Delaware's Home Visiting Report

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Maternal and Child Health Bureau

PUBLISHED FEBRUARY 2022

2017 – 2021

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Citation

The Division of Public Health will be acknowledged when the report is quoted or referenced using the following format: "Delaware Department of Health and Social Services, Division of Public Health. Delaware's Home Visiting Report, 2017-2021, February 2022."

Executive Summary

Delaware Governor John Carney said, "My greatest hope is that every child graduate from high school with the option to choose to go on to higher education or into the workforce. To do this, we must ensure all of our students are reading on grade level by third grade, proficient in math by the end of middle school, and given the individualized supports needed to be successful." Over the years, the State of Delaware has demonstrated this commitment through a coordinated, comprehensive, and sustainable early childhood framework.

The Division of Public Health recognizes evidence-based home visiting programs as vital components of this framework. They are instrumental in improving traditional maternal, infant, and early childhood measures, such as safe sleep practices, developmental screening rates, and intimate partner violence screening. Newer challenges are accessing services and maintaining home visiting clients' livelihoods during the Coronavirus disease 2019 (COVID-19) pandemic and addressing increased rates of opioid dependency among perinatal women.

This document provides a comprehensive picture of home visiting within Delaware between 2017 and 2021. It makes use of several robust sources, such as performance measurement assessments, home visiting surveys, and materials developed by other Delaware-based stakeholders in the maternal, infant, and early childhood community. The document is intended to serve as a critical and foundational resource for understanding the needs of at-risk families; assessing services in perinatal, maternal, and early childhood systems; revealing maternal and child population trends; determining areas of increasing or decreasing risk; and identifying potential resources to support families in need. In 2021:

- 14,454 home visits were provided statewide, including 6,008 virtual visits; and
- 1,363 families were served, including 1,240 children served.

Finally, this document serves as the mandated report per Delaware State Senate 151st General Assembly *Senate Concurrent Resolution No. 50: Directing the Department of Health and Social Services to Produce an Annual Report on the Status of Delaware's Home Visiting Programs*:

> "BE IT RESOLVED by the Senate of the 151st General Assembly of the State of Delaware, the House of Representatives concurring therein, that the Department of Health and Social Services is directed to produce an annual report to the Governor, the Delaware State Senate, the Delaware State House of Representatives, the General Assembly Kids' Caucus, and the Delaware Early Childhood Council by December 1 of each year.
>
> BE IT FURTHER RESOLVED that the report must include a section addressing specific challenges to delivery of services which is to be based on needs assessments, data submission, and staff and family surveys.
>
> BE IT FURTHER RESOLVED that recommendations for improvement should include issues around financing the programs, recruitment and retention of staff and families, strategies to support equitable access and capacity to meet community need, current research on best practices in delivery of services, assessment of potential resources for families to access continued services as a child ages, additional performance outcome and data collection strategies, and family engagement techniques."

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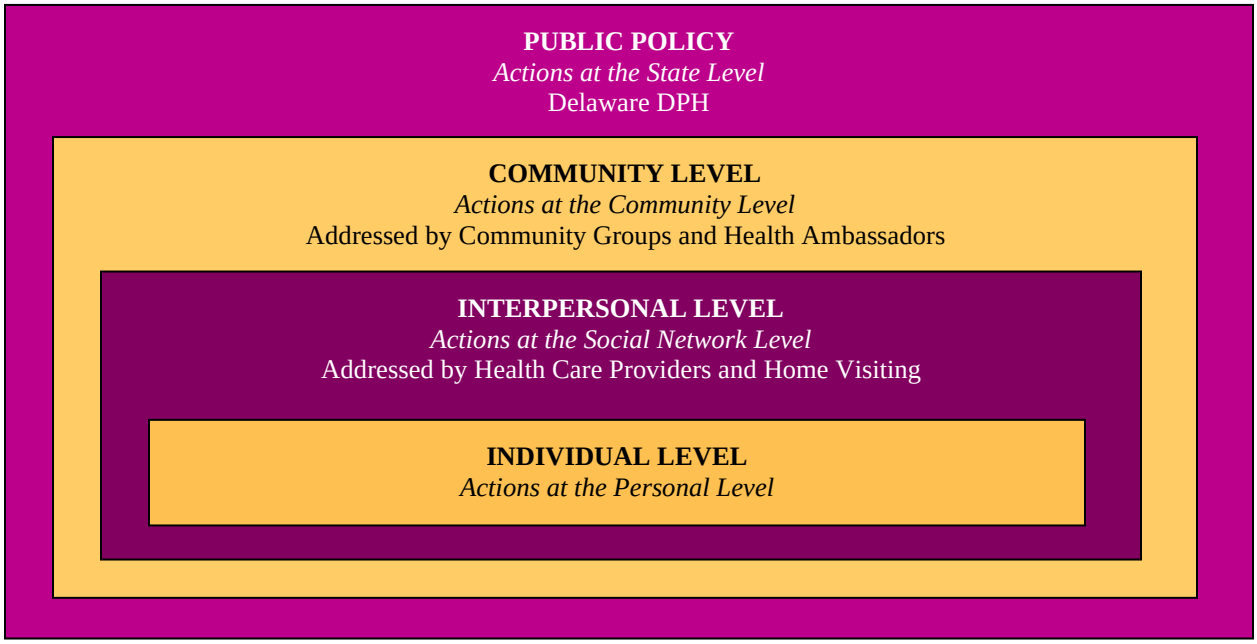
Introduction

Evidence-based home visiting (EBHV) is a voluntary service for at-risk pregnant women and caregivers of infants and children up to age five years. EBHV services help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. Home visiting plays an instrumental role in assisting families enhance their health and well-being by addressing social determinants of health. Through consistent and routine home visits, home visitors develop a strong and trusted rapport with their home visiting clients, which affords the home visitor the ability to meaningfully and positively impact their home visiting clients in a way that clinically based health care providers often cannot.

Studies on the cost-effectiveness of home visiting programs have reported a high return on investment. For example, a 2005 study of one home visiting program carried out across multiple sites found a return on investment of $1.80 for every dollar spent.[1] Moreover, high quality nurse home visiting programs have been shown to yield returns of up to $5.70 per dollar spent in reduced mental health and criminal justice costs, decreased dependence on welfare, and increased employment.[2,3] These returns generate a total benefit to society of more than $41,000 per family served.[3]

Figure 1 illustrates how home visiting fits into the socio-ecological framework championed by the State of Delaware to improve maternal and child health.

Figure 1. Socio-Ecological Framework for Home Visiting in Maternal and Child Health.



[1] National Council of State Legislators. (2019). "Early Childhood Home Visiting: What Legislators Need to Know."
[2] The Pew Center on the States (October 2011). "The Business Case for Home Visiting Smart Investments That Support Children, Parents, and a Growing Economy."
[3] L. A. Karoly, M. R. Kilburn, and J. S. Cannon. (2005). "Early Childhood Interventions: Proven Results, Future Promise." Santa Monica, CA: The RAND Corporation.

Source: The Socio-Ecological Model, Centers for Disease Control and Prevention, 2002.

Delaware has made significant strides in transforming home visiting programs within the state into high-quality, evidence-based home visiting programs that are part of a comprehensive early childhood system. Several organizations in the state currently operate four evidence-based models in Delaware. These four programs are Nurse Family Partnership, Healthy Families America, Parents as Teachers, and Early Head Start.

Table 1. Delaware Home Visiting Models, 2021.

Model	Approach	Model Services	Intended Population
Early Head Start (EHS)	Comprehensive two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families.	Includes a minimum of (1) weekly 90-minute home visits and (2) two group socialization activities per month for parents and their children.	Serves low-income pregnant women and families with children younger than age 3. To be eligible for services, most families must be at 100 percent of federal poverty level but can be enrolled 130 percent of FPL.
Healthy Families America (HFA)	Theoretically rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development.	Includes assessments to determine families at risk for child maltreatment or other adverse childhood experiences; home visiting services; and assessment of parent-child interactions, child development, and maternal depression.	Seeks to engage parents facing challenges such as single parenthood; low income; adverse child experiences; substance abuse; mental health issues; and/or domestic violence.
Nurse-Family Partnership (NFP)	A home visiting model shaped by attachment theory, human ecology theory, and social-cognitive theory.	Includes one-on-one home visits between a registered nurse educated in the NFP model and the client.	Designed for first-time, low-income mothers and their children.
Parents as Teachers (PAT)	The home visits focus on three areas of emphasis: parent-child interaction, development-centered parenting, and family well-being.	Has four components: (1) one-on-one (or personal) visits; (2) group connections; (3) health, hearing, vision, and developmental screenings for children; (4) linkages and connections for families to resources.	Serves families with high-needs characteristics. Parents as Teachers affiliates select the specific characteristics and eligibility criteria of the target population they plan to serve.

Source: U.S. Department of Health and Human Services, Administration for Children & Families, Home Visiting Evidence of Effectiveness. Retrieved from: https://homvee.acf.hhs.gov/evidence-overview.

Three of the programs receive state funds, which demonstrates the state's commitment toward supporting and sustaining home visiting. Two programs – Healthy Families America at Children and Families First as well as Parents As Teachers (PAT) – are also supported by funds from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The State of Delaware strives to ensure that all eligible families and households have access to these programs and works diligently to leverage multiple funding streams across programs to sustain their operation. Approximately 60 percent of funding ($4,000,000) across all programs is supported by federal funds (Table 2).

Table 2. Approximate Funding by Evidence-Based Home Visiting Program, Delaware, 2021.

Home Visiting Program	Federal Funds	State Funds
Early Head Start	$1,400,000	N/A
Healthy Families America	$1,300,000	$400,000
Nurse-Family Partnership	$300,000	$1,000,000
Parents As Teachers	$1,000,000	$1,200,000
Total	$4,000,000	$2,600,000

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.

The Delaware Home Visiting Community Advisory Board (CAB) oversees the coordination of home visiting services within the early childhood system to ensure quality service delivery. The CAB promotes a cross-sector collaboration among relevant state and community-based organizations to reduce duplication and advance common goals. The CAB is comprised of providers, policy makers, and other advocates and includes numerous stakeholders such as: the Division of Family Services and Division of Prevention & Behavioral Services under the Department of Services for Children Youth and Their Families, birthing facilities, a Community-Based Child Abuse and Prevention (CBCAP) grantee, the Division of Public Health (DPH), the ECCS Coordinator, Family Court, Federally Qualified Health Centers, Medicaid managed care organizations, the Office of the Child Advocate, Head Start, United Way, and all home visiting programs (Early Head Start, Healthy Families Delaware, Parents as Teachers, and Nurse Family Partnership).

Home Visiting programs are a part of the larger early childhood system supported by the Delaware Early Childhood Council (DECC), established per Title 14 of the Delaware Code. The DECC's mission is to promote the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. The 2020-2025 DECC Strategic Plan, *Strengthening Early Success: Building Our Future Together* is currently being implemented and addresses home visiting.

To ensure families are connected with the appropriate service, the home visiting continuum share a central intake through Help Me Grow (HMG) 2-1-1. HMG is a partnership of many organizations such as hospitals, pediatric primary-care practices, early care and education professionals, families, and grassroots community organizations that offers many programs,

services, and helpful information for parents-to-be and families. United Way of Delaware has been a proud supporter of Delaware 211 since 2005. Every day of the year, this statewide information and referral service provides Delaware residents with an easy way to connect to help with essential health and human services, including affordable housing, utility assistance, health care, senior services, food assistance, and other vital programs[4] (Table 3).

Table 3. Number of Help Me Grow Callers Seeking Information and Referrals to Home Visiting Programs, Delaware, 2019-2021.

	2019	2020	2021
Number of Calls Received	1,750	1,537	2,174
Referrals to Home Visiting	332	419	419

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.

[4] Delaware 211. Retrieved from: https://www.delaware211.org/.

Home Visiting Services Meeting the Needs of Delaware Families

Quality and Capacity of Home Visiting Programs

The number of families served by a home visiting program is markedly less than the estimate of need across all counties. The gap in estimated coverage ranges from 41.3 percent in Kent County to 15.3 percent in Sussex County in 2021, according to criteria set forth by the Health Resources Services Administration (HRSA) (Table 4).

