MIECHV Reauthorization:

Combating the OPIOID Epidemic through Evidenced-Based Home Visiting

HOME VISITING POLICY NETWORK
A PROJECT OF THE DALTON DALEY GROUP

ABSTRACT
Through its evidence based design and criteria, which includes benchmark area constructs (outcome measurements) specifically targeting illicit drug use, MIECHV has yielded fruit in reducing maternal use and infant addiction to opioids.

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The Dalton Daley Group
An Advisory Brief to Reauthorize and Expand Evidence Based Home Visiting provided through The Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

Combating the Opioid Epidemic Through Evidenced Based Home Visiting ©2018

Making the Case for a 5 Year Reauthorization of MIECHV

Summary: The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has shown promise in combating the opioid crisis. Through its evidence based design and criteria, which includes benchmark area constructs (outcome measurements) specifically targeting illicit drug use, MIECHV has yielded fruit in reducing maternal use and infant addiction to opioids. Because of its effectiveness, the program must be quickly reauthorized for a minimum of 5 years. For example, in its reports, the presidential Commission on Combating Drug Addiction and the Opioid Crisis has cited the work of Massachusetts Gov. Charlie Bakers' administration as an example of work being done in combating the opioid crisis[1]. The Massachusetts approach is firmly supported through the MIECHV evidence based home visiting program in collaboration with substance abuse prevention efforts spearheaded by the Substance Abuse and Mental Health Administration (SAMHSA).

Both Congress and the Trump Administration have signaled their intention to reauthorize MIECHV. The impact on families and children due to any break in services provided through MIECHV could be devastating in the states and exponentially compound the opioid crisis. However, reauthorizing the MIECHV program for 5 years with bolstered resources, could prove to be a serious immediate and long-term step toward tackling the opioid epidemic[2].

Overview: The opioid crisis in our country is quickly spiraling out of control. This is mainly due to a disconnection between the science of addiction and the treatment of addiction. The medical field has identified addiction as a disease and developed drugs to aid in "kicking the habit" but treatment of the disease has not been effectively implemented as a health crisis. In many cases, proper attention has not been given to early detection and the behavioral implications of the addiction cycle.

For the most part, programs and efforts designed to reduce opioid addiction in the United States have largely focused on providing individuals with drug replacement therapy. Simply swapping out an addicted individual's drug of choice for an alternative, without the proper corresponding behavioral treatment, has not only proven ineffective in the preventing substance abuse, but has likely contributed to the opioid addiction epidemic. While traditional approaches may have contributed to the current epidemic, MIECHV, through the implementation of its built-in benchmark and underlying constructs, has quietly and steadily

[1] https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf at page 3 (bottom)

[2] https://www.bostonglobe.com/business/2017/01/15/new-head-start-initiative-targets-children-opioid-addicts/iUfZBMPGLHzHn5LBcOZe9N/story.html

been addressing the illicit drug and substance abuse crisis through maternal and infant health programming with demonstrated reductions in illicit drug use amongst families served.

In addition, reauthorizing the MIECHV program for 5 years with bolstered resources, could prove to be a serious step toward tackling the opioid epidemic. This is attainable due to the outcome measurements that are embedded in the MIECHV design. These are known as the benchmark area constructs (constructs) which are used to both guide home visiting models and to evaluate their effectiveness. The constructs tie MIECHV to characteristics also found in evidence based behavioral treatments for substance abuse such as cognitive-behavioral therapy (CBT) and motivational interviewing (MI) However, this does not suggest that home visitors are clinicians, nor does it suggest that home visiting is a treatment modality.

Nonetheless, it is significant to note that CBT and MI are two of the most strongly supported evidence-based behavioral treatments for substance abuse[3]. Thus, it is important to note that while little if any movement towards utilizing CBT based techniques has occurred in the field, home visiting providers and/or local implementing agencies are finding success in training and utilizing MI techniques in service provision. Although not at the level of clinician trained practitioners, home visitors provide a practical referral path forward for families to avail themselves of clinical services to address substance abuse. It is through this lens that we observe the documented achievements of MIECHV grantees success in combating substance abuse.

