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# Snapshot of the Home Visiting System in the Greater Philadelphia area

*Research Findings and Recommendations*

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The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the William Penn Foundation.

*Kasserian Ingera.*

That is the traditional greeting of the Massai, a legendary warrior tribe of Africa, and translated, it asks “*And How are the Children?*” A response of “*All the children are well,*” indicates an overall good quality of life, because the wellbeing of children is perceived to reflect the wellbeing of the entire community.

This is an important viewpoint to consider, as our children really do reflect the core of our wellbeing and the success of our future generations.

That’s why Home Visiting programs are so critical during pregnancy and early childhood development. United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ) is excited to share research about Home Visiting and the landscape, assets and challenges of programs in the Greater Philadelphia region.

Home Visitors are essential partners, helping to educate and connect families with resources and services. A strong referral relationship between home visiting programs and service delivery systems such as housing, child care and basic needs organizations, is beneficial for our entire community.

Many thanks to the William Penn Foundation, Child Trends and especially Home Visiting Leaders for their contributions to this research and for their ongoing support and efforts on behalf of families and young children.

Our work to end poverty and uplift and unlock our region’s potential truly begins where it matters most—with our children.

**Bill Golderer**

A handwritten signature in black ink, appearing to read "Bill Golderer", with a long, sweeping underline.

**CEO and President  
United Way of Greater Philadelphia and Southern New Jersey**

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## Executive Summary

An extensive body of research shows that home visiting can be effective at improving critical child and family outcomes.<sup>1</sup> Across the United States, early childhood home visiting is a critical part of the early childhood comprehensive system, which acts as a hub where community partners may refer families to home visiting and home visitors refer families to necessary services. Home visiting seeks to reduce service barriers and provide parent coaching, information, and referrals to needed services. Strong leadership and organizations with competent home visitors that are connected with each other and with the larger early childhood system are necessary to ensure that home visiting programs can provide high-quality services and referrals.

The United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ), with funding from the William Penn Foundation, engaged Child Trends to describe what is currently happening in the Greater Philadelphia home visiting arena (i.e., Bucks, Chester, Delaware, Montgomery, and Philadelphia counties). Child Trends developed an inventory of home visiting programs in the Greater Philadelphia area to understand the overall home visiting landscape, and facilitated three convenings to learn from home visiting leaders about what facilitates or hinders successful home visiting programs. The report offers findings from each activity, highlights the strengths of the home visiting sector in Greater Philadelphia, and provides recommendations for improving the quality of services offered.

The inventory indicates that Greater Philadelphia programs offer services that reach a wide range of families across multiple target outcomes. The programs and models operating in the area vary. Programs vary in the number of families served and the duration of their work with families. Across the Greater Philadelphia area, home visiting programs accommodate the needs of families by offering services in languages other than English and by tailoring supports or referrals to the family's needs, which are identified through assessments.

A major theme from the home visiting convenings was the presence of strong local leadership in the Greater Philadelphia home visiting arena that seeks to establish a positive organizational culture within programs and to support home visiting staff to provide high-quality services to families. However, home visiting leaders also identified barriers that hinder their ability to run effective home visiting programs. Barriers included the lack of a unified voice for the overall home visiting arena, a need for greater flexibility in the use of funding, the insufficiency of data systems to support programs' needs, and the need for improvements in how professional development or trainings are offered to home visiting staff.

Based on the findings and themes, Child Trends recommends the following actions for the Greater Philadelphia home visiting arena:

- **Identify a neutral party to act as an advocate and champion.** The advocate or champion can speak with a unified voice across programs in larger systems (e.g., early childhood comprehensive system or the political sphere).
- **Improve collaboration across home visiting programs.** Some programs are more established than others, which has led to a lack of collaboration across programs. When diverse programs

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<sup>1</sup> Sama-Miller, E., Akers, L. Mraz-Esposito, A., Zukiewicz, M., Avellar, S., et al. (2017). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

understand that they are more similar to other programs than they are different, they are better able to work together to serve children and families.

- **Improve connections with community partners.** Home visiting programs rely on referrals to services that help families. Building stronger relationships with community networks and organizations can strengthen how an individual home visiting program functions and improves the arena overall.
- **Identify ways to support the recruitment and retention of high-quality staff.** Home visiting programs experience high turnover rates for a variety of reasons, so finding ways to recruit and retain high-quality staff will improve the home visiting arena. Improvements at both the program level (which can include training and other professional development opportunities for staff within programs) and the systems level (which can include a greater emphasis on professional development throughout the larger home visiting arena) are necessary to accomplish this goal.
- **Understand the relationship between the supply and demand for home visiting.** Home visiting services are only effective if they can address the needs of their community. Using information on the supply of and demand for home visiting services will help the Greater Philadelphia home visiting arena identify where it can fill gaps. However, more sophisticated data and analyses are required to examine this relationship because of the wide variation in characteristics of families served by different programs and the very fluid nature of the available slots in each program.
- **Address the barriers that families face when accessing home visiting services.** Home visiting programs are focused on serving families with high need, but these families may experience other barriers, such as stressors within the family. Stressors include trouble finding stable housing or lack of awareness of home visiting services in a family's native language, and may initially prevent them from receiving home visiting services. Reducing families' barriers to accessing home visiting services may help programs serve those families that most need such services.
- **Address data system needs and gaps.** When programs have reliable data, they can use the information to improve their operations and can provide information to policymakers about how they serve families. The available data systems around Greater Philadelphia and within many home visiting programs are unable to provide the information that home visiting staff need to operate programs or advocate for greater resources. Improvements can be made within individual programs and across the arena to ensure that programs have useful information.

# Introduction

## Background

Home visiting is a service delivery method that reaches families in their homes, and can be an effective mechanism to reach the families most in need of support. It seeks to reduce service barriers, provide parent coaching, and provide information and referrals to needed services. According to the National Home Visiting Resource Center's *2017 Home Visiting Yearbook*,<sup>2</sup> home visiting has a strong evidence base and has the potential to improve outcomes across a range of domains. In 2015, there were approximately 269,206 families and 311,976 children served nationwide through evidence-based home visiting. In Pennsylvania alone, 3,169 families and 3,039 children were served through evidence-based home visiting using a total of 39,027 home visits during that same year.<sup>3</sup>

Early childhood home visiting is a critical part of the early childhood comprehensive system across the country. According to the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau, which has been funding these systems since 2003, early childhood comprehensive systems are "partnerships between interrelated and interdependent agencies or organizations representing physical and mental health, social services for families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry."<sup>4</sup> These partnerships are a hallmark of a strong home visiting program, as home visiting relies on referrals of families who could benefit from home visiting into programs by other community partners. These referring agencies may include pediatricians, obstetricians, early intervention, or early care and education centers. Home visiting programs then connect families with a home visitor who provides parents with information on child development, health, parent support, and well-being. Additionally, home visitors may provide services such as developmental screenings, social support, and enrollment in public benefits they may be needed to strengthen a family.

Although parent education is a part of home visiting, a home visitor cannot directly provide all supports a family may need (e.g., substance use counseling, mental health services, health services, etc.). A key feature of the home visitor's role with families is to screen and refer families to other service providers in the community. Therefore, home visiting often plays a vital role as a hub in the early childhood comprehensive system, where community networks and services may refer families to home visiting, and home visitors refer families to necessary services.

## Current project

United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ), with funding from the William Penn Foundation, contracted Child Trends to engage in two activities to describe the home visiting arena in the Greater Philadelphia area (i.e., Bucks, Chester, Delaware, Montgomery, and Philadelphia counties). First, Child Trends created an inventory of the home visiting programs in the Greater Philadelphia area to understand their availability. Second, through three convenings with leaders in the home visiting arena, Child Trends explored how home visiting is implemented in the

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<sup>2</sup> National Home Visiting Resource Center. (2017). *2017 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute.

<sup>3</sup> This estimate does not include promising approaches and is likely a conservative estimate of number of families served.

<sup>4</sup> For more information about the Early Childhood Comprehensive Systems Grant program please see: <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems>.

Greater Philadelphia area. The report concludes with recommendations for the home visiting arena in the Greater Philadelphia area.

## Home Visiting Inventory and Convening: Methods and Findings

### Methods

The information for the home visiting inventory was collected between January and March 2017. Because home visiting is a service delivery mode that could apply to a variety of different programs, UWGPSNJ and Child Trends established criteria for defining an early childhood home visiting program for the inventory. For the purposes of the project, a *home visiting program* was included in the inventory if the program:

- a. Serves pregnant women or families with children from birth to age five (or prior to school entry)
- b. Uses home visiting services as its primary service delivery strategy (at least 50% of the time delivering services)
- c. Offers home visits to most or all participants
- d. Currently serves at-risk populations (e.g., low-income and very low-income families, families that receive governmental assistance, families at risk for child maltreatment, families with children who have special needs, etc.)
- e. Aims to address one of at least eight domains (maternal health; child health; child development and school readiness; reductions in child maltreatment; reductions in juvenile delinquency, family violence, or crime; positive parenting practices; family economic factors; and linkages and referrals)
- f. Includes both evidence-based and informal home visiting programs

UWGPSNJ and Child Trends collected information for each home visiting program to understand more about the current landscape of the home visiting arena. Information included:

- **Program features** (e.g., number of home visitors on staff, program length, and model or curriculum used), which offers information about the types of programs available in the Greater Philadelphia arena
- **Program services and functions** (e.g., target outcomes, use of assessments, and referrals), which explains what services families in Greater Philadelphia can expect to receive from home visiting programs
- **Target populations** (e.g., populations and ages served, eligibility requirements, and languages offered), which offers a snapshot of the types of families that may be served by home visiting services
- **Supply and demand of home visiting services** (e.g., number of families served, number of slots available, waitlist information), which provides a glimpse into whether the Greater Philadelphia home visiting arena is meeting the needs of the region
- **Home visiting supports**, which details the types of supports that Greater Philadelphia home visiting programs believe are necessary for running an effective home visiting program

Child Trends contacted national home visiting providers to determine whether they operated in the Greater Philadelphia region. Other programs were recommended by key home visiting leaders in the Greater Philadelphia area. Then, additional programs were collected through a “snowball effect,” in which home visiting programs referred other programs thought to meet the project’s home visiting definition.

Eligible programs were asked to provide further information, which was used to build the home visiting inventory and to inform recommendations. The recruitment process resulted in 30 home visiting programs that were included in the home visiting inventory. Some programs (n=9) did not meet the project’s home visiting definition and were not included in the final inventory and analysis. However, these programs may nevertheless contribute to the early childhood home visiting arena. Additionally, some programs (n=7) that were known to match the project’s home visiting definition were not included because we did not receive information from the program. Contact information for all programs that fit the definition, including programs that were known to fit the definition but did not provide information for the inventory, are included in [Appendix A](#).

Child Trends structured the home visiting convenings around the three National Implementation Research Network (NIRN) implementation drivers (i.e., leadership, organization, and competency drivers). Implementation drivers are elements found to be common in research across successfully implemented programs and practices.<sup>5</sup> The discussion at each convening was focused on one of the drivers. Home visiting leaders participated in activities and discussions that offered more information about the facilitators and barriers specific to the Greater Philadelphia home visiting arena.

## Findings

The findings describe themes about the home visiting landscape across the Greater Philadelphia area and by county. Programs were included in county-specific findings if they reported the ability to serve families in zip codes within that county. Because some programs serve families in multiple counties, they were included in the findings for each county identified as a target area (Table 1).