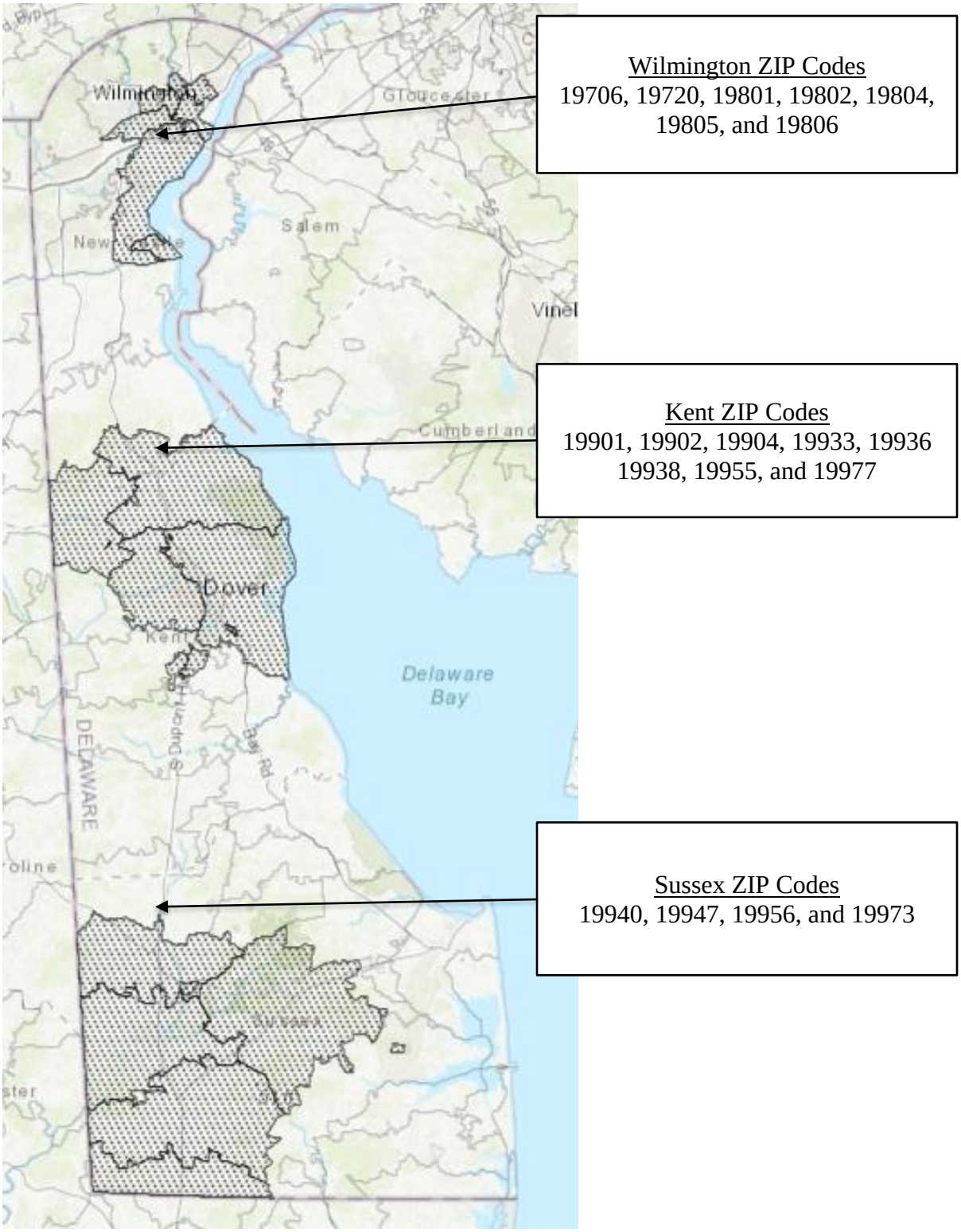
Table 4. Home Visiting Characteristics by County, Delaware, 2021.

	Kent	New Castle	Sussex
Estimated number of families served by a home visiting program.	309	589	317
Estimate of need in county (from HRSA)	748	2,890	2,076
Estimate of coverage (families served/need)	41.3%	20.4%	15.3%

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.

At-risk ZIP Codes (i.e., regions with higher rate of adverse maternal, infant, and child health outcomes and poor socioeconomic status) are currently targeted for home visiting services (Figure 2). Families residing in these 19 ZIP Codes are given priority service for home visiting; however, all programs offer services statewide. From 2010 to 2015, ZIP Codes 19703 and 19809 (Northeast Wilmington), as well as 19930, 19939, 19944, 19945, 19966, 19967, 19970, and 19975 (Eastern Sussex) were included as at-risk. However, based on the criteria in the 2015 Home Visiting Needs Assessment, those 10 ZIP Codes were deemed to no longer meet the criteria for being at higher risk. Conversely, ZIP Codes 19720 and 19706 (Southeast Wilmington) were added due to the findings of the 2015 Home Visiting Needs Assessment. Finally, based on the 2020 Home Visiting Needs Assessment, ZIP Codes 19901, 19902, and 19904 (Dover), as well as 19936 (Cheswold), 19938 (Clayton), 19955 (Kenton), and 19977 (Smyrna) were included as at-risk ZIP Codes.

Figure 2. At-Risk ZIP Codes Targeted for Home Visiting Services, Delaware, 2020.



Source: UDS Mapper.

PAT serves as the largest evidence-based home visiting program in the state and provided services to 787 households in FY21. Four hundred forty of those households were supported by MIECHV (Table 5). Examining data reported in September 2021, an estimated 41.0 percent of visits were in-person; 54.1 percent were virtual/video conferencing/telehealth; 4.3 percent were hybrid (i.e., a mixture of both); and less than one percent were carried out via telephone.

Table 5. Inventory of Existing Home Visiting Programs, Delaware, FY 2021.

Program Name	Funder	Funded Enrollment Capacity	Households that Received Services in FY 2021	Home Visits Made in FY 2021	Virtual Visits in FY 2021
EHS	HHS	127	103	5,392	–
HFA	MIECHV	180	175	2,445	–
NFP	State Funds	200	304	3,133	2,636 (CY21)
PAT	DOE, MIECHV	DOE: 235 MIECHV: 304	DOE: 347 MIECHV: 440	DOE: 3,951 MIECHV: 4,600	Video: 6,222 Phone: 1,384

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Note: Virtual visits reported by NFP were for calendar year 2021 and not fiscal year 2021.

Robust Program Outcomes

The home visiting programs are addressing many of the identified needs for their enrolled families. This has been demonstrated by both the robust program outcomes reported over time and home visiting satisfaction survey results.

Overall, the MIECHV-supported sites fare well on most benchmarks, particularly early childhood-related benchmarks. The following are some of the successes reported during FY 2021 (October 1, 2020 to September 30, 2021). More detail on these data is provided in the *Summary of Demographics and Service Utilization of MIECHV-Funded Programs* section):

- Almost 90.0 percent of newly enrolled mothers were documented as receiving a depression screening with the Patient Health Questionnaire-9 (PHQ-9).
- Roughly 80.0 percent of prenatally enrolled mothers were reported as receiving a postpartum care visit within three months of delivery.
- Of children enrolled in home visiting, 82.2 percent were reported as receiving an Ages and Stages Questionnaire (ASQ) screening at the age-appropriate time interval.
- Of enrolled children, 86.8 percent were reportedly in a household in which a family member was documented as reading, telling stories, and/or singing songs with the child most days during a typical week.
- More than 90.0 percent of newly enrolled primary caregivers were documented as being screened for intimate partner violence.

Similarly, an August 2020 DPH survey of 45 home visitors to ascertain their self-reported confidence in the provision of home visiting services yielded positive results (Table 6). Nearly

all home visitors either "Strongly Agree" or "Agree" with the survey statements. The same survey asked the home visitors to provide their perspectives on their respective home visiting programs. Respondents tended to either "Strongly Agree" or "Agree" with each statement (Table 7).

Table 6. Number and Percentage of Responses to Questions on the Confidence of Home Visitors, Survey of Delaware Home Visitors, August 2020.

I am confident that I can…	Strongly Agree	Agree	Disagree	Strongly Disagree
Address the varied cultural needs of families.	20 (44.4%)	24 (53.3%)	1 (2.2%)	–
Address the needs of families of children with special needs.	19 (43.2%)	23 (52.3%)	1 (2.3%)	1 (2.3%)
Address the needs of families impacted by substance use/abuse.	19 (46.3%)	20 (48.8%)	2 (4.9%)	–
Support caregivers who screen positive for intimate partner violence.	19 (46.3%)	19 (46.3%)	2 (4.9%)	1 (2.4%)

Source: Delaware Division of Public Health August 2020 Survey of Home Visitors.
Note: The most common responses are in gold.

Table 7. Number and Percentage of Responses to Questions on the Quality of Home Visiting Programs, Survey of Delaware Home Visitors, August 2020.

The home visiting program I work for…	Strongly Agree	Agree	Disagree	Strongly Disagree
Has qualified staff providing services.	32 (71.1%)	12 (26.7%)	1 (2.2%)	–
Has enough staff providing services.	9 (22.0%)	17 (41.5%)	12 (29.3%)	3 (7.3%)
Has enough materials and resources to meet families' needs.	9 (20.0%)	26 (57.8%)	10 (22.2%)	–
Provides relevant training to their staff.	26 (57.8%)	17 (37.8%)	2 (4.4%)	–
Has low staff turnover.	9 (21.4%)	15 (35.7%)	13 (31.0%)	5 (11.9%)
Provides families with skills needed to improve health and well-being of young children.	27 (60.0%)	18 (40.0%)	–	–
Provides families with the resources (e.g., information about child development, parenting curriculum) they need to improve the health and well-being of their young children.	34 (73.9%)	11 (23.9%)	1 (2.2%)	–
Refers families to other community services when appropriate/necessary.	35 (76.1%)	10 (21.7%)	1 (2.2%)	–
Helps families build a strong relationship with their children.	34 (73.9%)	12 (26.1%)	–	–
Provides families with supports and resources to promote school readiness.	32 (69.6%)	14 (30.4%)	–	–

The home visiting program I work for…	Strongly Agree	Agree	Disagree	Strongly Disagree
Collaborates with other organizations in the community to support the health and well-being of children and families.	31 (67.4%)	12 (26.1%)	3 (6.5%)	–
Works with families who speak languages other than English.	25 (54.3%)	18 (39.1%)	2 (4.3%)	1 (2.2%)

Source: Delaware Division of Public Health August 2020 Survey of Home Visitors.
Note: The most common responses are in gold.

In addition to these insights, relevant strengths listed in the recently completed Preschool Development Birth-5 Grant (PDG B-5) needs assessment include:

- Very few children were waitlisted for existing services among those families who navigated the signup process.
- Families are highly satisfied with services provided by Child Development Watch family service coordinators and home visiting programs.

Families interviewed through the PDG B-5 needs assessment and MIECHV Neonatal Abstinence Syndrome (NAS) Innovation Grant reinforced these findings, stating:

– "I thought it was helpful and we absolutely loved our home visitor. My son really connected with her." – *Parent in Kent County, Preschool Development Grant Birth Through 5 Needs Assessment*

– "I have been visiting with [client] since 05/2017 and have been able to assist the family in learning to be observers in supporting their [index child's] development, in finding area resources such as a breastfeeding support group close to their home, the DMV to purchase an affordable car seat and have it fitted into their vehicle, and to navigate a supportive routine for their child." – *Home Visitor Shadow Visit Comment, Delaware MIECHV NAS Innovation Grant*

Substance Use and Opioid Dependency/NAS Linkages and Projects

In addition to these encouraging program outcomes and satisfaction survey results, MIECHV-supported home visitors have shown their effectiveness in assisting home visiting clients identified as using opioids and/or other identified substances and infants identified with Neonatal Abstinence Syndrome (NAS). As part of the State of Delaware MIECHV NAS Project, home visitors who had home visiting clients with opioid/substance misuse issues, and/or with infants with NAS, completed shadow visits with their field supervisors to gauge their knowledge, ability, and comfort in addressing the specific needs of these families. The shadow visits occurred in three rounds following a series of trainings on the management of opioid dependency among perinatal women. The first round of training occurred in February and March 2018; a second round took place in July and August 2018; and a third round was in January and February 2019. Home visitors with one or two home visiting clients and who are enrolled in the project had one shadow visit in each of the three rounds. It was anticipated that the shadow visits would occur for the same home visiting clients in at least two of the three rounds.

Presented below are excerpts of this feedback from the three shadow visit rounds. These excerpts showcase how the home visitors helped meet the needs of these families.

