



Home Visiting Services for TANF Families with Young Children

Baseline Characteristics and Early Experiences

Deleena Patton, PhD • Qinghua Liu, PhD • Barbara Lucenko, PhD • Barbara E.M. Felver, MPA

Report to the Department of Early Learning and DSHS Economic Services Administration
Community Services Division

THE TANF HOME VISITING program is a joint project of the DSHS Economic Services Administration Community Services Division (CSD), the Department of Early Learning (DEL), and Thrive Washington, intended to improve outcomes for families receiving Temporary Assistance for Needy Families (TANF). Home visiting programs serve families with children in the critical first years of life in order to strengthen the parent-child bond, develop positive parenting practices, and reduce rates of child abuse and neglect.

In the first cohort of the TANF Home Visiting program, beginning in May 2015, five contractors (three county public health departments and two non-profit organizations) provided home visiting services to TANF families in four counties: Grays Harbor, Pierce, Thurston, and Yakima. This report presents demographics and baseline information about parents who enrolled in the TANF Home Visiting program and describes the early experiences of parents while enrolled in the program.

Key Findings

- 1. TANF Home Visiting enrolled parents of young children who faced barriers to employment.** TANF Home Visiting enrolled about a 50/50 split between pregnant women and parents with infants or toddlers. Over half (55 percent) had been homeless, 62 percent had a mental health issue, and 37 percent had a substance use issue. Prior to enrollment, 30 percent of families with children had interacted with the child welfare system.
- 2. Reverse referrals, defined as a referral from a home visiting program to the TANF WorkFirst program, were an important enrollment strategy.** One in three (34 percent) parents enrolled in the program through reverse referrals. The remaining 66 percent were connected through a standard referral, where a TANF caseworker refers a parent receiving TANF to a home visiting program. Reverse referrals were more common among families that enrolled in the Nurse-Family Partnership (NFP) home visiting model.
- 3. During their first three months in the program, participating families experienced low rates of out-of-home placement for their children and high rates of engagement in WorkFirst activities.** Three percent of parents had a child removed from the home during the first three months of home visiting. Fifteen percent of families entered TANF sanction status during the first three months of the pilot, though none of the reported sanctions were due to non-participation in home visiting. Of the 17 percent of families who exited TANF during this time, 90 percent of those exits were for neutral or positive reasons while 10 percent were for non-compliance.

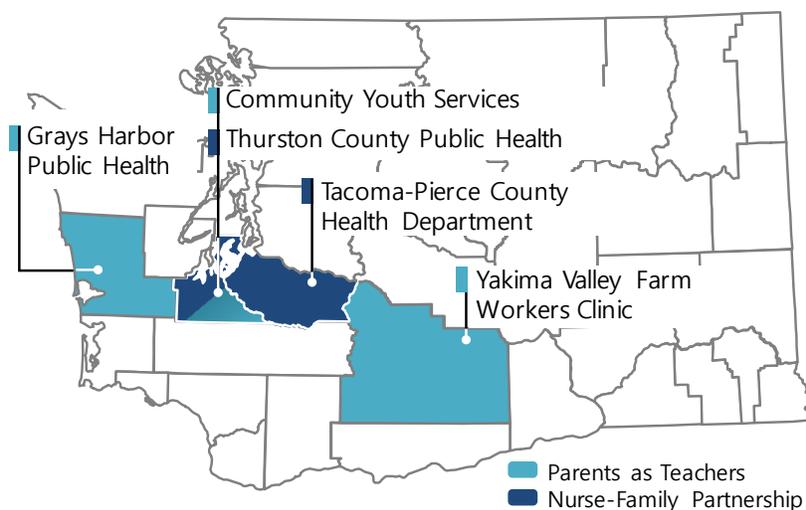
Overview of Home Visiting

Home visiting programs consist of visits to expectant parents and families with infants and young children to support the physical, social, and emotional health of the child, and family well-being. Trained staff visit families in their homes or community settings to provide support related to children's healthy development, provide information on early learning, and assist with connections to resources, services, and supports. The first cohort of the TANF Home Visiting program was implemented through contracts with five organizations in four Washington counties:

- Grays Harbor County: Grays Harbor County Public Health & Social Services
- Thurston County: Community Youth Services and Thurston County Public Health & Social Services
- Pierce County: Tacoma-Pierce County Health Department
- Yakima County: Yakima Valley Farm Workers Clinic

FIGURE 1.

Home Visiting Locations in Washington



Two evidence-based¹ models of home visiting were used for the TANF Home Visiting program:

- **Parents as Teachers (PAT)** was implemented at Grays Harbor Public Health, Community Youth Services, and Yakima Valley Farm Workers Clinic. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and connecting families to needed resources. Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offered at least 12 home visits annually, each lasting an hour, with two visits per month offered to families with two or more identified risks. PAT strives to serve families for at least two years beginning at any time from pregnancy to kindergarten entry.
- **Nurse-Family Partnership (NFP)** was implemented at Thurston County Public Health and the Tacoma-Pierce County Health Department. NFP is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained nurse. The visits begin early in pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the child turns 2 years old. NFP is designed to improve prenatal health, child health and development, and families' economic self-sufficiency.