Table 1. Number of Programs by County

County	Number of programs
Bucks	3 programs
Chester	7 programs
Delaware	5 programs
Montgomery	3 programs
Philadelphia	17 programs

A home visiting program may identify that a certain county is within its target area for services, but the program may not currently serve families within that county at the time the inventory information was collected. Thus, the findings provide general descriptions of the home visiting landscape by geographic area, but what happens within the individual home visiting programs may differ. Additionally, findings were based on information provided at a specific point in time, but home visiting programs are dynamic. The home visiting landscape may have changed since information was last collected, so themes and

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<sup>5</sup> Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.



findings provide a general picture of the home visiting landscape that should be interpreted carefully. Finally, some counties are represented by a small number of programs (e.g., three programs in Bucks and Montgomery counties and five programs in Delaware County), so county-level findings may be based on a few programs.

### Program features

One factor that affects a program's size—and its reach in the community—is the number of home visitors on staff at the program. Different models often have either required or recommended caseloads of families that a home visitor can carry, so the more home visitors in a program, the larger the number of families it can serve. On average, Greater Philadelphia home visiting programs had about seven full-time home visitors per program, ranging from 1 to 26 depending on program ([Table B.1](#)). Programs in Philadelphia County were more likely to have more full-time home visitors on staff (10 home visitors) but also had the largest range of full-time home visitors per program (1 to 26). On the other hand, Chester and Montgomery County had smaller programs with fewer full-time home visitors per program (3 and 4, respectively). Additionally, slightly less than half of programs (47%) had at least one part-time home visitor on staff with programs reporting anywhere from 1 to 9 part-time home visitors.

**As a result, there is variation in program size and reach in Greater Philadelphia because of the variation in home visitors on staff.** Although the number of families that each full-time home visitor serves varies by model requirements, wait list, and caseload, some models do offer estimates. For example, Home Instruction for Parents of Preschool Youngsters (HIPPOY) recommends that home visitors working on a part-time basis maintain a caseload of 10 to 15 children, and that those working full-time may maintain a caseload of up to 24 families. Early Head Start (EHS) requires that home visitors maintain an average caseload of 10 to 12 families, with a maximum of 12 for any individual home visitor. Finally, Nurse-Family Partnership (NFP) requires that a full-time home visitor carry a caseload of no more than 25 clients.<sup>6</sup>

**Home visitors aim to interact with families frequently.** Home visiting programs had varying lengths, as indicated by the number of visits provided to families. Most programs (n=19) had a prescribed schedule of visits (e.g., two visits a month). Among these programs, the number of visits changed depending on the age of the child (e.g., monthly visits prior to birth and weekly visits after the child is born) in four programs. Five programs reported that the number of visits was based on the family's need, and six did not specify the number of visits provided, but rather listed the typical length of enrollment with the number of visits for a family varying by family need.

Programs shown to be effective through research studies are considered evidence-based. The U.S. Department of Health and Human Services created criteria to determine which models were considered to have sufficient evidence that they improve outcomes for children and families. Other home visiting models may be promising approaches but do not yet have sufficient evidence of effectiveness. **Many programs in the Greater Philadelphia area follow an evidence-based model or use an evidence-based**

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<sup>6</sup> Implementing Nurse Family Partnership (NFP). (2011). Retrieved from <https://homvee.acf.hhs.gov/Implementation/3/Nurse-Family-Partnership--NFP--Prerequisites-for-Implementation/14/2>.

**curriculum.**<sup>7</sup> Evidence-based programs in use include Parents as Teachers, Nurse-Family Partnership, Early Head Start – Home Based Option, and HIPPPY. Other programs in the Greater Philadelphia area included models that do not yet have sufficient evidence of effectiveness, such as Healthy Start, Nurturing Parenting, Parent Child Home Program, and Standard Teen Triple P (Positive Parenting Program).

### Program services and functions

Different home visiting programs often target different outcomes. The types of services a home visiting program provides and how the program functions often depend on which outcomes the program seeks to address. In an effective home visiting system, the target outcomes of programs should align with the needs of families. **Most programs across the five counties focus on addressing child health and development (93%).** These programs are less likely to address outcomes such as healthy births and family economic self-sufficiency, but this varies by county. For example, all programs in Bucks and Delaware counties seek to improve healthy births, but only 43 percent of Chester County programs and 53 percent of Philadelphia County programs target this outcome ([Table B.2](#)).

Programs may use assessments (screeners and observations) with families for a variety of purposes, such as to prioritize families for eligibility, tailor services, identify referrals, or assess whether outcomes were met ([Table B.3](#)). Sometimes, the use of assessments is driven by a home visiting model or organization. For example, the PAT program requires that affiliates implement a family-centered needs assessment, while EHS-HV must implement a process for ongoing assessment even though they do not require the use of a specific assessment tool. Findings indicate that **most programs used assessments to determine whether outcomes were being met, to tailor home visiting services to meet families' unique needs, and to identify referrals to address additional needs of families.** Although only half of programs across the Greater Philadelphia region used assessments for eligibility or to prioritize families for program eligibility, there were county-level differences. For example, the majority of programs in Chester, Montgomery, and Philadelphia counties used assessments during the eligibility process, but no programs in Bucks County and only one program in Delaware County used assessments for that purpose. Generally, fewer programs in Montgomery County reported using assessments across these four purposes than programs in other counties. This is important context to understand since some programs may use screeners to determine which families are eligible to receive services. However, in programs in other counties do not use assessments to determine eligibility, all families in that geographic area may be able to receive services.

Because home visiting programs are highly focused on providing referrals for families to necessary services, we asked how home visitors provide these referrals. Sometimes home visitors accompany families to referred services to ensure that they receive the necessary supports. Other times, they may make a referral but leave it up to the family to pursue the service. **Greater Philadelphia home visiting program staff are not likely to accompany families to referred services, but variations exist ([Table B.4](#)).** Across programs, home visitors accompany families about one-fifth of the time (21%), with some programs reporting that home visitors never went with families and other programs reporting that home visitors went with families about 80 percent of the time. Percentages also varied by county. Home

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<sup>7</sup> Whether a program is evidence-based was determined by using the same criteria used in the Home Visiting Programs Reviewing Evidence of Effectiveness (HomeVEE) review. For more information, please visit <https://homvee.acf.hhs.gov/>.

visitors in Bucks and Philadelphia counties were more likely to accompany families to referred services (38% and 27% of the time, respectively). To date, no comprehensive research has been done across the country to explore the process of supporting families in the referral process within home visiting, or to understand the variation of family support in the referral process.

Because home visiting programs are not the right fit for all families—and because some programs only serve families until the child is a certain age—the home visiting arena can benefit from connecting families to other home visiting programs that may be able to offer them services. We asked programs whether they would refer a family to another home visiting program if the family was not the right fit for their own program. **Most programs (87%) reported that they do refer families to other home visiting programs, indicating that there is communication across home visiting programs (Table B.5).** While we did not ask programs why they refer families to other home visiting programs, research suggests that these referrals occur because they allow for programs to receive families who meet their criteria and may be more likely to be a good fit, which in turn improves their enrollment and retention rates.<sup>8</sup>

### Target populations

To understand the types of families that Greater Philadelphia home visiting programs hope to serve, we asked programs to report their specific target populations. We were also interested in knowing what percentage of programs would serve families regardless of need (universal programs). For the purposes of the inventory, we included programs that reported serving all families, regardless of need, in the total percentage of programs that serve individual population groups.<sup>9</sup>

#### **Home Visiting programs in Greater Philadelphia address many unique populations across the region.**

All programs across the five counties reported serving low-income children and families. (Table B.6). Six programs had income eligibility requirements (e.g., income must be below 250% of the federal poverty level). Almost all programs served families that receive governmental assistance. Home visiting programs also served families with specific needs, such as families with children with special needs (77%) or those with mothers who suffer with depression (77%). Thirteen programs had restrictions on the types of families that were eligible (e.g., must be a first-time mother, insured by a specific company, or referred from a specific organization), but one-third of programs were universal, serving all eligible families regardless of need (33%). Further, families may access home visiting services at different points in a child's first years of life. When a family first receives home visiting services can affect the types of supports they receive during these critical first years of life. **Programs in the Greater Philadelphia area primarily served families with children from birth to age 2 (Table B.7).**

Additionally, the languages in which home visiting services are offered may influence the types of families that access home visiting. **Overall, most programs in the Greater Philadelphia offer services in languages other than English (80%), but this varied by county (Table B.8).** Chester and Philadelphia counties had the highest percentage of programs that offered services in a language other than English

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<sup>8</sup> Maternal, Infant, and Early Childhood Home Visiting: Technical Assistance Coordinating Center (2014). *MIECHV Issue Brief on Centralized Intake Systems*. Retrieved from: [http://healthystartepic.org/wp-content/uploads/2015/09/09012015\\_TNRegMtgMIECHVIssueBriefCentralizedIntake.pdf](http://healthystartepic.org/wp-content/uploads/2015/09/09012015_TNRegMtgMIECHVIssueBriefCentralizedIntake.pdf).

<sup>9</sup> For example, we included the number of universal programs in each of the following categories: low-income, families with special needs, and families that speak a language other than English. See Table C.3.a and C.3.b for more information.

(86% and 82%, respectively). Regardless, more than half of programs in each county accommodated families by offering services in other languages.

### Supply and demand for home visiting services

To understand the supply of and demand for home visiting programs, we asked programs to report how many families they were currently serving. Because these data are dynamic, the exact numbers may have changed since the time of initial reporting. Additionally, while we asked about the number of families being served, some programs track enrollment through different metrics, such as number of individual children or number of individual adults rather than number of families. This means that more than one family member may be counted as an individual served. Thus, the numbers presented in this section are estimates and must be used with caution.

**Home visiting programs serve many families, but some have availability to take on more families.** On average, home visiting programs in the Greater Philadelphia area served 145 families per program, ranging from 14 to 962<sup>10</sup> families ([Table B.9](#)). Programs in Philadelphia, Delaware, and Bucks counties served more families on average (194, 169, and 133 families, respectively) than programs in Chester and Montgomery counties (72 and 88 families, respectively).

When a family transitions out of a program, they create an available slot for another family to fill. Likewise, if the program hires another home visitor, the home visitor may have an open case load with a set number of slots available. In some cases, slots might be counted as available before the associated staff member was trained and ready to provide service. **Across the Greater Philadelphia home visiting arena, there was an average of 34 available slots per program, but this ranged widely across programs.**<sup>11</sup> ([Table B.10](#)). Philadelphia, Bucks, and Montgomery counties had more available slots per program on average (51, 22, and 18 slots, respectively). Although there were available slots for families in some programs, other programs (47%) had a wait list, indicating that they could not take on any more families ([Table B.11](#)).

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<sup>10</sup> The Philadelphia Department of Public Health Healthy Start Program reported serving 962 families. The next-highest number of families served was 422, by the Philadelphia Nurse-Family Partnership (NFP).

<sup>11</sup> For example, some programs note that they had no additional availability, while others had 220 available slots.

# Home Visiting Convenings: Implementation Drivers, Facilitators, and Barriers

## Implementation drivers

An effective home visiting system must be structured so that organizations in the system are able to provide referrals effectively to and from home visiting programs. There must also be high-quality staff selection and training, effective leadership, and system supports. The National Implementation Research Network (NIRN) has identified three drivers that impact how well a program is implemented: leadership, competency, and organization. These drivers are likely related to a well-functioning home visiting system.<sup>12</sup>

*Leadership drivers* include identifying and resolving problems to support and manage changes to the program. A home visiting leader with *technical leadership* runs their program successfully and provides supports to home visiting staff. Home visiting leaders that exhibit *adaptive leadership* are characterized by their ability to run programs despite changes to the policy context, shifts in population, and unpredictability of family needs.