> *"A majority (83 percent) of state [MIECHV] grantees demonstrated overall improvement in four of the six benchmark areas during the 3-year period. The percentage of state grantees demonstrating improvement in each benchmark area ranged from 66 to 85 percent across benchmark areas: (1) improvements in maternal and newborn health (81 percent); (2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits (66 percent); (3) improvements in school readiness and achievement (85 percent); (4) reduction in crime or domestic violence (70 percent); (5) improvements in family economic self-sufficiency (85 percent); and (6) improvements in the coordination and referrals for other community resources and supports (85 percent). Grantees were challenged by the rapid scale-up of the program; those that failed to demonstrate improvement were subject to increased federal monitoring and received targeted technical assistance (TA) to improve performance in subsequent years. Program improvements in*

[3] Monitor on Psychology, June 2013 Monitor on Psychology, Breaking free from addiction , Lea Winerman June 2013, Vol 44, No. 6, Print version: page 30

benchmark areas build a foundation for health and development for vulnerable children and families in at-risk communities."

U.S. Department of Health and Human Services, HRSA, ACF
Demonstrating Improvement in the Maternal, Infant, and
Early Childhood Home Visiting Program
A Report to Congress March 2016, at page 4

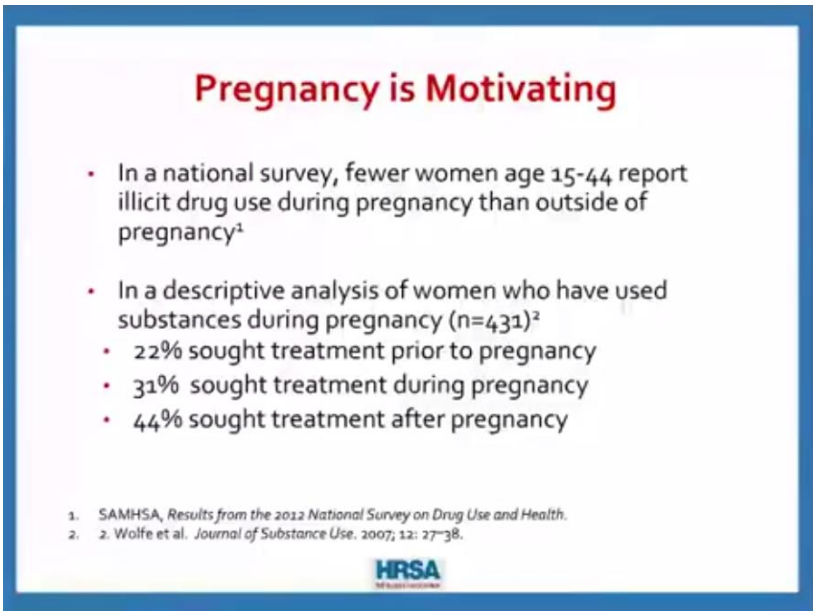
There are six benchmarks in total within the MIECHV design. Specifically, three of those benchmarks directly impact substance abuse prevention. The chart below defines CBT and MI in correlation to their respective MIECHV benchmarks and construct(s).

Table 1. MIECHV Behavioral Treatment Informed Benchmark Construct(s)