¹ The Federal Department of Health and Human Services (DHHS) provides information on the evidence of effectiveness of home visiting models based on the quality of research evidence. Both PAT and NFP meet DHHS criteria for an evidence-based program model. More information on DHHS criteria for evidence-based programs is available here: <http://homvee.acf.hhs.gov/>

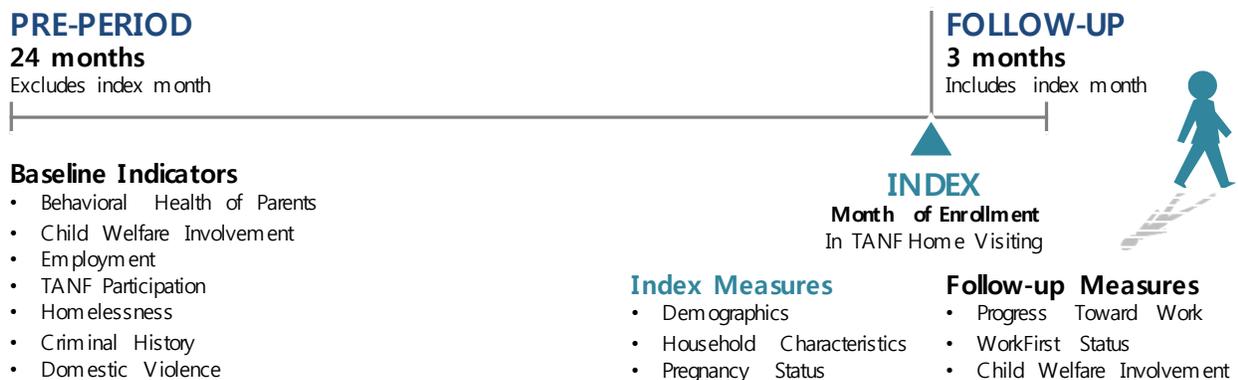
Study Design

This study reports program information, family demographics and household characteristics, and parents' early experiences in the program. Figure 2 displays the study timeline. Each participating parent (N = 121) was assigned an "index month" based on the month the parent started in the TANF Home Visiting program. We measure program information, demographics, and household characteristics as of the index month. To measure characteristics of parents as they enter the program we use a 24-month window prior to the index month. Follow-up measures come from the first three months in TANF Home Visiting, including the index month. Due to a small sample size and short follow-up period, the findings in this report should be considered preliminary.

We report information for the overall population of home visiting participants throughout the report. However, a few key measures are broken down by program type (NFP vs PAT). We elected not to break down additional measures by program type due to small numbers.

FIGURE 2.

Study Timeline



Home Visiting Program Information

Program Enrollment

Over two-thirds (69 percent) of parents were enrolled in TANF Home Visiting through PAT at Grays Harbor Public Health, Community Youth Services, or Yakima Valley Farm Workers Clinic. The remaining 31 percent were enrolled in NFP through Thurston County Public Health or the Tacoma-Pierce County Health Department.

TABLE 1.

Participation by Program Model	COUNTY	PARTICIPANTS	
		NUMBER	PERCENT
Parents as Teachers		83	69%
Grays Harbor Public Health	Grays Harbor	34	28%
Community Youth Services	Thurston	33	27%
Yakima Valley Farm Workers Clinic	Yakima	16	13%
Nurse-Family Partnership		38	31%
Thurston County Public Health	Thurston	26	21%
Tacoma-Pierce County Health Department	Pierce	12	10%
TOTAL		121	100%

Participation Type

The majority of participants enrolled in TANF Home Visiting voluntarily (65 percent). About one-quarter (23 percent) of participants were mandated to enroll in a parenting education activity because of an assessment of family risk by their TANF caseworker. Mandatory participants were given the choice between TANF Home Visiting and another form of parenting education, though most chose TANF Home Visiting. Another 12 percent were missing referral information in eJAS, the information system used for WorkFirst case management. Mandatory enrollment was used more often by Parents as Teachers sites than by Nurse-Family Partnership sites, but we do not report separate percentages by program type due to small numbers.

FIGURE 3.