*Organization drivers* include elements of data systems, policies, and management supports that create an environment that supports high-quality services. Strong organizational drivers are characterized by staff (*facilitative administrative support*) that make decisions using a wealth of data and information about program functioning (*decision support data systems*), as well as establish effective policies and systems to create an environment where home visitors can provide high-quality and tailored services to families (*systems intervention*).

*Competency drivers* include human resources, hiring, training, and ongoing support for high-quality service delivery. A successful home visiting system supports home visiting staff to provide and deliver high-quality services. First, the *selection of home visitors* is important to consider because not everyone may be suited to provide home visiting services. Second, the *training* offered by the home visiting program or model must be able to provide sufficient information about how the home visiting program functions and to equip the home visitor to fulfill expectations. Third, *coaching* for home visitors allows them to feel supported over time and seek continuous improvement on the job.



<sup>12</sup> Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Successful use of these drivers is central to both the individual home visiting program and the larger home visiting system.<sup>13</sup> For example, at a local program level, hiring and training staff is central to the competency driver; however, hiring, retention, and training of staff is also fully embedded in and affected by the larger system of staff availability, competitive salaries, and available training. Therefore, we must understand what facilitates or hinders a program or system to provide high-quality services to build a more effective, integrated home visiting system. Child Trends held three home visiting convenings structured around the three NIRN implementation drivers (i.e., leadership, organization, and competency drivers). At each convening, home visiting leaders participated in activities and discussions that offered more information about the facilitators and barriers specific to the Greater Philadelphia home visiting system. By exploring the three implementation drivers with home visiting leadership, we could understand the home visiting landscape in greater detail.

At the first convening on leadership drivers, home visiting leaders were asked to explain how they could contribute to building a stronger home visiting system within the Greater Philadelphia area. At the second convening about organization drivers, leaders were asked to share what resources were available to support home visitors to do their job well across areas, such as human resources, fiscal resources, data systems, funding, the policy environment, and professional development. At the third convening about competency drivers, leaders were asked to identify ways in which the home visiting arena could streamline supports to build home visiting competencies across the home visiting arena (e.g., by collaborating on professional development opportunities). Across the convenings, themes emerged about what may facilitate or act as a barrier to providing high-quality services within individual programs and across the home visiting arena.

### Facilitators

Home visiting leaders discussed the strengths of their leadership within the Greater Philadelphia area:

- **Home visiting leaders** (including home visiting program directors, home visiting model representatives, and individuals representing offices such as the Mayor of Philadelphia's office) **were strong advocates of the value of early childhood home visiting** as a way of addressing family needs during the first years of a child's life. Because home visiting leaders are invested in the process, they sought to understand the needs of their individual home visiting program and the families served to provide relevant and necessary supports.
- **Home visiting leaders felt that the leadership in the Greater Philadelphia Area had a strong presence and voice in the community.** While perspectives varied, leadership was established and could offer expertise for how to improve the home visiting landscape because they understood their individual programs and the home visiting arena well.

Home visiting leaders identified a variety of organizational facilitators in the Greater Philadelphia area.

- Some programs noted that being tied to a **national home visiting model** contributes to how well their home visiting program functions. Many national home visiting models have embedded organizational supports that other programs may not have (e.g., data systems or extensive training).

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<sup>13</sup> Bertram, R., Blase, K., Shern, D., Shea, P., and Fixsen, D. (2011). *Policy Research Brief: Implementation Opportunities and Challenges for Prevention and Promotion Initiatives*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD).

- Home visiting leaders were clear that **increased interest, from foundations or other organizations, in funding home visiting services** has offered opportunities to improve organizational functioning. For example, some foundations funded data collection efforts that provided data and information to home visiting programs that would not have been available otherwise. Foundation funding has also contributed additional fiscal support for both evidence-based and non-evidence-based home visiting models, which generates greater attention for the home visiting arena at large.
- One home visiting program expressed interest in the possibility of using a **shared services model**, and others indicated that having such a model could benefit their ability to run their home visiting programs. It may be too costly for an individual program to hire a firm or individual to provide a certain service (e.g., human resources, janitorial services, or data managers). However, if multiple programs were interested in the same service and shared the cost, the burden would be lighter for each program and a greater number of programs could benefit from the service. Thus, home visiting leadership acknowledged that feasible sharing services would greatly benefit their ability to run home visiting programs.
- Home visiting leaders noted that programs were effective at **creating the necessary organizational culture** that could facilitate organizational functioning. For example, some programs use data well; leaders attributed that success to creating a positive data culture within their program. In other words, they built a culture that valued using data, taught staff how to use data well, and allowed data to be used to improve program services for families. Another example includes building a culture among home visiting staff that values diversity. Because the Philadelphia region has a diverse population, program leaders wanted their workforce to understand and reflect the cultures they were serving. Thus, they set up systems to develop cultural competencies among their workers and hired diverse staff.
- Home visiting leaders noted that many, but not all, home visiting programs offered **effective professional development and training for staff needs**. While some training needs were specific to particular models (and these training needs usually offered by staff from the national model), other professional development needs are not model-specific. Often, programs with strong professional development and training have been in the field longer and are tied to other resources, such as a national model or universities and colleges in the area. Additionally, these programs were better able to offer a wide variety of professional development opportunities for their staff (e.g., trainings on the model, safety, cultural competencies, mandated reporting, health mandates, supervision, and child development). Other program leaders noted that they could not offer these same types of supports to their home visitors because they operated new programs, had less funding, or were not connected to available networks that could offer training.
- Home visiting leaders acknowledged that **supporting home visiting staff was critical to ensuring that home visitors can do their jobs** effectively in a high-stress environment. When home visiting leaders reflected on their ability to keep home visitors in the profession, they recognized that “building a family” among their staff was critical. Although they expressed being unable to increase salary or change certain limitations of the job, leaders were able to offer other supports. These include strong reflective supervision to support home visitors on the job, flexible scheduling to accommodate family events, staff retreats to encourage self-care, or an emotionally supportive staff environment.

## Barriers

Home visiting leaders faced similar barriers across the three drivers.

- **Many home visitors enter the field through a variety of different disciplines**—public health, nursing, social work, or parent education. Because home visitors are entering the field from differing backgrounds, they must often learn additional skills and competencies on the job. The burden of training home visitors falls on the home visiting program, which can be difficult for smaller programs. Leaders discussed challenges in thinking about home visitors as a unified workforce given their wide variation in background and training and differences in model needs/expectations.
- Leaders mentioned the **lack of a neutral home visiting champion** that could advocate for programs throughout the region in the political sphere and across specific models or organizations. While there is a diversity of programs and strong local leadership, there was no unified, model-neutral voice for home visiting to elevate the needs of the field.
- Although funding for home visiting in the Greater Philadelphia area has increased, home visiting leaders **lacked flexibility to use funds** to run programs successfully or pay home visitors a competitive salary to keep strong home visitors in the field. Programs often cobble together different funding streams to run programs, which can restrict how funds are used within the program. For example, certain funds may be earmarked specifically for materials when they could be better used to pay for additional professional development or increase staff compensation. Low compensation rates often result in home visiting staff leaving the field for other higher-paying fields. For instance, public health nurses often leave home visiting positions for higher-paying jobs in hospitals.
- Home visiting leaders also noted a **lack of advancement opportunities with an undefined career ladder**, which limited who stayed in the field and who could eventually move into home visiting leadership positions. Staff turnover has been recognized as a problem in home visiting programs—one report, published in 2002, shows turnover rates over 18–36 months to be about 70 percent.<sup>14</sup> Offering incentives for growth (e.g., scholarships for additional coursework) could encourage home visitors to stay in the field and build stronger leadership structures. Because home visitors come from multiple fields, the ideal next step in their career progression is often not clear. Thus, many home visitors go back to school to get more advanced degrees and pursue the career trajectory of their field of origin. For instance, someone may come into the home visiting profession but leave to get a more advanced degree in social work.
- Many programs commented that available data on community risk and protective factors (as well as program participant characteristics and outcomes) were outdated, insufficient for program operations, or difficult to acquire. Home visiting leaders noted that a **lack of reliable data systems** made it difficult to make informed decisions about how to successfully run programs. This challenge was raised in all three convenings, with most participants endorsing this challenge. Efficient data systems at the program level could be used by program staff to track families that need home visiting services or follow families as they progress through the home visiting system.

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<sup>14</sup>Landsverk, J., Carrilio, T., Connelly, C. D., Ganger, W., Slymen, D., et al. (2002). *Healthy Families San Diego clinical trial: Technical report*. San Diego, CA: The Stuart Foundation, California Wellness Foundation, State of California Department of Social Services: Office of Child Abuse Prevention.



At a systems level, reliable data systems would allow policymakers to understand the impact of home visiting programs. Without reliable and sufficient data, home visiting leaders are less able to respond dynamically to the needs of families. Home visitors are collecting a wealth of data, but it usually stays on a paper format or is funneled to funders and regulators without a two-way delivery back to home visitors. Staff find it difficult to use the data home visitors provide in a manner that would assist them on the job. For example, one home visitor mentioned that the standard reports about their data were not designed for a home visitor to use to address family needs; however, it would cost the program too much to ask the data system vendor to develop a customizable report. Overall, staff noted insufficient funds for a useful, working data system; the lack of staff capacity to collect and analyze data; and insufficient regional data on need (such as family risk) to match to home visiting services. Outside of this project, we know that the capacity of early childhood programs to collect, store, analyze, and use data for program administration is a broader challenge in the field.<sup>15</sup> However, when available data on families aligns with program operations, home visitors are able to streamline the process of addressing family needs. Additionally, when home visiting data are integrated within a program, home visiting staff no longer need to enter data into multiple systems for different reporting requirements.

- Finally, home visiting leaders (including supervisors and other key individuals) noted that **training and professional development** could be improved. For instance, when home visitors become supervisors, they need additional training and more education to learn how to be a supervisor or administrator of a home visiting program. Home visitors benefit from strong supervision and emotional support, but supervisors are sometimes unequipped to provide these supports without additional training. Also, supervisors may need to understand the specifics of running a program within the policy context of the Greater Philadelphia area; such an understanding cannot be addressed through a model-specific training. Rather, it may be beneficial for supervisors to provide a forum or space to jointly discuss geography-specific issues that their home visiting staff face. Some programs are better able to train and equip home visiting staff than others, yet there is a lack of coordination and collaboration for professional development across the Greater Philadelphia home visiting arena. As noted above, many programs offer professional development and training opportunities for staff, but these opportunities are often tied to a specific home visiting model or are only available within an organization (and not shared among different home visiting programs in the area). One home visiting leader shared, “It’s hard to collaborate. Some programs are fine, and others are not.” Home visiting programs need both model-specific and universal trainings (e.g., safety, mandated reporting, health initiatives, parent education). While programs are less able to collaborate for model-specific training, programs could coordinate for universal trainings. Coordination and collaboration across professional development opportunities builds the home visiting field overall by improving competencies and streamlining how professional development is offered at a systems level.

