has become a professional passion of mine: investing in families early and holistically through the use of family support programs, or home visiting programs, in order to improve their family stability and well-being. I am excited to talk with you about the life-long and generational impact that home visiting and family support programs have on families, parents, and children, and how investing early (pre-conception or prenatally are the best intervention times) with family support programs and home visiting can improve maternal health, birth outcomes (promoting full-term pregnancy, reducing infant mortality, reducing low birth weight births), child development and health, school readiness, the quality of the parent-child relationship and their interactions, parenting confidence and competence, and safety and stimulation in the home environment, as well as improve the health and well-being of communities where the families live. On the flip side of increasing those protective factors, home visiting/family support programs that are evidence-based have proven outcomes in reducing poor birth outcomes (infant mortality, low birth weight, pre-term birth), child language or cognitive delays, maternal and paternal depression and stress, maternal substance use, child maltreatment, child mortality from preventable causes, and later juvenile and adult crime.

One home visiting program that we are fortunate to have in Montgomery County, that has over 37 years of randomized, controlled trials and research supporting that it does what it says it will do for parents, families, children, and communities is the Nurse-Family Partnership Program, which is an evidence-based nurse home visiting program in which a nurse home visitor works with a first-time, low-income pregnant woman and their child, building a relationship of support, trust, and empowerment. The model focuses on the strengths, not the weaknesses of the mother, and builds upon those strengths to help her identify goals and work towards achieving those goals, all with a proven outcome of improving self-sufficiency in families. In this model, the nurse works on the basic principle that the mother is the expert of her own life, not the nurse. It is a strengths-based, solutions focused model that celebrates every success, no matter how small it may seem, and understands that small changes can lead to positive impact throughout the life course of that woman and future generations to come.

The level of proven effectiveness demonstrated is unsurpassed in evidence-based home visitation programs. The program effects that have the strongest evidentiary foundations are:

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness
- NFP has shown a 48% reduction in child abuse and neglect;
- 56% reduction in emergency room visits for accidents and poisonings;
- 59% reduction of arrest of children at age 15
- 67% reduction in behavioral and intellectual issues in children at age 6;
- And 72% fewer conviction of mothers when children are at age 15

The net benefit to society is about \$34,000 per high-risk family served, equating to a \$5.70 return per dollar invested in the NFP program, a substantial return on investment in the program.

This March I attended the annual Social Work Forum at Kutztown University, which was the first in a 3 part series over the next three years. The Series is called: Family in Environment. This first part of the series was centered around incarceration and how incarceration negatively impacts families and especially children. The first speaker was a power house. His name was John Wetzel, and he is the Secretary of the Department of Corrections in PA. He spoke about the trauma that incarceration has on a family and especially on a child. Research has shown that incarceration of a parent is similar to the trauma experienced by the death or loss of a parent on a child. How did he say we could positively impact incarceration rates in PA? The first example of an evidence-based program that has been proven to reduce incarceration rates in children who were part of the program was the Nurse-Family Partnership Program. He endorsed this nurse home visiting program because research has shown it works on so many levels; in the life course perspective, one main outcome is reduction in arrests and incarceration rates at age 15. A challenge we see when presenting to legislators around investing early in these programs is that this impact is 15-16 years down the road, not immediate, and usually not in the course of their elected terms. However, if we want to see true impact, true societal and collective change, we need to start approaching the needs of our families and the future of our world in a more thoughtful, holistic and collaborative approach.

In Montgomery County, we are a county rich in resources for families and believe in a strong, collaborative and coordinated approach. We have developed The Montgomery County Maternal and Early Childhood Consortium (MECC) as a collaborative and preventative approach that can lead to families receiving the support they need, which will in turn promote positive birth outcomes, family stability, and healthier and stronger communities. Montgomery County has a variety of effective and evidence-based family support programs that are proven to have positive outcomes and be beneficial to families, pregnant women, and children up to age three. Some of those evidence-based family support programs include: the Nurse Family Partnership, Early Intervention, Parents as Teachers, Healthy Families America, and Early Head Start. We know that the most critical time for making an impact for an expectant family is prenatally, and the most critical development for that child occurs prenatally through age three, when the child's brain is developing rapidly and at an exponential rate. If we can intervene in a preventative, non-judgmental, and strengths-based approach (family supports programs) with the family, they are more likely to make those positive changes for their family and their children, and future generations to come.

The children are the future of our world, why would you not want to invest early in their health, development, family system and overall well-being? We have to invest early in strengthening families, which in turn strengthens children; and by strengthening our children, we can strengthen communities. Strong children change and strengthen the world. Are you ready to invest?

Nadine Miller, MSS

Program Improvement Administrator, Montgomery County Office of Children and Youth

Good morning and thank you for the opportunity to speak about the important issue before us this morning. As you heard, Ailene talked about the critical period of time in a child's life where a significant impact (negative or positive) can be made on their development - birth through age 3. We also know that this age group (in fact up to age 5) is one of, if not, the most vulnerable population in society. At the Office of Children and Youth this is of particular importance when talking about child abuse and neglect. In child welfare we rely heavily on community-based early education and prevention programs to support children and families, while at the same time serve to reduce the risk of abuse and neglect with the hope that a family never has to come to our attention. Programs such as Early HeadStart, Nurse-Family Partnership, and Parents as Teachers are some of the well documented programs helping to achieve this goal by having a positive influence on child development and parenting skills.

Yet simply saying that does not begin to stress the importance of early education and prevention programs. To understand the gravity these types of programs can conceivably have on a child's future there needs to be a greater understanding of the potential consequences of child abuse and neglect. According to research, childhood maltreatment is associated with at least a 25 percent increased risk of an individual experiencing problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems, often continuing well into adulthood. It is also well-known that there is frequently a correlation between child maltreatment and criminal activity. Child abuse and neglect crosses all boundaries without regard to race, color and creed, economic status, social status and culture. It occurs in families across all communities and there is not an identifying profile of someone more likely to abuse his/her children. However, from years of research we have learned that there are risk factors that contribute to and could increase one's likelihood for abuse and neglect when present. These risk factors are broken into three categories:

- ❖ Child characteristics
- ❖ Parent/caregiver characteristics
- ❖ Social/Situational/Family characteristics

For a child, these characteristics include:	For a parent or caregiver, these characteristics include:	For Social/Situational/Family, these characteristics include:
<ul style="list-style-type: none">• Premature birth• Colic• Physical disabilities• Developmental disabilities• Chronic illness• Emotional/behavioral difficulties• Unwanted child	<ul style="list-style-type: none">• Low self-esteem/depression• Poor impulse control• Substance abuse• Abused as a child• Teenage parent• Unrealistic expectations of child's behavior• Negative view of themselves and their children• Punitive child rearing style	<ul style="list-style-type: none">• Isolation• Family/domestic violence• Non-biologically related male in the home• Poverty• Unemployment/financial problems• Single parent• Animal abuse

We know that early opportunities and prevention makes a difference in the lives of children and families and helps reduce the impact of many of these risk factors. In fact, early education and prevention programs, such as home visiting, are considered a protective factor that can often mitigate risk factors. That is, the program is a resource and a source of support to the child and their family. And, while these programs have numerous benefits, sometimes simply having someone to talk to or someone to listen can ease a stressful situation for a parent and reduce the likelihood of child abuse or neglect. For a number of families, it is the only support they have in their life, and it is why we all must emphasize and encourage stakeholders to act, by investing early and investing often in communities. Thank you.

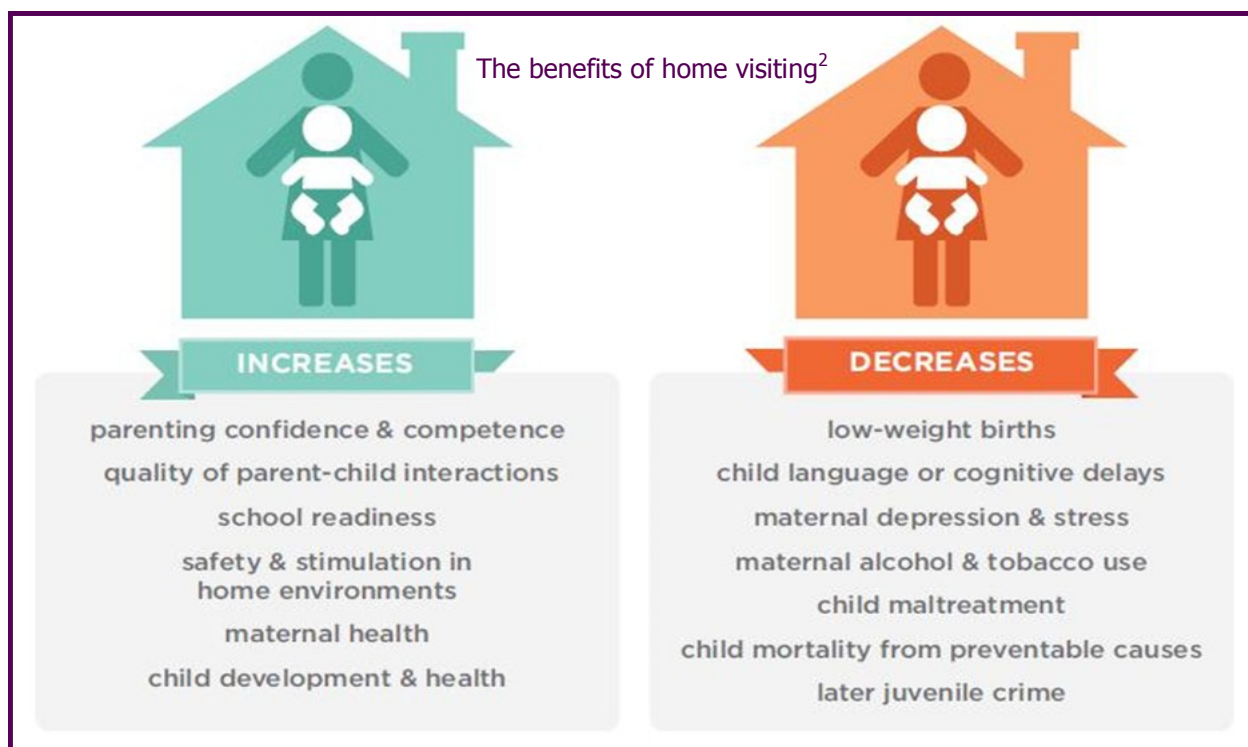


MONTGOMERY COUNTY
Maternal and Early Childhood
Consortium



GET THE FACTS: FAMILY SUPPORT PROGRAMS IN MONTGOMERY COUNTY

Montgomery County, Pennsylvania has a vast array of maternal and early childhood family support programs available for families, pregnant women, and children up to age three. These programs are designed to improve maternal and child health, encourage positive parenting, and promote child development and school readiness through home visiting services. Families who participate in local family support programs receive advice, guidance and other help from health, social service and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children.



What is the Maternal and Early Childhood Consortium of Montgomery County?

The Montgomery County Maternal and Early Childhood Consortium (MECC) believes that a collaborative prevention approach can lead to families receiving the support they need, which will in turn promote positive birth outcomes, family stability, and healthier communities. Montgomery County is a community with a variety of effective and evidence-based family support programs that are proven to have positive outcomes and be beneficial to families, pregnant women, and children up to age three.

* Evidence-based programs are proven to be effective through large studies, which are scientifically evaluated to measure positive outcomes that can be replicated with multiple populations.¹

* For a list of evidence-based family support programs in your area, please see the next page.

1. *Defining Evidence Based Programs*. PennState U, EPISCenter. 10 May 2016. <<http://www.episcenter.psu.edu/ebp/definition>>.
2. Examples of favorable outcomes of home visiting program across 83 research studies, as summarized by Wilson, A. McClure, M. and Phillips, S. (2013) *Home Visiting in Texas: Current and Future Directions*. TexProtects, the Texas Association for the Protection of Children. 3 Feb. 2016. <http://texprotects.org/media/uploads/docs/final_home_visiting_report_03.11.13.pdf>.

EVIDENCE-BASED FAMILY SUPPORT PROGRAMS IN MONTGOMERY COUNTY, PENNSYLVANIA

CONTACT INFORMATION		ELIGIBILITY	SERVICE AREA
NURSE FAMILY PARTNERSHIP			
Montgomery County Health Department 1430 DeKalb Street Norristown, PA 19404 www.nursefamilypartnership.org	Ailene Keys 610-278-5117	Income eligible pregnant women before 28 weeks of pregnancy expecting their first child.	County-wide
MATERNAL CHILD HEALTH HOME VISITING PROGRAM			
Montgomery County Health Department 1430 DeKalb Street Norristown, PA 19404 www.montcopa.org/1133/Maternal-Child-Health	Ailene Keys 610-278-5117	Pregnant women, new parents and their babies	County-wide
MONTGOMERY COUNTY EARLY INTERVENTION			
Montgomery County Department of Early Intervention 1430 DeKalb Street Norristown, PA 19404 www.montcopa.org/745/Early-Intervention	Intake 610-277-7176	Children from birth to three (3) who you suspect may have a delay in one or more areas of development or are at risk for developmental delays.	County-wide
PARENTS AS TEACHERS			
Norristown Family Center 1314 DeKalb Street Norristown, PA 19401 Pottstown Family Center 1976 East High Street Pottstown, PA 19464 www.parentsasteachers.org	Bethany Smith 610-279-2755 610-326-1610	Expecting and parenting families of young children.	Norristown/ North Penn & Pottstown
EARLY HEAD START			
Norristown Early Head Start 401 DeKalb Street Suite 300 Norristown, PA 19401 Pottstown Early Head Start YWCA 315 King Street Pottstown, PA 19464 www.maternitycarecoalition.org	Karen Washington Phone: 610-277-1505 Justine Pascal Phone: 610-819-6200	Income eligible pregnant women and families with a child under age three (3).	Norristown (19401, 19403, 19405, 19406, 19407, 19408, 19428, and 19462); Pottstown (19464)
HEALTHY START			
Maternal and Child Health Consortium of Chester County 700 Heritage Dr. Suite 701 Pottstown, PA 19464 www.ccmchc.org	Melissa Diaz Phone: 610-235-4231	Pregnant women and new mothers with children under the age two (2).	Pottstown (19464)
HEALTHY FAMILIES AMERICA			
MOMobile Healthy Families America www.maternitycarecoalition.org www.healthyfamiliesamerica.org	610-713-0570	Pregnant women or Parenting families with a child under three (3) months. Serving children from birth to age three (3).	North Penn and Souderton School Districts



The mission of the Montgomery County Maternal and Early Childhood Consortium is to “promote awareness of and engage families with maternal and early childhood family support programs through collaborative community partnerships.”

Why young families matter

*“The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system.
(U.S. Healthy People 2020)*

While most Montgomery County mothers, fathers, infants, young children and their families enjoy a level of health, there exist disparities in the incidences of infant mortality and child maltreatment.