Voluntary versus Mandated Enrollment



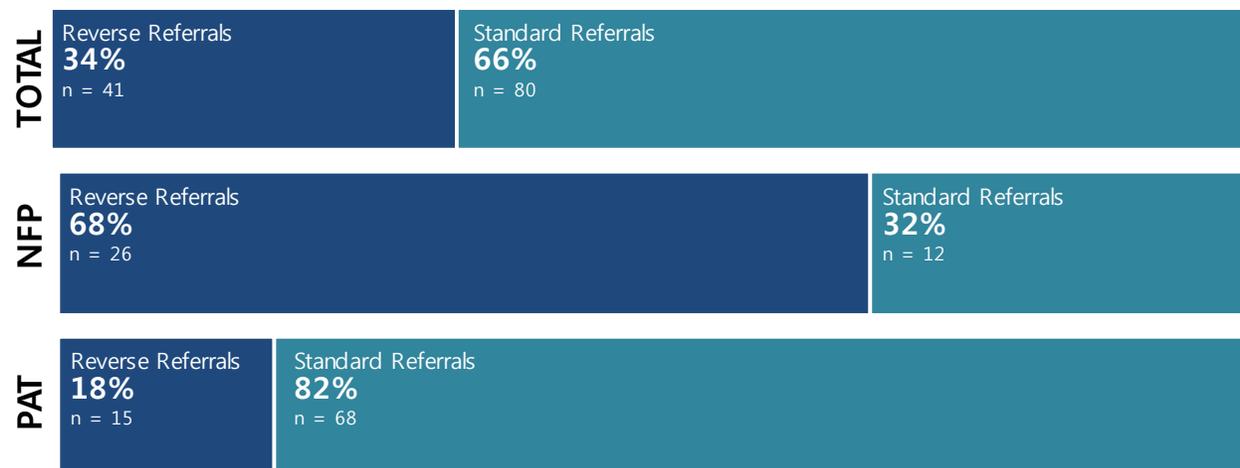
Referral Type

In this cohort of TANF Home Visiting, some home visiting programs connected pre-existing home visiting clients to TANF, which we label a reverse referral. This means that the date of enrollment into home visiting happened prior to the opening of the TANF case or prior to the opening of a home visiting referral in eJAS.² We estimate that 34 percent of participating parents were enrolled in the program through a reverse referral, meaning they were connected to TANF by the home visiting provider.

Reverse referrals were more prevalent in NFP sites, where 68 percent of parents were connected through reverse referrals, than in PAT sites, where 18 percent of parents were connected through reverse referrals.

FIGURE 4.

Reverse and Standard Referrals



² Note that for reverse referrals the index month was the month in which the referral was recorded in ACES (not the date of the earlier enrollment into the contractors program). We selected this decision rule to ensure the enrollment month coincided with the experience of receiving home visiting services and TANF concurrently, which is the program model of interest in the study.

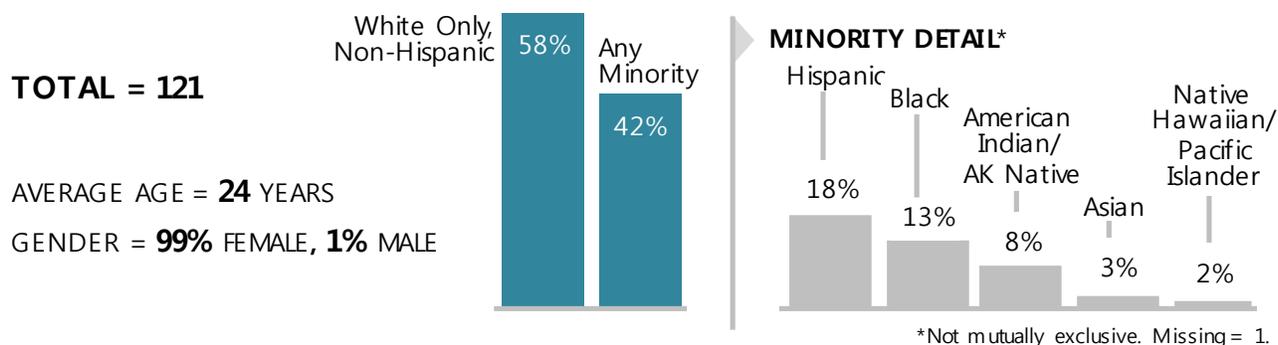
Participant Demographics and Household Characteristics

Demographics

The average age of parents enrolling in TANF Home Visiting was 24 and the overwhelming majority of participants were female (99 percent). A little over half of parents were non-Hispanic white (58 percent) while 42 percent were from any minority background. The largest minority populations included Hispanic (18 percent) and African-American (13 percent). The largest minority populations included Hispanic (18 percent) and African-American (13 percent).

FIGURE 5.