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<sup>15</sup> The *2013 State of States’ Early Childhood Data Systems* report, published by the Early Childhood Data Collaborative, offers more information about all 50 states and the District of Columbia’s early childhood data systems. It can be downloaded at [http://www.ecedata.org/wp-content/uploads/2017/02/2013\\_State\\_of\\_EC\\_Data\\_Systems.pdf](http://www.ecedata.org/wp-content/uploads/2017/02/2013_State_of_EC_Data_Systems.pdf).

## Recommendations and Action Steps

Accounting for the home visiting landscape and the facilitators and barriers identified by home visiting leaders in the field, Child Trends recommends the following action steps for the home visiting arena in the Greater Philadelphia area.

**Identify a neutral party to act as an advocate and champion.** Because home visiting programs face large demands on their time and resources, home visiting leaders are understandably more occupied with running their individual programs than investing in the home visiting arena at large. However, the lack of coordination across programs results in a lack of unity within the arena, although it would be useful to advocate or champion home visiting in larger systems (e.g., early childhood comprehensive system or the political sphere). First, a neutral champion that is not affiliated with any particular model or program, and understands needs across the home visiting arena, could bridge gaps between home visiting programs to be a unified voice for the sector as a whole. Then, the advocate or champion could assist the home visiting arena by increasing awareness of home visiting among the public and the political sphere. For example, a home visiting champion could advocate for increased funding opportunities to the home visiting sector, or for better policies to improve home visitor compensation. Home visiting leaders were clear that the benefits of home visiting were often not understood by both the general public (their target populations) and those in the larger system (policymakers and potential funders). One support that programs identified to improve awareness was advertising or awareness campaigns targeted at the general population.

### *Potential action steps*

- Identify a champion that is knowledgeable about home visiting and can provide neutral advocacy for the entire sector
- Create a campaign to communicate to the public about what home visiting is and how it benefits children and families, and use it with a variety of stakeholders (e.g., target populations, policymakers, funders, educational institutions)
- Regularly communicate with home visiting leaders to understand the needs of the sector and to encourage buy-in from the field

**Improve collaboration across home visiting programs.** In addition to finding a neutral champion, more work can be done in the Greater Philadelphia area to improve collaboration across home visiting programs. From the convenings, it was clear that some programs are more established than others, whether because they are tied to a national model or because they have been in the field for a longer time. Long-standing programs provide experience, historical and institutional knowledge, and insight into system improvements, but may also be hesitant to collaborate with newer or smaller programs. The lack of collaboration can lead to gaps in serving families by the home visiting arena, a lack of opportunities for training the overall home visiting workforce, and competition across programs for resources. Developing a way for diverse programs to establish commonalities (most importantly, serving children and families in need) is critical for the arena to function well.

#### *Potential action steps*

- Regularly convene home visitors across Greater Philadelphia, perhaps via a home visiting consortium
- Identify ways to hear a diverse set of voices
- Highlight and build up commonalities rather than differences (e.g., a common career ladder that all home visitors can follow)
- Encourage collaboration across programs (e.g., sharing services or coordinating professional development)

**Improve connections with community partners.** A feature of Greater Philadelphia home visiting programs is referring families to tailored services based on need. To do so, home visiting programs must be aware of and connected with these services. Programs requested more connections to community partners, and the arena can benefit from building networks across early childhood programs and initiatives.

#### *Potential action steps*

- Identify services that home visiting programs need the most (e.g., mental health consultants, housing administrators, or high-quality child care programs) and assess the availability compared to need
- Create opportunities for home visiting leaders to meet with and build relationships with leaders in other services
- Create formal partnerships with other service providers to increase service coordination
- Compile a running list of services and find a central location for home visitors to refer to the list, such as the 211 service provided by UWGPSNJ, which connects local residents to health and human services for everyday needs and in crisis situations<sup>16</sup>
- Encourage home visitors to provide “warm referrals” to other services by personally connecting the family with the service or by accompanying them to receive the service

**Identify ways to support recruitment and retention of high-quality staff.** A barrier to providing high-quality home visiting services was the retention of high-quality staff. Much of this turnover is a result of lack of competitive pay and an unclear career ladder for staff, which leads the best-equipped staff members to leave for other fields or opportunities. Additionally, home visiting programs compete with one another for the same pool of potential candidates. Changing policies to improve compensation should be a long-term goal for the Greater Philadelphia home visiting arena, but other steps can be made in the meantime to support high-quality staff.

#### *Potential action steps*

- Identify and leverage funding streams to pay home visitors more competitively (e.g., scholarships for educational opportunities or additional professional development and training)
- Provide technical assistance to home visiting programs to braid funding streams
- Develop a policy agenda to change organizational policies to improve home visitor salaries
- Conduct a compensation assessment of the field to better understand the landscape of salaries and benefits across home visiting
- Conduct a comparison assessment of salaries and benefits with other similar fields (e.g., child welfare or other social services workers)

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<sup>16</sup> For more information on the 211 service, please visit <http://211sepa.org/>.

**Understand the relationship between the supply of and demand for home visiting.** The current project was a first step in understanding the home visiting landscape in the Greater Philadelphia area, but more information about the supply and demand of home visiting can inform changes to the home visiting arena. The information collected for the inventory indicated, some programs were at capacity, whereas others had room to serve more families (i.e., supply). Capturing the supply of home visiting is challenging given the very fluid nature of family enrollment and available slots. Information about families' need for home visiting services was not collected in this project across the five counties (i.e., demand). Thus, we cannot make conclusions about whether Greater Philadelphia home visiting programs were sufficiently able to meet the demands of families in the region without gathering more information. As programs serve target populations with different enrollment requirements, assessing need for services is a complex task across models. However, with additional information about supply and demand, leaders and researchers can make further conclusions about whether programs can serve the families that need home visiting services the most, whether services match families' needs in a rapidly changing environment, and how to leverage system improvements (e.g., a centralized intake system to connect families in need with appropriate services, like home visiting).

*Potential action steps*

- Fund additional research opportunities to collect specific data on supply and demand
- Collaborate with research organizations or educational institutions to conduct studies about supply and demand

**Address barriers that families face when accessing home visiting services.** Greater Philadelphia home visiting programs were primarily focused on serving low-income families, yet these families are most likely to experience barriers to receiving necessary services. For example, home visiting programs requested more information about housing for their clients because many families struggle to find stable housing—both after they are enrolled and after they exit the program. Because home visiting takes place within the family's home, transiency makes it difficult for these families to remain engaged in home visiting. Communication may be another barrier for target families. For example, some programs focused on providing services for immigrant or non-English-speaking families. Programs are diversifying their staff and providing services in other languages, but these families may not access home visiting services in the first place because of communication barriers.

*Potential action steps*

- Connect home visiting programs with city administrators (e.g., housing authorities, transportation officials) for services that may affect a family's ability to access other services
- Create materials in other languages that can be used when recruiting families that speak languages other than English

**Address data system needs and gaps.** Underlying the proposed recommendations and action steps is a need to establish data systems for the home visiting arena. Without access to reliable and usable data, the home visiting arena is unable to provide clear messages about the benefits of home visiting to policymakers or funders who want to see how home visiting influences outcomes. At the program level, programs are less equipped to provide high-quality services and engage in continuous improvement (or are required to put in a burdensome amount of effort to achieve results that could be achieved through high-functioning data systems).

*Potential action steps*

- Fund opportunities for improving city-, county-, or state-level data systems to better assess family need
- Collaborate to identify a common core set of indicators across models to be able to discuss outcomes and need across the Greater Philadelphia area
- Work with model developers to find opportunities for data integration or linking
- Identify funding opportunities to support data system development for data systems for home visiting program administration
- Connect home visiting programs with researchers to design and use both needs assessment and outcome data

## Appendices

### Appendix A. Home Visiting Program Contact Information

Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
<b>Bucks</b>				
Maternity Care Coalition Healthy Families America	Maternity Care Coalition	Phone: 267-773-5130 Email: HealthyStart@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#Healthy-family">http://maternitycarecoalition.org/momobile/#Healthy-family</a>	Partners for a Healthy Baby
Nurturing Parenting	Family Service Association of Bucks County	Phone: 215-757-6916 Email: fsabc@fsabc.org	<a href="http://www.fsabc.org">www.fsabc.org</a>	Nurturing Parenting
Parents as Teachers	Family Service Association of Bucks County	Phone: 215-757-6916 Email: fsabc@fsabc.org	<a href="http://www.fsabc.org">www.fsabc.org</a>	Parents as Teachers*
<b>Chester</b>				
Chester County Health Department-Nurse-Family Partnership	Chester County Health Department	Phone: 610-344-6459 Email: cchd@chesco.org.	<a href="http://chesco.org/2271/Home-Visits">http://chesco.org/2271/Home-Visits</a>	Nurse-Family Partnership*
Chester County Health Department-Title V Nurse Home Visiting Services	Chester County Health Department	Phone: 610-344-6459 Email: cchd@chesco.org.	<a href="http://chesco.org/2271/Home-Visits">http://chesco.org/2271/Home-Visits</a>	Partners for a Healthy Baby
Coatesville Family Center Parents as Teachers program	Community, Youth and Women's Alliance (CYWA)	Phone: 610-344-5370 Email: mchc@ccmchc.org	<a href="http://www.ccmchc.org/programs/family-center/">http://www.ccmchc.org/programs/family-center/</a>	Parents as Teachers*
Fatherhood Initiative Program	Kennett Square Family Center/Maternal and Child Health Consortium	Phone: 610-344-6459 Email: cchd@chesco.org	<a href="http://www.ccmchc.org/programs/family-center/">http://www.ccmchc.org/programs/family-center/</a>	Parents as Teachers*

Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
Life Skills Program	Kennett Square Family Center/Maternal and Child Health Consortium	Phone: 610-344-6459 Email: cchd@chesco.org.	<a href="http://www.ccmchc.org/programs/life-skills-program/">http://www.ccmchc.org/programs/life-skills-program/</a>	Parents as Teachers* and Standard Teen Triple P-Positive Parenting Program
Maternal and Child Health Consortium of Chester County		Phone: 610-344-6459 Email: cchd@chesco.org	<a href="http://www.ccmchc.org/programs/healthy-start/">http://www.ccmchc.org/programs/healthy-start/</a>	Healthy Start
Parents as Teachers Adult/Youth Parenting Education Program	Kennett Square Family Center/Maternal and Child Health Consortium	Phone: 610-344-6459 Email: cchd@chesco.org	<a href="http://www.ccmchc.org/programs/family-center/">http://www.ccmchc.org/programs/family-center/</a>	Parents as Teachers*
<b>Delaware</b>				
Crozer-Keystone Community Foundation Healthy Start	Crozer-Keystone Health System	Phone: 610-497-7460 Email: healthystart@ckcommunityfoundation.org	<a href="http://ckcommunityfoundation.org/programs/healthy-start-eliminating-disparities-in-perinatal-health/">http://ckcommunityfoundation.org/programs/healthy-start-eliminating-disparities-in-perinatal-health/</a>	Parents as Teachers*
Crozer-Keystone Health System Nurse Family Partnership Program	Crozer-Keystone Health System	Phone: 610-497-7221 Email: None provided	<a href="http://ckcommunityfoundation.org/programs/nurse-family-partnership/">http://ckcommunityfoundation.org/programs/nurse-family-partnership/</a>	Nurse-Family Partnership*
Delaware County Family Center	Delaware County Intermediate Unit	Phone: 610-532-2811 Email: info@dciu.org	<a href="https://www.dciu.org/Page/763">https://www.dciu.org/Page/763</a>	Parents as Teachers*
Maternity Care Coalition Healthy Families America	Maternity Care Coalition	Phone: 610-713-0570 Email: HFADelco@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#Healthy-family">http://maternitycarecoalition.org/momobile/#Healthy-family</a>	Healthy Families America* and Partners for a Healthy Baby

Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
Maternity Care Coalition MOMobile	Maternity Care Coalition	Phone: 215-713-3714 Email: None provided	<a href="http://maternitycarecoalition.org/momobile/">http://maternitycarecoalition.org/momobile/</a>	Partners for a Healthy Baby
<b>Montgomery</b>				
Maternal and Child Health Consortium of Chester County		Phone: 610-344-6459 Email: cchd@chesco.org	<a href="http://www.ccmhc.org/programs/healthy-start/">http://www.ccmhc.org/programs/healthy-start/</a>	Healthy Start
Maternity Care Coalition MOMobile	Maternity Care Coalition	Phone: 215-713-3714 Email: None provided	<a href="http://maternitycarecoalition.org/momobile/">http://maternitycarecoalition.org/momobile/</a>	Partners for a Healthy Baby
Nurse-Family Partnership^	Montgomery County Health Department	Phone: 610-278-5117 Email: MCHProgram@montcopa.org	<a href="https://www.montcopa.org/1133/Maternal-Child-Health">https://www.montcopa.org/1133/Maternal-Child-Health</a>	Nurse-Family Partnership*
Parents as Teachers^	Norristown Family Center /Carson Valley Children's Aid	Phone: 610- 279-2755 ext. 350 Email: None provided	<a href="http://www.cvcapa.org/montgomery_county_family_and_community_services">http://www.cvcapa.org/montgomery_county_family_and_community_services</a>	Parents as Teachers*
Pottstown Family Center	Family Services of Montgomery County	Phone: 610-326-1610 ext. 341 Email: ebieber@fsmontco.org (Director of Pottstown Family Center)	<a href="https://www.fsmontco.org/programs/family/pottstown-family-center">https://www.fsmontco.org/programs/family/pottstown-family-center</a>	Parents as Teachers*
<b>Philadelphia</b>				
Diversified Community Services		Phone: 267- 251-6505 Email: ytacher@dcsphila.org. (HIPPIY Coordinator)	<a href="http://dcsphila.org/hippy-registration/">http://dcsphila.org/hippy-registration/</a>	Home Instruction for Parents of Preschool Youngsters (HIPPIY)*



Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
Family Based Mental Health Services^	Department of Behavioral Health and Intellectual disAbility Services	<i>Phone:</i> 215-685-5400 <i>Email:</i> None provided	<a href="http://dbhids.org/children-s-services/">http://dbhids.org/children-s-services/</a>	N/A
Family Support Services	Family Empowerment Services	<i>Phone:</i> 267-546-3000 <i>Email:</i> info@fssinc.org	<a href="https://newsite.fssinc.org/services/child-welfare/familyempowerment">https://newsite.fssinc.org/services/child-welfare/familyempowerment</a>	N/A
Health Federation of Philadelphia/Early Head Start	Health Federation of Philadelphia	<i>Phone:</i> 215-223-5200 <i>Email:</i> lmadera@healthfederation.org (For enrollment information)	<a href="http://healthfederation.org/EHS">http://healthfederation.org/EHS</a>	Early Head Start* and Partners for a Healthy Baby curriculum
Intercultural Family Services*	Family Empowerment Services	<i>Phone:</i> (215) 386-1298 <i>Email:</i> ifsi@ifsinc.org	<a href="http://www.ifsinc.org/Services/Strengthening-Families.aspx">http://www.ifsinc.org/Services/Strengthening-Families.aspx</a>	N/A
Jewish Family and Children's Services^	Family Empowerment Services	<i>Phone:</i> 215-683-5611 <i>Email:</i> info@jfcshilly.org	<a href="https://www.jfcshilly.org/">https://www.jfcshilly.org/</a>	N/A
Karabots Pediatric Care Center Early Head Start	Children's Hospital of Philadelphia	<i>Phone:</i> 267-425-9900 <i>Email:</i> ehsinfo@email.chop.edu	<a href="http://www.chop.edu/centers-programs/early-head-start">http://www.chop.edu/centers-programs/early-head-start</a>	Early Head Start* and Partners for a Healthy Baby curriculum
Mabel Morris Family Home Visit Program	National Nursing Centers Consortium	<i>Phone:</i> 215-731-2019 <i>Email:</i> NFPreferrals@ncc.us	<a href="http://www.philasoocialinnovations.org/programs/mabel-morris.html">http://www.philasoocialinnovations.org/programs/mabel-morris.html</a>	Parents as Teachers*
Maternity Care Coalition Early Head Start	Maternity Care Coalition	<i>Phone:</i> 267-514-6679 <i>Email:</i> None provided	<a href="http://maternitycarecoalition.org/early-head-start/">http://maternitycarecoalition.org/early-head-start/</a>	Early Head Start* and Parents as Teachers curriculum*

Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
Maternity Care Coalition Healthy Families America	Maternity Care Coalition	<i>Phone:</i> 267-773-5130 <i>Email:</i> HFAPhiladelphia@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#Healthy-family">http://maternitycarecoalition.org/momobile/#Healthy-family</a>	Healthy Families America * and Partners for a Healthy Baby curriculum
Maternity Care Coalition Healthy Start	Maternity Care Coalition	<i>Phone:</i> 267-773-5120 <i>Email:</i> HealthyStart@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#healty-start-momobile">http://maternitycarecoalition.org/momobile/#healty-start-momobile</a>	Partners for a Healthy Baby curriculum
Maternity Care Coalition MOMobile Managed Care	Maternity Care Coalition	<i>Phone:</i> 215-989-3581 <i>Email:</i> MOMobileMCO@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#hmo-community-outreach">http://maternitycarecoalition.org/momobile/#hmo-community-outreach</a>	Partners for a Healthy Baby curriculum
Maternity Care Coalition Safe Start	Maternity Care Coalition	<i>Phone:</i> 215-386-3807 <i>Email:</i> SafeStart@maternitycarecoalition.org	<a href="http://maternitycarecoalition.org/momobile/#safe-start-momobile">http://maternitycarecoalition.org/momobile/#safe-start-momobile</a>	Partners for a Healthy Baby curriculum
Medical Home Community Team	Health Promotion Council	<i>Phone:</i> 215-731-6150 <i>Email:</i> hpcpa@phmc.org	<a href="http://www.hpcpa.org">http://www.hpcpa.org</a>	N/A
Parent Child Home Program at Public Health Management Corporation (PHMC)	The Parent-Child Home Program, Inc.	<i>Phone:</i> 215-985-2500 <i>Email:</i> Varies, visit website for more information	<a href="http://www.phmc.org/site/programs/family-services/1201-parent-child-home-program">http://www.phmc.org/site/programs/family-services/1201-parent-child-home-program</a>	Parent Child Home Program
Philadelphia Department of Public Health Healthy Start Program	Philadelphia Department of Public Health	<i>Phone:</i> 215-685-5225 <i>Email:</i> None provided	<a href="http://www.phila.gov/health/mcfh/healthystart.html">http://www.phila.gov/health/mcfh/healthystart.html</a>	Partners for a Healthy Baby curriculum and Partners in Parenting Education (PIPE)

Program name (^did not provide information for inventory)	Organization	Contact information	Website	Home visiting model or curriculum used (*MIECHV evidence-based program)
Philadelphia Nurse-Family Partnership (NFP)	National Nursing Centers Consortium	Phone: 215-287-2114 Email: NFPreferrals@phmc.org	<a href="http://www.nncc.us/program-center/improving-health-through-early-action/16-nurse-family-partnership">http://www.nncc.us/program-center/improving-health-through-early-action/16-nurse-family-partnership</a>	Nurse-Family Partnership*
Technology-Assisted Children's Home Program	Health Promotion Council	Phone: 215-731-6150 Email: hpcpa@phmc.org	<a href="http://www.hpcpa.org/">http://www.hpcpa.org/</a>	N/A
United Communities Southeast & Northeast Philadelphia	Family Empowerment Services	Phone: 215-468-1645 x7313 Email: laurenfein@ucsep.org (Director of Case Management)	<a href="http://ucsep.org/">http://ucsep.org/</a>	N/A
The Village^	Family Empowerment Services	Phone: 215-730-2240 Email: village@village1877.org	<a href="https://village1877.org/programs-services/in-home-services/">https://village1877.org/programs-services/in-home-services/</a>	N/A
Youth Services, Inc.^	Family Empowerment Services	Phone: 215-848-6200 Email: emakowski@ysiphila.org (Director, Family-Based Prevention Services)	<a href="https://ysiphilly.org/family-based-services/">https://ysiphilly.org/family-based-services/</a>	N/A

## Appendix B. Home Visiting Inventory Tables

Table B.1. Home visiting workforce

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Average number of full-time home visitors	<b>7 home visitors (Range: 1-26)</b>	7 home visitors (Range: 2-17)	3 home visitors (Range: 1-5)	7 home visitors (Range: 1-17)	4 home visitors (Range: 4-5)	10 home visitors (Range: 1-26)
Percent of programs with at least one part-time home visitor	<b>47%</b>	33%	57%	40%	33%	35%

Table B.2. Percent of programs that target certain outcomes

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Healthy births	<b>57%</b>	100%	43%	100%	67%	53%
Child health and development	<b>93%</b>	100%	100%	100%	100%	88%
Maternal health	<b>77%</b>	100%	57%	100%	67%	82%
School readiness	<b>70%</b>	100%	71%	80%	33%	59%
Maltreatment prevention	<b>63%</b>	67%	71%	80%	67%	53%
Family economic self-sufficiency	<b>57%</b>	33%	71%	60%	33%	47%
Referrals to or coordination with other services	<b>100%</b>	100%	100%	100%	100%	100%

**Table B.3. Percent of programs that use of assessments for various purposes**

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Eligibility or prioritization of families	50%	0%	71%	20%	67%	59%
To tailor services	87%	100%	86%	80%	67%	88%
To identify referrals	83%	100%	86%	100%	33%	82%
To assess whether outcomes are met	90%	100%	86%	100%	67%	88%

**Table B.4. Percent of time home visitors go with families on referrals**

	Greater Philadelphia (n=28)	Bucks (n=3)	Chester (n=6)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=16)
Average percent of time home visitors go with families on referrals	21% (Range: 0-80%)	38% (Range: 15-50%)	4% (Range: 0-15%)	10% (Range: 0-20%)	8% (Range: 0-15%)	27% (Range: 5-80%)

**Table B.5. Percent of programs that provide referrals to other home visiting programs**

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Percent of programs that refer families to other home visiting programs	87%	100%	86%	80%	100%	88%

Table B.6. Percent of programs that serve different populations of families

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
<i>Universal, anyone with need</i>	<b>33%</b>	33%	43%	20%	67%	24%
Low-income children and families	<b>100%</b>	100%	100%	100%	100%	100%
Children with special needs	<b>77%</b>	66%	86%	60%	67%	65%
Families that speak a language other than English	<b>87%</b>	100%	100%	80%	67%	76%
Teen parents	<b>87%</b>	100%	86%	100%	100%	82%
Families who receive governmental assistance	<b>97%</b>	100%	86%	100%	100%	100%
Families with a history of child abuse and neglect	<b>80%</b>	100%	86%	100%	100%	71%
Families with a history of domestic violence	<b>83%</b>	100%	86%	100%	100%	76%
Families with a history of substance use	<b>83%</b>	100%	86%	100%	100%	76%
Mothers with maternal depression	<b>77%</b>	100%	71%	100%	100%	71%

**Table B.7. Percent of programs that serve different age groups**

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Prenatal	<b>60%</b>	100%	57%	40%	100%	65%
0-1 year	<b>93%</b>	100%	100%	100%	100%	88%
1 year	<b>90%</b>	100%	100%	80%	67%	82%
2 years	<b>83%</b>	100%	86%	80%	67%	76%
3 years	<b>57%</b>	100%	57%	40%	33%	53%
4 years	<b>47%</b>	67%	57%	20%	33%	35%
5 years	<b>43%</b>	67%	57%	20%	33%	29%
5+ years*	<b>33%</b>	67%	43%	0%	33%	24%

\*Note: It is important to note that this percentage does not reflect all home visiting programs in the Greater Philadelphia area. Rather, it reflects the percent of programs that were included in the inventory under the selection criteria that they serve families with children under five years (or prior to school entry) that also serve children above five years.