What is the Montgomery County Maternal and Early Childhood Consortium?

The Montgomery County Maternal and Early Childhood Consortium is a collaborative effort between county health and human service agencies and private, non-profit agencies providing family support services to pregnant women, fathers, children up to age three, and their families.

The purpose of the consortium is to collaboratively, and with coordinated efforts, bring awareness, education, and link the community to the many effective home visiting resources available in Montgomery County.

Infant Mortality =

Infant Deaths (0 – 364 Days)
1,000 Live Births

This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants.

What are the goals of the Consortium?

Improve birth outcomes by:

- Reducing the infant mortality rate
- Promoting full-term pregnancy
- Building strong relationships among communities, providers, and families in relation to accessing prenatal care and social services

Improve family stability and well-being by:

- Reducing child maltreatment
- Reducing risk factors and increasing protective factors
- Early and holistic provider engagement with families and communities

Child Maltreatment =

The failure of a parent or other person with responsibility for a child under the age of 18, who intentionally, knowingly or recklessly through any act or failure to act causes injury to a child or fails to provide for a child's basic needs.



Meetings

How can I get involved?

Attend a Consortium meeting!
(Please visit our website for bi-monthly meeting information.)

For more information, visit:

[www.montcopa.org/
investinginfamilies](http://www.montcopa.org/investinginfamilies)

OR

Contact:

Ailene Keys
Montgomery County
Health Department
610-278-5117
akeys@montcopa.org

Nadine Miller
Montgomery County
Office of Children & Youth
610-278-5800
nmiller@montcopa.org

Steering Committee

ACLAMO Family Center

Carson Valley Children's Aid
Norristown Family Center

Maternity Care Coalition

Montgomery County Infant/Toddler
Early Intervention

Montgomery County
Office of Behavioral Health

Montgomery County Office of
Children & Youth

Montgomery County Health Department

Family Services of Montgomery County
Pottstown Family Center

For a full list of community partners, please visit our
website: www.montcopa.org/investinginfamilies



MONTGOMERY COUNTY
*Maternal and Early Childhood
Consortium*

Montgomery County
Human Services Center
1430 DeKalb Street
Norristown, PA 19401

*Envisioning a
"healthier community
with positive birth outcomes
and family stability"*

Why Investing in Early Childhood Development Programs Matters

PA House Democratic Policy Committee

Presentation by Cathleen Palm

April 13, 2017



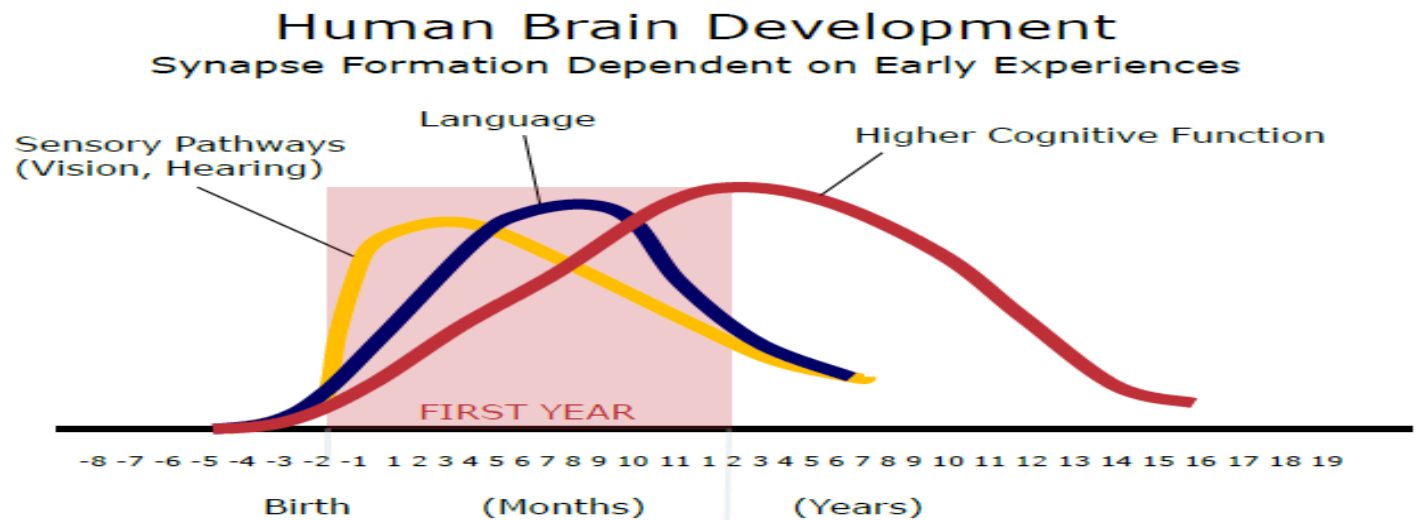
To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.

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Do we believe this?



Center on the Developing Child
HARVARD UNIVERSITY



Source: C. Nelson (2000)

Then PREVENTION & smart INVESTMENTS a must!



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Multiple OPPORTUNITIES for Prevention & Intervention

Pre-conception

Prenatal

Labor, Delivery & Birth

**Postpartum – mother
Postnatal – infant (& family)**

Infancy & Early childhood

Multiple OPPORTUNITIES for Prevention & Intervention



Pre-conception



- Nearly 86% of all pregnancies are unintended among opioid abusing women.
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052960/>)
- Research also reveals that approximately 1/2 of pregnancies overall are unintended.
- In one research study > 14% of pregnant women were prescribed an opioid, 2+% prescribed an opioid 3 or more times during the pregnancy. (<https://www.ncbi.nlm.nih.gov/pubmed/24525628>)



Birth Spacing = an Opportunity for Prevention

**Pre-
conception**

CONCLUSIONS: Interpregnancy intervals shorter than 18 months and longer than 59 months are significantly associated with increased risk of adverse perinatal outcomes. **These data suggest that spacing pregnancies appropriately could help prevent such adverse perinatal outcomes.**

<https://www.ncbi.nlm.nih.gov/pubmed/16622143>

SUSAN J. ZURAVIN *University of Maryland at Baltimore and
Baltimore City Department of Social Services*

Fertility Patterns: Their Relationship to Child Physical Abuse and Child Neglect

Even though family planning is frequently mentioned as an important strategy for preventing child maltreatment, the fertility patterns of abusing and neglecting families have attracted little research attention. This study focuses on filling some gaps in existing knowledge by separately examining relationships between two types of maltreatment, physical abuse and neglect, and

more effective in preventing child maltreatment than national health exams, education in child development for teens, and mass screening for high-risk families (Light, 1973: 595). Almost twenty years have passed since the data that led to those conclusions were collected—a period during which extensive family planning education and outreach have had a positive impact on the size

Nurse-Family Partnership = an Opportunity for Prevention



**Pre-
conception**

“In a peer-reviewed paper published today in the Archives of Pediatrics & Adolescent Medicine, a JAMA/Archivesjournal, lead author David Rubin, M.D., and colleagues found that in 2004 and 2005, **Nurse-Family Partnership (NFP) clients had significantly fewer second live births within two years of their first child, versus comparison subjects. The difference was twice as pronounced in rural communities of Pennsylvania as in urban ones.**”

<http://www.nursefamilypartnership.org/NFP/media/Press-Release/nfp-policylab-pennsylvania-study-birth-intervals-pregnancy-spacing.pdf?ext=.pdf>



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Nurse-Family Partnership = an Opportunity for Prevention



**Pre-
conception**

One thousand **Latina women enrolled in the Pennsylvania Nurse-Family Partnership between January 1, 2003, and December 31, 2007**, were matched to nonenrolled Latina women using propensity scores. The primary outcome was the time to second pregnancy that resulted in a live birth (interpregnancy interval).

Conclusions. **Home visitation using the Nurse-Family Partnership model had measurable effects on birth spacing in Latina women.**



Multiple OPPORTUNITIES for Prevention & Intervention

Prenatal



Postnatal

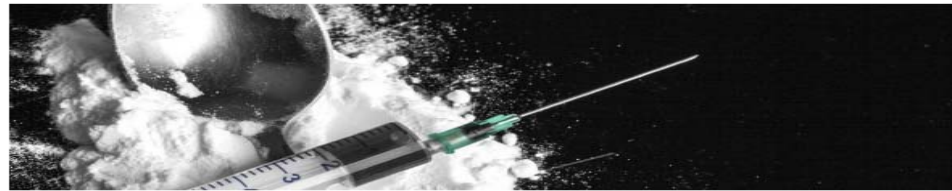


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To Your Health

‘They’re not waking up’: Four children call 911 after their parents’ suspected drug overdose

By Lindsey Bever March 21 at 7:36 AM



“In October, a **7-year-old girl** in McKeesport, Pa., told her school bus driver that she hadn’t been able to wake the adults in her house for days, and that their bodies were beginning to change colors. She had been caring for three other children in the home — **ages 5, 3 and 9 months** — and had gotten herself back and forth to school, police said. Her parents were dead.”

https://www.washingtonpost.com/news/to-your-health/wp/2017/03/21/theyre-not-waking-up-four-children-call-911-after-their-parents-suspected-drug-overdose/?utm_term=.ad0299e88e6e



THE CENTER FOR
Children's Justice

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CRIME

Infant Starves to Death at Home Days After Parents Fatally OD on Heroin at the Same Time

BY CHRIS HARRIS · @CHRISHARRISMENT

POSTED ON DECEMBER 27, 2016 AT 2:45PM EDT

SHARE

TWEET

EMAIL



Child's 'heart-wrenching' death in Kernville ruled homicide

By Dave Sutor
dsutor@tribdem.com Feb 1, 2017



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BEVERAGE
INDUSTRY
EXPERTS
POWER BRANDS

FIND & SAVE

Thank you!

**One of the more tragic consequences of this epidemic
is the devastating impact it has had and continues to
have on infants and children.**

PRIOR PRINTER'S NO. 201

PRINTER'S NO. 1055

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 235 Session of
2017

INTRODUCED BY WATSON, CONKLIN, WARD, SCHLOSSBERG, MURT, HEFFLEY,
DEAN, DRISCOLL, GAINEY, ROTHMAN, SACCONE, R. BROWN, STEPHENS,
LONGIETTI, READSHAW, TOEPEL, O'NEILL, FEE, KAUFFMAN, TAYLOR,
FREEMAN, SCHWEYER, DEASY, D. COSTA, ROZZI, GILLEN,
BENNINGHOFF AND D. MILLER, JANUARY 31, 2017

AS REPORTED FROM COMMITTEE ON CHILDREN AND YOUTH, HOUSE OF
REPRESENTATIVES, AS AMENDED, MARCH 22, 2017



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Assuring PA's strategies are preventative not punitive

As big of an explosion that we've had in overdose deaths, there's been an even bigger explosion" in **the number of babies born with addictions or drugs in their system**, Barbin said.....Barbin said **making it a crime is important because it would give the courts leverage to force mothers into treatment**. "It's touchy but we have to do something to protect these babies," he said.



http://www.reporter.net/cnhi_network/pennsylvania-governor-asks-lawmakers-to-move-quickly-on-anti-drug/article_a37bd095-fdc7-58e0-bac3-616f7bd54d32.html

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Assuring PA's strategies are preventative not punitive

Mother charged with killing her newborn son by using heroin while pregnant

By John Beauge | Special to PennLive

on July 07, 2016 at 3:34 PM, updated July 08, 2016 at 2:10 PM

WELLSBORO — A Tioga County mother has been accused of causing the death of her newborn son by using heroin while pregnant. Danielle R. Reddig, 25, of Westfield, who was arrested Friday, is accused of knowingly exposing her fetus to drugs for at least a month while pregnant. She is jailed in lieu of \$65,000 bail on charges that include drug delivery resulting in death and involuntary manslaughter.

http://www.pennlive.com/news/2016/07/tioga_county_mom_accused_of_ca.html



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What is an opioid?

“Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion...”

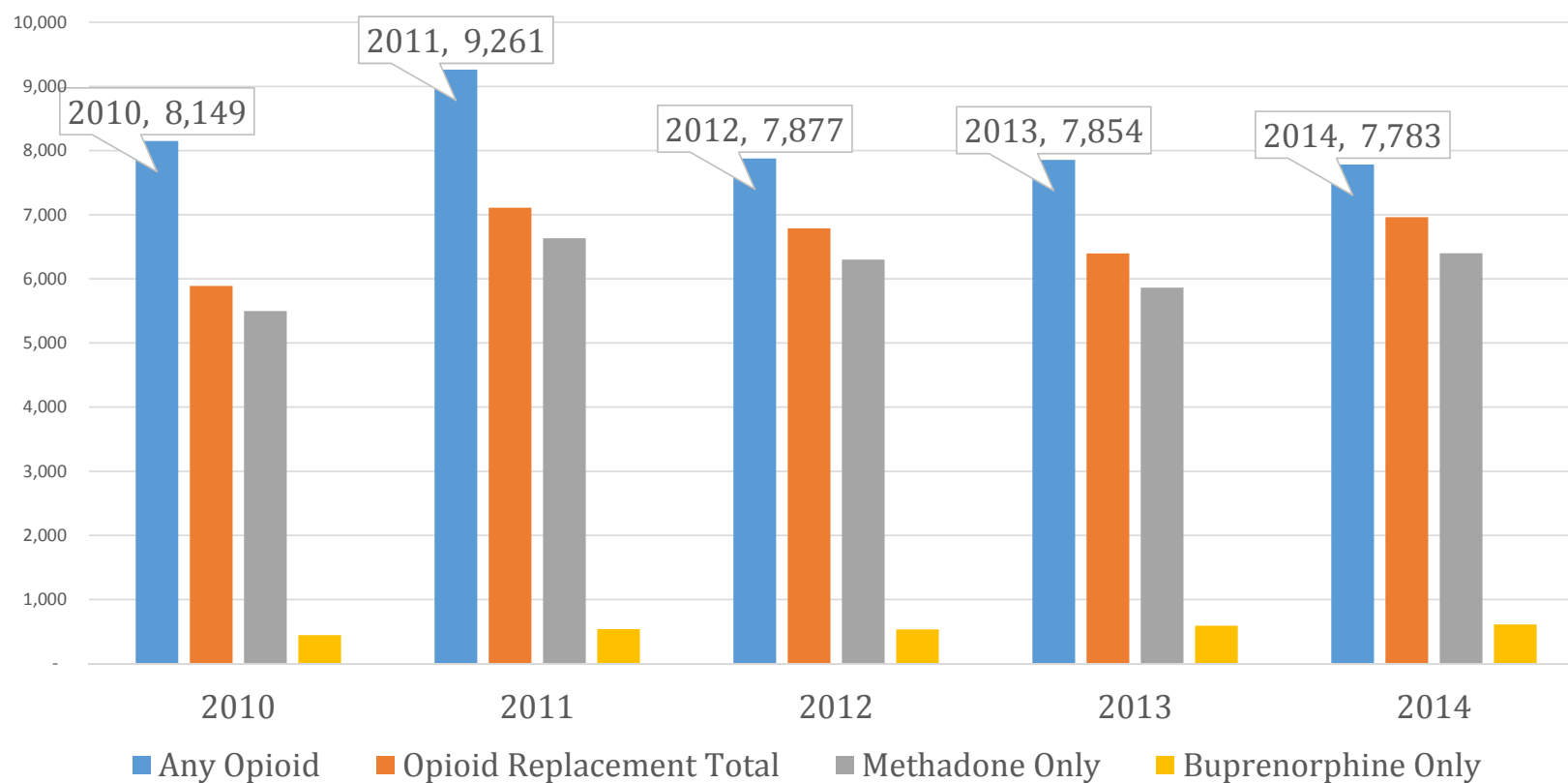
<https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>

- **Illicit** = Heroin
- **Prescribed for pain** = Hydrocodone, Oxycodone, Tylenol with Codeine, Percocet, Morphine
- **Medication Assisted Treatment (MAT) for substance use disorders** = Methadone, Buprenorphine



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Pregnant Women (in PA) Eligible for Medicaid & Prescribed Opioids





Home > Pregnancy > Is it safe? > Heroin and pregnancy

Heroin and pregnancy

KEY POINTS

- If you use heroin during pregnancy, it can cause serious problems for your baby, like premature birth, NAS, birth defects and stillbirth.
- If you're pregnant and using heroin, don't stop taking it without getting treatment from your health care provider first.