Demographics

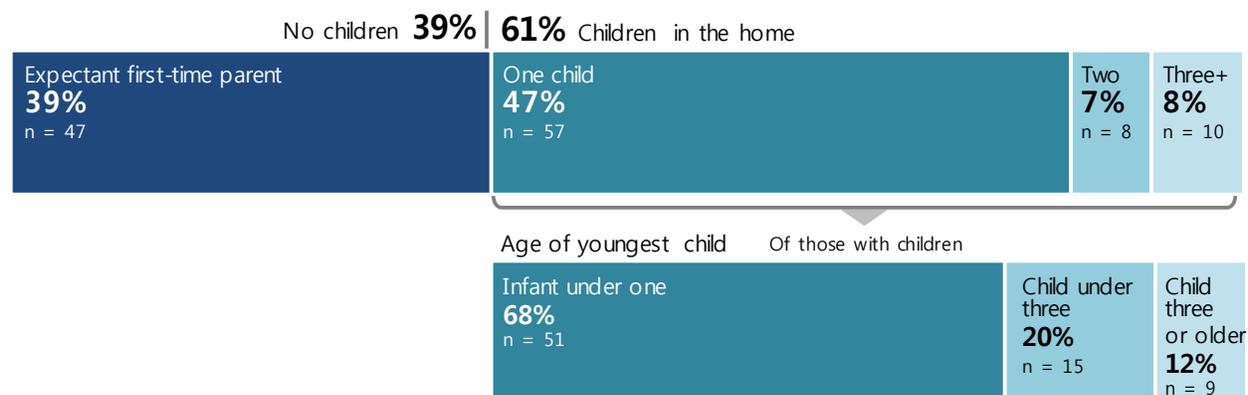


Children in the Household

About 39 percent of participants were expectant first time parents (i.e. with no children currently in the household).³ The remaining portion had at least one child in the home at the time of enrollment, including 47 percent of parents with one child, 7 percent with two children, and 8 percent with three or more children. About two-thirds (68 percent) of families with at least one child in the home at enrollment had an infant under the age of one. An additional 20 percent did not have an infant but did have a child under three.

FIGURE 6.

Children in the Household



³ In some cases participants may not technically be first time parents. We only look to see where there are additional children in the household. However, there may be other circumstances where there may be no children in the household, but the individual is not a first time parent, including adoption, out-of-home placement, or death of a child.

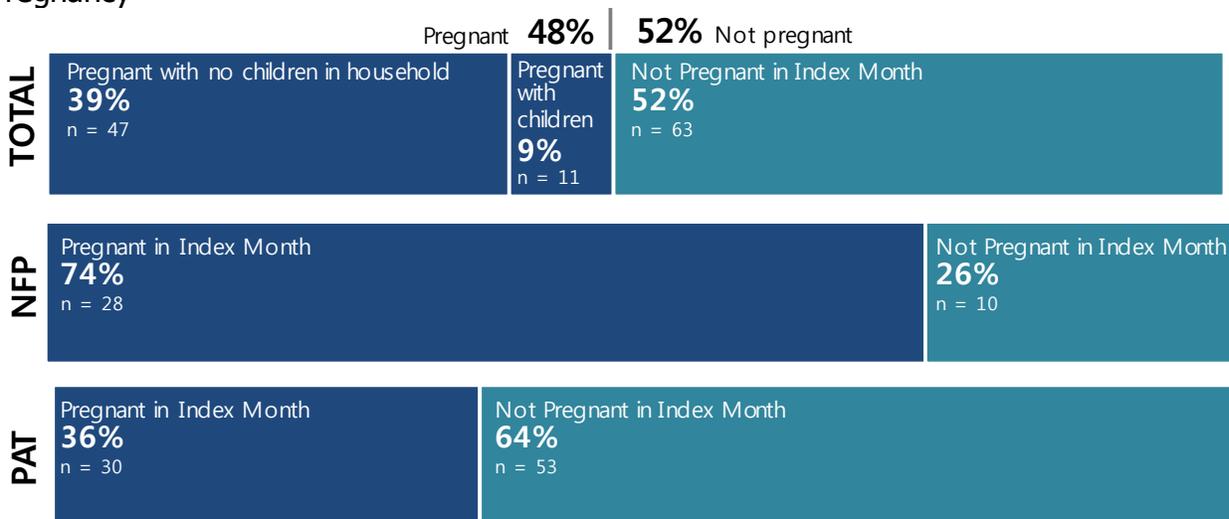
Pregnancy Status at Index Month

Overall, 48 percent of parent enrollees were pregnant during the month they enrolled in TANF Home Visiting, including the 39 percent of enrollees who were expecting their first child and an additional 9 percent who were expecting another child.

Nurse-Family Partnership participants were more likely to be pregnant (74 percent) than Parents as Teachers participants (36 percent). This is to be expected, as NFP requires enrollment prior to the 28th week of gestation. The NFP clients not identified as pregnant in the month they enrolled were reverse referral participants who were not connected to TANF until after the birth of their child.

FIGURE 7.

Pregnancy



Household Type

About 12 percent of enrollees were in a two-parent household. Two-parent households were slightly more prevalent among PAT enrollees, but we do not report separate percentages by program type due to small numbers.

FIGURE 8.

Household Type



Baseline Characteristics

To measure baseline risk information, we measured risk factors over the 24-month period leading into the index month. The 24-month window allows us to capture experiences of parents leading into enrollment. These characteristics are reported for all participants in TANF Home Visiting regardless of program model, except where otherwise noted.

Behavioral Health

Nearly two-thirds (62 percent) of parents enrolled in the program had a mental health treatment need. Of those parents with a mental health need, 69 percent had received some form of outpatient or inpatient mental health treatment in the previous 24 months. Over one-third (37 percent) of parents had a substance use issue. Of those with substance use treatment needs, 58 percent had received substance use treatment in the previous 24 months.

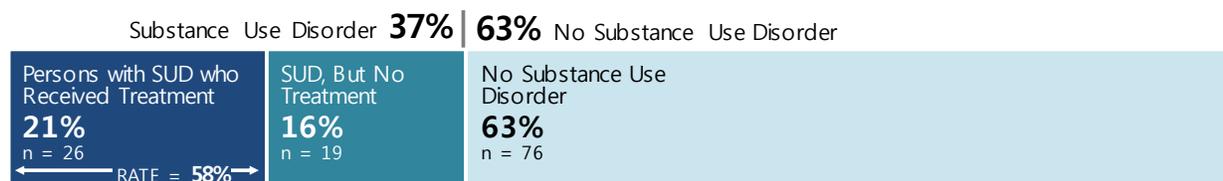
FIGURE 9.