- "While working with this family, I realized Mom was not very knowledgeable about the effects of drugs or methadone on her growing baby. Mom was also unfamiliar with the symptoms and behaviors of a baby born on drugs. This gave me the opportunity to educate mom [using] what I learned in the training and I was more confident in relaying the information." – *First Shadow Round*

- "Prior to the training, my understanding of treatment measures and identifying ways to treat individuals in recovery were based primarily sporadic information I received. Since the training, I am able to pinpoint, understand, and explain the different treatments available to those who struggle with opioid dependency. In this case, this training has been helpful because, as I follow-up on her success and address issues that may influence her recovery, I am able to make an informed reference to her particular method of treatment. Also, I am able to make suggestions and provide support based on other factors (mental health) that influence recovery." – *First Shadow Round*

- "I'm currently working with three families that are in recovery and dealing with the effects of NAS babies. Each case is unique in its rewards and challenges. With this training, I now have more knowledge and experience to share with them." – *First Shadow Round*

- "Working with this family has helped me understand the value for my family in using methadone as she weans herself off of it. They had been very open with this struggle and successes. (She is the) mother of five children but two live with her and her husband…she has seen better outcomes with the help of people who care for her well-being." – *First Shadow Round*

- "Over the last 6 months, I have continued to consistently visit the family participating in my shadow visits… We have been working on personal goals including mom finding a therapist/counselor to work on self-care, depression, and family stability (employment and education). Parent-child interaction is always a focus and mom has made gains over the last 6 months in being aware of her daughter's developmental stages and finding family activities to promote her growth and development. As a home visitor, I see the gains the family has made and look forward to our continued partnership to empower mom to reach for and achieve her goals." – *Second Shadow Round*

- "The training has helped me help parents become more successful with talking about their addiction and wanting to be a better parent. Breastfeeding has become more of a positive experience with helping parents (w/drug use of opioids) realize that with mom breastfeeding she is helping her baby throughout dependence of opioids as well as building a bond with her baby." – *Second Shadow Round*

- "This client has been actively compliant with her sobriety and has planned to stay away from friends that are still using drugs. This client is very knowledgeable of parenting and environmental effects on children." – *Second Shadow Round*

- "During our home visits, I routinely follow up on her current participation in substance treatment (counseling, medication), help identify and validate her personal accomplishments/strengths, and verify her progression. Also, I am able to effectively assist with identifying everyday stresses that can disrupt her recovery and support building positive coping strategies (stress management, fostering positive relationships, build self-esteem)." – *Second Shadow Round*

Gaps in the Delivery of Home Visiting Services

According to the National Home Visiting Resource Center (NHVRC), 45,900 pregnant women in Delaware and families with children under 6 years old and not yet in kindergarten could benefit from home visiting.[5] These families included 62,900 children (Figure 3).

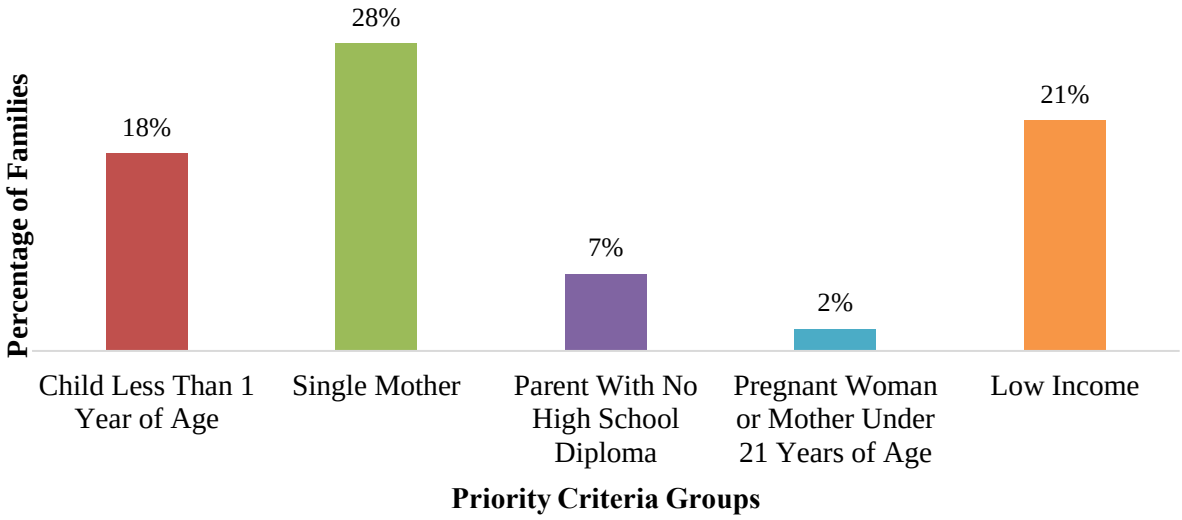
Figure 3. Estimated Number and Percentage of Children by Age Group Who Could Benefit from Home Visiting, Delaware, 2017-2021.

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health, National Home Visiting Resource Center (NHVRC)
Note: Percentage is calculated from total number of children (62,900) to families with pregnant women or children under 6 and not enrolled in kindergarten.

Many home visiting services are geared toward particular subpopulations. In 2021, the NHVRC estimated the percentage of families in Delaware who could benefit from home visiting services based on five priority criteria. Of the 45,900 families who could benefit, half met one or more priority criteria and one-fifth met two or more priority criteria (Figure 4).

[5] National Home Visiting Resource Center. State & Tribal Profiles, Delaware. Retrieved from: https://nhvrc.org/state_profile/delaware-2021/

Figure 4. Estimated Percentage of Families Who Could Benefit from Home Visiting by Priority Criteria, Delaware, 2017-2021.



Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health, National Home Visiting Resource Center (NHVRC)
Note: Percentage is calculated from the estimated total number of families (45,900) who could benefit from home visiting.

Consistent gaps were recognized through survey findings and ongoing conversations with home visiting field supervisors, community advisory board, and home visitors.

Accessibility and Availability of Home Visiting Services

The results to an August 2020 survey of home visitors suggests that although the home visitors tend to claim that home visiting services are easy for families to access, the home visitors generally say there are not enough home visiting programs to meet everyone's needs and there is a need to expand home visiting programming (Table 8).

Table 8. Number and Percentage of Responses to Questions on the Accessibility and Availability of Home Visiting Services, Survey of Delaware Home Visitors, August 2020.

Within the last year, in the jurisdiction where I work…	Strongly Agree	Agree	Disagree	Strongly Disagree
Home visiting services are easy for families to access.	4 (9.5%)	22 (52.4%)	13 (31.0%)	3 (7.1%)
There are enough home visiting programs to meet everyone's needs.	1 (2.4%)	16 (39.0%)	20 (48.8%)	4 (9.8%)
There is a need for different home visiting programs than the ones currently provided.	6 (16.7%)	15 (41.7%)	10 (27.8%)	5 (13.9%)
There is a need to expand the current program I work for within Delaware.	14 (35.9%)	18 (46.2%)	4 (10.3%)	3 (7.7%)

Source: Delaware Division of Public Health August 2020 Survey of Home Visitors.
Note: The most common responses are in gold.

According to families surveyed through the PDG B-5 needs assessment, early childhood care and education (ECCE) programming has several weaknesses, namely:

- ECCE hours of service do not reflect family needs.
- There is an insufficient supply of ECCE programs by location and age groups served. Three percent of child care centers offer extended hours of care but represent 86 percent of the state's licensed program seats.
- The cost of ECCE is high and can make up a considerable portion of household income for families across income levels.
- Access to adequate financial assistance is limited, even for families that qualify for subsidies.
- Families find that the ECCE system is often confusing and cumbersome.
- There is an underutilization of high-quality services and information resources.

Families interviewed through the PDG B-5 needs assessment echo the abovementioned weaknesses, articulating:

- "The hub. That's an idea that I hear all the time from parents. Trying to navigate all of the different services that a lot of them need and having to go to different places, fill out different forms that sometimes are redundant. It's overwhelming." – *Early Childhood Professional; New Castle County*
- "They send you to different places too much. I'm in a domestic violence situation and I need emergency housing and childcare. I don't have time to wait." – *Parent, Kent County*

Given these pervasive concerns, the home visiting continuum needs to include potentially more diverse and less-intensive programs that meets the needs of families. Given that almost half of home visitors surveyed (48.8 percent) stated that they disagree that there are enough home visiting programs to meet everyone's needs, this sentiment is echoed by the home visitors themselves (Table 8). Additional funding support and the exploration of promising approaches (i.e., relatively newer programs that have not yet met all of the criteria for being evidence-based) may help address this need.

Client Attrition

Not surprisingly, client attrition has persistently adversely affected the ability of home visitors in assisting their home visiting clients and achieving robust program outcomes over time. The causes of client attrition are fairly diverse but generally center on the fact that the population targeted for home visiting services are highly vulnerable and quite mobile, which leads to a relatively high loss of contact.

Among MIECHV-supported households in Fiscal Year 2021 (i.e., October 1, 2020 to September 30, 2021), 144 reportedly stopped services before completing the evidence-based home visiting program service model; this corresponds to 23.4 percent of MIECHV-supported households. This also contrasts with 86 households (14.0 percent) that reportedly completed their respective evidence-based home visiting program service model in the same period. Moreover, during Fiscal Year 2021, the average length of time MIECHV-supported households remain enrolled in

their respective programs was approximately 16 months.

Moreover, the PDG B-5 needs assessment outlined several issues related to client attrition. As parents work to navigate the early childhood program space, they may rely on their personal social networks for information because of the lack of perceived helpfulness of formal information sources. Other related issues include a gap in culturally responsive supports for dual language learners, perceived lack of support and coordination for children with special needs, and a lack of a holistic understanding of parental and familial needs.

Finally, client attrition could potentially be mitigated by expanding the array of programs available to eligible families. As mentioned in the previous section, less intensive evidence-based programs and promising approaches might better meet the needs of specific families, and thereby, enhance their satisfaction, retention, and positive outcomes within such programs.

Effects of COVID-19 Pandemic

The ongoing COVID-19 pandemic has tremendously affected the provision of home visiting services. To ensure the safety of participating families and home visiting staff, home visits were mostly provided virtually since early 2020. The COVID-19 crisis also resulted in the need for additional resources for the home visitors related to the curricula and mental health treatment:

- "We could use more resources to share with our families during this time of COVID-19 when they are in need of more help than they needed before." – *Home Visitor; CFF/HFA (Children and Families First, Healthy Families America; Sussex County*

- "Our recent shift to virtual home visiting has provided families with vital information, resources, and support in the safest and most engaging manner possible. Consideration should be given to updating curriculum to more specifically address COVID-19 related issues/topics (social-emotional learning/trauma-informed care/mindfulness for adults and children), provide continued quality trainings/workshops (Rapid Response Virtual Home Visiting) to support our personal self-care/mental wellness as well as for the families we serve, practical trainings/demonstrations to share best virtual practices and use of technology, and revising program policies and procedures (i.e., expected number of enrolled families, reporting requirements/timelines, visit duration) that effectively address managing workload for staff and families' needs." – *Home Visitor; PAT (Parents as Teachers); New Castle County*

Geographic Barriers

Geographic barriers have also played a role in reducing the potential enrollment of home visiting clients into home visiting programs. This is especially the case in Sussex County, which has a largely rural and isolated population. Although this gap was mitigated to an extent through the enhanced focus of MIECHV, ECCS, and regional agencies (e.g., Sussex County Health Promotion Coalition), in western Sussex County in particular, limited transportation and outreach challenges statewide remain an ongoing issue. In the August 2020 survey, a home visitor affirms this issue by stating:

- "Some of the families in the Hispanic communities are limited in the resources they can qualify for. For example, it can vary from not having a means of transportation to get the resources or not qualifying for financial assistance for rent or housing due to citizenship status." – *Home Visitor; PAT (Parents as Teachers); New Castle County*

The 2018 Community Needs Assessment for Head Start captured this comment from an early childhood educator:

- "Public transportation in the state is not as good as it needs to be. It doesn't run as much outside of Wilmington as in the city. And there is nothing downstate, in Sussex County. You have to take 2-3 buses to get where you want to go even in Wilmington." – *Early Childhood Educator*

Home Visiting Client Resources

In addition to accessibility and availability, home visitors affirm that there are limited resources for their home visiting clients, namely housing, healthy food options, and health-related services (Table 9).

Table 9. Number and Percentage of Responses to Questions on Home Visiting Client Resources, Survey of Delaware Home Visitors, August 2020.