	DEFINITION	MIECHV BENCHMARK[4]	CONSTRUCT (s)[5]
CBT	Impacts by teaching addicted individual how to identify destructive thoughts and behaviors with the intention of recognizing triggers that cause the craving for drugs, alcohol or nicotine in order to avoid or manage the triggers.	• Improvements in Maternal and Newborn Health • Improvements in Family Economic Self-Sufficiency • Improvements in the Coordination and Referrals for Other Community Resources and Supports	**Parental Use of Alcohol, Tobacco, and Illicit Drugs** - Reduced tobacco, alcohol, or illicit drug use among pregnant mothers or all enrolled mothers **Screening for Maternal Depressive Symptoms** - Increased screening and referral rates among pregnant mothers, postpartum mothers, or all enrolled mothers **Household Income** - Increased income among household members, family members, caregivers, or mothers. **Employment or Education of Participating Adults** - Increased participant enrollment in educational programs; educational attainment; higher rates of participant employment, paid hours worked, paid plus unpaid hours for child care, or referrals for unemployed mothers
MI	Impacts through structured conversations that motivate individuals to overcome addiction by life assessment.		

[4] U.S. Department of Health and Human Services, HRSA, ACF - Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program **A Report to Congress March 2016**, Tables 1, 2, 7, and 8 at pages 18, 19, 24, and 25.
[5] *Ibid.*

Success Using MIECHV Benchmark Area Constructs – Why They Work:



MIECHV has the advantage of capitalizing on the natural response of mothers or would be mothers desiring to have healthy children. In a seminar entitled [6]The Emerging Crisis of Opioid Addiction - Implications for Home Visiting (HV-ImpACT) September 2016, Dr. Leena Mittal who's an instructor at the Harvard Medical School, Director of the Reproductive Psychiatry Consultation Service at Brigham and Women's Hospital, and the Associate Medical Director of the Massachusetts Child Psychiatry Access Project, MCPAP for Moms, shared the underlying reason why evidenced-based home visiting can find effectiveness in treating opioid addiction.

> *"… pregnancy is a motivating time, and that women who become pregnant who are using substances, see it as a time that they can improve their engagement in treatment, that they can attempt to quote unquote get clean, and even outside of substance use disorder, pregnancy is a time where we all think about improving our health related behaviors. In the National Survey on Drug Use and Health, it's clear that women of reproductive age who are pregnant use illicit drugs much less frequently than those who are not pregnant. And in other studies, it's been shown that women who are pregnant are more likely to seek out treatment. And then even further, more likely after the pregnancy. So it's an important time."*
>
> **Dr. Leena Mittal[7]**

One of the challenges in combating opioid addiction is timing. However, MIECHV has the advantage of being able to capitalize on the maternal cycle. Combining the natural inclination

[6] The Emerging Crisis of Opioid Addiction - Implications for Home Visiting (HV-ImpACT) September 2016, https://www.youtube.com/watch?v=G1YjGUbsoQ0&feature=youtu.be

[7] **Transcript -**The Emerging Crisis of Opioid Addiction - Implications for Home Visiting (HV-ImpACT) September 2016, https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/The_Emerging_Crisis_of_Opioid_Addiction_2_0_Transcript.pdf at page 15

of mothers with the constructs in MIECHV programming, has proven an effective method at reducing and/or preventing the amount of women and children who are addicted to opioids.

One example of MIECHV's success in combating opioid addiction in under-resourced communities can be found in a random clinical trial (RCT) covering a three year period reported in the American Journal of Psychiatry[8]. The study highlights a MIECHV program model Family Spirit and its work. The results showed significant progress in curtailing illicit drug usage and precipitating depression.

> *"**Results:** At baseline the mothers had high rates of substance use (>84%), depressive symptoms (>32%), dropping out of school (>57%), and residential instability (51%). Study retention was ≥ 83%. From pregnancy to 36 months postpartum, mothers in the intervention group had significantly greater parenting knowledge (effect size=0.42) and parental locus of control (effect size=0.17), fewer depressive symptoms (effect size=0.16) and externalizing problems (effect size=0.14), and lower past month use of marijuana (odds ratio=0.65) and illegal drugs (odds ratio=0.67). Children in the intervention group had fewer externalizing (effect size=0.23), internalizing (effect size=0.23), and dysregulation (effect size=0.27) problems.*
>
> ***Conclusion:** The paraprofessional home-visiting intervention promoted effective parenting, reduced maternal risks, and improved child developmental outcomes in the U.S. population subgroup with the fewest resources and highest behavioral health disparities. The methods and results can inform federal efforts to disseminate and sustain evidence based home-visiting interventions in at-risk populations."*[9]
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> **American Journal of Psychiatry**
> **February 2015 at page 154–162**