Mental Health Treatment Need



FIGURE 10.

Substance Use Disorder (SUD) Treatment Need



Child Welfare

Among families with at least one child in the home, 30 percent had interacted with the child welfare system during the 24-month baseline period.

FIGURE 11.

Child Welfare Involvement

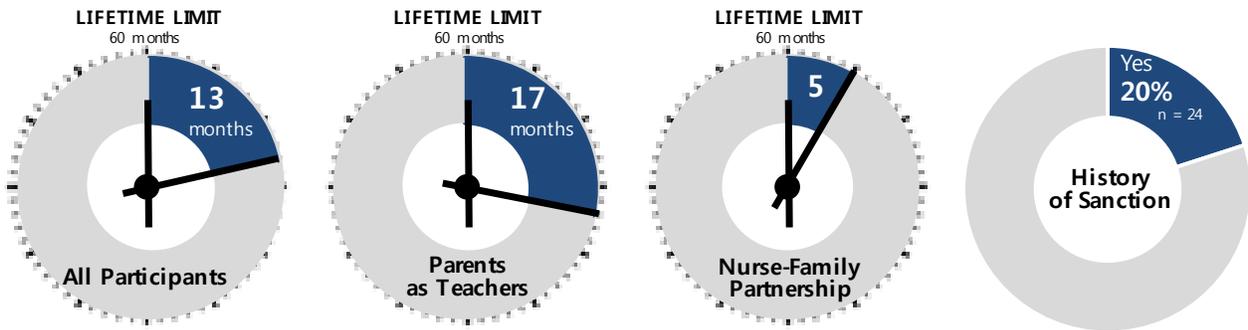


TANF Participation

On average, enrollees in TANF Home Visiting had spent about 13 months (of a total lifetime limit of 60 months) on TANF, as of the month they enrolled in home visiting. TANF months differed by program model, since NFP enrolled first-time pregnant women. As of the index month, PAT participants had spent 17 months on average on TANF, while NFP participants had spent an average of 5 months on TANF. One in five (20 percent) of all participants in either program model had been in TANF sanction status in the 24 months before entering the home visiting program.

FIGURE 12.

TANF History



Employment

Almost two-thirds (64 percent) of participants had worked for pay in Washington in the prior 24 months. However, incomes were low; the average annual individual wage, among those who worked during the 24 month baseline period, was only \$5,373.

FIGURE 13.

Employment Rate

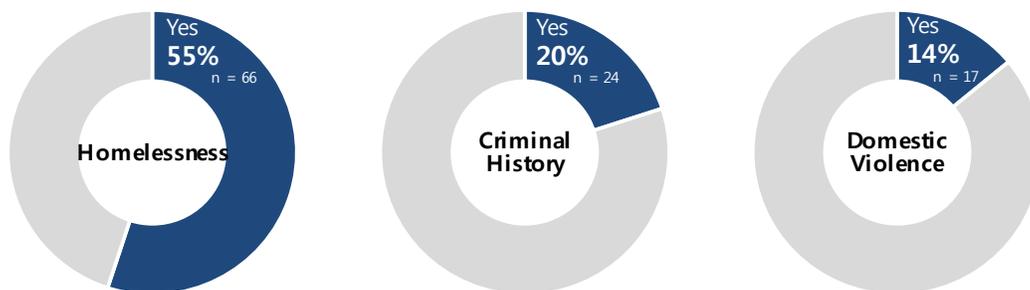


Barriers to Employment

TANF Home Visiting enrollees faced barriers to employment common among the TANF population. Over half (55 percent) of participants had a history of homelessness, 20 percent had a history of criminal justice involvement, and 14 percent had a history of domestic violence.

FIGURE 14.

Household Risk Factors



Parent Experiences after Enrolling

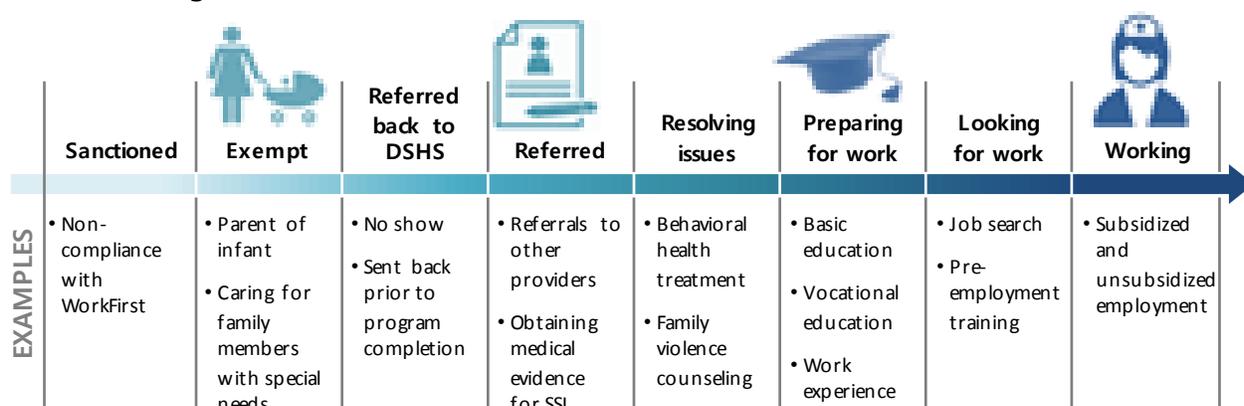
For this early descriptive analysis, we examine the WorkFirst experiences and child welfare experiences of parents enrolled in TANF Home Visiting over the first three months in the program.