**Table B.8. Percent of programs that offer services in different languages**

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
English only	<b>20%</b>	33%	14%	40%	33%	18%
English and Spanish	<b>40%</b>	33%	57%	40%	67%	24%
English, Spanish, and another language	<b>40%</b>	33%	29%	20%	0%	59%

**Table B.9. Number of families enrolled in home visiting programs**

	Greater Philadelphia (n=29)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=16)
Average number of families served	<b>145 families (Range: 14-962)</b>	133 families (Range: 40-300)	73 families (Range: 14-145)	169 families (Range: 40-300)	88 families (Range: 63-100)	194 families (Range: 30-962)

**Table B.10. Number of available slots for families in home visiting programs**

	Greater Philadelphia (n=29)	Bucks (n=3)	Chester (n=7)	Delaware (n=4)	Montgomery (n=3)	Philadelphia (n=17)
Average number of slots available for families <sup>17</sup>	<b>34 slots (Range: 0-220)</b>	22 slots (Range: 20-25)	10 slots (Range: 0-44)	8 slots (Range: 0-25)	18 slots (Range: 0-44)	51 slots (Range: 0-220)

**Table B.11. Percent of programs that need or do not need a wait list**

	Greater Philadelphia (n=30)	Bucks (n=3)	Chester (n=7)	Delaware (n=5)	Montgomery (n=3)	Philadelphia (n=17)
Currently has a wait list	<b>47%</b>	67%	29%	20%	33%	59%
Will keep a wait list if necessary	<b>17%</b>	0%	14%	20%	67%	12%
Will not keep a wait list	<b>37%</b>	33%	57%	60%	0%	29%

<sup>17</sup> Please note that this data was last collected in September 2017. Programs indicated that these numbers change frequently, and these were the number of available slots at the time of data collection.



## Appendix C. Home Visiting Inventory

Table C.1. Home visiting workforce

Name of the program	Full-time home visitors	Part-time home visitors
<b>Bucks</b>		
Maternity Care Coalition Healthy Families America	17 home visitors	0 home visitors
Nurturing Parenting	2 home visitors	1 home visitor
Parents as Teachers	3 home visitors	0 home visitors
<b>Chester County</b>		
Chester County Health Department- Nurse-Family Partnership	5 home visitors	2 home visitors
Chester County Health Department-Title V Nurse Home Visiting Services	4 home visitors	2 home visitors
Coatesville Family Center PAT program	2 home visitors	1 home visitor
Fatherhood Initiative Program	1 home visitor	0 home visitors
Life Skills Program	2 home visitors	0 home visitors
Maternal and Child Health Consortium of Chester County	5 home visitors	0 home visitors
PAT Adult/Youth Parenting Education Program	2 home visitors	1 home visitor
<b>Delaware</b>		
Crozer-Keystone Community Foundation Healthy Start	8 home visitors	1 home visitor
Crozer-Keystone Health System Nurse Family Partnership Program	5 home visitors	0 home visitors
Delaware County Family Center	1 home visitor	3 home visitors
Maternity Care Coalition Healthy Families America	17 home visitors	0 home visitors
Maternity Care Coalition MOMobile Managed Care	4 home visitors	0 home visitors
<b>Montgomery</b>		
Maternal and Child Health Consortium of Chester County	5 home visitors	0 home visitors
Maternity Care Coalition MOMobile Managed Care	4 home visitors	0 home visitors
Pottstown Family Center	4 home visitors	1 home visitor
<b>Philadelphia</b>		
Diversified Community Services	1 home visitor	5 home visitors
Family Support Services	8 home visitors	0 home visitors
Health Federation of Philadelphia/Early Head Start	21 home visitors	0 home visitors
Karabot's Pediatric Care Center Early Head Start	15 home visitors	0 home visitors
Mabel Morris Family Home Visit Program	5 home visitors	1 home visitor
Maternity Care Coalition Early Head Start	23 home visitors	0 home visitors

Name of the program	Full-time home visitors	Part-time home visitors
Maternity Care Coalition Healthy Families America	17 home visitors	0 home visitors
Maternity Care Coalition Healthy Start	10 home visitors	0 home visitors
Maternity Care Coalition MOMobile	1 home visitor	0 home visitors
Maternity Care Coalition MOMobile Managed Care	4 home visitors	0 home visitors
Maternity Care Coalition Safe Start	4 home visitors	0 home visitors
Medical Home Community Team	4 home visitors	1 home visitor
Parent Child Home Program at Public Health Management Corporation (PHMC)	3 home visitors	9 home visitors
Philadelphia Department of Public Health Healthy Start Program	10 home visitors	0 home visitors
Philadelphia Nurse-Family Partnership (NFP)	26 home visitors	0 home visitors
Technology-Assisted Children's Home Program	3 home visitors	1 home visitor
United Communities	14 home visitors	2 home visitors

Table C.2. Program length and eligibility requirements

Name of the program	Program length	Eligibility requirements
<b>Bucks</b>		
Maternity Care Coalition Healthy Families America	Pregnant women receive bi-weekly home visits, followed by weekly visits once the baby is born. For the first 6 months after the birth of the baby, Advocates visit clients on a weekly basis for 60 to 90 minutes. Between 6 to 36 months, clients receive weekly, bi-weekly or monthly visits depending on the needs of the family.	Women must be pregnant or have infant under 6 months to enroll
Nurturing Parenting	Families length of time in the program depends on their initial assessment, which determines their level of needs. This can range from 10 visits to 40+.	Hours Spent
Parents as Teachers	Serves families with children prenatal through age 6.	Clients must reside in Bucks County
<b>Chester County</b>		
Chester County Health Department- Nurse-Family Partnership	Prenatal through the child's second birthday. Visits are typically twice/month.	Income <235% of poverty level; must be a first-time mother < 28 weeks gestation at enrollment.
Chester County Health Department-Title V Nurse Home Visiting Services	Serve clients prenatally through at least 3 months postpartum. Typically, monthly home visits.	Moms can be enrolled during pregnancy or postpartum. They do not need to be a first-time mom. Typically, children are enrolled less than 1

Name of the program	Program length	Eligibility requirements
		year of age unless they are "children with special healthcare needs" (target Title V population).
Coatesville Family Center PAT program	Families receive two visits depending on if they have extra children under 5	Prenatal through age 5 and regardless of race, ethnicity, income, or anything.
Fatherhood Initiative Program	Families have to be in the Program at least 2 years. Model Certified Parent Educators complete 50 monthly personal home visits with a caseload of 25 families. Home Visits are twice a month, 24 personal visits annually per family.	Kennett Square Family Center serves families with children 0 to 6 years.
Life Skills Program	The Life Skills Program is approximately a four to twelve-month program for Spanish-speaking families with children aged 0-18 who are involved with the Department of Children, Youth and Families (DCYF) who are referred by a DCYF worker or the court to receive Life Skills Program services. Life Skills Parent Educators provide face-to-face contact at least once a week for a minimum of two hours of direct services each week.	Participants will be parents/caretakers of children aged 0-18 who are involved with the DCYF who are referred by a DCYF worker or the court to receive Life Skills services.
Maternal and Child Health Consortium of Chester County	Program enrollment starts with pregnancy and follows child and family up to child turning 2 years old. Prenatal visits are once for month, then Postpartum visits at 1 month, 2 months, 6 months, 1 year, & 2 years. Every other month calls with families. If the mom has depression signs, then visits / calls are more frequent.	High risk pregnancies
PAT Adult/Youth Parenting Education Program	Families are expected to be in the Program at least 2 years. Model Certified Parent Educators complete 50 monthly personal home visits with a caseload of 25 families. Home Visits are twice a month (24 personal visits annually per family).	Kennett Square Family Center serves families with children 0 to 6 years.
<b>Delaware</b>		
Crozer-Keystone Community Foundation Healthy Start	Pregnancy through child's second birthday	Enrolled program participants must live in the following municipalities - Eddystone, Chester, Chester Township, Woodlyn, Toby Farms, Parkside, Trainer, Linwood, Marcus Hook or Lower Chichester.

Name of the program	Program length	Eligibility requirements
Crozer-Keystone Health System Nurse Family Partnership Program	Crozer-Keystone Nurse-Family Partnership (NFP) Program -Pregnancy through child's second birthday	First-time, low income mothers and families.
Delaware County Family Center	Our Parents-As-Teachers Home Visiting Program is designed for families who have children birth through five years of age or Kindergarten entry. Each child that is birth through 5 years should receive at least one visit per month. However, families with high risk factors are encouraged to schedule at least 2 home visits per month for each child	The families must be Delaware County residents
Maternity Care Coalition Healthy Families America	Pregnant women receive bi-weekly home visits, followed by weekly visits once the baby is born. For the first 6 months after the birth of the baby, Advocates visit clients on a weekly basis for 60 to 90 minutes. Between 6 to 36 months, clients receive weekly, bi-weekly or monthly visits depending on the needs of the family.	Women must be pregnant or have infant under 6 months to enroll
Maternity Care Coalition MOMobile Managed Care	Bi-weekly to monthly visits	Women must be pregnant and have Keystone First or Aetna Better Health insurance
<b>Montgomery</b>		
Maternal and Child Health Consortium of Chester County	Program enrollment starts with pregnancy and follows child and family up to child turning 2 years old. Prenatal visits are once for month, then Postpartum visits at 1 month, 2 months, 6 months, 1 year, & 2 years. Every other month calls with families. If the mom has depression signs, then visits / calls are more frequent.	High Risk pregnancies
Maternity Care Coalition MOMobile Managed Care	Bi-weekly to monthly visits	Women must be pregnant and have Keystone First or Aetna Better Health insurance
Pottstown Family Center	Families are enrolled until child turns 6 or enters Kindergarten. They have a home visit at least 2 times a month while enrolled in program.	Prenatal -age 6 children
<b>Philadelphia</b>		
Diversified Community Services	We have a 30-week curriculum program.	Child must be between the ages of 3 and 4 years old.

