

Home Visiting At-Risk Families: The Dakota Healthy Families Program

by Gay Bakken

Almost a decade ago, the Dakota County Board of Commissioners allocated \$500,000 over five years for a unique project to prevent child abuse called Dakota Healthy Families. For many years, commissioners had struggled with the high cost and disappointing results of “deep-end” interventions. The county’s juvenile detention facility’s annual per-bed cost at that time was \$85,000 (\$120,000 today), and more than 50% of the young detainees were child abuse victims. Clearly, there had to be a better way.

Dakota Healthy Families (DHF) is an intensive, home visiting program for first-time parents. Participation in the program is voluntary. Partnerships with healthcare providers, school districts, Dakota County Public Health, and community-based agencies form the bedrock of DHF, and representatives from these groups form the 15-member steering team. Partner clinics and hospitals identify and refer families prenatally or at birth. The Dakota County Public Health Department receives the referrals, conducts in-home assessments to identify eligible families, and then assigns families to home visiting partner agencies. Intensive, long-term home visiting is provided by home visitors from school district Early Childhood Family Education programs, Head Start, and a community agency matched to each family’s strengths, needs, and communities. Home visit protocol is based on research on parent-infant attachment, as well as best practices from proven programs such as Healthy Families America and Growing Great Kids, Inc.

In 2004, Dakota County received a grant from CURA’s community-based research programs to hire Kevin Monroe, an applied economics graduate student at the University of Minnesota. Monroe conducted a formal evaluation of DHF to document the economic benefit of the program. Monroe’s analysis showed that DHF was a cost-effective program that reduced child protection cases. Based on this assessment, a coalition of human services



Photo illustration by Dave Hansen, U of M Agricultural Experiment Station

Dakota Healthy Families is a voluntary, home visiting program for first-time parents.

and public health directors is now replicating the DHF model throughout the seven-county metropolitan area using private funding, with the hope that state funding will follow.

Prevention Pays

Art Rolnick, senior vice president of the Federal Reserve Bank of Minneapolis, has found significant economic benefit in high-quality early childhood programs. Rolnick concluded that investing and intervening as early as possible with the most at-risk youngsters generates an impressive return of 17%. In an interview in the *St. Paul Pioneer Press* in February 2007, Rolnick states, “The literature is overwhelming on this, if you do high-quality childhood education, starting early—and by early, we mean pre-natal—they’re much more likely to graduate school, get a job, stay off welfare.” According to Robert Lynch, researcher at the Economic Policy Institute, government investment in a comprehensive early-childhood development program for all children from low-income families would reach a break-even point in 17 years, and by 2030, the benefits would exceed costs by \$31 billion.

Dakota County’s outcome study shows short-term savings from Dakota Healthy Families. This study was the first of its kind nationally to demonstrate that home visiting for the most at-risk families produces immediate cost avoidance/savings. Monroe’s analysis concluded that as a result of program interventions during a two-year period, only 7% of the most at-risk DHF families had confirmed cases of child abuse, compared with 53% of similar families in a comparison group. The conclusion is that DHF nearly pays for itself in the short-term by avoiding cases of child abuse. The study also showed that the cost of providing DHF’s preventive services to one family is about one-quarter of the expense of investigating and prosecuting a single case of abuse in the county’s child protection system (roughly \$26,000 per case).

Success Factors

So what makes Dakota Healthy Families successful? Four key interrelated factors are critical to the program’s success:

1. Providing services intensively and long-term. A look at abuse victims by age (Figure 1) suggests that

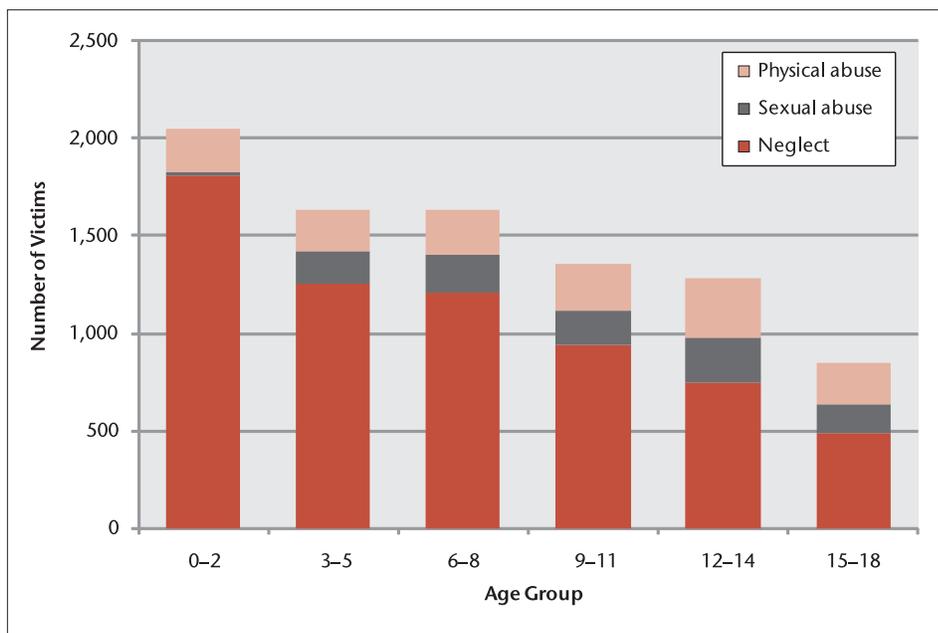
families require frequent contact and support, particularly during the first two years when parental stress is greatest and parent/child attachment occurs. Building the skill and confidence of new parents requires consistent, frequent support over a long time span—as frequently as weekly visits during the first 12 months. Home visits end when a child becomes connected with community-based early-learning opportunities, generally around four years of age.

2. Focusing on the target population. The focus of DHF is to intervene with families facing the greatest challenges to parenting success before their parenting patterns are established. A standardized parent assessment tool identifies families in greatest need and first-time parents are enrolled either prenatally or when their baby is born.
3. Building trust by focusing on parents. A responsive and dependable relationship between the home visitor and the family is critical to success. Staff are sensitive to the values and cultures of the families and are familiar with community resources. Continuity of staff is critical to sustaining trusting relationships with families, which is the cornerstone of success.
4. Budgeting for a long timeframe. Dakota Healthy Families budgets are developed with a 2- to 2.5-year horizon. This long timeframe is essential for achieving program outcomes because it ensures families that long-term support will be available to them and it encourages experienced, well-trained staff to stay with the program.

Metro Alliance for Healthy Families

Noting DHF's results, health and human services directors from the seven counties in the Twin Cities metro area have committed to its replication in the region. A regional approach for DHF makes sense given that at-risk families are often the most mobile and need consistent services no matter where they live.

Figure 1. Substantiated Abuse by Age of Victim and Abuse Type, 2005



Source: Minnesota Department of Human Services (#06-68-13)

In August 2005, the Metro Alliance for Healthy Families was established as the organizational structure for the metro-wide expansion. Six of the seven metro-area counties have approved a joint powers agreement (Ramsey County is expected to take action on the agreement in March 2007), and the initial rollout of the program is slated for mid-2007. Because one-half of all Minnesota births occur in the Twin Cities region, if the metro counties can successfully launch this program, it will build a strong case for state support for the initiative.

Private funders are enthusiastic about a regional approach because they value the efficiency and effectiveness a coordinated and comprehensive (rather than county-by-county) approach offers. The alliance has received funding from one foundation and has applied for funding from three others. A combination of new private funding and redirected county dollars will result in an estimated 300 high-risk families receiving home visiting services during the next two years. This includes roughly \$2 million in private funds and \$2 million in county funds at \$6,000 per family per year for two years.

Conclusion

Breaking the cycle of child abuse and neglect is extremely difficult, but the savings in human lives and dollars is incalculable. The economics of child abuse prevention and the science of early brain development provide powerful support for the Dakota Healthy Families approach. Targeted weekly home visiting has shown tangible results in Dakota County, and the regional approach being launched this year in the Twin Cities shows great promise of extending that success.

Gay Bakken is coordinator of the Dakota Healthy Families program in Dakota County, Minnesota.

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For more information about Dakota Healthy Families and the Metro Alliance for Healthy Families, visit www.co.dakota.mn.us/HealthFamily/HealthyLiving/HealthyCommunities/DHF.htm or contact Gay Bakken at 651-554-6370 or gay.bakken@co.dakota.mn.us.