Within the last year, in the jurisdiction where I work…	Strongly Agree	Agree	Disagree	Strongly Disagree
There is enough affordable housing to meet everyone's needs.	1 (2.3%)	2 (4.7%)	8 (18.6%)	32 (74.4%)
Families have easy access to healthy food options most days of the week.	5 (11.4%)	17 (38.6%)	20 (45.5%)	2 (4.5%)
All family members have access to health resources (including primary care, pediatric care, OB care, mental health, and dental services) to meet everyone's needs.	3 (6.7%)	13 (28.9%)	15 (33.3%)	14 (31.1%)

Source: Delaware Division of Public Health August 2020 Survey of Home Visitors.
Note: The most common responses are in gold.

In the survey results, the home visitors gave considerable feedback related to this issue:

- "We are needed in homes with less 'stressors' as identified by the state and wanted by these parents for support and educational benefits. We need funding for more staff or more hours for current staff, because families that meet even the current stressors are not aware of our programs and need services, but unfortunately, we can only serve so many at one time." – *Home Visitor; PAT (Parents as Teachers); Kent County*

- "Curriculum isn't always helpful, not enough parent child activities, families in constant crisis not able to focus on building parent child relationship." – *Home Visitor; CFF/HFA (Children and Families First, Healthy Families America; New Castle County*

- "It is extremely challenging to work with families when their basic mental health needs are not met. There are multiple barriers for client to seek mental health treatment (transportation, stigma, lack of time, no childcare). I would love to have dual services in our program in which a mental health provider can provide counseling and treatment for families. The families we serve have significant past trauma and present stresses; mental health is desperately needed." – *Home Visitor; CFF/HFA (Children and Families First, Healthy Families America; New Castle County*

The 2018 Community Needs Assessment for Head Start[6] affirmed these findings with an early childhood educator, who stated:

- "The waiting list for mental health services can be very long. They are not getting educational support for social/emotional, so then they get to school and are not ready." –

[6] 2018 Community Needs Assessment (May 2018). Willow Tree Early Education Team.

Early Childhood Educator

Home Visiting Staff Attrition

Staff attrition was also identified as an ongoing issue among the home visiting programs. Competition with more lucrative professional opportunities in the hospital setting for nurse-trained home visitors and the interest of home visitors pursuing further education was noted as common reasons for staff attrition across the home visiting programs. Findings from an August 2020 survey of home visitors echo these statements:

- "Funding to allow comparable compensation to teacher pay would assist in lowering staff turnover." – *Home Visitor; PAT (Parents as Teachers); Sussex County*

- "High turnover rate is exhausting." – *Home Visitor; CFF/HFA (Children and Families First, Healthy Families America; New Castle County*

- "Managing such large caseloads interferes with the quality of delivery [and leads to] burnout!" – *Home Visitor; CFF/HFA (Children and Families First, Healthy Families America; Sussex County*

The 2018 Community Needs Assessment for Head Start echoes this issue in the early childhood education setting:

- "Compensation in [early childhood education] is a big problem. Teachers qualify for the Early Childhood Assistance Program because they live in poverty. They qualify for food stamps. This makes an odd situation, where the parents don't have respect for us and won't come to us for help because we are in the same position financially as they are, facing the same stressors. Early childhood and childcare salaries are low, no benefits including retirement." – *Early Childhood Educator*

- "There are still not enough early childhood certified professionals or early childhood special needs. People are not going into the field and it's not valued. I know this because I asked the college for some students to come do [internships] and they didn't have any enrolled in the [early childhood education] program." – *Early Childhood Educator*

The PDG B-5 needs assessment[7] has also noted these weaknesses in developing and maintaining a high-quality stable workforce, noting:

- Professional development programming is not accessible or considered particularly valuable to educators. Only 14 percent of trainings are located on-site at programs.
- Programs struggle to retain their workforce despite educators wanting to make work in the early childhood care space their long-term career.
- Poor compensation does not incentivize quality applicants or retention/professional development within the current workforce.

[7] PDG B-5 Consolidated Needs Assessment Summary (2020). Delaware Department of Education.

Limited Knowledge of Home Visiting

Though not as commonly identified as client and staff attrition, the limited understanding of home visiting programs outside of the maternal, infant, and early childhood setting has hindered the opportunity for home visiting programs to potentially enroll home visiting clients who meet the eligibility criteria and for whom home visiting services would likely provide health and socioeconomic benefits. This limited cognition of home visiting stems not just from the general population but also from staff at birthing hospitals, federally qualified health centers, and community-based organizations who sometimes do not refer eligible and potentially interested families.

Surveyed home visitors tended to state that families did not know about home visiting services and that such services were not well advertised (Table 10).

Table 10. Number and Percentage of Responses to Questions on the Familiarity of Home Visiting, Delaware, August 2020.

Within the last year, in the jurisdiction where I work…	Strongly Agree	Agree	Disagree	Strongly Disagree
Families know about home visiting services (e.g., services provided, who is eligible, etc.).	2 (4.8%)	15 (35.7%)	19 (45.2%)	6 (14.3%)
Home visiting services are well advertised.	2 (4.5%)	12 (27.3%)	19 (43.2%)	11 (25.0%)

Source: Delaware Division of Public Health August 2020 Survey of Home Visitors.
Note: The most common responses are in gold.

In addition to the above-mentioned results, home visitors articulated the following relevant statements as part of the survey findings:

- "I think the supports are present, however, more advertising to families could be beneficial." – *Home Visitor; New Directions Early Head Start; New Castle County*

- "In light of our new COVID-19 climate, more intentional marketing and advertisement of home visitor is needed more than ever to support referrals from community partners, recruitment, and retention (i.e., billboards, posters, mailers, signage in public areas like hospitals, daycares, schools, bus stops, social service offices, WIC)." – *Home Visitor; PAT (Parents as Teachers); New Castle County*

- "Recruiting families for the program tends to be tough. Many recruiting attempts get few to no applications. Running out of ideas." – *Home Visitor; New Directions Early Head Start; Kent County*

Strategies and Recommendations

Given these identified strengths and gaps, the State of Delaware should consider the following specific strategies and constituent recommendations to improve home visiting service delivery:

Strategy 1: Diversify financial support for evidence-based home visiting services.

- **Recommendation 1.1:** Examine sustainable methods by which staff attrition could be reduced through improved funding for programs, enhanced certifications and trainings, and/or methods to improve workforce satisfaction.
- **Recommendation 1.2:** Work with the Division of Medicaid and Medical Assistance on a path towards reimbursement for evidence-based home visiting services.
- **Recommendation 1.3:** Increase awareness on the return on investment and overall benefits of evidence-based home visiting programs.

Strategy 2: Enhance the cultural and linguistic competency of home visiting staff.

- **Recommendation 2.1:** Recruit bilingual staff to provide services in the underserved Hispanic community in southern Delaware.
- **Recommendation 2.2:** Develop a culturally and linguistically relevant plan to increase awareness of home visiting services among the underserved Hispanic community in southern Delaware.

Strategy 3: Expand the current home visiting continuum to include a more diverse array of programs that range in intensity.

- **Recommendation 3.1:** Identify evidence-based or promising approaches that would meet the needs of Delaware families with less intensive services.
- **Recommendation 3.2:** Better incorporate community health workers and family navigators into the provision of evidence-based home visiting services.

Strategy 4: Increase the standardization of data collection among all evidence-based home visiting programs.

- **Recommendation 4.1:** Identify key data variables that can be easily collected and reported without being an additional burden to programs. Data variables will include demographics, service utilization, and shared outcomes.
- **Recommendation 4.2**: Offer technical assistance and support to program agencies with the collection and reporting of the identified data variables.

Summary of Demographics and Service Utilization of MIECHV-funded Programs

Appendix A provides an exhaustive list of the demographics and service utilization of the two MIECHV-funded programs across the five-year period of 2017 to 2021. Appendix B details the demographics and service utilization reported by Early Head Start.

These characteristics embody MIECHV enrollees from 2017 to 2021:

- The number of enrolled caregivers increased from 493 in 2017 to 668 in 2021 and the number of index children correspondingly increased from 458 to 587.
- The caregivers were disproportionately between ages 22 and 34 years and the index children were generally under three years of age.
- The most commonly reported educational attainment among caregivers was a high school diploma/GED (34.6 percent in 2021).
- The overwhelming majority of enrollees reported speaking English at home.
- Most of the caregivers and index children reported having Medicaid or CHIP as their health insurance coverage (87.7 percent in 2021).

Table 11 shows the reported number of enrollees across all Delaware home visiting programs in each year assessed. Since non-MIECHV enrollee data was not available in 2017, all data reported for 2017 was MIECHV enrollee data only. In addition, the relatively large increase in the 2021 figures was due to more data becoming available and reported across the home visiting programs.

Table 11. Number of Enrollees in Home Visiting Programs by Age Category, Pregnancy Status, Sex and Year of Enrollment, Delaware, 2017-2021.

Participants	2017	2018	2019	2020	2021
Pregnant Women	35	150	205	209	171
Female Caregivers	450	585	714	736	1,287
Male Caregivers	8	47	62	61	116
All Adults	**493**	**782**	**981**	**1,006**	**1,574**
Female Index Children	247	345	449	459	613
Male Index Children	211	316	392	408	641
All Index Children	**458**	**661**	**841**	**867**	**1,254**
Number of Households	**493**	**737**	**924**	**1,363**	**1,947**

Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Note: Non-Maternal, Infant, and Early Childhood Home Visiting (MIECHV) enrollee data was not available in 2017. Therefore, the data reported for 2017 was MIECHV enrollee data only.

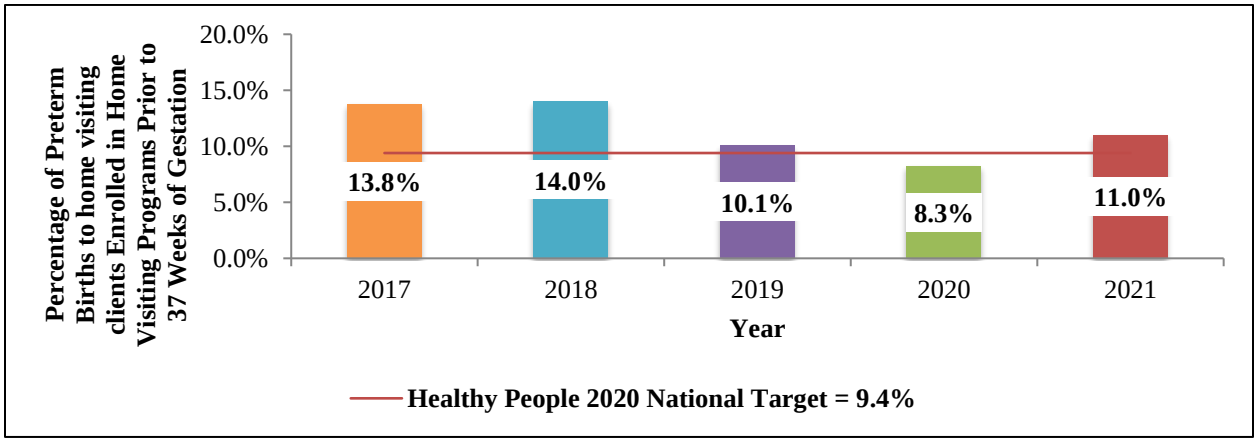
Performance Measures of MIECHV-Funded Programs

This section outlines the status of the MIECHV-funded home visiting programs by the 19 performance measures designed and mandated by HRSA. For each performance measure, a figure is given that shows the percentage of home visiting clients meeting the measurement criteria in 2017, 2018, 2019, 2020, and 2021. Where applicable, a U.S Healthy People 2020 National Target is indicated with a red line. In addition, note that an "Index Child" is the child in an individual household who is under the care of the participant or enrolled caregiver; more than one index child can be identified (e.g., in the case of twins, triplets, or per model developer guidelines). Finally, the definition of the measurement criteria based on the numerator and denominator is included.

Preterm Birth

The percentage of infants who were born preterm among home visiting clients enrolled in home visiting programs prior to 37 weeks of gestation was generally slightly higher than the Healthy People 2020 National Target of 9.4 percent (Figure 4).

Figure 4. Percentage of Preterm Births (prior to 37 weeks gestation) to Home Visiting Clients Enrolled in Home Visiting Programs Prior to 37 Weeks of Gestation, Delaware, 2017-2021.