Name of the program	Program length	Eligibility requirements
Family Support Services	90 days (can vary depending on needs of the family)	No eligibility requirements - families can be referred by DHS if it is determined that they need an intervention that does not rise to the level of DHS. Program also takes "walk ins" and referrals from school districts regarding truancy issues.
Health Federation of Philadelphia/Early Head Start	It depends on the family. This program offers services from whenever the pregnant mother or child enters the program until age 3.	The families must live within the service area
Karabot's Pediatric Care Center Early Head Start	Our program offers two options for eligible families. Home based and center based services. Eligible families are either pregnant and/or have a child up to 36 months of age. We will service children/families at any age until the child's third birthday.	Families must reside within the 19104 & 19139 zip code areas. All families are welcome to apply.
Mabel Morris Family Home Visit Program	Serve children up to 5 years old. Provide every other week visits	Enrollment: Pregnant and parenting women/parents with children under age of 5 years. Reside in Philadelphia. Voluntary program. Income eligibility 250% or less of federal poverty guidelines. Provide services until the youngest child turns five years of age and enters school. Serves all Philadelphia zip codes.
Maternity Care Coalition Early Head Start	Pregnant women receive twice monthly home visits. Families with children birth to three years received weekly, 90-minute home visits.	Families must meet federal income eligibility requirements.
Maternity Care Coalition Healthy Families America	Pregnant women receive bi-weekly home visits, followed by weekly visits once the baby is born. For the first 6 months after the birth of the baby, Advocates visit clients on a weekly basis for 60 to 90 minutes. Between 6 to 36 months, clients receive weekly, bi-weekly or monthly visits depending on the needs of the family.	Women must be pregnant or have infant under 6 months to enroll
Maternity Care Coalition Healthy Start	Families receive bi-weekly home visits	Women must be pregnant or have infant under 6 months to enroll
Maternity Care Coalition MOMobile	Monthly visits (more if needed)	Women must be pregnant or have infant under 6 months to enroll

Name of the program	Program length	Eligibility requirements
Maternity Care Coalition MOMobile Managed Care	Bi-weekly to monthly visits	Women must be pregnant and have Keystone First or Aetna Better Health insurance
Maternity Care Coalition Safe Start	Prenatal (must enroll by 34 weeks gestation) to 6 months postpartum	Keystone First members. Patients in the Helen O. Dickens Center. Must enroll prior to 34 weeks gestation.
Medical Home Community Team	Typical enrollment is 3 - 6 months	Any child or youth ages birth to 21 who is referred from a partnering medical home for issues related to management of safe and healthy development, e.g., following medical directives, low health literacy, IEP/403B plan support, etc.
Parent Child Home Program at Public Health Management Corporation (PHMC)	It is a 2-year program, and each year is 23 weeks long. Each family gets two 30-minute visits a week, which adds up to 46 visits per program year (a total of 92 visits over two years).	Low income families, undocumented families, families eligible for free lunch, age, families in North Philadelphia, West Philadelphia and Latino and African Immigrant families in South/Southwest Philadelphia
Philadelphia Department of Public Health Healthy Start Program	Ideally, woman in her first trimester of pregnancy and until the child reaches 24 months of age. The number of visits depends on the acuity level. Higher risk women are seen more frequently than moderate or lower risk.	19104, 19131, 19139, 19142, 19143, 19151, 19140, 19121, 19130 and 19132. These zip codes represent areas in Philadelphia with the highest infant mortality rates.
Philadelphia Nurse-Family Partnership (NFP)	Approximately 2.5 years of service (or 54 to 68 visits)	Enrollment: First time pregnant women residing in Philadelphia. Voluntary program. Income eligibility 250% or less of federal poverty guidelines. Provide services until the first-born child turns two years of age.
Technology-Assisted Children's Home Program	Typical enrollment is 6 - 12 months	Any child or youth ages birth to 22 whose medical condition is cared for primarily in their home, who uses a medical device to replace or assist the function of an internal organ.
United Communities	Up to 3 months with the possibility of extension. Average 1-3 months	Any family in Philadelphia that is not engaged with a DHS or child welfare case management program. Voluntary, open to any family with children in the home.

Table C.3.a Target populations

Name of the program (*indicates universal programs that serve anyone with need)	Low-income children and families	Children with special needs	Families that speak a language other than English	Teen parents	Families who receive governmental assistance
<b>Bucks</b>					
Maternity Care Coalition, Healthy Families America	x		x	x	x
Nurturing Parenting	x	x	x	x	x
Parents as Teachers*	x	x	x	x	x
<b>Chester County</b>					
Chester County Health Department-Nurse-Family Partnership	x	x	x	x	x
Chester County Health Department-Title V Nurse Home Visiting Services*	x	x	x	x	x
Coatesville Family Center PAT program*	x	x	x	x	x
Fatherhood Initiative Program	x	x	x	x	x
Life Skills Program	x		x		
Maternal and Child Health Consortium of Chester County*	x	x	x	x	x
PAT Adult/Youth Parenting Education Program	x	x	x	x	x
<b>Delaware</b>					
Crozer-Keystone Community Foundation Healthy Start	x	x	x	x	x
Crozer-Keystone Health System Nurse Family Partnership Program	x	x	x	x	x
Delaware County Family Center*	x	x	x	x	x
Maternity Care Coalition Healthy Families America	x		x	x	x

Name of the program (*indicates universal programs that serve anyone with need)	Low-income children and families	Children with special needs	Families that speak a language other than English	Teen parents	Families who receive governmental assistance
Maternity Care Coalition MOMobile Managed Care	x			x	x
<b>Montgomery</b>					
Maternal and Child Health Consortium of Chester County*	x	x	x	x	x
Maternity Care Coalition MOMobile Managed Care	x			x	x
Pottstown Family Center*	x	x	x	x	x
<b>Philadelphia</b>					
Diversified Community Services	x				x
Family Support Services*	x	x	x	x	x
Health Federation of Philadelphia/Early Head Start*	x	x	x	x	x
Karabot's Pediatric Care Center Early Head Start	x	x	x	x	x
Mabel Morris Family Home Visit Program	x	x	x	x	x
Maternity Care Coalition Early Head Start	x	x	x	x	x
Maternity Care Coalition Healthy Families America	x		x	x	x
Maternity Care Coalition Healthy Start*	x	x	x	x	x
Maternity Care Coalition MOMobile	x			x	x
Maternity Care Coalition MOMobile Managed Care	x			x	x
Maternity Care Coalition Safe Start	x			x	x
Medical Home Community Team	x	x	x		x



Name of the program (*indicates universal programs that serve anyone with need)	Low-income children and families	Children with special needs	Families that speak a language other than English	Teen parents	Families who receive governmental assistance
Parent Child Home Program at Public Health Management Corporation (PHMC)	x		x	x	x
Philadelphia Department of Public Health Healthy Start Program*	x	x	x	x	x
Philadelphia Nurse-Family Partnership (NFP)	x	x	x	x	x
Technology-Assisted Children's Home Program	x	x	x		x
United Communities	x	x	x	x	x

Table C.3.b Target populations, continued

Name of the program (*indicates universal programs that serve anyone with need)	Families with a history of child abuse and neglect	Families with a history of domestic violence	Families with a history of substance use	Mothers with maternal depression	Other
<b>Bucks</b>					
Maternity Care Coalition, Healthy Families America	x	x	x	x	
Nurturing Parenting	x	x	x	x	
Parents as Teachers*	x	x	x	x	
<b>Chester County</b>					
Chester County Health Department-Nurse-Family Partnership	x	x	x	x	
Chester County Health Department-Title V Nurse Home Visiting Services*	x	x	x	x	Mothers with mental health or developmental disabilities

Name of the program (*indicates universal programs that serve anyone with need)	Families with a history of child abuse and neglect	Families with a history of domestic violence	Families with a history of substance use	Mothers with maternal depression	Other
Coatesville Family Center PAT program*					
Fatherhood Initiative Program	x	x	x	x	
Life Skills Program	x	x	x		
Maternal and Child Health Consortium of Chester County*	x	x	x	x	First-time mothers
PAT Adult/Youth Parenting Education Program	x	x	x	x	
<b>Delaware</b>					
Crozer-Keystone Community Foundation Healthy Start	x	x	x	x	
Crozer-Keystone Health System Nurse Family Partnership Program	x	x	x	x	First time mothers only
Delaware County Family Center*	x	x	x	x	
Maternity Care Coalition Healthy Families America	x	x	x	x	
Maternity Care Coalition MOMobile Managed Care	x	x	x	x	
<b>Montgomery</b>					
Maternal and Child Health Consortium of Chester County*	x	x	x	x	First-time mothers
Maternity Care Coalition MOMobile Managed Care	x	x	x	x	
Pottstown Family Center*	x	x	x	x	
<b>Philadelphia</b>					
Diversified Community Services					
Family Support Services*	x	x	x	x	
Health Federation of Philadelphia/Early Head Start*	x	x	x	x	Immigrant families; Families

Name of the program (*indicates universal programs that serve anyone with need)	Families with a history of child abuse and neglect	Families with a history of domestic violence	Families with a history of substance use	Mothers with maternal depression	Other
					with history of incarceration; Grandparents; Foster children
Karabot's Pediatric Care Center Early Head Start	x	x	x	x	
Mabel Morris Family Home Visit Program	x	x	x	x	
Maternity Care Coalition Early Head Start	x	x	x	x	
Maternity Care Coalition Healthy Families America	x	x	x	x	
Maternity Care Coalition Healthy Start*	x	x	x	x	
Maternity Care Coalition MOMobile	x	x	x	x	
Maternity Care Coalition MOMobile Managed Care	x	x	x	x	
Maternity Care Coalition Safe Start		x	x	x	
Medical Home Community Team					
Parent Child Home Program at Public Health Management Corporation (PHMC)					Mothers with limited education; Diverse cultures
Philadelphia Department of Public Health Healthy Start Program*	x	x	x		
Philadelphia Nurse-Family Partnership (NFP)	x	x	x	x	
Technology-Assisted Children's Home Program					
United Communities	x	x	x	x	

Table C.4. Use of assessments

Name of the program	To assess eligibility or prioritization of families	To tailor services	To identify referrals	To assess whether outcomes are met
<b>Bucks</b>				
Maternity Care Coalition Healthy Families America		X	X	X
Nurturing Parenting		X	X	X
Parents as Teachers		X	X	X
<b>Chester County</b>				
Chester County Health Department-Nurse-Family Partnership	X	X	X	X
Chester County Health Department-Title V Nurse Home Visiting Services	X	X	X	X
Coatesville Family Center PAT program		X	X	X
Fatherhood Initiative Program	X	X	X	X
Life Skills Program		X	X	X
Maternal and Child Health Consortium of Chester County	X			
PAT Adult/Youth Parenting Education Program	X	X	X	X
<b>Delaware</b>				
Crozer-Keystone Community Foundation Healthy Start		X	X	X
Crozer-Keystone Health System Nurse Family Partnership Program		X	X	X
Delaware County Family Center			X	X
Maternity Care Coalition Healthy Families America		X	X	X
Maternity Care Coalition MOMobile Managed Care	X	X	X	X
<b>Montgomery</b>				
Maternal and Child Health Consortium of Chester County	X			
Maternity Care Coalition MOMobile Managed Care	X	X	X	X
Pottstown Family Center		X		X
<b>Philadelphia</b>				