Impact of Interrupting Service: According to The Mother and Infant Home Visiting Program Evaluation (MIHOPE)[10], 37.5% of MIECHV enrollees had a substance abuse challenge (25.6% Binge Drinking and 12.9% Illicit Drugs). Tobacco use, which is commonly accepted as a co-habit of illicit drug use, was recorded among 35% of participants at their time of enrollment. It was

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[8] Paraprofessional-Delivered Home-Visiting Intervention for American Indian Teen Mothers and Children: 3-Year Outcomes From a Randomized Controlled Trial Allison Barlow, M.P.H., Ph.D., Britta Mullany, Ph.D., M.H.S., Nicole Neault, M.P.H., Novalene Goklish, B.S., Trudy Billy, B.S., Ranelda Hastings, B.S., Sherilynn Lorenzo, Crystal Kee, B.S., Kristin Lake, M.P.H., Cleve Redmond, Ph.D., Alice Carter, Ph.D., John T. Walkup, M.D.Am J Psychiatry 172:2, February 2015 at page 154.

[9] *Ibid.*

[10] The Mother and Infant Home Visiting Program Evaluation Early Findings on the Maternal, Infant, and Early Childhood Home Visiting Program A Report to Congress
OPRE(MIHOPE) Report 2015-11, Table 4.2

amongst these women with children that excellent strides were made in reducing substance abuse. By the 2016 reporting to Congress, this population had tremendous success showing a decrease in the use of illicit drugs including opioids.

- 70 % of grantees achieved parental reduction in alcohol, tobacco, and/or illicit drug use
- 68% of grantees increased screening for maternal depression symptoms and increased referral rates among pregnant mothers, postpartum mothers, or all enrolled mothers
- 85% of MIECHV grantees demonstrated improvements in family economic self-sufficiency[11]

These numbers translate into 26% of MIECHV enrollees getting off of alcohol and/or illicit drugs. Another 24.5% of enrollees stopped tobacco use. This is a tangible, easily observable group of mothers and children who would be adversely impacted if MIECHV services were to be disrupted. Addiction recovery demands an uninterrupted provision and participation in services.

- States do not have much wiggle-room in their budgets. Every dollar is spoken for.
- And unlike federal budgets, state budgets must reflect what is actually in the coffers.
- For both of those reasons, states need certainty. If they don't know for sure that MIECHV will be there for them, they will have no choice but to plan accordingly.
- That planning could mean putting contracts with local service providers on hold. That in turn would snowball – as service agencies are also operating on tight budgets.
- Providers would stop recruiting and training home visitors, and reduce or end outreach to new families who could benefit from home visiting services.
- Current home visitors, worried about long-term job security, will look for other jobs.
- Continued delayed reauthorization of the MIECHV program will do irreparable harm. Delay in reauthorization will diminish providers' service capacity through MIECHV programming. If this happens, the damage is done to these maternal and child health programs even if they are eventually reauthorized. They will have lost trained, effective staff; missed key opportunities to help new families, and likely interrupted services to existing families, leaving them in a lurch – taking a step back in the war on opioid addiction.