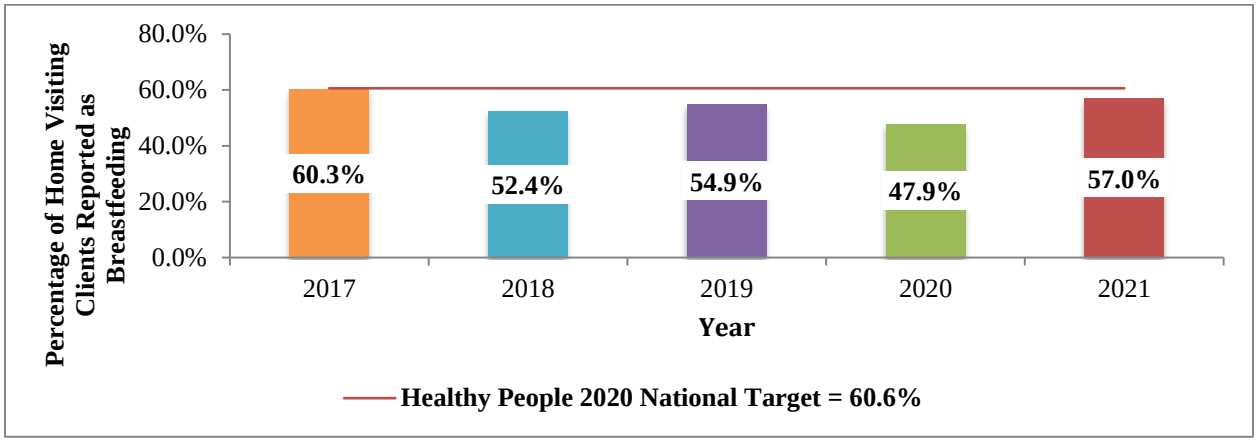


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients reporting the delivery of a live birth before 37 weeks gestation out of the number of home visiting clients during the reporting period who were enrolled prior to 37 completed weeks of gestation.

Breastfeeding

The percentage of home visiting clients who met the criteria for breastfeeding was slightly below the Healthy People 2020 National Target of 60.6 percent (Figure 5).

Figure 5. Percentage of Home Visiting Clients Reported as Breastfeeding, Delaware, 2017-2021.

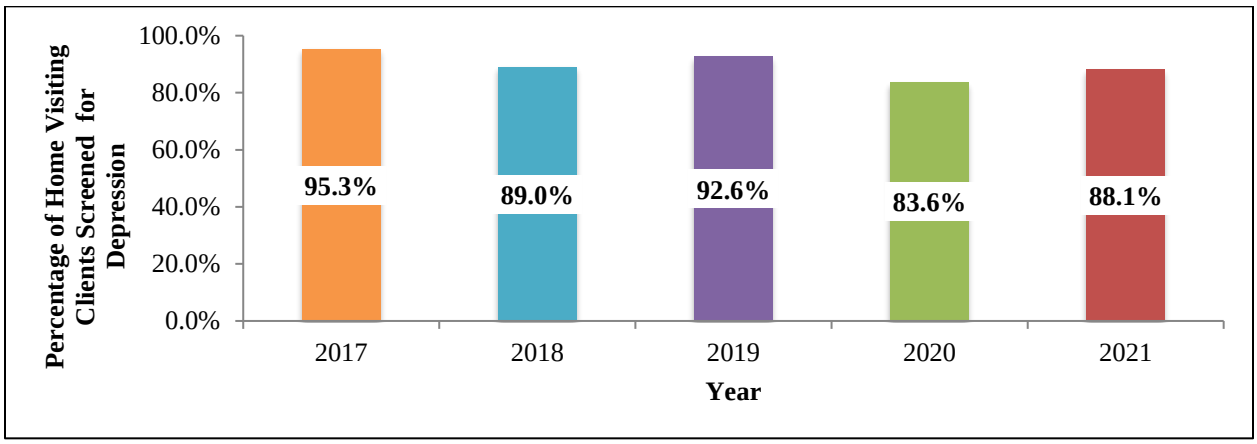


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who answered "Yes" to "Does your child continue to get breast milk?" out of the number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months.

Depression Screening

Overall, the MIECHV-funded home visiting programs fare well on the percentage of home visiting clients who met the criteria for having been screened for depression (Figure 6).

Figure 6. Percentage of Home Visiting Clients Screened for Depression, Delaware, 2017-2021.

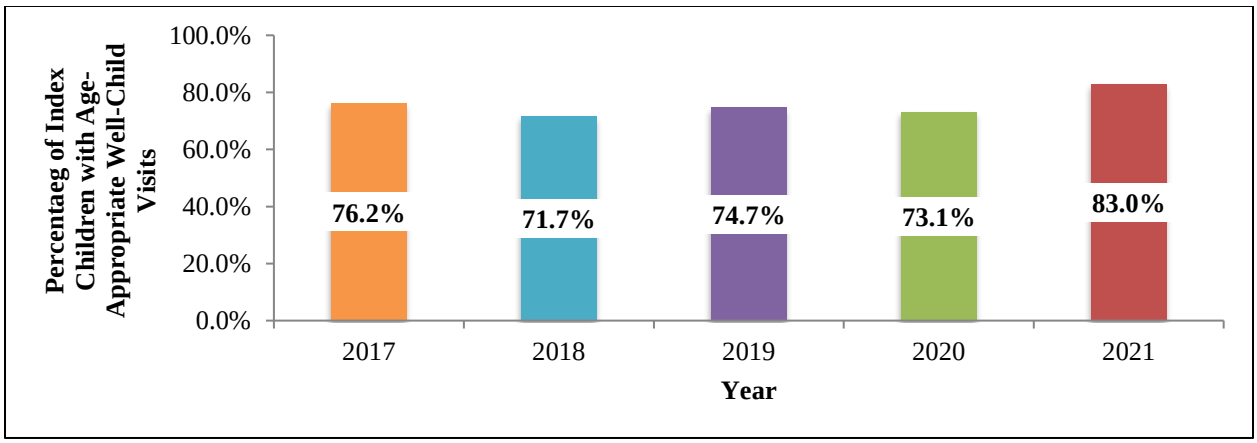


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients with the Patient Health Questionnaire-9 (PHQ-9), an evidence-based depression screening questionnaire, completed at 3 months post-enrollment (for those not enrolled prenatally) plus the number of home visiting clients with a PHQ-9 completed at infant age 3 months (for those enrolled prenatally) out of the number of home visiting clients enrolled in home visiting for at least 3 months; for those enrolled prenatally, number of home visiting clients enrolled in home visiting for at least three months post-delivery.

Well-Child Visit

Roughly four of five children have a complete well-child visit each year (Figure 7).

Figure 7. Percentage of Index Children with Age-Appropriate Well-Child Visits, Delaware, 2017-2021.

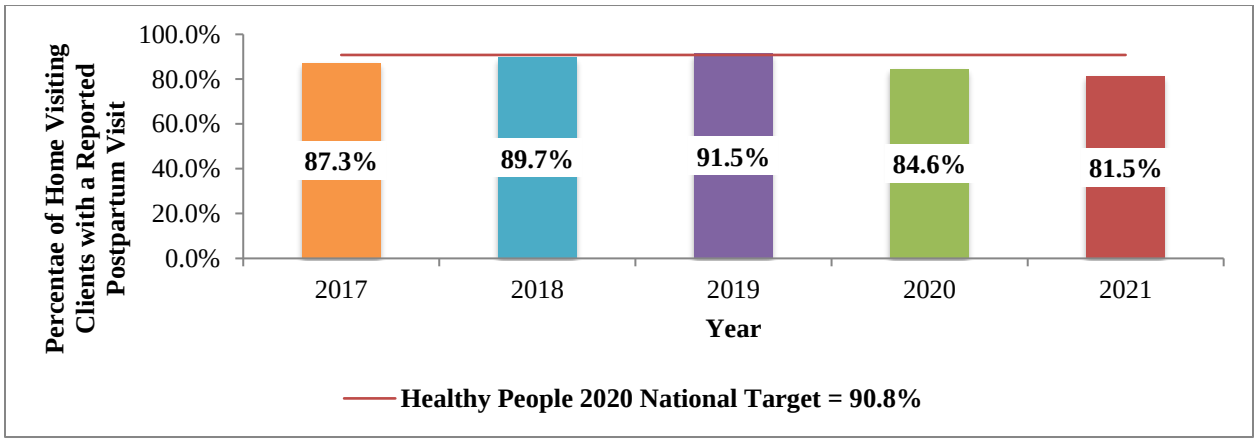


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of children with an age-appropriate well-child visit out of all enrolled index children.

Postpartum Care

The percentage of home visiting clients meeting the criteria for a postpartum care visit was slightly below the Healthy People 2020 National Target of 90.8 percent (Figure 8).

Figure 8. Percentage of Home Visiting Clients with a Postpartum Visit, Delaware, 2017-2021.

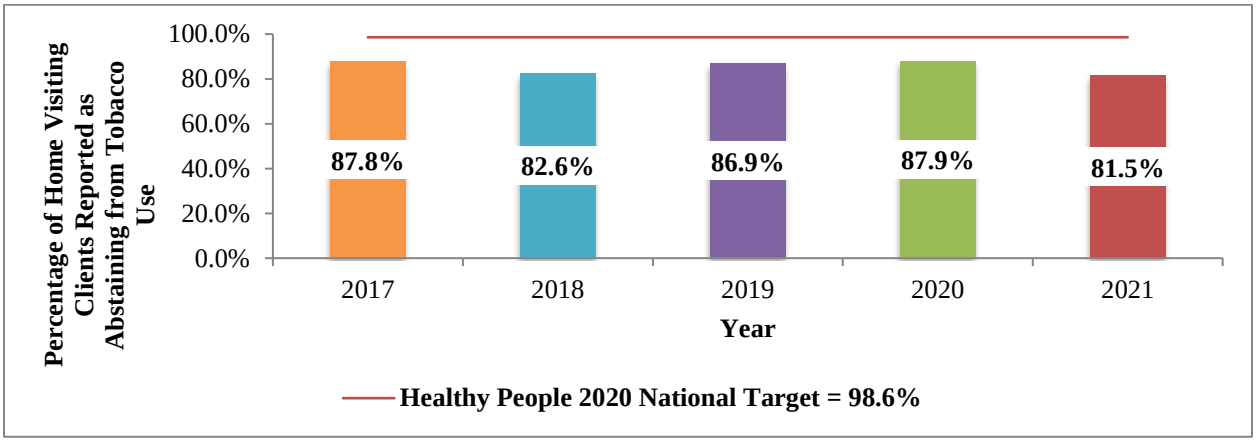


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who answered, "Yes" to the question "Since our last visit, have you received any of the recommended perinatal visits?" out of the number of home visiting clients who were enrolled prenatally or within 30 days of delivery and maintained enrollment for at least 8 weeks (56 days) after delivery during reporting period.

Tobacco Cessation Referral (Maternal Tobacco Abstinence)

The percentage of home visiting clients who reportedly abstained from tobacco use declined from 91.5 percent in 2019 to 84.6 percent in 2020 and 81.5 percent in 2021 (Figure 9).

Figure 9. Percentage of Home Visiting Clients Reported Abstaining from Tobacco, Delaware, 2017-2021.

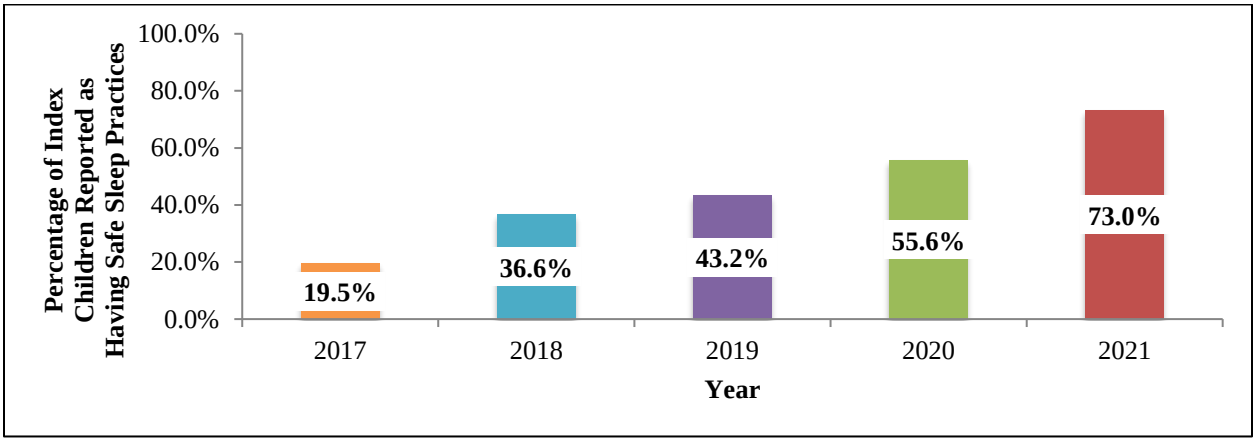


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated in two steps: (1) taking the number of home visiting clients who were referred to tobacco cessation services within 3 months after program start date out of the number of home visiting clients answering greater than 0 to "In the last 48 hours, how many cigarettes have you smoked" or answered "Yes" to "Do you use other forms of nicotine?" and then (2) subtracting this number from one.