WorkFirst Experiences

The goal of the WorkFirst program is to help low-income families stabilize their lives so they can go to work and take care of their families. The WorkFirst activities assigned to parents can be thought of as progressing along a continuum from not working to working. At one end of the continuum are parents who are sanctioned or exempt from working, while at the other end of the continuum, parents are looking for work or working. In the middle, parents may be resolving barriers to work or preparing to work via education or training. We examined parents' WorkFirst activities during the three-month follow-up period to understand their experiences with the program.⁴

FIGURE 15

WorkFirst Progression

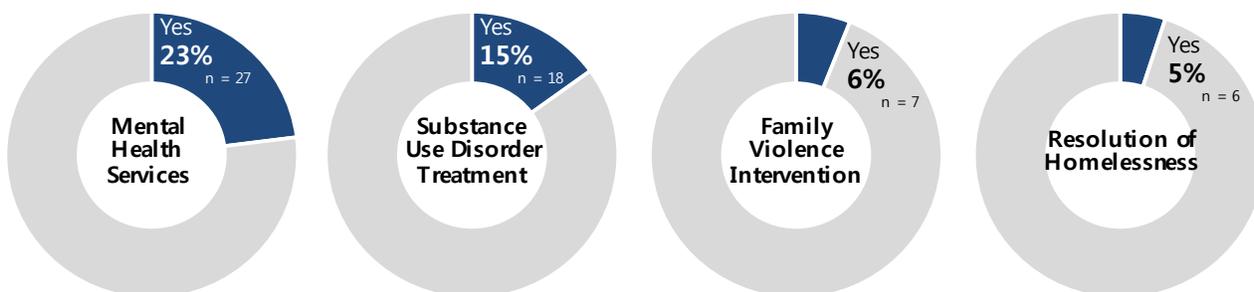


'Resolving issues' refers to addressing barriers to becoming employed. Participation in a home visiting program is considered a 'resolving' activity. However, participation in home visiting did not preclude other WorkFirst activities. For example, a number of parents enrolled in TANF Home Visiting took part in other resolving activities through WorkFirst including mental health services (23 percent), alcohol/substance use treatment (15 percent), family violence intervention (6 percent), and resolution of homelessness (5 percent).⁵

FIGURE 16.

WorkFirst Resolving Activities

3-month follow-up



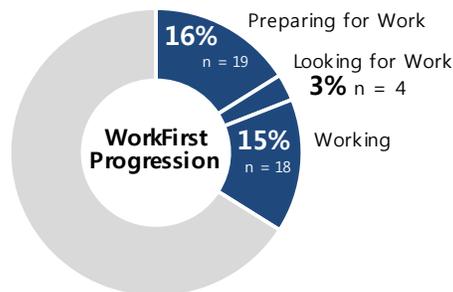
⁴ The eJAS component codes which correspond to each section of the WorkFirst progression continuum are available here: https://www.dshs.wa.gov/sites/default/files/ESA/wf-manual/JAS_component_codes.pdf

⁵ Resolving activities are identified through eJAS component codes and are not mutually exclusive.

In addition, about one-third of parents (34 percent) who were enrolled in TANF Home Visiting also engaged in activities higher on the WorkFirst progression continuum during the three month follow-up period. This included 16 percent whose highest progression was preparing to work, 3 percent whose highest progression was looking for work, and 15 percent whose highest progression was working. Even during this short time frame, some parents made notable progress toward work, while still engaging with home visiting.

FIGURE 17.

Progression on the WorkFirst Continuum
3-month follow-up



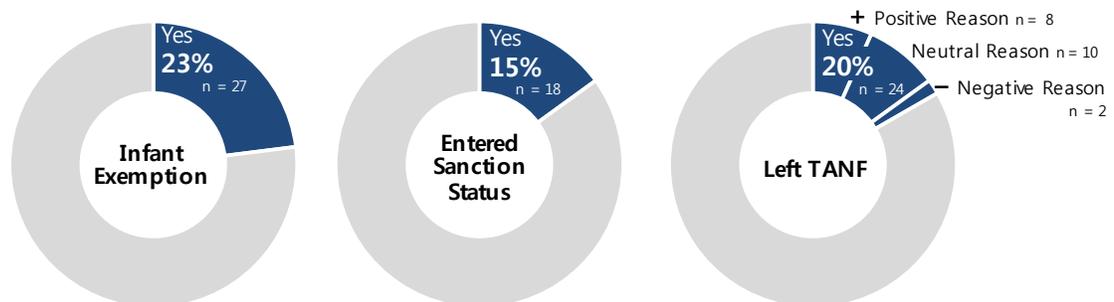
An early focus of the TANF Home Visiting effort was to engage families that were exempt from participation in WorkFirst because they had an infant under the age of one. Among TANF Home Visiting enrollees, 23 percent were under the infant exemption at some point during the 3-month follow-up period.⁶

FIGURE 18.