Pregnancy

- Before or between pregnancies
- Nutrition, weight & fitness
- Prenatal care
- Is it safe?**
- Labor & birth

• "If you're pregnant and using heroin, don't stop taking it without getting treatment from your health care provider first.

• Quitting heroin suddenly (going cold turkey) can cause severe problems for your baby, including death."

<http://www.marchofdimes.org/pregnancy/heroin-and-pregnancy.aspx>



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Prescribing Guidelines for Pennsylvania



“During pregnancy, medication assisted treatment (MAT) is the recommended standard of care for women with opioid use disorders. While any opioid use during pregnancy, including MAT medications, can increase the risk of neonatal abstinence syndrome, the use of medications improve maternal and infant outcomes and are now the standard of care in this patient population. MAT prevents erratic maternal opioid levels; protects the fetus from repeated episodes of withdrawal; is associated with improved obstetrical care and reduced fetal and neonatal morbidity and mortality; and supports and sustains the mother’s recovery.”

Record number of babies born addicted to drugs in Pennsylvania

Mar 2nd 2017 2:42PM

f SHARE



Are babies born addicted?

✓ No

Neonatal Abstinence Syndrome (NAS)*

Neonatal Abstinence Syndrome (NAS) “is a postnatal drug withdrawal syndrome that **occurs primarily among opioid-exposed infants shortly after birth.**” Opioid receptors are largely situated within the central nervous system (CNS) as well as the gastrointestinal tract and “the predominant signs and symptoms of pure opioid withdrawal reflect CNS irritability, autonomic over reactivity, and gastrointestinal tract dysfunction.”

Hudak ML, Tan RC; Committee on Drugs; Committee on Fetus and Newborn; American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60. Retrieved at <http://pediatrics.aappublications.org/content/129/2/e540>

***NAS occurs with notable variability. Singular focus on NAS diagnosis may prove too limiting.**



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Neonatal Abstinence Syndrome (NAS)

The type and severity of symptoms an infant experiences varies “depending on the type of substance used, the last time it was used, and whether the baby is full-term or premature.

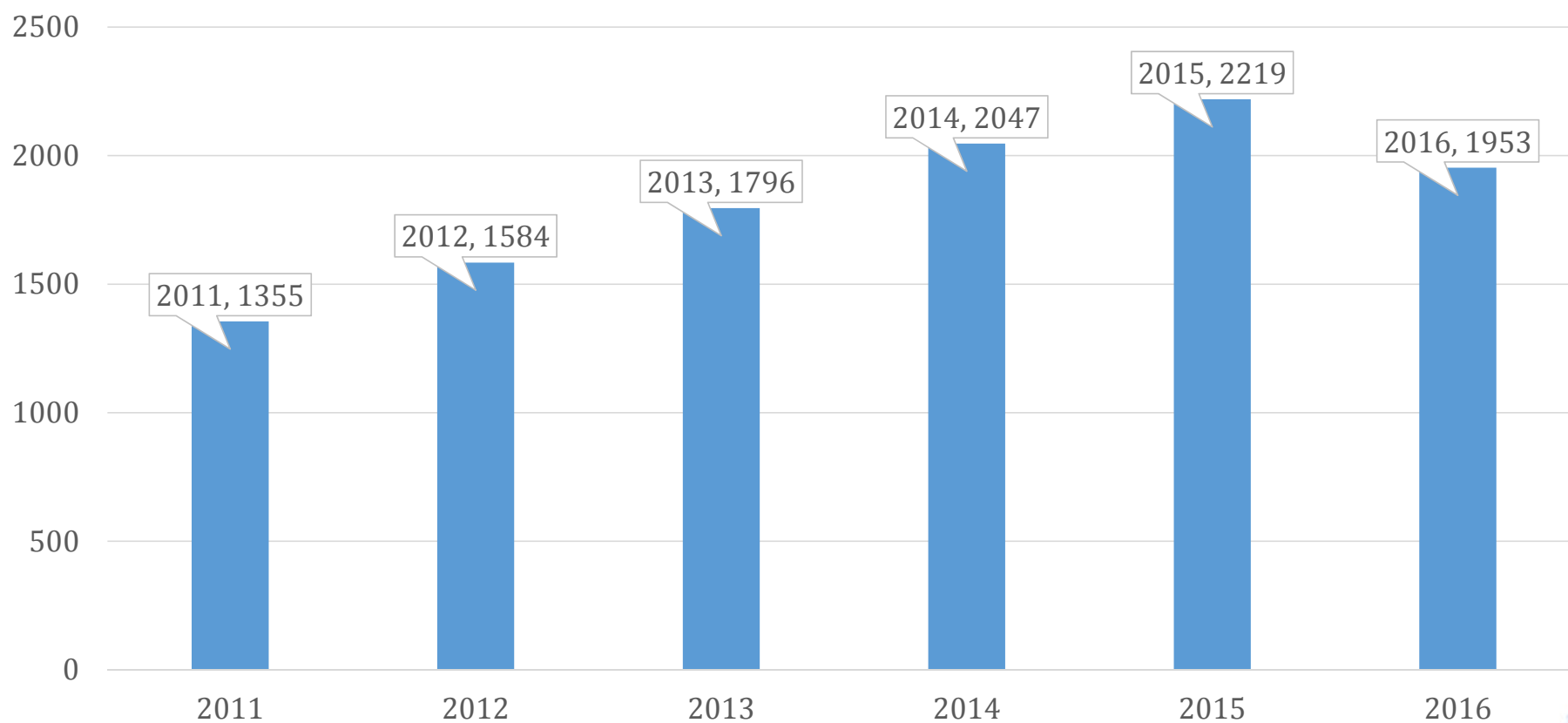
Symptoms of withdrawal may begin as early as 24 to 48 hours after birth, or as late as five to 10 days.” Among the “most common symptoms” of NAS: “tremors (trembling), irritability (excessive crying), sleep problems, high-pitched crying, tight muscle tone, hyperactive reflexes, seizures, yawning, stuffy nose, and sneezing, poor feeding and suck, vomiting, diarrhea, dehydration, sweating, and fever or unstable temperature.”

<http://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387>



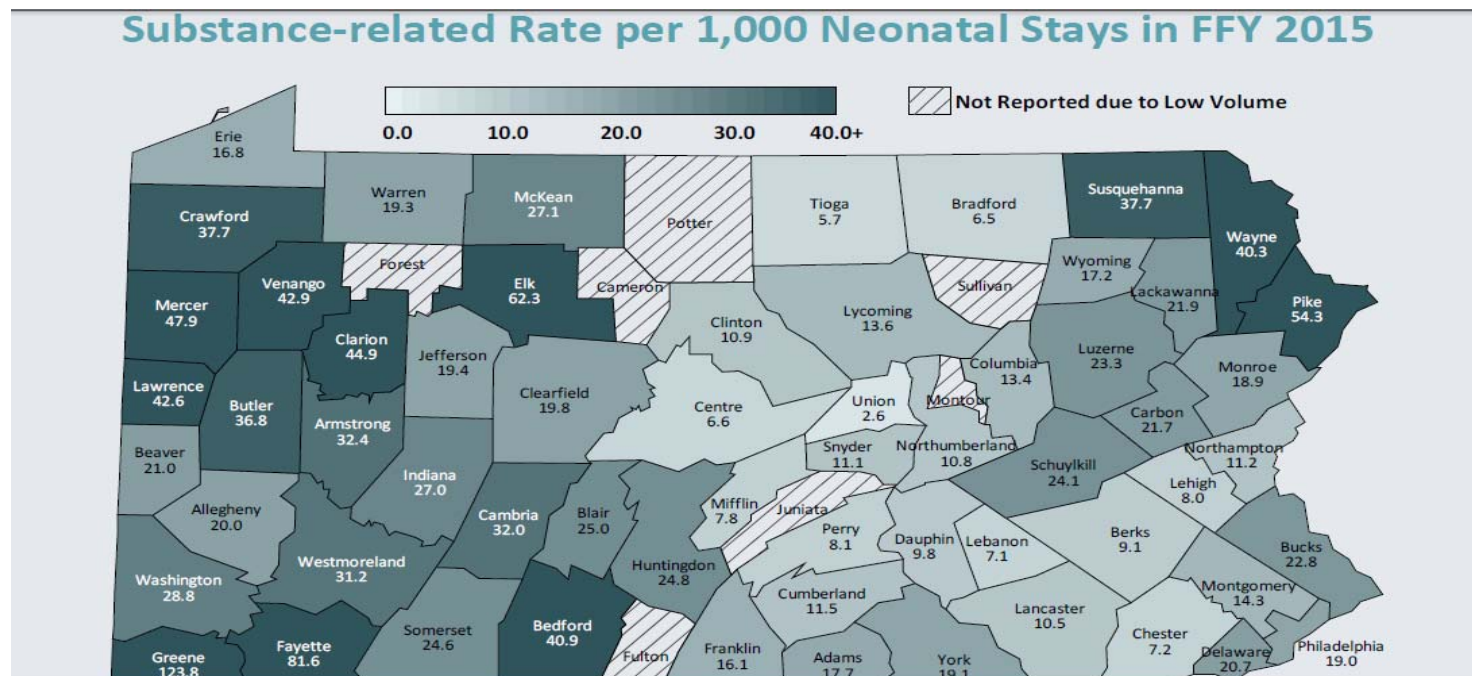
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10K + infants eligible for Medicaid in PA diagnosed with NAS



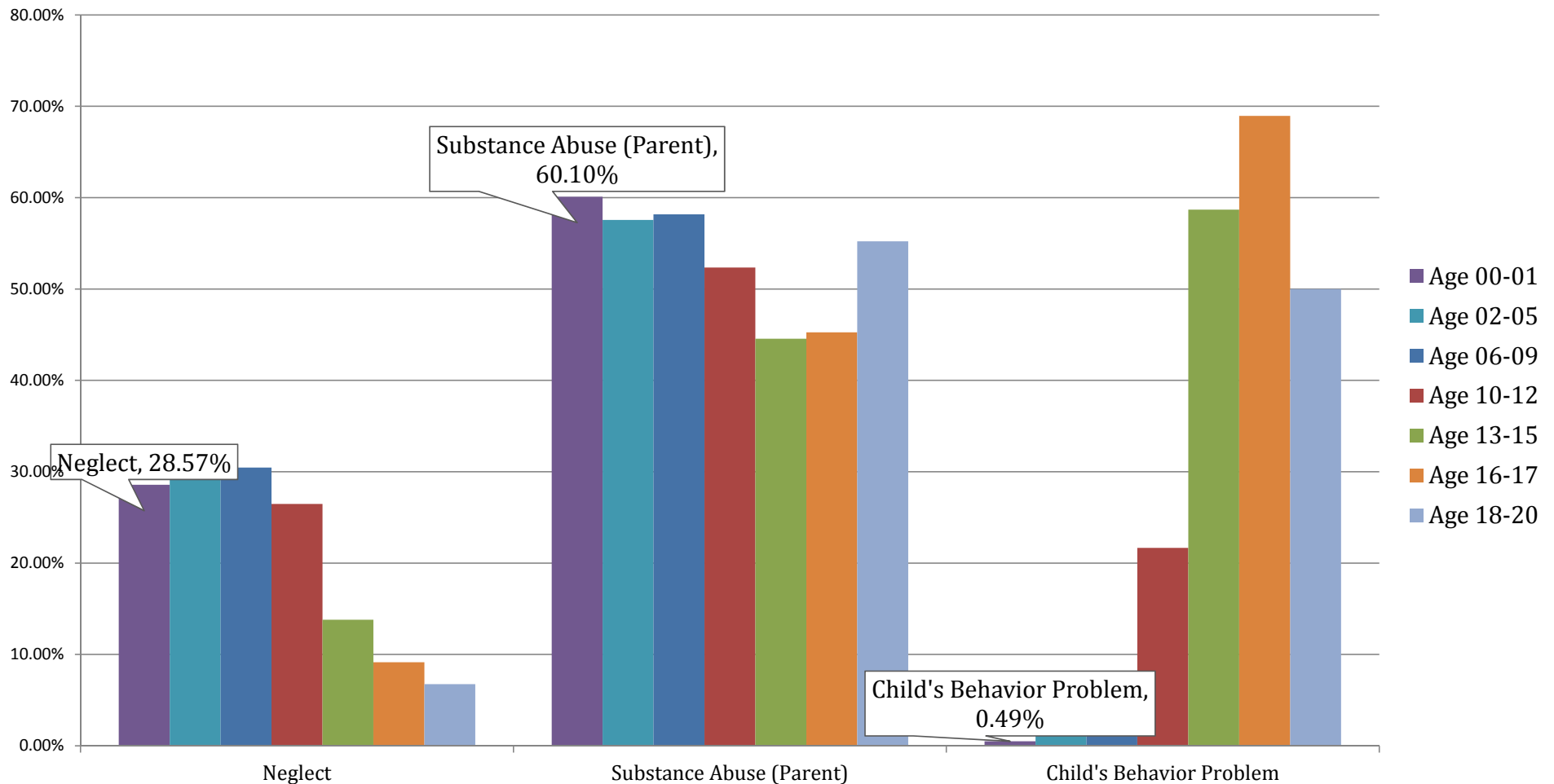
“These findings stress the alarming impact that substance use problems have on new mothers and babies in communities across the Commonwealth.”