Safe Sleep

The percentage of infants who meet the criteria for sleeping (1) on their backs, (2) not co-sleeping, and (3) on a hard surface improved over time due to both CQI initiatives and better reporting habits by the home visitors (Figure 10).

Figure 10. Percentage of Infants Reported as Having Safe Sleep Practices, Delaware, 2017-2021.

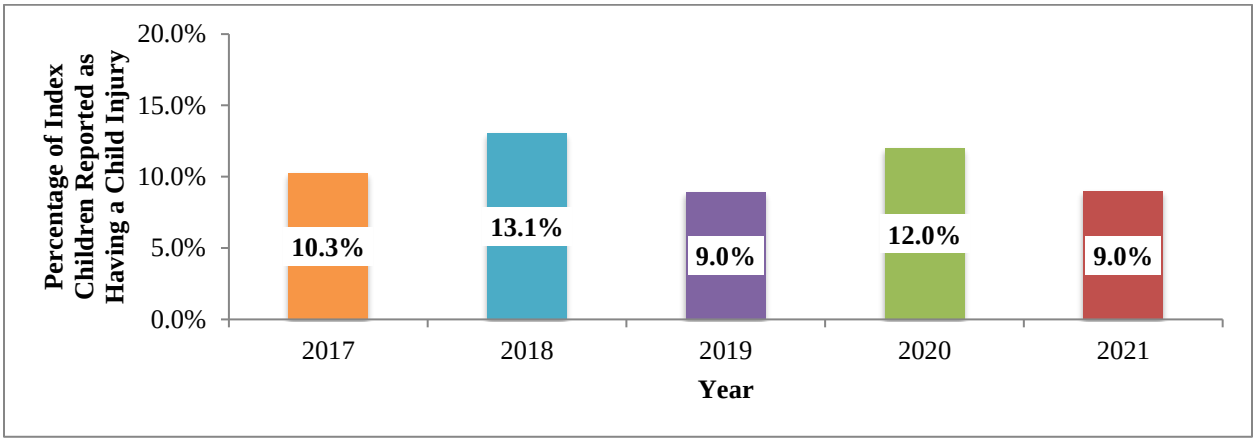


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who answered Always to "How often do you place your infant to sleep on their back"; Never to "How often do you bed-share with your infant"; and Never to "How often does your infant sleep with soft bedding?" out of all enrolled index children age less than 12 months.

Child Injury

The annual rates of reported child injury in the five-year period is roughly 10 percent (Figure 11).

Figure 11. Percentage of Index Children Reported as Having a Child Injury, Delaware, 2017-2021.

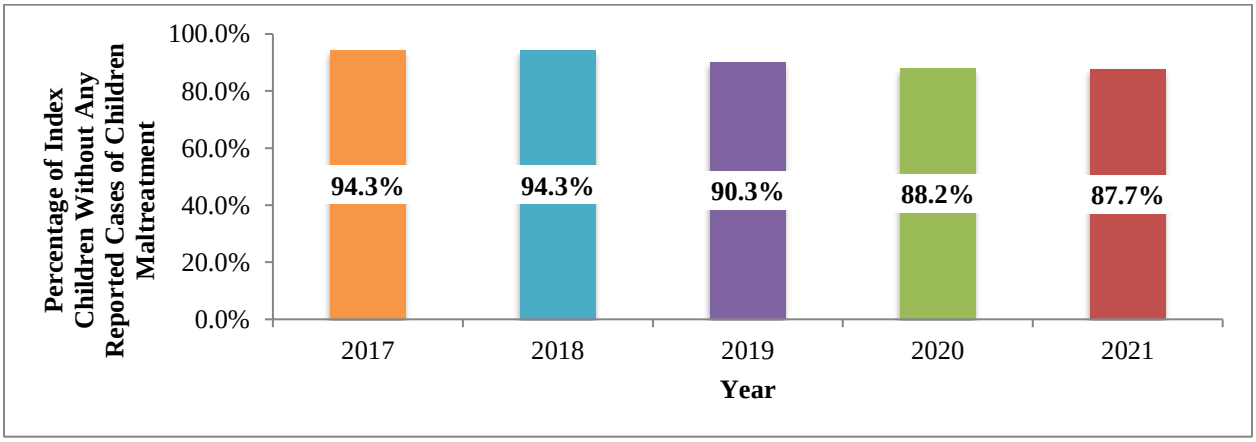


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated in two steps: (1) taking the sum of all injury-related emergency department visits divided by all enrolled index children and then (2) subtracting this number from one.

Child Maltreatment (Families Without Reported Child Maltreatment)

The percentage of enrolled families without reported child maltreatment (e.g., physical abuse, neglect) decreased from 94.3 percent in 2017 to 87.7 percent in 2021 (Figure 12).

Figure 12. Percentage of Index Children Without Any Reported Cases of Child Maltreatment, Delaware, 2017-2021.

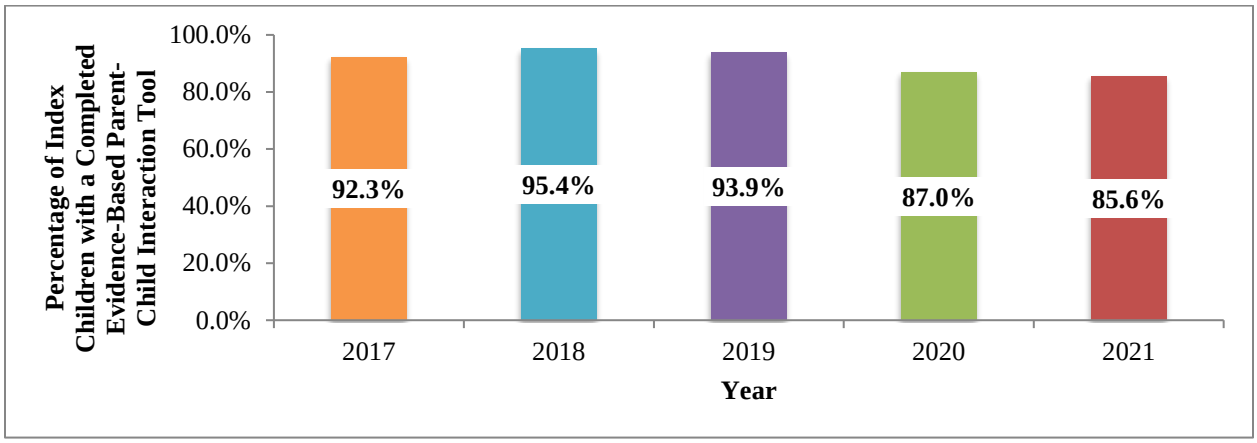


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment since enrollment out of number of children (index child) enrolled in home visiting.

Parent-Child Interaction

The percentage of home visiting clients who met the criteria for having a validated parent-child interaction assessment completed fell from 95.4 percent in 2018 to 85.6 percent in 2021 (Figure 13). Overall, the MIECHV-funded home visiting programs perform well on this measure.

Figure 13. Percentage of Index Children with a Completed Parent-Child Interaction Assessment, Delaware, 2017-2021.

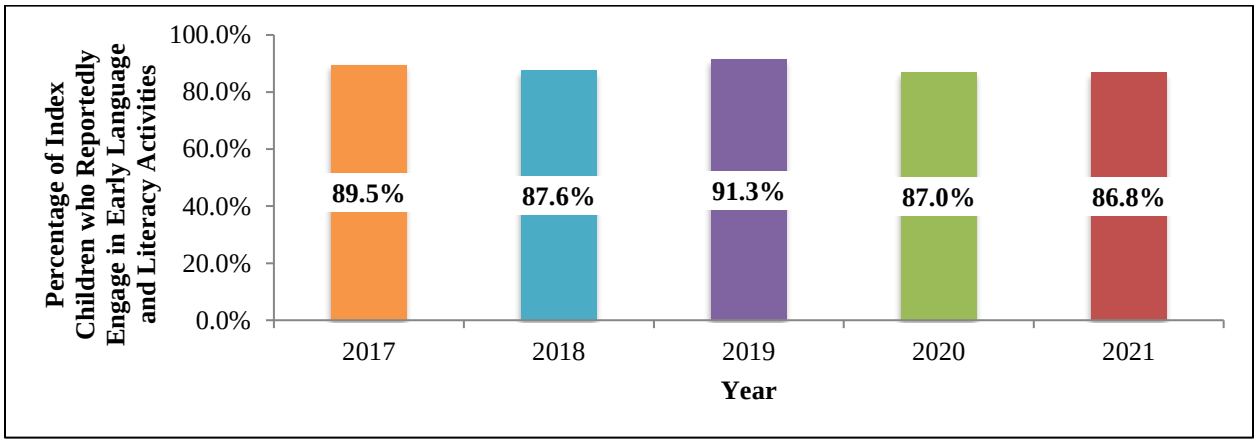


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who have an evidence-based parent-child interaction tool completed during the reporting period.

Early Language and Literacy Activities

The MIECHV-funded home visiting programs tend to report a high percentage of children for whom early language and literacy activities were demonstrated within the household (Figure 14).

Figure 14. Percentage of Index Children who Reportedly Engage in Early Language and Literacy Activities, Delaware, 2017-2021.

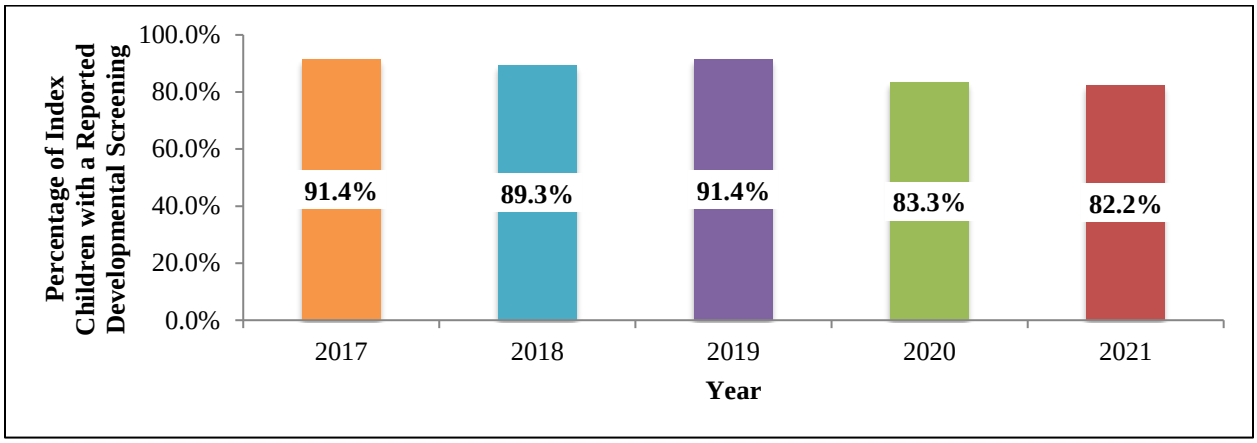


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the Number of children (index child) enrolled in home visiting with a family member who answered "Yes" to "Do you (1) read, (2) tell stories to, and/or (3) sing songs to your child every day during a typical week?" out of the number of children (index child) enrolled in home visiting.

Developmental Screening

The percentage of children who met the criteria for having a developmental screen with the Ages and Stages Questionnaire (ASQ) was 82.2 percent in 2021, compared to 91.4 percent in 2017 and 2019 (Figure 15). Overall, the home visiting programs tended to perform well on this measure.

Figure 15. Percentage of Index Children with a Reported Developmental Screening, Delaware, 2017-2021.