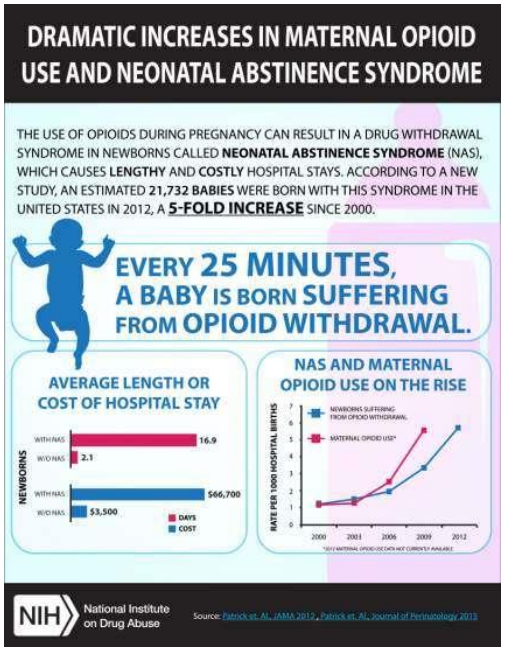
Philosophically speaking, if we are to combat the opioid epidemic, we must start with ensuring that mothers and children continue to receive the necessary uninterrupted services as provided through MIECHV. Utilizing the 2010 -2014 American Community Survey[12], made up of pregnant women and families with children not yet in kindergarten, 2,271,100 potential beneficiaries

[11] U.S. Department of Health and Human Services, HRSA, ACF - Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program A Report to Congress March 2016, Table 2

[12] https://usa.ipums.org/usa/index.shtml

stand to be reached through evidence based home visiting – giving us a viable leg up on fighting the opioid crisis. This number grows exponentially when fathers and peripheral relatives and associates are factored (see *Potential Beneficiaries total in Table 2 found in the Appendix.

Conclusion: The fact is that the most severe impact of the opioid epidemic is the health of our future. The lives of our children are at stake. Therefore, strategies that directly address children's health will be paramount in the war on opioids. MIECHV is a maternal and children's health tool, designed to provide the support necessary for mothers, infants, and young children through home visiting.



Since 1991, federal commissions tasked with protecting children have contemplated the problem of drug abuse in our society and have all pointed to the use of home visiting as a tool to protect the future health of our country.

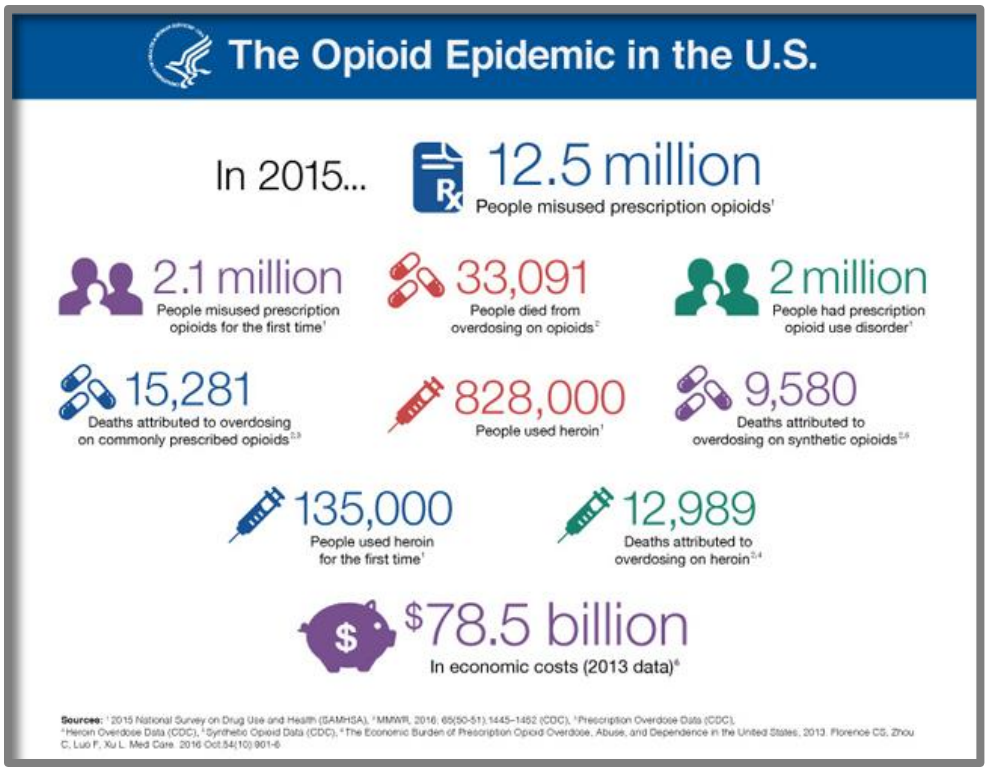
- 1991 - Rockefeller Commission report, *Beyond Rhetoric*
- 1993 - National Research Council (NRC), *Understanding Child Abuse and Neglect*
- 1995 - Federal Advisory Committee, *A Nation's Shame*
- 2014 – National Research Council, *New Directions in Child Abuse and Neglect Research*