<http://www.phc4.org/reports/researchbriefs/neonatal/092716/nr092716.htm>



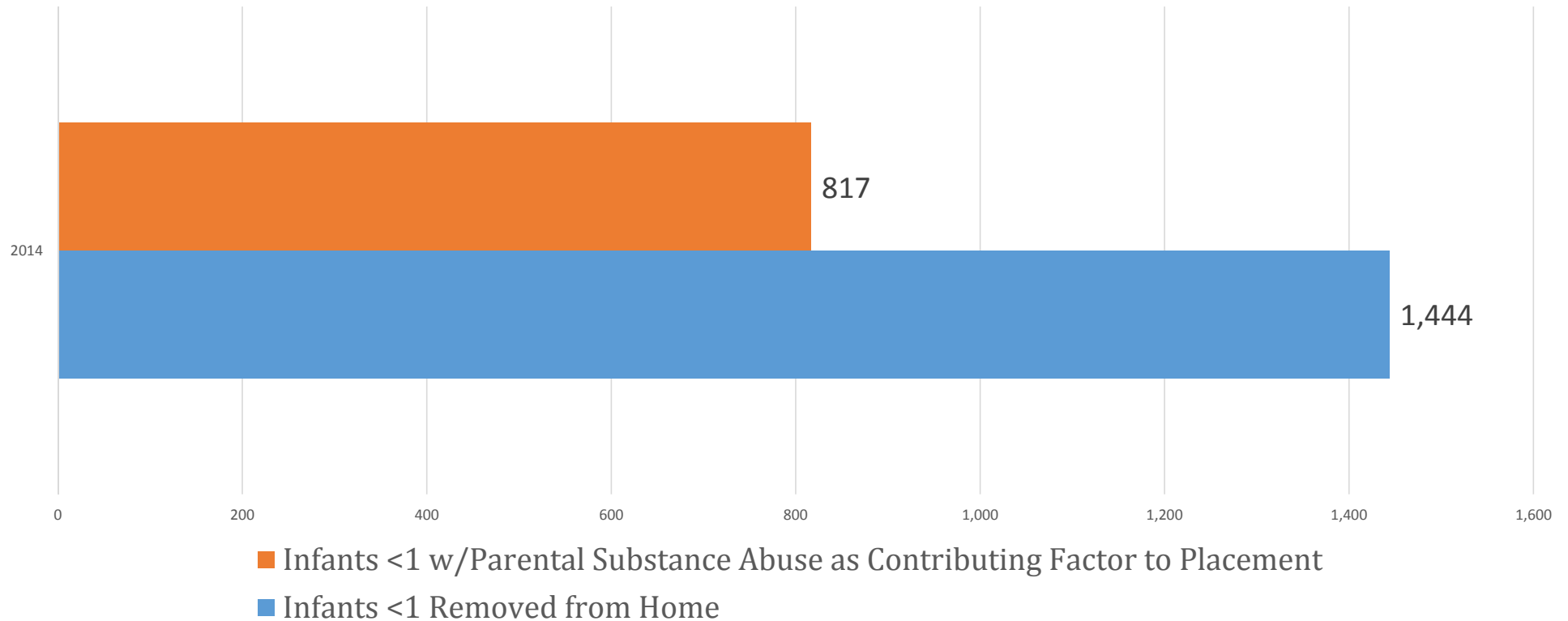
Top Three Reasons for Removal by Age FFY 2015 in PA

NOTE: not a C4CJ original slide, this slide was presented by the PA Department of Human Services to March 29th Roundtable



Pennsylvania Infants <1 Year of Age Removed from Home 2014

Source = AFCARS 2010 -2014 Foster Care Files



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REPORT ON THE FATALITY OF:

Brayden Allen Cummings

Date of Birth: 09/05/14

Date of Death: 10/17/14

Date of Report to ChildLine: 01/05/2015

FAMILY NOT KNOWN TO COUNTY CHILD WELFARE AT TIME OF INCIDENT
OR WITHIN THE PRECEDING 16 MONTHS:



“And it’s important to know that **NAS in and of itself is not fatal.** Now the circumstances of NAS certainly put a baby at risk leading to a diagnosis for other adverse outcomes, but babies typically do not die of neonatal abstinence syndrome.”

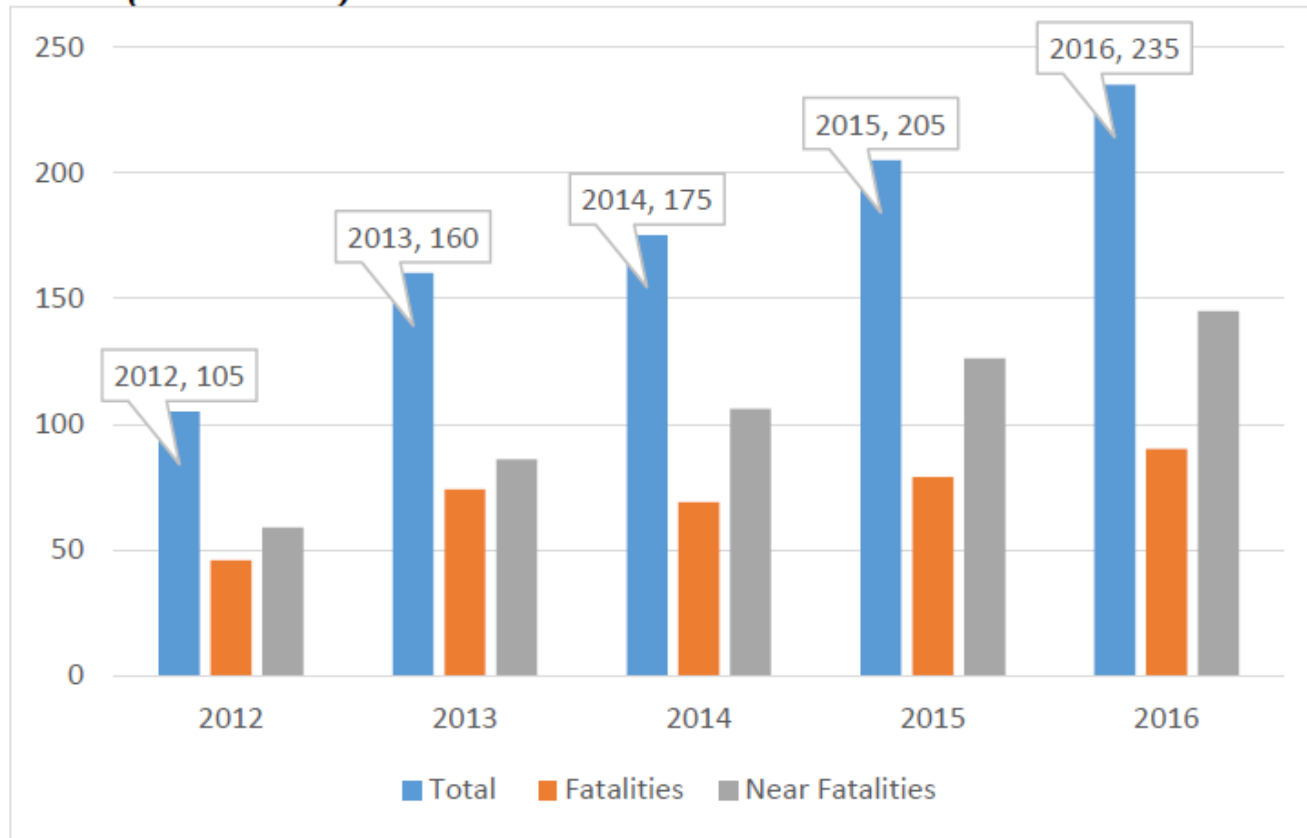
Dr. Michael Warren (April 2015)

<https://eliminatechildabusefatalities.sites.usa.gov/event/tennessee-public-meeting/>

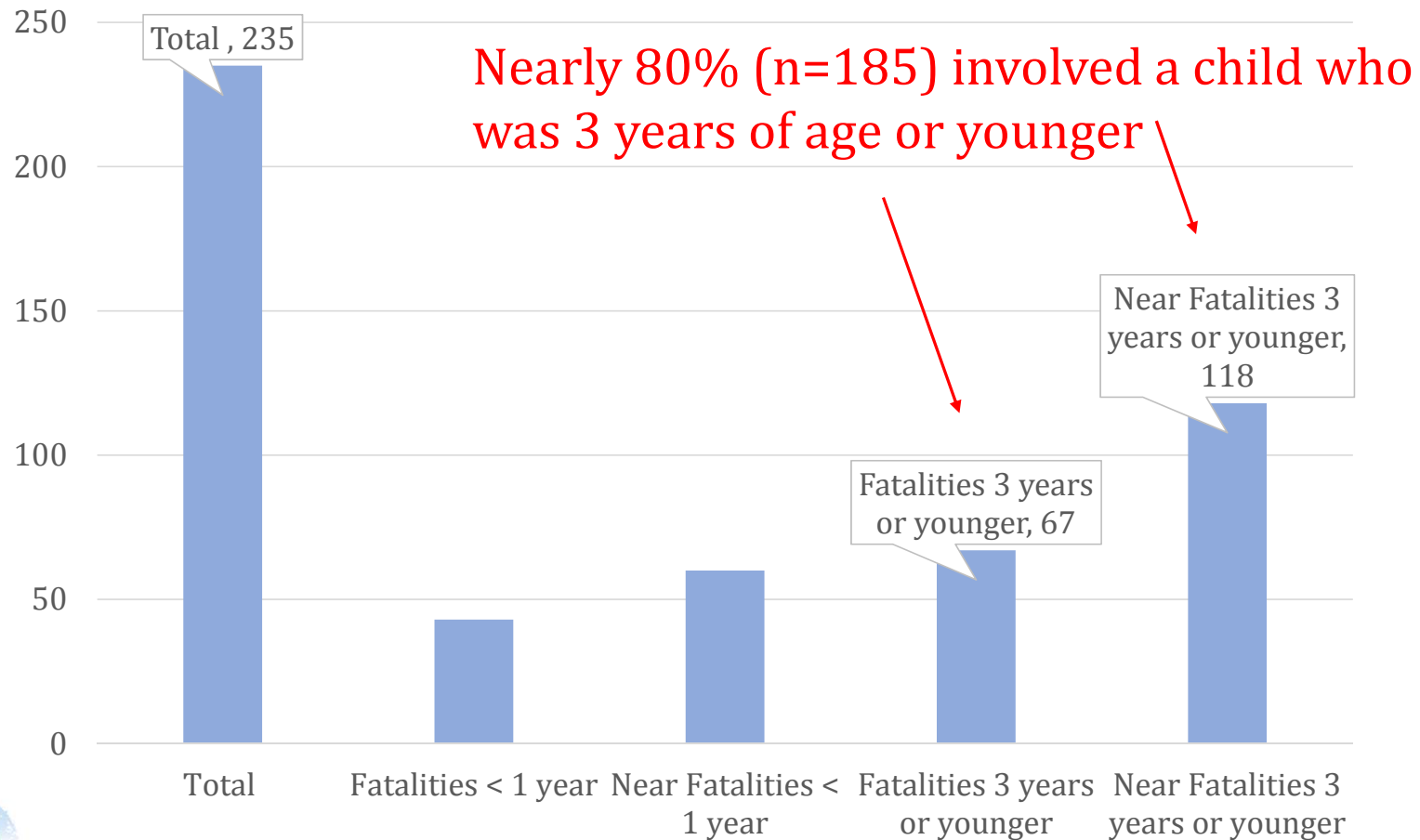


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Table 1: Child fatalities and near fatalities in Pennsylvania initially suspected to be linked to child abuse (2012-2016)³²



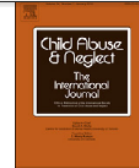
2016 Suspected Child Abuse and Neglect Fatalities or Near Fatalities





Contents lists available at SciVerse ScienceDirect

Child Abuse & Neglect



The economic burden of child maltreatment in the United States and implications for prevention^{☆,☆☆}

Xiangming Fang^{a,*}, Derek S. Brown^b, Curtis S. Florence^a, James A. Mercy^a

^a National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA, USA

^b RTI International, Public Health Economics Program, Research Triangle Park, NC, USA

ARTICLE INFO

Article history:

Received 28 April 2011

Received in revised form

ABSTRACT

Objectives: To present new estimates of the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008

The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately **\$124 billion**. In sensitivity analysis, the total burden is estimated to be as large **as \$585 billion**.



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CECAN identified a number of recommendations “that can save lives immediately” including that **any young child (5 or younger) who is or has been the subject of a report (one or more) to child welfare “should be prioritized for home visiting programs.”** (page 31)

CRIME

Infant Starves to Death at Home Days After Parents Fatally OD on Heroin at the Same Time

BY CHRIS HARRIS · @CHRISHARRISMENT

POSTED ON DECEMBER 27, 2016 AT 2:45PM EDT

SHARE

TWEET

EMAIL



Child's 'heart-wrenching' death in Kernville ruled homicide

By Dave Sutor
dsutor@tribdem.com Feb 1, 2017



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BEVERAGE
INDUSTRY
EXPERTS
POWER BRANDS

FIND & SAVE

117 STAT. 800

PUBLIC LAW 108-36—JUNE 25, 2003

2003

Public Law 108-36
108th Congress

An Act

June 25, 2003
[S. 342]

To amend the Child Abuse Prevention and Treatment Act to make improvements to and reauthorize programs under that Act, and for other purposes.

Keeping Children
and Families
Safe Act of 2003.

42 USC 5101
note.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Keeping Children and Families Safe Act of 2003”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:



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H1502

CONGRESSIONAL RECORD — HOUSE

April 23, 2002

country, and the people of New York, during the terrorist attacks of September 11.

The New York Customs Service was on the front lines on September 11. Their office, located at 6 World Trade Center was evacuated and later destroyed in the towers' collapse.

Despite this, the men and women who work at Customs, a number of whom I am proud to call my constituents, ensured at great personal risk, the safe evacuation of their offices and surrounding offices. They then continued to work with local and national public safety officers to coordinate and assist the search and rescue and later recovery efforts.

The men and women of the Customs Service deserve our utmost thanks and respect for their remarkable service.

But in addition to these proclamations, we need to provide real tangible support for our Customs officials. By that, I mean mandating the return of the Custom's New York Office back to Manhattan.