WorkFirst Status

3-month follow-up

Note: Statuses are not mutually exclusive



About 15 percent of home visiting participants entered TANF sanction status during the first three months of the program. Anecdotal reports indicate no sanctions were due to non-participation in home visiting itself.

Seventeen percent of participants left TANF during the first three months of participating in TANF Home Visiting. Ninety percent of exits were due to neutral or positive reasons, while 10 percent were due to negative reasons (see Technical Notes for details on the classification of exit codes).

⁶ Parents with infants under one not using an exemption may 1) have already used their lifetime limit of 12 months of infant exemption on previous births; 2) be enrolled voluntarily in WorkFirst activities; or 3) have documented medical evidence from mental health or substance abuse evaluation to defer full-time participation while completing mandatory mental health or substance use treatment activities. Parents with young children over the age of one do not qualify for an exemption.

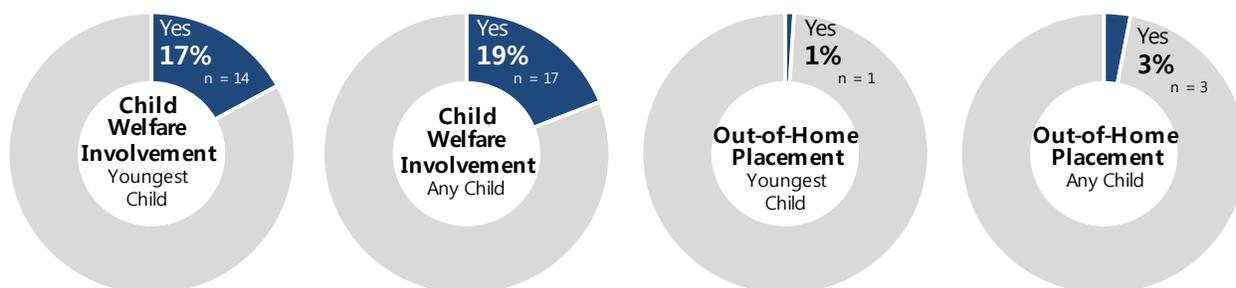
Child Welfare

To examine child welfare experiences, we identified the youngest child associated with each parent and measured that child's experiences in the three months after their parent enrolled in TANF Home Visiting. In cases in which a new infant was born in the follow-up period, that infant was considered the youngest child. If no infant was born and the mother was not pregnant at enrollment, the youngest child was identified.⁷ To look at spillover effects, we also identified households with any children, and looked at the same set of measures for any of the children in the household.

In the first three months of the program, 17 percent of youngest children became connected to the child welfare system, while 19 percent of families with any children became connected to the child welfare system. However, out-of-home placements were rare for families participating in home visiting. The youngest child experienced out-of-home placement in only 1 percent of families. We found 3 percent of families experienced the placement of any child out of the home. Due to small numbers, caution must be taken when interpreting the out-of-home placement findings.

FIGURE 19.

Child Welfare Involvement 3-month follow-up



Directions for Future Research

This report offers an overview of the baseline characteristics, as well as early program experiences for the first cohort of enrollees in TANF Home Visiting. Future research will evaluate program outcomes.

Key limitations of this study include the small sample size and the short follow-up period. Future evaluations should combine the first cohort of TANF Home Visiting clients used in this study with the second cohort of TANF Home Visiting clients in order to increase the population size and detect any significant effects. The first cohort of sites included in this study is still enrolling clients, while the second cohort has begun to enroll families through additional contractors in Clallam, King, Spokane, and Yakima counties. The follow-up should be done at least one year after enrollment to allow effects to emerge.

Any future outcome evaluation could build on the baseline profile provided here to select a comparison group of parents receiving TANF who had similar characteristics and experiences but did not receive home visiting services. Separate analyses for NFP and PAT may be advisable, if the cohort size is large enough, due to the different program models and parent eligibility requirements. The outcome evaluation should focus on whether investments in resolving issues through home visiting leads to increased WorkFirst progression, positive exits from TANF and lower likelihood of cycling back onto it, and decreased child welfare involvement among participants when compared to statistically matched parents on TANF who do not receive home visiting services.

⁷ In some cases, no newborn appeared in a household without children and these cases were excluded. The vast majority of the clients with no children during the follow-up period were pregnant women enrolled in NFP who were still awaiting the birth of the child.

STUDY DESIGN AND OVERVIEW

This report includes demographics and baseline information about parents who enrolled in the TANF Home Visiting program (TOTAL = 121), as well as early experiences of parents while enrolled in the program. While 125 parents enrolled in TANF Home Visiting, only 121 had sufficient information to be linked to the Integrated Client Database (ICDB).