For over 25 years the federal government has studied protecting our children from abuse and neglect including drug abuse[13]. Repeatedly and consistently, home visiting has been hailed as a tool. In 2010, MIECHV moved home visiting to another level of evidence-based policy and programming. Simply stated, MIECHV programs have evidence of effectiveness. The data supports the fact that MIECHV is already proving effective in the fight against illicit drugs.

The opioid epidemic cannot be allowed to continue unchecked. Fortunately, MIECHV has shown some of the promise that will be necessary to identify, refer for services, and provide a first line of recovery support for users of illicit drugs in the struggle to turn the tide of opioid addiction across the nation.

[13] Moving the Marker Forward, Table. 1., page 7, https://thedaltondaleygroup.org/wp-content/uploads/2016/09/Moving_the_Marker-Final.pdf?x34865

Already, the President's Commission on Combating Drug Addiction and the Opioid Crisis examined strategies to tackle opioid addiction. The commission highlighted the coordination of home visiting funding as one viable approach to combating the opioid addiction crisis. The President has signaled his approval of MIECHV reauthorization as a necessity for the health and well-being of our children. Congress is keenly aware of the necessity to take action in this battle against opioid addiction. As the President has declared that opioid addiction is a public health emergency, and Congress has acknowledged that action must be taken to shield future generations from this epidemic, MIECHV reauthorization for 5 years with bolstered funding is a simple first response and proactive line of offense to protect the health and welfare of children and families.



APPENDIX

Table 2. Family and Program Impact[14]

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
Alabama	279,000	42,896	3,847	3,224	46	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Alaska	48,000	7,539	1,111	968	16	Early Head Start, Nurse-Family Partnership, Parents as Teachers
American Samoa	*Insufficient Data*	1,491	*Insufficient Data*	182	*Insufficient Data*	Healthy Families America
Arizona	387,700	55,593	11,637	10,252	64	Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Arkansas	177,500	91,831	6,858	6,426	69	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
California	2,271,100	76,235	9,103	9,548	200	Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Colorado	315,600	51,635	4,676	4,056	84	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Connecticut	187,000	55,775	5,677	4,270	86	Child First, Early Head Start, Nurse-Family Partnership, Parents as Teachers

[14] National Home Visiting Resource Center - https://www.nhvrc.org/explore-research-and-data/hv-by-state/