I have many constituents who work for the Customs Service, and belong to the National

the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

COMMUNICATION FROM CONSTITUENT SERVICE REPRESENTATIVE FOR HON. CHARLES F. BASS, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Madeline Saulnier, Constituent Service Representative for the Honorable CHARLES F. BASS, Member of Congress:

HOUSE OF REPRESENTATIVES,
Washington, DC, April 17, 2002.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC

DEAR MR. SPEAKER: This is to formally notify you, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a grand jury subpoena for

emergency with respect to significant narcotics traffickers centered in Colombia that was declared in Executive Order 12978 of October 21, 1995.

GEORGE W. BUSH.
THE WHITE HOUSE, April 23, 2002.

KEEPING CHILDREN AND FAMILIES SAFE ACT OF 2002

MR. HOEKSTRA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3839) to reauthorize the Child Abuse Prevention and Treatment Act, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3839

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Keeping Children and Families Safe Act of 2002".

TITLE I—CHILD ABUSE PREVENTION AND

The amendments that we put in this bill for the first time require the States to set up programs so that when these children are born to these addicted families that there is intervention, and the social workers can come in and meet with the mother and **establish a safe plan of care**. If the child can go home safely, so be it. They **will have visiting nurses and hopefully substance abuse treatment and all of the rest**.

(Congressman Jim Greenwood, April 23, 2002)



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“Lack of teeth” and “uneven implementation”

“CAPTA requires assurances from states that policies and procedures are in place regarding the development of a Plan of Safe Care for newborn infants identified as being affected by illegal substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorder. The purpose of this requirement is to ensure that the infants do not leave the hospital without supports in place. **The Commission heard from issue experts in the field and spoke with officials at HHS who noted the “lack of teeth” in the CAPTA Plan of Safe Care requirement and its uneven implementation across states.** Many state agencies are unfamiliar with this requirement, and no state has designated a single accountable agency or person responsible for its implementation. States’ lack of understanding of the policy is reflected in questions submitted to federal officials through the HHS Child Welfare Policy Manual.”

Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities, Page 112. Retrieved at <https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>



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[Home](#) > [Legislation](#) > [114th Congress](#) > S.2687

S.2687 - Plan of Safe Care Improvement Act

114th Congress (2015-2016)



BILL Hide Overview X

Sponsor: [Sen. Casey, Robert P., Jr. \[D-PA\]](#) (Introduced 03/15/2016)

Committees: Senate - Health, Education, Labor, and Pensions

Latest Action: 04/04/2016 Placed on Senate Legislative Calendar

Tracker:

Introduced

Summary (2)

Text (2)

Actions (4)

Titles (3)

Amendments (0)



H.R.4843 - Infant Plan of Safe Care Improvement Act

114th Congress (2015-2016)

BILL Hide Overview X

Sponsor: [Rep. Barletta, Lou \[R-PA-11\]](#) (Introduced 03/23/2016)

Committees: House - Education and the Workforce | Senate - Health, Education, Labor, and Pensions

Committee Reports: [H. Rept. 114-548](#)

Latest Action: 09/19/2016 Referred to the Subcommittee on Early Childhood, Elementary, and Secondary Education. ([All Actions](#))

Roll Call Votes: There has been [1 roll call vote](#)

Tracker:

Introduced

Passed House

Summary (2)

Text (4)

Actions (15)

Titles (3)

Amendments (0)

Cosponsors (24)

Committees (2)

Related Bill

2016



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REUTERS Business Markets World Politics Tech Commentary Breakingviews Money Rio 2016

Politics | Fri Jul 22, 2016 7:31pm EDT Related: ELECTION 2016, POLITICS, HEALTH

Obama signs into law opioid addiction bill to protect newborns

WASHINGTON | BY DUFF WILSON

Certified by Superintendent of Documents <pkisupport@gpo.gov>, United States Government Printing Office, certificate issued by VeriSign CA for Adobe CDS.

An Act

To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the prescription opioid abuse and heroin use crisis, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Comprehensive Addiction and Recovery Act of 2016”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION AND EDUCATION

Sec. 101. Task force on pain management.
Sec. 102. Awareness campaigns.
Sec. 103. Community-based coalition enhancement grants to address local drug crises.
Sec. 104. Information materials and resources to prevent addiction related to youth sports injuries.
Sec. 105. Assisting veterans with military emergency medical training to meet requirement for becoming civilian health care professionals.
Sec. 106. FDA opioid action plan.
Sec. 107. Improving access to overdose treatment.
Sec. 108. NIH opioid research.
Sec. 109. National All Schedules Prescription Electronic Reporting Reauthorization.
Sec. 110. Opioid overdose reversal medication access and education grant programs.

Infants born with & identified as being affected by

Substance abuse*

Withdrawal symptoms
resulting from prenatal
drug exposure

Fetal Alcohol Spectrum
Disorder (FASD)

CAPTA requires

(effective 7/22/16) *

1. Health care providers “notify the child protective services system....”
2. Development of a plan of safe care for the infant

* illegal was removed effective 7/22/16



CAPTA (Federal Law) – effective 7/22/16

S.2687/H.R. 4843 included in the Comprehensive Addiction and Recovery Act (S. 524)

HEALTH CARE REFFERALS TO CHILD WELFARE

Health care providers involved in the delivery and care of infants born with and identified as being affected by:

1. Substance abuse (**note illegal has been removed**);
2. Withdrawal symptoms resulting from prenatal drug exposure, or a
3. Fetal Alcohol Spectrum Disorder

PLAN OF SAFE CARE - LOCAL

Developed for infants born with and identified as being affected by:

1. Substance abuse (**note illegal has been removed**);
2. Withdrawal symptoms resulting from prenatal drug exposure, or a
3. Fetal Alcohol Spectrum Disorder

Why: “To ensure the safety and well-being of such infants following release from the care of health care providers.”

What: Address the **health and substance use disorder treatment needs** of the infant **AND** affected family or caregiver

REFFERALS & PLAN OF SAFE CARE – STATE

1. Develop and implement a monitoring system “regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with state requirements, referrals to and delivery of **appropriate services** for the infant and affected family or caregiver.
2. Collect data and submit to National Child Abuse and Neglect Data System (NCANDS): # of infants identified, # of infants with plan of safe care; and # of infants for “whom service referrals were made, including services for the affected parent or caregiver.”



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Disconnect between requirements & investment

Title IV-B

- U.S. Senate Finance Committee
- U.S. House Committee on Ways & Means

Title IV-E

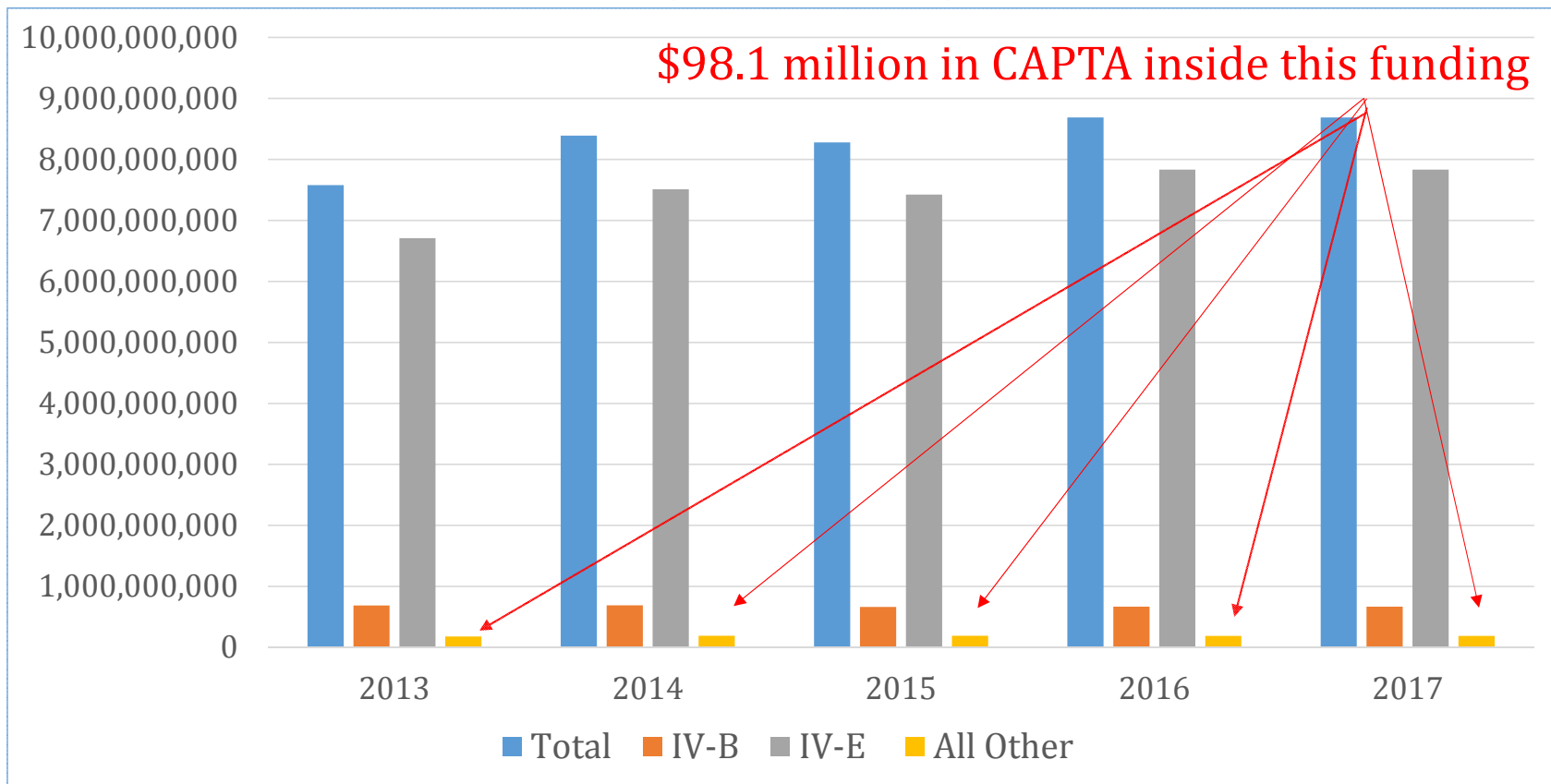
- U.S. Senate Finance Committee
- U.S. House Committee on Ways & Means

CAPTA

- U.S. Senate Committee on Health, Education, Labor & Pensions
- U.S. House Committee on Education & the Workforce

Federal Child Welfare Funding

(FY 2013-FY 2017)



Title IV-E Background

Foster Care

- Eligible child at imminent risk of entering foster care or removed from home, low-income (less than 50% FPIG)
- Judicial decision re: out-of-home care
- Placement in licensed foster home or child care institution
- Eligible costs = “room & board”, caseworker time, administrative, data, training
- 28 states, including PA, have a “waiver” (expires 9/30/19)

Kinship Guardianship Assistance

- Eligibility linked to child having previously been in foster care & eligibility for IV-E foster care maintenance payment

Adoption

- Special needs adoption (child cannot go home, reasonable efforts made, “specific condition or factor” making adoption unlikely without support, medical assistance)
- Reimbursement to states for nonrecurring adoption related costs as well as some degree of ongoing subsidies

Chafee Foster Care Independence

- Funding to help youth make the transition from foster care to independent living.

Title IV-B Background

Stephanie Tubbs Jones Child Welfare services

- Discretionary
- Formula grants to states, tribes
- Child protective services (e.g., investigations, caseworker activities, counseling, emergency assistance)
- Family support, family preservation or time-limited family reunification services
- No federal eligibility requirement for recipients
- Authorized funding of \$325 million (a level never reached), funded at \$268.7 million in FY 2017

Promoting Safe & Stable Families

- Mandatory and discretionary
- Authorized at \$545 million (\$345 million mandatory, \$200 million discretionary)
- Current FY funding is \$380.8 million (approximately \$60 million discretionary)
- Regional Partnership Grants and Court Improvement Program

Child Welfare Research, Training, or Demonstration Projects

- Competitive grants or contracts to improve & support child welfare workforce
- Development, dissemination of workforce best practices

National Survey of Child and Adolescent Well-Being

- Nationally representative study of children at risk of abuse or neglect
- 2 surveys to date (3rd expected in 2017)

CAPTA Background

State Grants

- Intended to aid states in “improving the child protective services system” in 14 categories (e.g., intake, assessment and screening or use of multidisciplinary teams or risk & safety tools or collaboration with domestic violence)
- State plan that shows coordination with Title IV-B
- Governor assurance that state has a law or program related to mandatory reporting, screening and assessment, plans of safe care for substance exposed infants, etc.
- Establish at least 3 Citizen Review Panels
- Base allotment of \$50,000 (no state less than \$100,000) & then formula based on child population.

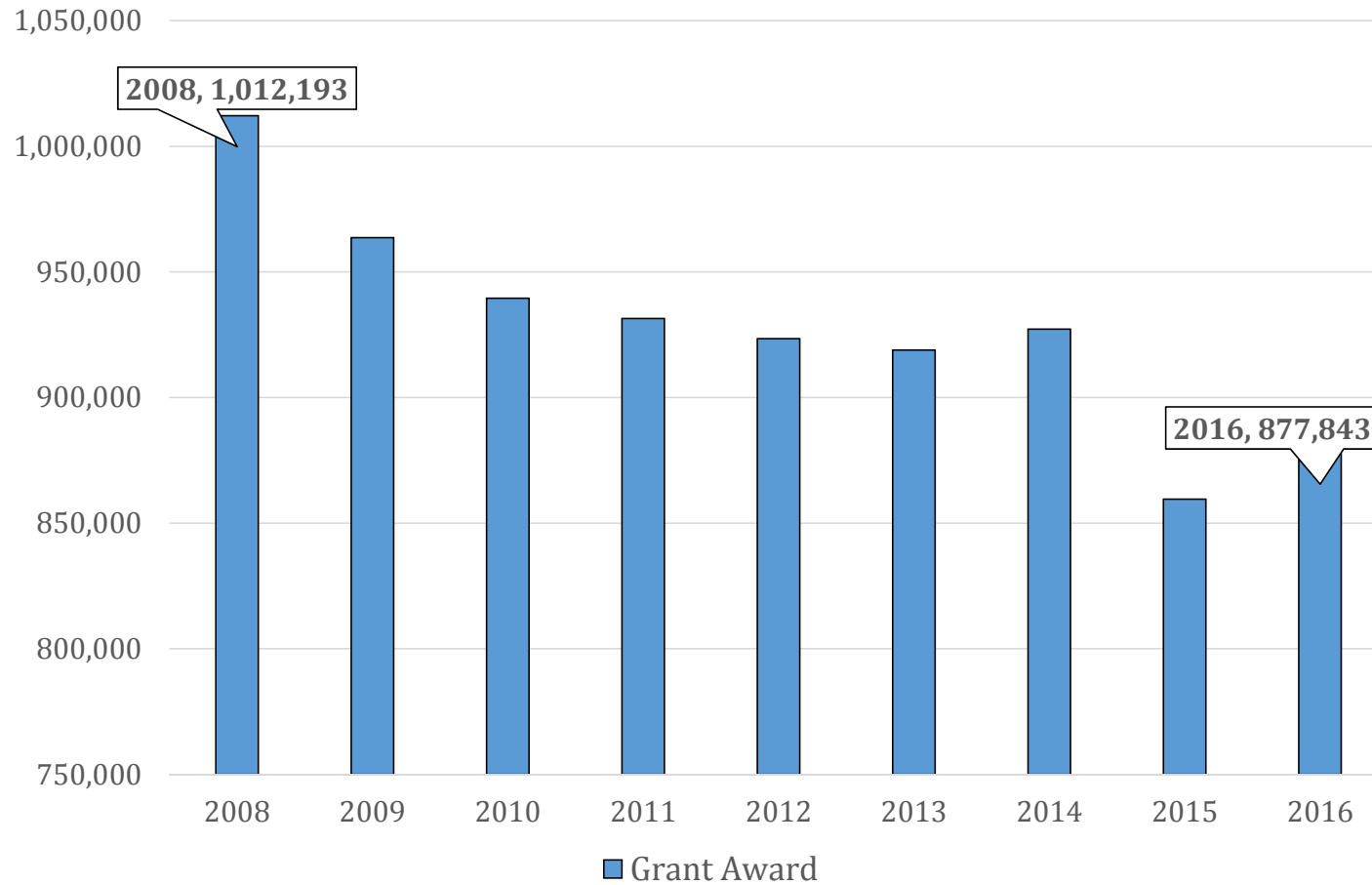
Discretionary Activities

- National Clearinghouse –Child Welfare Gateway
- Office of Child Abuse and Neglect within the Children’s Bureau (U.S. Department of Health & Human Services)
- Research and demonstration projects

Community-Based Grants

- Community-based Child Abuse Prevention Grants (CBCAP)
- Support community-based efforts to prevent child abuse and neglect, support coordination and to strengthen and support families
- Formula grant to lead entity – 70% of grant funding based on child population and remaining amount determined based on how much (non federal) dollars the lead entity invests in community-based CAN prevention activities.