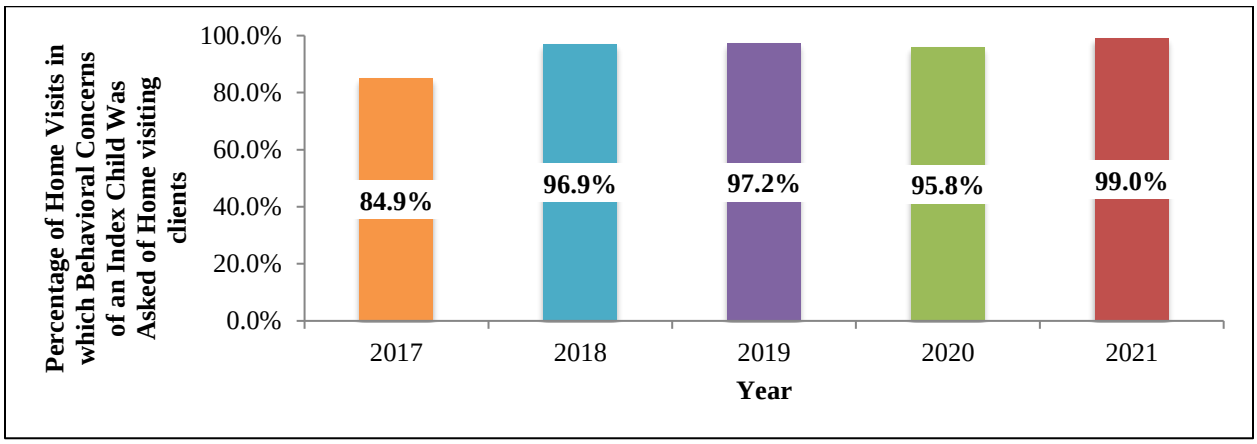


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of children who have a submitted an Ages and Stages Questionnaire (ASQ) form, an evidence-based developmental screening tool, out of the number of children enrolled who reach eligible ASQ time point during the period.

Behavioral Concerns

The percentage of home visits in which home visitors asked their home visiting clients if they had any behavioral concerns was 99.0 percent in 2021, the highest of the five years (Figure 16).

Figure 16. Percentage of Home Visits in which Behavioral Concerns of an Index Child Was Asked of Home visiting clients, Delaware, 2017-2021.

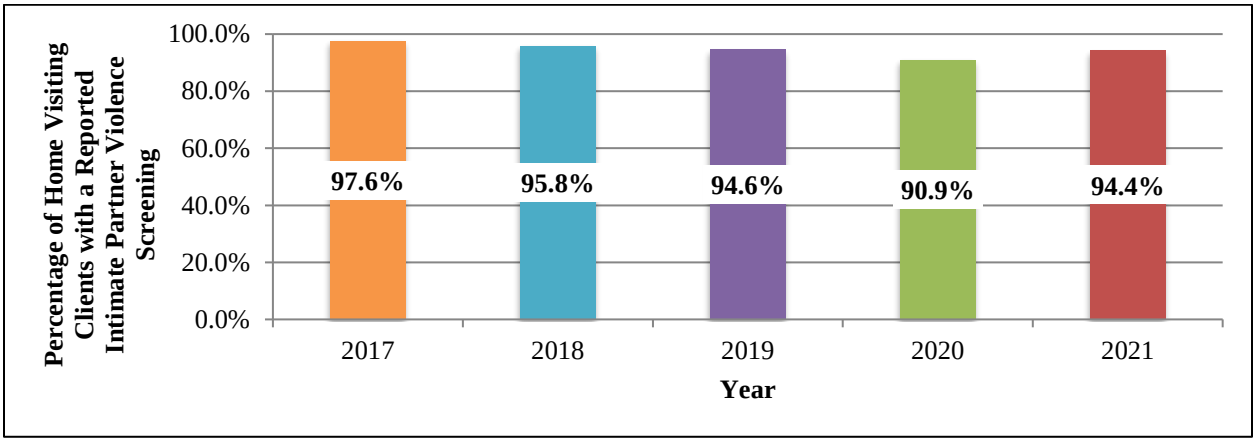


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visits in which a client answered "Yes" or "No" to the question "Do you have any behavioral concerns for your child?" out of the number of completed home visits that occurred with home visiting clients after infant birth.

Intimate Partner Violence Screening

The overwhelming majority of MIECHV-funded home visiting clients have had an intimate partner violence screening reported in each of the five years assessed (Figure 17).

Figure 17. Percentage of Home Visiting Clients with a Reported Intimate Partner Violence Screening, Delaware, 2017-2021.

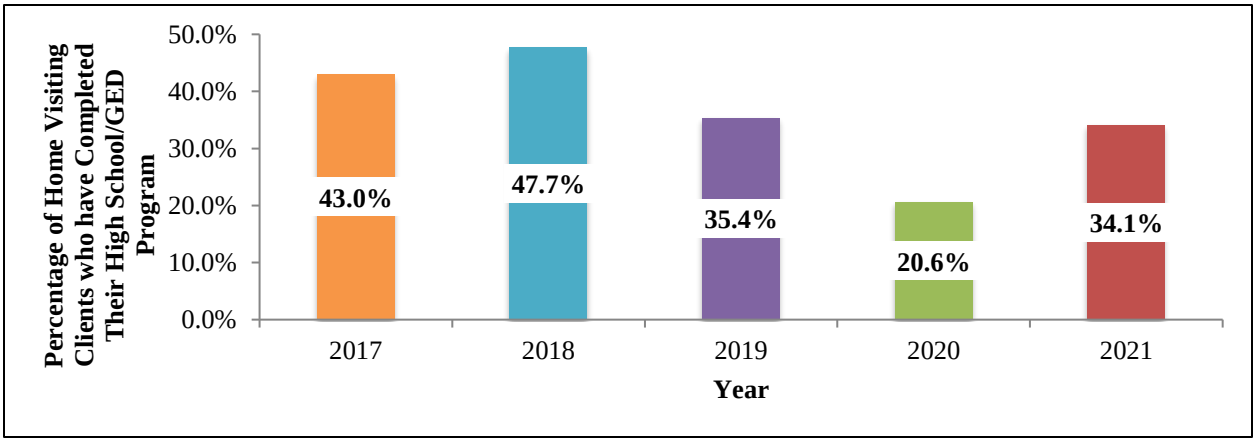


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients with an intimate partner violence assessment submitted out of the number of home visiting clients with Program Start Date plus 180 days (6 months).

Primary Caregiver Education

The percentage of home visiting clients who completed their high school/GED program after enrolling in a MIECHV-funded home visiting program was 34.1 in 2021 following a dip to 20.6 percent in 2020 (Figure 18).

Figure 18. Percentage of Home Visiting Clients who have Completed Their High School/GED Program, Delaware, 2017-2021.

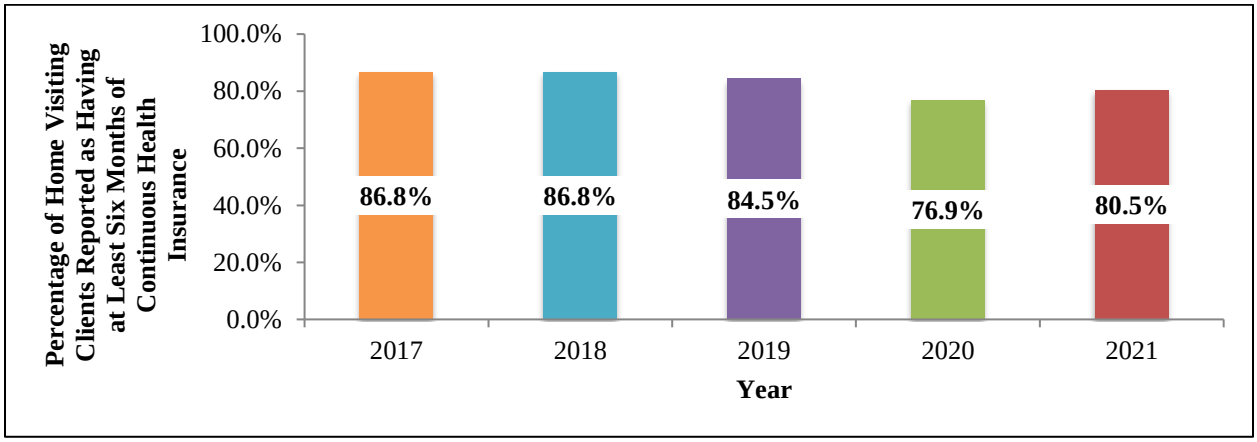


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who, after enrollment in home visiting, answered "Yes" to have you completed high school/GED program or answered "Yes" to are you currently enrolled in high school out of the number of home visiting clients who indicated they have not completed high school/GED at enrollment.

Continuity of Insurance Coverage

The percentage of home visiting clients who reported having at least six months of continuous health insurance was consistently high across each of the five years assessed (Figure 19).

Figure 19. Percentage of Home Visiting Clients Reported as Having at Least Six Months of Continuous Health Insurance, Continuity of Insurance Coverage, Delaware, 2017-2021.

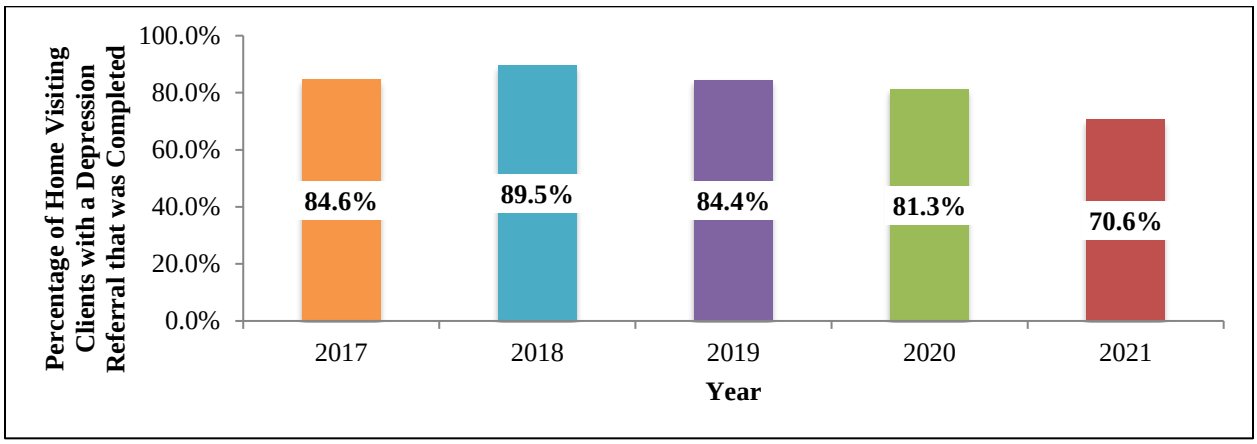


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who were reported as having six months of continuous insurance to any of the insurance options given on the forms listed out of the number of primary caregivers enrolled in home visiting for at least 6 months.

Completed Depression Referrals

The percentage of home visiting clients for whom a referral was reported due to the client having a higher risk for depression was 70.6 percent in 2021 compared to 89.5 percent in 2018.

Figure 20. Percentage of Home Visiting Clients with a Depression Referral that was Completed, Delaware, 2017-2021.

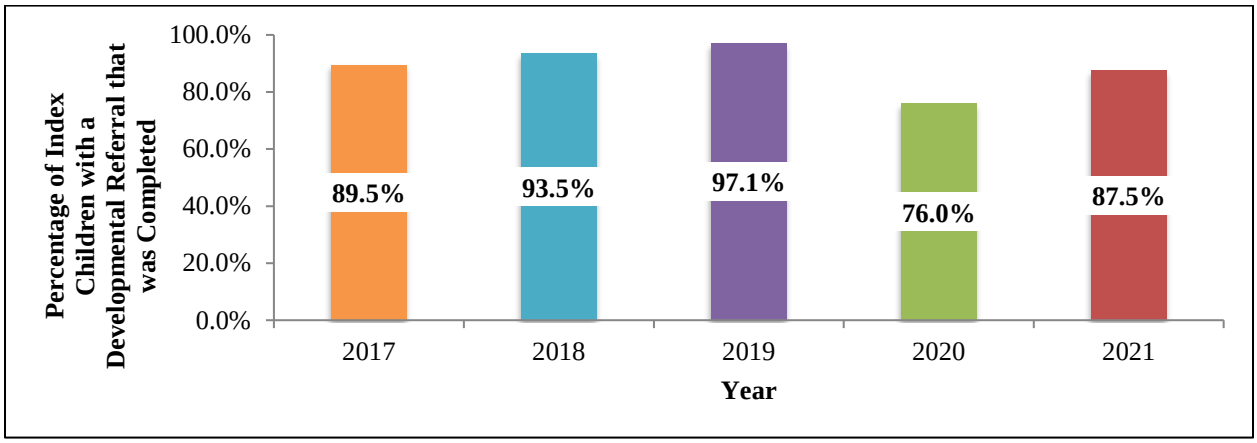


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who were indicated as having a mental health treatment of therapy out of the number of home visiting clients within 3 months of enrollment or 3 months postpartum with a completed PHQ-9 who scored above cutoff score and were referred to services plus number of home visiting clients who stated that they were depressed and were in need of services.