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
Delaware	50,200	17,843	1,722	1,776	8	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers
District of Columbia	30,800	3,574	377	377	11	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Parents as Teachers, Play and Learning Strategies
Florida	966,400	38,805	4,960	4,659	99	Child First, Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Georgia	611,800	30,826	2,460	2,202	62	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Guam	*Insufficient Data*	1,167	88	45	*Insufficient Data*	Healthy Families America
Hawaii	80,200	7,906	787	757	14	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Parents as Teachers
Idaho	103,900	3,649	1,264	1,037	15	Early Head Start, Nurse-Family Partnership, Parents as Teachers
Illinois	742,400	112,733	13,860	11,655	203	Early Head Start, Family Connects, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Indiana	392,400	10,195	13,515	12,563	74	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
Iowa	185,800	51,195	5,618	4,554	73	Early Head Start, Family Connects, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Kansas	182,700	76,864	12,038	9,811	97	Early Head Start, Healthy Families America, Parents as Teachers, Play and Learning Strategies
Kentucky	262,100	*Insufficient Data*	*Insufficient Data*	*Insufficient Data*	*Insufficient Data*	Early Head Start, Home Instruction for Parents of Preschool Youngsters, Parents as Teachers
Louisiana	285,800	24,591	1,798	2,247	23	Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Maine	64,600	23,996	2,633	2,332	24	Early Head Start, Parents as Teachers
Maryland	336,300	43,058	3,683	3,457	44	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Massachusetts	348,300	37,739	3,013	3,575	45	Early Head Start, Healthy Families America, Parents as Teachers
Michigan	536,300	83,511	9,638	8,580	104	Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Minnesota	323,300	31,864	1,304	2,582	51	Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Mississippi	181,100	10,603	956	703	18	Early Head Start, Healthy Families America, Home Instruction for Parents of

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
						Preschool Youngsters, Parents as Teachers
Missouri	353,800	158,633	44,171	30,932	370	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Montana	55,900	14,441	1,121	1,060	59	Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers, SafeCare
Nebraska	116,300	16,290	1,499	1,375	20	Early Head Start, Family Spirit, Healthy Families America, Parents as Teachers
Nevada	168,900	2,645	206	206	9	Early Head Start, Family Check-Up, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
New Hampshire	65,000	3,377	392	434	10	Early Head Start, Healthy Families America
New Jersey	490,100	48,465	3,979	4,226	59	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
New Mexico	127,000	21,238	2,144	2,074	45	Early Head Start, Family Spirit, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
New York	1,060,000	119,647	9,277	10,214	132	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, SafeCare

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
North Carolina	580,100	56,923	5,668	4,511	95	Early Head Start, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
North Dakota	44,600	2,730	417	376	17	Early Head Start, Healthy Families America, Parents as Teachers
Northern Mariana Islands	*Insufficient Data*	664	*Insufficient Data*	87	*Insufficient Data*	Healthy Families America
Ohio	649,100	45,979	16,104	15,548	129	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, SafeCare
Oklahoma	244,300	58,844	5,248	5,686	51	Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Oregon	219,100	38,072	3,118	3,038	55	Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Pennsylvania	661,300	141,568	14,550	12,441	137	Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
Puerto Rico	*Insufficient Data*	2,956	407	431	23	Early Head Start, Healthy Families America
Rhode Island	54,300	5,877	1,746	1,799	25	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
South Carolina	269,600	33,990	2,512	2,249	70	Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare
South Dakota	53,100	7,334	916	833	24	Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers
Tennessee	375,600	23,997	2,872	2,829	27	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Texas	1,754,800	76,567	11,145	9,659	111	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, SafeCare
Utah	218,100	19,712	1,882	1,786	24	Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers
Vermont	29,400	4,541	320	354	12	Early Head Start, Nurse-Family Partnership, Parents as Teachers, SafeCare
Virgin Islands	*Insufficient Data*	252	102	85	*Insufficient Data*	Healthy Families America, Nurse-Family Partnership
Virginia	478,400	69,808	6,005	5,578	61	Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Washington	413,600	33,142	3,551	3,556	86	Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers, SafeCare
West Virginia	95,500	9,985	1,751	1,487	28	Early Head Start, Healthy Families America, Parents as Teachers

State	*Potential Beneficiaries	Home Visits Provided	Children Served	Families Served	Local Programs	Models Implemented
Wisconsin	317,000	51,582	4,733	4,600	63	Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers
Wyoming	35,700	3,854	387	370	10	Early Head Start, Nurse-Family Partnership, Parents as Teachers
TOTALS	**18,280,900**	**2,066,227**	**268,845**	**239,662**	**3282**	