PA's Share of CAPTA Basic State Grant



Hardly a new challenge – 13 years ago

Reps. George Miller (D-CA) and **Jim Greenwood (R-PA)** penned a Dear colleague letter:

- “We are writing in support of the President's request to increase funding for the Child Abuse Prevention and Treatment Act (CAPTA) Title I basic state grant funding from \$22 million in FY04 to \$42 million in FY05 and for CAPTA Title II Community-Based Grants for the Prevention of Child Abuse and Neglect funding from \$33 million in FY2004 to \$65 million in FY2005.”
- “The nation's child welfare system has long been stretched beyond capacity to handle the full scope of child maltreatment. While report after report has been issued about a system sorely in need of resources, funds for CAPTA programs have been nearly frozen for a decade.
- “Billions of dollars are spent every year on foster care - too often the only option for families in crisis. Very little money is spent on the front-end, prevention programs. If we could invest in proven prevention programs and strategies designed at the local level to meet individual family and community needs, we could reduce the expenditure for costly back-end crisis services.”



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<http://www.naswdc.org/advocacy/alerts/2004/043004.asp>

Opportunity.

A public health approach seeks to improve the health and safety of the population by addressing underlying social, environmental, and economic determinants of substance misuse and its consequences, to improve the health, safety, and well-being of the entire population.

<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>



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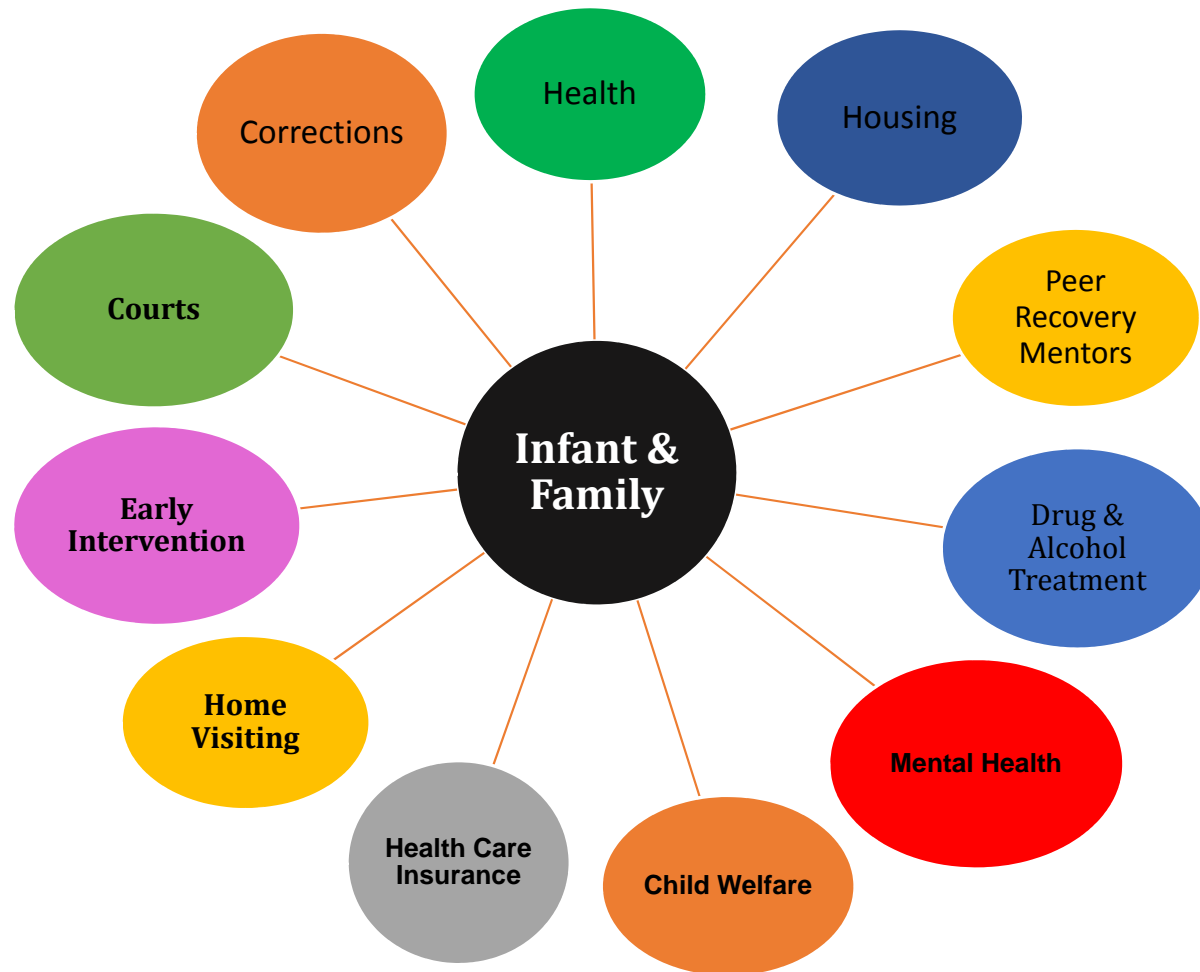
States should “develop **collaborative plans across cabinet-level departments and funding streams** (such as Maternal, Infant & Early Childhood Home Visiting Programs (MIECHV), MCH, SAMHSA, and IV-E and IV-B) **to support substance-exposed newborns and their mothers.**

CECANF Minority Report Recommendation
Written by Commissioner Cassie Statuto Bevan, Ed.D.
March 2016

Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities, Page 157. Retrieved at <https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>



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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Testimony – House Democratic Policy Committee

Saint Joseph's University, April 13, 2017

**Presented by: Shaun Elliott, President and Chief Executive Office
Philadelphia Freedom Valley YMCA**

Good morning Representative Daley and Members of the House Democratic Policy Committee.

My name is Shaun Elliott and I serve as the President and Chief Executive Officer of the Philadelphia Freedom Valley YMCA and as a member of the Executive Committee of the Pennsylvania State Alliance of YMCAs. I am joined today by my colleague Zakiyyah Boone, Vice President of Child Care for our association, and David John, the Executive Director of the State Alliance.

Pennsylvania is blessed to have more Ys than any other state in the country, presently 64 associations and 109 branch locations. Pennsylvania Ys serve more than 1.1 million residents as members and program participants and engage over 34,000 volunteers so we have a large footprint in this state.

We have been asked today to share with you about the importance of early childhood education in giving our children a good start in life and steering clear of the criminal justice system. We are going to make our case today by reviewing the landscape in Philadelphia and statewide and then offering several policy recommendations for your consideration.

First, the Y knows that access to high quality, affordable child care is an essential tool for families in Philadelphia and across the Commonwealth to be able to make ends meet while ensuring their children are situated in safe, nurturing environments. As the largest provider of child care in Pennsylvania, the Y is acutely aware of the importance of child care in the continuum of youth development.

Second, the YMCA believes that early childhood education is a critical component to making sure children are well-prepared to start K-12 education. Nationally, 41 percent of all YMCA associations offer some type of early childhood programming. There are approximately 1,000 YMCA early childhood program sites across the country, including more than 135 Head Start and early Head Start programs. They are located in local Ys, schools and other venues, such as churches. In Pennsylvania, YMCAs have more than 100 early learning program sites and 6 Head Start sites.

Let's look at the numbers. Currently in Pennsylvania, the waiting list for child care subsidies is approaching 14,000 with approximately 4,800 of those children residing in the city of Philadelphia. The current fiscal year budget produced a \$20 million cut in state support resulting in a 10-year low for state support of low income working families. Pennsylvania's current level of child care subsidy in relation to what child care providers charge places us significantly below where the federal government says we should be in order to offer low income working families a similar choice of quality programs as those from more affluent families.

Child care providers are struggling to provide quality programs as a result of the stagnant rates and often must make difficult budgetary choices with regard to programming and purchasing. We need to reverse this direction quickly if we hope to avoid the negative ripple effect program closures would have on children and working families.

As for Pre-K, there are 33,351 pre-school age children living in Philadelphia who are eligible for high-quality, publicly funded pre-K programs. Unfortunately, less than 42 percent of them are presently being served. This means that about 20,000 children who need the important programming offered in pre-K programs are not receiving it. Think about the implications of that statistic. It means that 20,000 children in Philadelphia alone (much less the rest of Pennsylvania) are not benefitting from the advantages pre-K programs provide, including readiness to start school.

The city has approximately 700 high-quality pre-K classrooms serving nearly 14,000 at-risk children. The Philadelphia Freedom Valley YMCA is delighted to be among these providers and you will soon be hearing about our efforts from my colleague.

The bottom line is this. If we are going to keep kids moving successfully forward in life and not spiraling downward into the juvenile or criminal justice systems, we, as state and community leaders, must act swiftly and aggressively to provide a seamless continuum of learning for children from the youngest age to school age. Here are the Y's thoughts as to how this should happen.

The Pennsylvania State Alliance of YMCAs is the public policy arm of the Y in Pennsylvania. You have in front of you our 2017-2018 Legislative Priorities adopted by the Alliance membership last

November. Our priorities are centered around the Y's areas of focus: Youth Development, Healthy Living and Social Responsibility.

Our top priority under "Youth Development" is to support funding to provide working families with quality child care programs, early learning programs and summer learning loss initiatives intended to ensure children are ready to begin school and become life-long learners. The Y understands that investments in these areas will generate a tremendous return on investment as these children advance through their school years.

Let me say that we all understand the economy today and the fiscal challenges all of you as legislators face in preparing the 2017-2018 state budget. Nevertheless, what we are talking about here today are PREVENTIVE measures, not REACTIVE measures. By investing wisely and effectively in children and families up front, we will prevent the need to spend wildly and sometimes aimlessly later on to address the problems we could have prevented. Nobel Laureate, James Heckman has said high-quality birth to five programs for disadvantaged children can deliver a 13 percent ANNUAL return on investment!

Our first specific policy recommendation is to support Governor Wolf's proposed increase of \$75 million for high-quality, pre-K programs. Such an investment will provide another 8,400 children with access to these successful programs. As you will hear momentarily, Pre-K works for children in Philadelphia and across Pennsylvania. The Governor's commitment to these additional dollars is important and will open the doors of opportunity for many more children in the city and elsewhere.

Second, we support the Governor's proposed increase of \$35 million for the Child Care Works subsidy as a first step to reducing the number of unserved children and families. Child care is an economic development tool for working families and access to affordable, high-quality child care is not a luxury for them; it is a necessity.

Third, childhood wellness is an important factor in determining future health and behavioral issues. The Y believes that if children in child care and pre-K programs also have access to healthier food choices and increased physical activity, they are less likely to develop other potentially life-threatening health conditions, such as obesity, and less likely to be engaged in destructive behaviors. The Y encourages the General Assembly to review the Y's Healthy Eating Physical Activity (HEPA) standards and consider how these standards can be implemented in licensed child care facilities and pre-K programs.

Fourth, the Y urges the General Assembly to take a more comprehensive approach to afterschool and out-of-school time (OST) programs and the impact they can have on keeping children safe while engaging them in productive activities. We all know how treacherous the hours of 3pm to 6pm can be for families where both parents work and children have limited or no access to quality afterschool or OST programs. The State Alliance of YMCAs would welcome the opportunity to work with you and your colleagues in the YMCA and Afterschool Caucuses to promote afterschool programs as another tool in the continuum of learning.

Now that you have heard where the YMCA stands nationally and across Pennsylvania, I am delighted to present Zakiyyah Boone, Vice President, Child Care, who will share some specific examples of how our association is working to help Philadelphia's children and families.

Thank you very much for this important opportunity to address a critical issue.

Testimony of Zakiyyah Boone for 4/13/17 House Democratic Policy Committee Hearing

Good morning Representative Daley and Members of the House Democratic Policy Committee. Thank you for this opportunity to share with you how the Philadelphia Freedom Valley YMCA is addressing this critical need in southeastern Pennsylvania.

Our YMCA currently has 5 locations with successful Pre K Counts programs. We are directly contracted at our Phoenixville branch and partner with the local school districts in Pottstown and Philadelphia. These programs provide \$1.4M worth of quality pre K programming to hundreds of children across the Philadelphia region. Additionally, we have 6 other locations with pre-k programs across the area.

When asked to share how our association is working to help the area's children and families, I have to say that through these programs we have the ability to change the lives of the children we serve. Our Pre K programs have helped to change the life trajectory of children who have a high risk of low performance.