Each participating parent was assigned an index month, defined as the month the parent started in the TANF Home Visiting program. Note that for reverse referrals the index month was the month in which the referral was recorded in eJAS (not the date of the earlier enrollment into the contractors program). We selected this decision rule to ensure the enrollment month coincided with the experience of receiving home visiting services and TANF concurrently, which is the program model of interest in the study.

We measure program information, demographics, and household characteristics as of the index month. To measure baseline information—or characteristics of parents as they enter the program—we use a 24-month window prior to the index month. Follow-up measures come from the first three months in TANF Home Visiting, including the index month.

DATA SOURCES AND MEASURES

Home visiting program information, parent demographics, and household characteristics were measured as of the index month.

- **Home visiting program information:** Enrollments across home visiting contractors and program types were identified using contractor participant logs. Voluntary versus mandatory enrollment was identified using home visiting component codes in eJAS. Reverse referrals were identified by comparing contractor enrollment date from contractor participant logs with eJAS home visiting enrollment dates. When the contractor enrollment date was prior to the eJAS enrollment date, the client was flagged as a reverse referral.
- **Demographics and household characteristics:** Parent demographics were identified using service records in the Integrated Client Databases. Children of enrolled parents were identified using the Automated Client Eligibility System (ACES) records of children in the assistance unit and of client pregnancies. Household type (single versus two-parent) was also identified using ACES.

Baseline risk factors were measured over the 24 months prior to entering TANF Home Visiting.

- **Parent mental health condition:** Medical and mental health service records were used to identify the presence of mental illness based on diagnoses, prescriptions, and treatment records.
- **Parent mental health treatment:** Mental health treatment includes publicly-funded outpatient mental health services, tribal mental health services, and publicly-funded inpatient services.
- **Parent substance use disorder:** Probable substance use disorders were identified based on diagnoses, prescriptions, and treatment records, as well as drug and alcohol-related arrests.
- **Parent substance use treatment:** Parent substance use treatment includes publicly-funded residential, outpatient, detox, and opiate treatment program.
- **Any child welfare involvement:** Any child welfare involvement was measured using Children's Administration services recorded in the Integrated Client Databases.
- **Parent employment and earnings:** Employment and earnings were identified through Employment Security Department Unemployment Insurance records.
- **TANF non-compliance sanctions:** Records of TANF non-compliance sanctions were identified in ACES.
- **Months on the TANF clock:** Months on the TANF clock were identified through ACES.
- **Parent homelessness:** The homelessness indicator came from the Automated Client Eligibility System (ACES), the data system used to track client eligibility for social and health services. Parents were identified as homeless if they were identified as 'homeless with housing' or 'homeless without housing,' in ACES.
- **Parent criminal justice involvement:** This indicator includes any arrests according to Washington State Patrol arrest records, any convictions in Administrative Office of the Courts data, or any incarceration in a Department of Corrections prison.
- **Parent domestic violence:** Domestic violence was identified through domestic violence-related arrests and convictions or through identification of domestic violence in ACES or Famlink data systems.

Short-term experiences were measured over the 3-month period after enrolling in TANF Home Visiting.

- **WorkFirst resolving activities:** Resolving activities were identified through eJAS component codes, as identified in the ACES data warehouse, in the 3 months following enrollment. The activities and corresponding component codes are as follows: alcohol/substance abuse treatment (XE), family violence intervention (XF), mental health services (XG), and resolution of homelessness (XH).
- **Progression on the WorkFirst continuum:** This indicator identified the highest activity on the WorkFirst continuum assigned in eJAS, as identified in the ACES data warehouse, in the 3 months following enrollment in TANF Home Visiting. Component codes from eJAS used in the progression measure are available here: https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-7-110_0.pdf
- **Infant exemption:** Exemptions from WorkFirst participation for an infant under one were identified through the IE component code in eJAS.
- **TANF sanction:** Sanctions were identified using the ACES data warehouse. Sanction reason codes include WorkFirst non-compliance sanctions and sanctions for non-cooperation with the Division of Child Support or Third Party Liability process.
- **TANF exit and exit reason:** TANF exit and reason were identified using the ACES data warehouse.

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|----------------------|---|
| Positive Exit | <ul style="list-style-type: none">• Exceeds earned income limit• Excess net income• Child support more than grant• Receiving SSI |
|----------------------|---|

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- | | |
|---------------------|---|
| Neutral Exit | <ul style="list-style-type: none">• Requests closure• Living arrangement change, no dependent child, or failed pregnancy requirement• Failure to provide documents, reports, or appear for application appointment• Failed residency requirement |
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- | | |
|----------------------|---|
| Negative Exit | <ul style="list-style-type: none">• Non-compliance• Non-cooperation with Division of Child Support |
|----------------------|---|
-

- **Child welfare involvement:** Any child welfare involvement was measured using Children’s Administration services recorded in the Integrated Client Databases.
- **Out-of-home placement:** This measure included any placement out of home, including foster, relative, and congregate care identified using FAMILINK data.



REPORT CONTACT: Alice Huber, PhD, 360.902.0707
VISIT US AT: <https://www.dshs.wa.gov/SESA/research-and-data-analysis>

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