Completed Developmental Referrals

The percentage of children who completed developmental referral due to a score on their ASQ that indicated a need for a referral for services was 87.5 percent in 2021, compared to 97.1 percent in 2019 (Figure 21).

Figure 21. Percentage of Index Children Enrolled in Home Visiting Services with a Developmental Referral that was Completed, Delaware, 2017-2021.

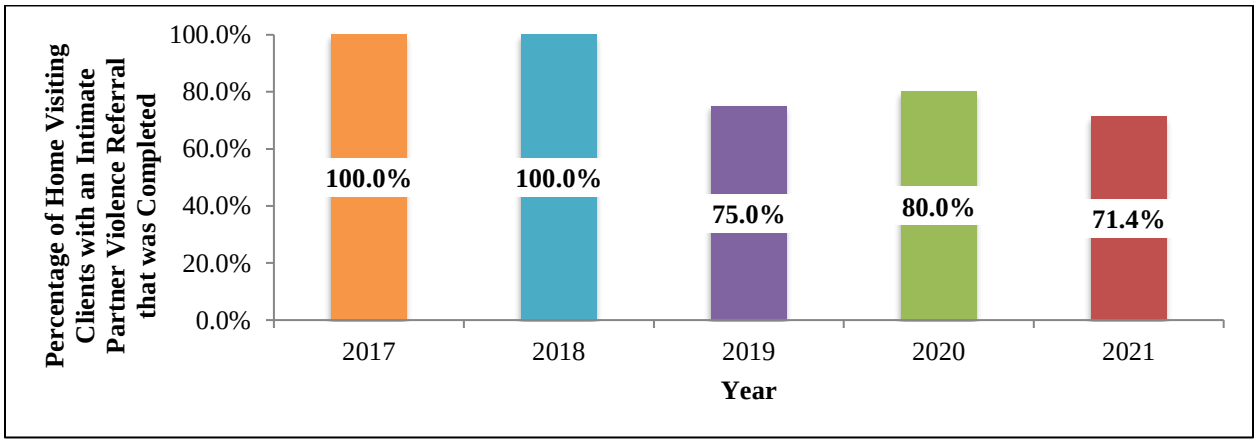


Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of children with completed ASQ and indicated "Yes" child received services within 45 days of screen out of the number of children with a completed ASQ and who had a score that indicated a need for a referral for services.

Intimate Partner Violence Referrals

The percentages for intimate partner violence referrals are based on relatively small counts. For example, in 2021, five of seven home visiting clients reported a referral (Figure 22).

Figure 22. Percentage of Home Visiting Clients with an Intimate Partner Violence Referral that was Completed, Delaware, 2017-2021.



Source: Delaware Department of Health and Social Services, Division of Public Health, Maternal Child Health.
Notes: The percentages are calculated by using the number of home visiting clients who received a referral to intimate partner violence-related services out of the number of home visiting clients with a completed intimate partner violence assessment within 6 months of enrollment and scored to indicate a positive screen and were in need of referral to intimate partner violence-related services.

Continuous Quality Improvement in MIECHV-funded Programs

In calendar years 2018, 2019, 2020, and 2021, the MIECHV-funded local implementing agencies (LIAs) chose two projects on which to focus for continuous quality improvement (CQI):

1. Improving reported behaviors on breastfeeding practices
2. Improving documentation and reported behaviors on safe sleep practices.

The MIECHV-funded LIAs incorporated the following methods to help further these CQI projects:

- *Measurement and data collection processes*. The LIAs received guidance regarding the specific variables and data collection forms on which to focus CQI efforts for their specific priority areas (e.g., for breastfeeding, the LIAs were encouraged to focus on the breastfeeding-specific variables reported on the Age 3 Month and Age 6 Month forms).

- *Monitoring and assessing progress*. The LIAs were instructed how to monitor and assess progress on a timely basis using the data collected in their respective data systems (e.g., for safe sleep, the LIAs were shown how to track reported safe sleep practices at age 3 months, age 6 months, and age 9 months to ensure proper safe sleep practices were practiced at these time intervals, and if not, the reasons why these practices were not carried out and ideas to improve upon safe sleep practices).

Appendix A. Demographics and Service Utilization of MIECHV-funded Programs

Table A1. Unduplicated Count of Participants Served by Delaware Maternal, Infant, and Early Childhood Home Visiting Home Visitors, 2017-2021.

Participants	2017	2018	2019	2020	2021
Pregnant Women	35	43	72	40	67
Female Caregivers	450	513	515	564	540
Male Caregivers	8	47	62	60	61
All Adults	**493**	**603**	**649**	**664**	**668**
Female Index Children	247	299	300	304	281
Male Index Children	211	259	268	289	306
All Index Children	**458**	**558**	**568**	**593**	**587**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A2. Unduplicated Count of Households Served by Delaware Maternal, Infant, and Early Childhood Home Visiting Home Visitors, 2017-2021.

Households	2017	2018	2019	2020	2021
Number of Households	493	558	592	607	615

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A3. Unduplicated Count of Caregivers by Age, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Less Than 18 Years	13	33	23	10	14
18-19 Years	26	32	28	33	30
20-21 Years	54	34	48	44	48
22-24 Years	83	86	69	80	109
25-29 Years	113	169	152	175	179
30-34 Years	103	115	145	153	137
35-44 Years	87	91	120	133	126
45-54 Years	6	14	12	14	15
55-64 Years	5	5	4	6	6
65 Years or More	3	4	1	10	2
Unknown/Did Not Report	0	20	47	6	2
Total	**493**	**603**	**649**	**664**	**668**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A4. Unduplicated Count of Index Children by Age, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Less Than 1 Year	149	164	219	211	228
1-2 Years	151	234	201	241	250
3-4 Years	126	150	128	130	104
5-6 Years	32	5	4	2	4
Unknown/Did Not Report	0	5	16	9	1
Total	**458**	**558**	**568**	**593**	**587**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A5. Unduplicated Count of Caregivers by Race/Ethnicity, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
American Indian or Alaska Native	8	52	56	66	74
Asian	6	12	13	10	3
Black or African American	225	202	181	241	267
Hispanic or Latino	122	130	218	155	143
Native Hawaiian or Other Pacific Islander	0	0	0	1	0
White	190	244	262	266	231
More Than One Race	36	40	28	31	33

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A6. Unduplicated Count of Index Children by Race/Ethnicity, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
American Indian or Alaska Native	7	52	49	60	68
Asian	4	13	13	10	2
Black or African American	232	192	198	221	245
Hispanic or Latino	117	129	123	153	136
Native Hawaiian or Other Pacific Islander	0	0	1	1	0
White	151	201	226	205	175
More Than One Race	39	48	48	48	43

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A7. Unduplicated Count of Caregivers by Marital Status, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Never Married	289	110	248	265	315
Married	150	290	138	118	131
Never Married, Live Together w/Partner	32	96	44	87	116
Separated/Divorced/Widowed	1	62	23	30	43
Unknown/Did Not Report	21	45	196	164	63
Total	**493**	**603**	**649**	**664**	**668**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A8. Unduplicated Count of Caregivers by Educational Attainment, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Less Than High School Diploma	86	160	155	170	157
High School Diploma/GED	280	195	204	224	231
Some College/Training	43	96	93	123	128
Technical Training or Certification	19	29	35	29	32
Associate degree	14	17	29	22	24
Bachelor's Degree or Higher	35	67	64	58	46
Other	0	0	0	0	0
Unknown/Did Not Report	16	39	69	38	50
Total	**493**	**603**	**649**	**664**	**668**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A9. Unduplicated Count of Caregivers by Employee Status, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Employed Full-Time	130	166	174	160	181
Employed Part-Time	123	106	112	126	122
Not Employed	223	275	307	329	306
Unknown/Did Not Report	17	56	56	49	59
Total	**493**	**603**	**649**	**664**	**668**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A10. Unduplicated Count of Caregivers by Housing Status, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Owns/Shares Own Home, Condo, or Apt	99	86	116	95	78
Rents or Shares Own Home or Apartment	179	221	223	276	273
Lives in Public Housing	17	35	29	44	40
Lives with Parent or Family Member	86	149	160	155	149
Some Other Arrangement	1	19	20	12	15
Total Not Homeless	**382**	**510**	**548**	**582**	**555**
Homeless and Sharing Housing	4	19	23	11	30
Homeless and Living in Shelter	0	2	19	13	19
Some Other Arrangement	0	4	2	8	7
Total Homeless	**4**	**25**	**44**	**32**	**56**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A11. Unduplicated Count of Households by Primary Language Spoken at Home, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
English	340	410	453	457	455
Spanish	69	93	99	120	119
Other	5	18	16	15	12
Unknown/Did Not Report	44	37	0	1	1
Total	**458**	**558**	**568**	**593**	**587**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A12. Unduplicated Count of Households by Household Income Federal Poverty Guidelines, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
50 Percent and Under	145	198	169	188	164
51-100 Percent	113	65	103	105	110
101-133 Percent	89	20	27	41	50
134-200 Percent	25	20	36	37	29
201-300 Percent	7	17	15	17	10
Greater Than 300 Percent	0	15	14	11	11
Unknown/Did Not Report	114	223	228	208	241
Total	**493**	**558**	**592**	**607**	**615**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A13. Reported Number of Home Visits Completed by Delaware Maternal, Infant, and Early Childhood Home Visiting Home Visitors, 2017-2021.

Home Visits	2017	2018	2019	2020	2021
Number of Home Visits Completed	3,531	5,783	6,882	7,489	7,045

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A14. Family Engagement by Household, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Households	2017	2018	2019	2020	2021
Currently Receiving Services	346	322	359	409	384
Completed Program	55	99	155	79	86
Stopped Services Before Completion	92	136	70	118	144
Enrolled, Not Currently Receive Services	0	1	0	0	1
Unknown/Did Not Report	0	0	8	1	0
Total	**493**	**558**	**592**	**607**	**615**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A15. Unduplicated Count of Caregivers by Health Insurance Coverage, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
No Insurance Coverage	47	67	36	63	59
Medicaid or CHIP	340	383	463	464	503
Tri-Care	6	11	8	8	7
Private or Other Insurance	64	96	112	92	85
Unknown/Did Not Report	36	46	30	37	14
Total	**493**	**603**	**649**	**664**	**668**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A16. Unduplicated Count of Index Children by Health Insurance Coverage, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
No Insurance Coverage	6	8	4	4	2
Medicaid or CHIP	351	405	396	457	515
Tri-Care	5	8	4	4	5
Private or Other Insurance	60	54	64	72	38
Unknown/Did Not Report	36	83	100	56	27
Total	**458**	**558**	**568**	**593**	**587**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Table A17. Unduplicated Count of Index Children by Usual Source of Medical Care, Delaware Maternal, Infant, and Early Childhood Home Visiting Program, 2017-2021.

Participants	2017	2018	2019	2020	2021
Doctor's/Nurse Practitioner's Office	221	459	463	485	460
Hospital Emergency Room	0	0	4	1	2
Hospital Outpatient	1	2	3	3	3
Federally Qualified Health Center	3	7	8	8	3
Retail Store or Minute Clinic	0	0	0	0	2
Other	0	0	0	0	2
None	0	1	1	1	1
Unknown/Did Not Report	243	89	89	95	114
Total	**458**	**558**	**568**	**593**	**587**

Source: Delaware Maternal, Infant and Early Childhood Home Visiting Program, 2017-2021.

Appendix B. Demographics and Service Utilization of Early Head Start

Table B1. Unduplicated Count of Index Children by Age, Delaware Early Head Start, 2021.

Participants	2021
Less Than 1 Year	43
1-2 Years	100
Total	**143**

Source: Delaware Early Head Start, 2021.

Table B2. Unduplicated Count of Pregnant Caregivers, Delaware Early Head Start, 2021.

Participants	2021
Pregnant	**15**

Source: Delaware Early Head Start, 2021.

Table B3. Unduplicated Count of Households by Primary Language Spoken at Home, Delaware Early Head Start, 2021.

Participants	2021
English	89
Spanish	63
Other	6
Total	**158**

Source: Delaware Early Head Start, 2021.