Let's take for example, Anna. Anna is a first grader at an elementary school in Philadelphia. She attended pre k at the Columbia North branch on North Broad Street in the 19121 zip code, notorious for being a high-poverty, high-crime neighborhood. Anna and her mother, a single mother, hard-working, trying to offer her child the best, would take Septa to the Y every morning. Anna arrived smiling and pleasantly greeting everyone she encountered. Because she developed language skills and increased her vocabulary from the morning greetings in her classroom, Anna felt confident in greeting the executive director at the Y by saying "Good Morning Mrs. Boone, it's a beautiful day isn't it? May I play with your elephant before I go to class to see my friends?" That greeting followed by hugs and smiles happened every day for 2 years during Anna's time in pre k.

Once Anna went off to kindergarten, she would come back and visit the Y to show off her report card, update "Mrs. Boone" on the many friends she made, or display how she mastered the latest vocabulary word. Anna's mother would often express her gratitude for the role the pre k program played in Anna's school readiness and increased confidence. Pre K at the YMCA gave Anna a distinct advantage. In addition to being prepared for subject-related areas like literacy and math, Anna was given a sense of self-confidence, an opportunity to explore and challenge herself. She is statistically less likely to repeat a grade, drop out of school, engage in criminal activity or develop behavior problems. Instead, because of pre k, Anna has increased her chances of graduating from college, establishing a successful career and becoming a contributing member of society. Yes! Pre K does all this and there is much research to support these statements. The percentage of 4 year olds with proficient academic and social skills increases from 22% without Pre K Counts to 82% with Pre K Counts. Participation in Pre K can reduce the likelihood that a child will require special education services by as much as 48%.

Let's look at how these statistics relate to Anna. As a result of her participation in Pre K Counts, Anna's social skills are 4 times as likely to be proficient. I have seen living proof of that from the many times Anna brings rays of sunshine into my office and socializes with the adults already there. She had the firm handshake mastered by the age of 4. How does Pre K support

Anna's self-confidence and does it really matter? Absolutely! If Anna thinks she can or she thinks she can't either way... she is right! Anna has learned the power of positive thinking and to believe in her abilities. Her growth mindset allows her to realize she is only limited by how much she believes in herself. The healthy eating habits Anna has learned in Pre K have given her the wisdom and courage to scold me for having a glazed donut on my desk for breakfast. The list of benefits will continue for years to come throughout Anna's school years and beyond.

Many stories such as Anna's are created every day in pre k classrooms. The challenge for us as a YMCA is making sure that every child has access the quality pre k. Our goal is to overcome the barriers to access and to ensure that because a child is born in a certain zip code, their opportunities for success are not lessened. Pre K Counts allows us to do just that. We support an investment in early education. The Anna's of future generations are counting on us.

Thank you for your attention and for this opportunity. I would be delighted to answer any questions.

PENNSYLVANIA HAS MORE YMCAS THAN ANY OTHER STATE

Our **65** Corporate YMCAs and **108** branches in diverse communities across the Commonwealth employ **1,462** staff who serve urban, suburban and rural communities and bring together young and old, men and women from all faiths, backgrounds and incomes. According to 2015 Census estimates the state of Pennsylvania has 12,787,209 residents and of this total **8% or 10,248,341 residents live within three miles of a YMCA.**

PENNSYLVANIA YMCAS SERVE 1,115,540 MEMBERS AND CONSTITUENTS

There are **928,509** Pennsylvania YMCA members and an additional **187,031** registered participants in hundreds of YMCA programs and services. During 2014, Pennsylvania YMCAs served **8.7%** of Pennsylvania residents, **32.3%** of Y members were 17 years of age and younger, while **12%** were 65 years of age and older.



34,649 PENNSYLVANIA YMCA VOLUNTEERS ENRICH COMMUNITY LIFE

YMCA volunteers of all ages—teens through seniors—"give back" enriching their communities . . . **31,133** Y program volunteers serve as child care aides, swim instructors, tutors, mentors, coaches, chaperones, etc. **3,516** Y policy volunteers serve on boards and committees providing their skills, talents and leadership. Volunteer time exceeds **\$799,350.**



PENNSYLVANIA YMCAS PROVIDE CHILD CARE STATEWIDE

YMCAs are the largest provider of child care in Pennsylvania, providing preschool, before and after school care, summer day camp and resident camp programs. **One in five children** received subsidized care valued in excess of **\$11,476,843.** Without this Y support, parents may not be able to work thereby leaving children at home without supervision in the critical after school hours.

PENNSYLVANIA YMCAS RAISED \$21,325,721 IN CONTRIBUTED SUPPORT

Ys strive to ensure that no one will be denied participation in Y programs, child care, camp, or membership due to economic hardship. **\$10,163,302** was received for Annual Support; **\$3,712,233** from United Way; and **\$7,450,186** in foundations and grants, as well as other general contributions. Support of **\$2,327,870** was also received for Capital projects.

PENNSYLVANIA YMCAS PARTNER WITH OUR STATE GOVERNMENT

Government funding totaling **\$28,126,006** was invested in Pennsylvania Ys to provide needed local community services and relieve the government of this burden. The Y is proud to partner with our state government to help meet much needed services and programs in urban, suburban and rural communities throughout the state.



**THE YMCAS OF PENNSYLVANIA ARE FOR
 YOUTH DEVELOPMENT, HEALTHY LIVING
 AND SOCIAL RESPONSIBILITY**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PENNSYLVANIA STATE ALLIANCE OF YMCAS

2017-2018 Legislative Priorities

The YMCA strengthens the foundations of community through our focus on Youth Development, Healthy Living and Social Responsibility. Pennsylvania YMCAs are found in diverse communities around the state, serve urban, suburban and rural communities and bring together young and old, men and women, from all faiths, backgrounds and incomes.

YOUTH DEVELOPMENT

- 1) Support funding to provide working families with quality child care programs, early learning programs and summer learning loss initiatives intended to ensure children are ready to begin school and become life-long learners.
- 2) Continued support for the Educational Improvement Tax Credit and other tax credit programs which benefit low income communities in the Commonwealth.
- 3) Ensure that all child care facilities operate in safe and secure environments and are regulated consistently by the Pennsylvania Department of Human Services.

HEALTHY LIVING

- 1) Support the use of Healthy Eating Physical Activity (HEPA) standards in all licensed child care facilities.
- 2) Support legislation to establish a Childhood Wellness Council within state government to develop coordinated strategies to address childhood obesity in the Commonwealth. (HB-1366 / SB-958 in current Session)
- 3) Support legislation to enable partners and funders to support evidence-based, chronic disease prevention programs.
- 4) Support legislation to create and maintain access to safe walking routes in communities across the Commonwealth.

SOCIAL RESPONSIBILITY

- 1) Support the YMCA mission and protect our charitable, tax exempt status by supporting the authority of the Institutions of Purely Public Charity Act.
- 2) Support legislation to provide greater access to child sexual abuse prevention training programs, practices and procedures.



**Testimony of Bruce R. Clash
Pennsylvania State Director
FIGHT CRIME: INVEST IN KIDS**

before a hearing of the

Pennsylvania House Democratic Policy Committee

regarding

**Why Investing In Early Childhood Development
Programs Matters**

April 13, 2017

**Saint Joseph's University
Philadelphia, PA**

Good morning Chairman Sturla, Representative Daly and members of the Committee. My name is Bruce Clash, and I have served as the Pennsylvania State Director of FIGHT CRIME: INVEST IN KIDS in Harrisburg since 2001. Thank you for the opportunity to testify about the importance of high-quality early childhood development programs—specifically home visiting programs and pre-kindergarten—and to join in the discussion about the value of investing in them from a law enforcement perspective.

FIGHT CRIME: INVEST IN KIDS is a bipartisan, national, nonprofit organization comprised of more than 5,500 district attorneys, police chiefs, and sheriffs, more than 170 of whom are in here in Pennsylvania. We were formed to take a hard-nosed look at what keeps kids from becoming criminals in the first place and to advocate for investments that help them become law-abiding and productive members of society. We do not administer any direct service programs for kids, but rather communicate with policy makers, the media and the public about how research-based public investments in high-quality early childhood education and home visiting programs are—and should be more so—at the root of Pennsylvania's crime prevention strategy.

Our law enforcement leader members have spent their careers prosecuting criminals and take a hard stand on crime in order to protect our citizens from those intent on doing harm. They are tough on crime and determined to put dangerous criminals behind bars. But they also focus on crime prevention and being smart on crime because they know from experience that we cannot just arrest and imprison our way out of the crime problem. No amount of punishment can bring back a murder victim and no punishment can undo a crime victim's anguish. When children don't get the right start in life and head down a path of crime, all of us are needlessly at risk of becoming a victim of crime.

To attain a significant and sustained reduction in crime, we believe that we must take serious measures before—not just after—tragedies occur. Any comprehensive approach to reducing crime and incarceration must include high-quality early childhood programs that are shown to keep at-risk kids out of the pipeline that funnels them into lives of juvenile and adult crime. In

other words, Pennsylvania's commitment to holding criminals accountable must be matched by its commitment to preventing kids from becoming criminals in the first place.

Evidence-Based Home Visiting Programs

Evidence-based home visiting programs send trained professionals—like nurses, social workers or parent educators—into the homes of young, at-risk parents who enroll to acquire the support and skills to promote their child's healthy development. Depending on the program, enrollment can begin during pregnancy or later and can go generally to age three. Home visiting programs help parents learn about the early physical and emotional development of their child and provide parents with tools to manage stress, techniques to effectively guide a toddler away from problem behaviors, resources for ensuring the child's safety, connections to community resources, and support in gaining employment. Ultimately, these programs help parents and see a positive vision for their family's future and put families on paths to self-sufficiency.

So what is meant by "evidence-based" home visiting programs? The U.S. Department of Health and Human Services launched the Home Visiting Evidence of Effectiveness review in 2009, which is updated annually, to conduct a thorough and transparent review of the home visiting research literature.

HomVEE provides an assessment of the quality of the evidence of effectiveness for home visiting program models. Using criteria set by the Department, evidence-based home visiting programs are those deemed to meet research criteria for the samples of families who participated in the research, the outcomes measured in each study, the implementation guidelines for each model and more.

Individual sites providing home visiting services must adhere to their program models with fidelity.

Nineteen of 45 existing home visiting programs are deemed evidence based, and four of those 19 (Nurse-Family Partnership, Healthy Families America, Early Head Start, and Parents as

Teachers) are serving just over 12,000 families throughout Pennsylvania. One or more of these programs exist in every county but Warren, but are only able to serve less than 10 percent of families with children 0-3 who are living in poverty.

One of the most devastating crimes law enforcement leaders encounter is child abuse and neglect. Unfortunately, being neglected or abused increases the risk of future involvement in crime. Research shows that roughly half of adolescents who had been arrested for delinquency were abused or neglected earlier in their lives. Another study found that children who were abused or neglected were twice as likely to commit a crime by age 19 compared to similar children who had not been abused or neglected.

All four of the home visiting evidence-based models operating here in Pennsylvania have research evidence showing decreased incidence of child maltreatment. And that is just one benefit of these high-quality programs. While I cannot detail the research outcomes for each model here, collectively these programs are assuring better birth outcomes, improving maternal and child health, increasing school readiness and safe and stable homes, reducing dependence on public assistance programs, and reducing juvenile delinquency.

Home visiting programs also are playing a role in helping address the devastating opioid crisis all across Pennsylvania and the country. Evidence-based home visiting incorporates a number of different approaches with women with a substance use disorder to reduce family risk factors and strengthen the capacity of parents to prepare for newborns and care for infants and young children. By working with pregnant mothers dealing with substance abuse issues, there are fewer babies suffering from Neonatal Abstinence Syndrome today than there would be without home visiting programs.

Ultimately, all of these outcomes are achieved because of the mentoring relationships and supports—like those you just heard described—that lead to positive, nurturing, and confident parenting. Parents also are supported to envision and act on creating a productive future for their families that leads to continued parental education, employment and economic self-sufficiency.

By not supporting at-risk families with these targeted home visiting programs, we are simply waiting for deep-rooted problems to materialize. Taxpayers are paying huge sums for Children and Youth Services, other social program expenditures, the costs of holding children back in school, providing special education and alternative education services, and especially paying for arresting, prosecuting, and imprisoning criminals.

It is hard to imagine any other investment we can make that would so substantially reduce budgetary demands on county and state governments in the years to come and continue to protect our communities and children. For all these reasons, law enforcement leaders of Fight Crime: Invest in Kids support the modest \$9 million in additional funding that Governor Wolf has included in his proposed budget for evidence-based home visiting programs within the Community-Based Family Centers line item in the Department of Human Services.

Pre-Kindergarten

Decades of research and analyses of high-quality early childhood education programs are very compelling and show that compared to similar children that participate in high-quality pre-k programs, at-risk children left out of such programs are significantly more likely to have committed crimes, been arrested, been incarcerated, and used drugs.

Several studies have tracked for decades low-income kids who participated in high-quality pre-kindergarten programs compared to those who did not participate. In the High-Scope Perry Preschool study, which has tracked participating children and a control group for more than 40 years, the grown-up children who did NOT attend the preschool program were five times more likely to be chronic lawbreakers by age 27 than the children who DID attend.

In another study of Chicago's Child-Parent program published in the *Journal of the American Medical Association*, kids left OUT were 70 percent more likely to have been arrested for a violent crime by age 18 than those who DID participate.

Additionally, at-risk children left out of high-quality pre-k are less likely to have graduated from high school. Far too often, today's high school dropouts are tomorrow's criminals. High school dropouts are three-and-a-half times more likely than high school graduates to be arrested, and eight times more likely to be incarcerated. In Pennsylvania, about 50 percent of state prison inmates have not received a high school diploma. That is why law enforcement officials place a high priority on education.

Evidence from the two long-term evaluations shows that participating in high-quality pre-k increases high school graduation rates by as much as 44 percent. Getting at-risk kids on the path to educational success early on and getting them on pace with their peers is much more effective than trying to play "catch up" and to change poorly established attitudes, behaviors, habits and values. Law enforcement leaders see these attitudes and their adverse consequences play out every day.

Partially at the root of why investing in pre-k is an effective crime prevention tactic is that it reduces disruptive problem behaviors in early childhood that can lead to later anti-social and delinquent behaviors and adult crime. Data from the study of Pennsylvania's Pre-K Counts Public/Private Partnership program—the precursor to today's Pre-K Counts program—shows an 83 percent decrease in problematic social and self-control behavior by 3-year-olds after they participated in the program.

This decrease is important to law enforcement leaders because research is clear that 60 percent of children with high levels of disruptive, aggressive behavior in early childhood will have high levels of antisocial and delinquent behavior later in life.

Common sense and a positive outlook on the human spirit tells us that children are not born to victimize others, and most kids, regardless of risk factors in their lives, don't go on to become criminals. But too many do. The path to healthy development begins at birth. Science tells us that 90 percent of brain development occurs before kindergarten, with neurological wiring literally occurring at warp speed when children's intellect and emotions, and even their ability

to feel concern for others (which is a prerequisite for conscience) are being permanently shaped.

Quality early learning programs help kids learn to get along with others and follow directions, develops their respect for authority, and reduces problem behavior that can lead to youth and adult crime. Brain research is quite clear that building more advanced cognitive, social and emotional skills on a weak initial foundation of brain architecture is far more difficult and less effective than getting things right from the beginning. As simply stated in a brain development video produced by the Alberta Family Wellness Initiative, “To build better futures, we need to build better brains.”

There is no single turning point in a person’s life when they decide between crime and productive citizenship. It is a series of decisions they make. Kids who have a poor educational foundation—in addition to weak parenting and many other factors—are more likely to make poor decisions and end up in our criminal justice system.

The issue here boils down to dollars and sense—as in common sense. Crime and incarceration cost Pennsylvania billions of dollars each year. This fiscal year, we will spend just over \$2.3 billion dollars for the Department of Corrections, about 7% of the entire state budget.

Clearly, preventing people from turning to crime in the first place would save the public millions of dollars. A well-respected, independent cost-benefit analysis of nearly 20 different studies of pre-K programs conducted by the Washington State Institute for Public Policy showed that pre-K can return, on average, a “profit” (economic benefits minus costs) to society of more than \$29,000 over the lifetime of every child served. This means that for the 8,400 additional kids Governor Wolf is proposing to serve with Pre-K Counts and Head Start next year, Pennsylvania could reap a return of more than \$243 million over the lifetime of these children. These economic benefits accrue due largely to reductions in the cost of future crime and increases in participants’ future wages, as well as decreases in other costs to society, such as children being held back in school or receiving special education. These benefits would accrue for each new cohort of children served by high-quality pre-K.

The most effective way to cut crime and make our communities safer is to invest our energy and resources in today's at-risk children when they still have options and opportunity ahead of them. No baby is destined at birth to become a criminal. The road to criminal behavior is paved with such challenges as childhood abuse and neglect, inadequate preparation for school, unaddressed behavior problems, poor academic performance and dropping out of high school. The path to success in life is driven by school readiness, the ability to get along with others, academic achievement and high school graduation. We need to take action, right now, to ensure children have the opportunity for quality early education and care so they can start on the right path for life. Children only get to be 3 and 4 once at this critical point in their lives.

In short, failing to invest in our most at-risk youngest citizens needlessly puts every Pennsylvanian at greater risk of becoming a victim of crime and costs taxpayers far more later on in the form of prison spending, public assistance costs, remedial and special education and other social costs.

Most law enforcement leaders believe that government's most fundamental responsibility is to protect the public safety. Government cannot fully meet this responsibility without making sure that Pennsylvania's most at-risk children—those most likely to victimize others later on—have access to high-quality pre-k that will help form the foundations of positive and productive lives and steer them from crime.

As a founding partner with nine other organizations of the statewide Pre-K for PA campaign, we also support Governor Wolf's intention over the course of his tenure to make high-quality pre-k available to every family that wants their children to participate. Currently about 112,900 eligible three and four-year-old children throughout Pennsylvania—about 64 percent—do not have access to high-quality early learning programs to help put them on paths to success. One of our Pre-K for PA campaign partners, Pennsylvania Partnerships for Children, has developed an interactive online map showing in every state legislative district the locations of high-quality pre-k and the numbers served and percentages of children

eligible for publicly-funded pre-k. It can be viewed at <http://www.papartnerships.org/prekinpa> by clicking on “Interactive Map” just below the green “A Path Forward Report” title.

We commend Governor Wolf for proposing significant funding increases to Pre-K Counts and the Head Start State Supplemental program and legislative support to enact the \$60 million over the last two years to serve an additional 6,200 children. We applaud his proposal in next year’s 2017-2018 budget for an additional \$75 million that would serve about 8,400 more children with high-quality pre-k.

Thank you for your support of making high-quality early childhood education and home visiting programs available to more of Pennsylvania’s children and families, an effort we believe will help them get the support they need to become productive and law abiding citizens. Thank you again for this opportunity to be with you here today.

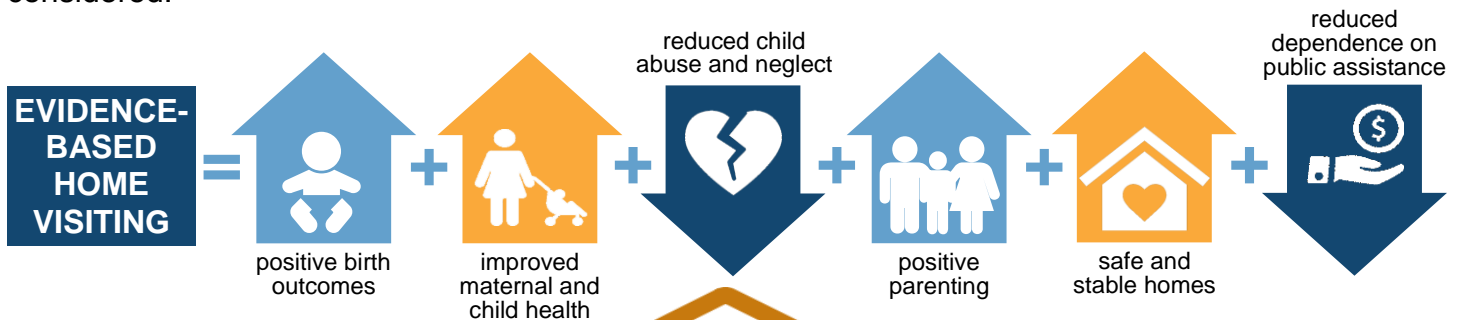
Home Visiting in Pennsylvania

Supporting Parents and Child Development with Pennsylvania's Most Vulnerable Families

Pennsylvania's continuum of care for vulnerable families will be improved by increasing state support by \$9 million and substantially build upon the commonwealth's current federal and state investments in evidence-based home visiting. The funding will be made available to communities who wish to implement or expand services through one of the four evidence-based home visiting models.

An investment of an additional \$9 million will serve approximately 1,700 more families and children. Currently, 12,161 families are enrolled in one of the four evidence-based home visiting models, which are being supported by state funds and by federal Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) funding.

To enhance capacity and address the increased cost of providing high-quality services, a rate increase for services provided through Nurse Family Partnership and Parents as Teachers should be considered.



PENNSYLVANIA'S FOUR EVIDENCE-BASED MODELS

Early Head Start

Enhances the ability of low-income families to meet the developmental and early learning needs of their children at home

Healthy Families America

Strengthens families by promoting positive parenting, enhancing child health and development and preventing child abuse and neglect

Nurse-Family Partnership

Pairs first-time, low-income pregnant women with nurses to improve pregnancy/birth outcomes, child health and development and improve family economic self-sufficiency

Parents as Teachers

Builds the capacity of parents to care for their children, while promoting school readiness and healthy child development

Home Visiting in Pennsylvania

Evidence-based home visiting programs match at-risk parents and children with trained providers such as nurses and social workers. These providers meet regularly with families through home visits, providing supports, such as positive parenting and health education, connections to early intervention and education services and other resources, assisting young parents to continue their education, and helping families chart paths to self-sufficiency.

All families need support, but for parents living in poverty and facing other risk factors, the access to support and resources that evidence-based home visiting programs provide become even more critical.

What are Parents Saying about Evidence-Based Home Visiting?

I first enrolled in Parents as Teachers to improve my parenting skills with my daughter. Over the course of our visits, my parent educator helped me realize how important I was to my child's development.

- Parents as Teachers; Wyoming County

I like being involved and watching my daughter learn during home visits. My home visitor shares resources about employment, community events and health care. We come up with plans for my daughter together – now she is learning colors and numbers and how to write her name.

- Early Head Start; Dauphin County

I was so nervous and scared when I found out I was pregnant. The first baby I ever held was my own. My nurse would always affirm me and tell me I was doing right, and she gave me a lot of confidence. That was part of why I reached out to look for a job.

- Nurse-Family Partnership; Cambria County*

Home visiting helped me when my family closed me out. I'm not sure where I would be without the Healthy Families America program.

- Healthy Families America; Delaware County

Pennsylvania's Evidence-Based Home Visiting Models

High-quality home visitation and family supports services are an essential element of the commonwealth's early care and learning continuum across all systems serving pregnant women, their families and young children through school entrance. Pennsylvania is currently implementing four evidence-based home visiting models: Early Head Start; Healthy Families America; Nurse-Family Partnership; and Parents as Teachers. This complimentary group of models each has established model-specific standards, accountability measures, and fidelity requirements.

Early Head Start (EHS) - Provides early, continuous, intensive, and comprehensive child development and family support services to infants and toddlers and their families, and pregnant women and their families living at or below the federal poverty line. This model promotes the optimal social, intellectual, emotional and physical development of children, while supporting parents in their role as caregivers, teachers and providers, so that parent/child relationships and families will develop to their fullest potential. Based in individual communities, the program promotes and enhances existing community resources for the benefit of children and their families and provides the highest quality of services through the development of caring and well-trained staff.

Healthy Families America (HFA) - Designed specifically to work with families who are at-risk for negative childhood experiences including child abuse and neglect. The model engages families with histories of trauma, intimate partner violence, mental health concerns and/or substance abuse issues. Services emphasize parent engagement, parent-child interaction, parental knowledge of child development, health education, and connection to community-based health and social services. Interactions with parents and other caregivers are strengths-based, family centered and culturally sensitive.

Nurse-Family Partnership (NFP) - Partners first-time, low-income mothers with registered nurses to improve pregnancy outcomes, child health and development and family economic self-sufficiency. Pregnant women voluntarily enroll as early in their pregnancy as possible, but no later than 28-weeks of gestation and continue until the child reaches age 2.

Parents as Teachers (PAT) - Builds the capacity of parents to care for their children. Certified parent educators partner with families through personal visits, child screenings, group connections, and connecting families to resources. Each personal visit focuses on parent-child interaction, development-centered parenting, and family well-being. The model is proven to improve child and family outcomes by improving child health and development, preventing child abuse and neglect, increasing school readiness, improving family self-sufficiency, and increasing parent involvement in their child's care and education. Parents as Teachers can serve families prenatally through kindergarten, and programs can enroll families anytime during that continuum. The model is designed to serve families universally, including families with multiple children, and can also serve primary care takers.

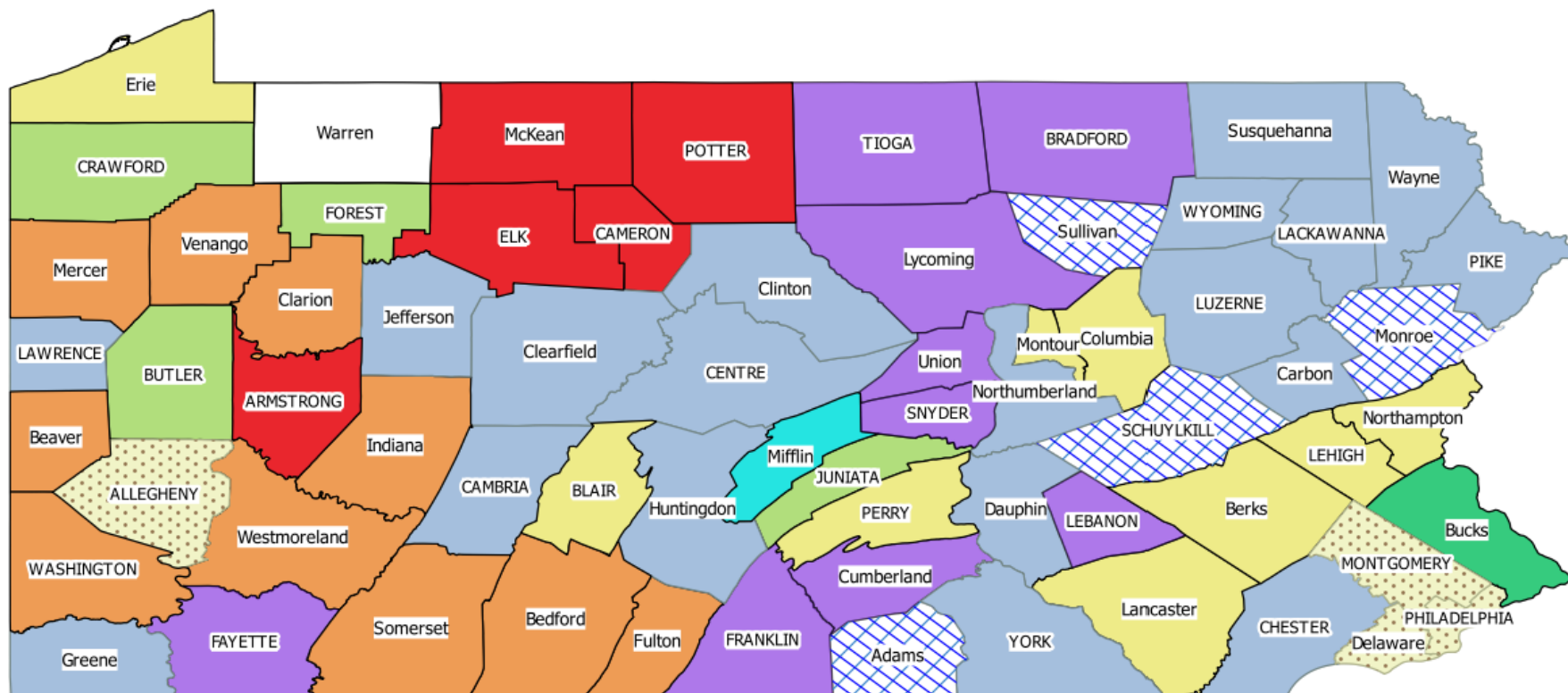
Research of these four home visitation models show remarkable program outcomes across many disciplines that include, but not limited to: child development and school readiness, maternal and child health, child maltreatment, family economic self-sufficiency, crime and juvenile delinquency. Information related to each home visiting model's evidence has been evaluated and documented within the US Department of Health and Human Services - Home Visiting Evidence of Effectiveness (HOMVEE) review at <http://homvee.acf.hhs.gov/>.

Home visiting is a worthy investment even in difficult economic times. Investing in children, starting with the earliest years, produces significant long-term impacts for individuals and communities.¹ Benefits to the children, families and communities that participate in early education programs can range from reduced child abuse and neglect and lower healthcare costs to school success and better employment.²

¹ Cunha, F. Heckman, J. (2007). Conference Presentation, research funded by Partnerships for America's Success.

² Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, U. & Anderson, L. (2012) Return on investment: Evidence-based options to improve statewide outcomes. www.wsipp.wa.gov/rptfiles/3900.PAT.pdf

Pennsylvania's Evidence-Based Home Visiting Models



Home Visiting Programs



EHS: Early Head Start

HFA: Healthy Families America

NFP: Nurse Family Partnership

PAT: Parents as Teachers