Name of the program	To assess eligibility or prioritization of families	To tailor services	To identify referrals	To assess whether outcomes are met
Diversified Community Services				
Family Support Services		X		
Health Federation of Philadelphia/Early Head Start	X	X	X	X
Karabot's Pediatric Care Center Early Head Start	X	X	X	X
Mabel Morris Family Home Visit Program	X	X	X	X
Maternity Care Coalition Early Head Start	X	X		X
Maternity Care Coalition Healthy Families America		X	X	X
Maternity Care Coalition Healthy Start		X	X	X
Maternity Care Coalition MOMobile		X	X	X
Maternity Care Coalition MOMobile Managed Care	X	X	X	X
Maternity Care Coalition Safe Start		X	X	X
Medical Home Community Team	X	X	X	X
Parent Child Home Program at Public Health Management Corporation (PHMC)	X		X	X
Philadelphia Department of Public Health Healthy Start Program	X	X	X	X
Philadelphia Nurse-Family Partnership (NFP)	X	X	X	X
Technology-Assisted Children's Home Program	X	X	X	X
United Communities		X	X	X

Table C.5. Referrals

Name of the program	Percent of time home visitors go with families to referrals	Percent of time home visitors provide a referral only	Program refers to other home visiting services when applicable
<b>Bucks</b>			
Maternity Care Coalition Healthy Families America	15%	85%	X
Nurturing Parenting	50%	50%	X

Name of the program	Percent of time home visitors go with families to referrals	Percent of time home visitors provide a referral only	Program refers to other home visiting services when applicable
Parents as Teachers	50%	50%	x
<b>Chester County</b>			
Chester County Health Department- Nurse-Family Partnership	0%	100%	x
Chester County Health Department-Title V Nurse Home Visiting Services	0%	100%	x
Coatesville Family Center PAT program	-	-	
Fatherhood Initiative Program	5%	95%	x
Life Skills Program	15%	85%	x
Maternal and Child Health Consortium of Chester County	0%	100%	x
PAT Adult/Youth Parenting Education Program	5%	95%	x
<b>Delaware</b>			
Crozer-Keystone Community Foundation Healthy Start	0%	100%	x
Crozer-Keystone Health System Nurse Family Partnership Program	0%	100%	x
Delaware County Family Center	20%	80%	
Maternity Care Coalition Healthy Families America	15%	85%	x
Maternity Care Coalition MOMobile Managed Care	15%	85%	x
<b>Montgomery</b>			
Maternal and Child Health Consortium of Chester County	0%	100%	x
Maternity Care Coalition MOMobile Managed Care	15%	85%	x
Pottstown Family Center	10%	90%	x
<b>Philadelphia</b>			
Diversified Community Services	80%	20%	
Family Support Services	25%	75%	
Health Federation of Philadelphia/Early Head Start	20%	80%	x
Karabot's Pediatric Care Center Early Head Start	40%	60%	x
Mabel Morris Family Home Visit Program	5%	95%	x
Maternity Care Coalition Early Head Start	25%	75%	x
Maternity Care Coalition Healthy Families America	15%	85%	x
Maternity Care Coalition Healthy Start	15%	85%	x

Name of the program	Percent of time home visitors go with families to referrals	Percent of time home visitors provide a referral only	Program refers to other home visiting services when applicable
Maternity Care Coalition MOMobile	15%	85%	x
Maternity Care Coalition MOMobile Managed Care	15%	85%	x
Maternity Care Coalition Safe Start	65%	35%	x
Medical Home Community Team	35%	65%	x
Parent Child Home Program at Public Health Management Corporation (PHMC)	0%	100%	x
Philadelphia Department of Public Health Healthy Start Program	25%	75%	x
Philadelphia Nurse-Family Partnership (NFP)	5%	95%	x
Technology-Assisted Children's Home Program	30%	70%	x
United Communities	10%	90%	x

Table C.6.a Target outcomes

Name of the program	Healthy births	Child health and development	Maternal health	School readiness
<b>Bucks</b>				
Maternity Care Coalition Healthy Families America	x	x	x	x
Nurturing Parenting	x	x	x	x
Parents as Teachers	x	x	x	x
<b>Chester County</b>				
Chester County Health Department- Nurse-Family Partnership	x	x	x	x
Chester County Health Department-Title V Nurse Home Visiting Services	x	x	x	x
Coatesville Family Center PAT program		x	x	x
Fatherhood Initiative Program		x		x
Life Skills Program		x		
Maternal and Child Health Consortium of Chester County	x	x	x	
PAT Adult/Youth Parenting Education Program		x		x

Name of the program	Healthy births	Child health and development	Maternal health	School readiness
<b>Delaware</b>				
Crozer-Keystone Community Foundation Healthy Start	x	x	x	x
Crozer-Keystone Health System Nurse Family Partnership Program	x	x	x	x
Delaware County Family Center	x	x	x	x
Maternity Care Coalition Healthy Families America	x	x	x	x
Maternity Care Coalition MOMobile Managed Care	x	x	x	
<b>Montgomery</b>				
Maternal and Child Health Consortium of Chester County	x	x	x	
Maternity Care Coalition MOMobile Managed Care	x	x	x	
Pottstown Family Center		x		x
<b>Philadelphia</b>				
Diversified Community Services				x
Family Support Services		x	x	x
Health Federation of Philadelphia/Early Head Start	x	x	x	x
Karabot's Pediatric Care Center Early Head Start		x	x	x
Mabel Morris Family Home Visit Program	x	x	x	x
Maternity Care Coalition Early Head Start		x	x	x
Maternity Care Coalition Healthy Families America	x	x	x	x
Maternity Care Coalition Healthy Start	x	x	x	
Maternity Care Coalition MOMobile	x	x	x	
Maternity Care Coalition MOMobile Managed Care	x	x	x	
Maternity Care Coalition Safe Start	x	x	x	
Medical Home Community Team		x	x	
Parent Child Home Program at Public Health Management Corporation (PHMC)				x
Philadelphia Department of Public Health Healthy Start Program	x	x	x	
Philadelphia Nurse-Family Partnership (NFP)	x	x	x	x
Technology-Assisted Children's Home Program		x		
United Communities		x	x	x



Table C.6.b Target outcomes, continued

Name of the program	Maltreatment prevention	Family economic self-sufficiency	Referrals to or coordination with other services
<b>Bucks</b>			
Maternity Care Coalition Healthy Families America	x		x
Nurturing Parenting			x
Parents as Teachers	x	x	x
<b>Chester County</b>			
Chester County Health Department- Nurse-Family Partnership	x	x	x
Chester County Health Department-Title V Nurse Home Visiting Services	x	x	x
Coatesville Family Center PAT program	x	x	x
Fatherhood Initiative Program			x
Life Skills Program	x	x	x
Maternal and Child Health Consortium of Chester County	x	x	x
PAT Adult/Youth Parenting Education Program			x
<b>Delaware</b>			
Crozer-Keystone Community Foundation Healthy Start	x	x	x
Crozer-Keystone Health System Nurse Family Partnership Program	x	x	x
Delaware County Family Center	x	x	x
Maternity Care Coalition Healthy Families America	x		x
Maternity Care Coalition MOMobile Managed Care			x
<b>Montgomery</b>			
Maternal and Child Health Consortium of Chester County	x	x	x
Maternity Care Coalition MOMobile Managed Care			x
Pottstown Family Center	x		x
<b>Philadelphia</b>			
Diversified Community Services			x
Family Support Services	x	x	x

Name of the program	Maltreatment prevention	Family economic self-sufficiency	Referrals to or coordination with other services
Health Federation of Philadelphia/Early Head Start	x	x	x
Karabot's Pediatric Care Center Early Head Start	x	x	x
Mabel Morris Family Home Visit Program	x	x	x
Maternity Care Coalition Early Head Start			x
Maternity Care Coalition Healthy Families America	x		x
Maternity Care Coalition Healthy Start			x
Maternity Care Coalition MOMobile			x
Maternity Care Coalition MOMobile Managed Care			x
Maternity Care Coalition Safe Start	x	x	x
Medical Home Community Team			x
Parent Child Home Program at Public Health Management Corporation (PHMC)			x
Philadelphia Department of Public Health Healthy Start Program	x	x	x
Philadelphia Nurse-Family Partnership (NFP)	x	x	x
Technology-Assisted Children's Home Program			x
United Communities	x	x	x

Table C.7. Age groups served

Name of the program	Prenatal	0-1 years	1 year	2 years	3 years	4 years	5 years	5+ years*
<b>Bucks</b>								
Maternity Care Coalition Healthy Families America	x	x	x	x	x			
Nurturing Parenting	x	x	x	x	x	x	x	x
Parents as Teachers	x	x	x	x	x	x	x	x
<b>Chester County</b>								
Chester County Health Department- Nurse-Family Partnership	x	x	x	x				

Name of the program	Prenatal	0-1 years	1 year	2 years	3 years	4 years	5 years	5+ years*
Chester County Health Department-Title V Nurse Home Visiting Services	x	x	x					
Coatesville Family Center PAT program	x	x	x	x	x	x	x	
Fatherhood Initiative Program		x	x	x	x	x	x	x
Life Skills Program		x	x	x	x	x	x	x
Maternal and Child Health Consortium of Chester County	x	x	x	x				
PAT Adult/Youth Parenting Education Program		x	x	x	x	x	x	x
<b>Delaware</b>								
Crozer-Keystone Community Foundation Healthy Start		x	x	x				
Crozer-Keystone Health System Nurse Family Partnership Program		x	x	x				
Delaware County Family Center		x	x	x	x	x	x	
Maternity Care Coalition Healthy Families America	x	x	x	x	x			
Maternity Care Coalition MOMobile Managed Care	x	x						
<b>Montgomery</b>								
Maternal and Child Health Consortium of Chester County	x	x	x	x				
Maternity Care Coalition MOMobile Managed Care	x	x						

Name of the program	Prenatal	0-1 years	1 year	2 years	3 years	4 years	5 years	5+ years*
Pottstown Family Center	x	x	x	x	x	x	x	x
<b>Philadelphia</b>								
Diversified Community Services					x	x		
Family Support Services		x	x	x	x	x	x	x
Health Federation of Philadelphia/Early Head Start	x	x	x	x	x			
Karabot's Pediatric Care Center Early Head Start	x	x	x	x				
Mabel Morris Family Home Visit Program		x	x	x	x	x	x	
Maternity Care Coalition Early Head Start	x	x	x	x	x			
Maternity Care Coalition Healthy Families America	x	x	x	x	x			
Maternity Care Coalition Healthy Start	x	x	x	x				
Maternity Care Coalition MOMobile	x	x	x					
Maternity Care Coalition MOMobile Managed Care	x	x						
Maternity Care Coalition Safe Start	x	x						
Medical Home Community Team	x	x	x	x	x	x	x	x
Parent Child Home Program at Public Health Management Corporation (PHMC)			x	x				

Name of the program	Prenatal	0-1 years	1 year	2 years	3 years	4 years	5 years	5+ years*
Philadelphia Department of Public Health Healthy Start Program	x	x	x	x				
Philadelphia Nurse-Family Partnership (NFP)		x	x	x				
Technology-Assisted Children's Home Program	x	x	x	x	x	x	x	x
United Communities		x	x	x	x	x	x	x

\*Note: It is important to note that programs in the inventory were included under the selection criteria that they serve families with children under five years (or prior to school entry), but we wanted to report information about programs that also serve children above five years.

Table C.8. Languages offered

Name of the program	English only	English and Spanish	English, Spanish, and another language
<b>Bucks</b>			
Maternity Care Coalition Healthy Families America			x
Nurturing Parenting	x		
Parents as Teachers		x	
<b>Chester County</b>			
Chester County Health Department- Nurse-Family Partnership			x
Chester County Health Department-Title V Nurse Home Visiting Services			x
Coatesville Family Center PAT program	x		
Fatherhood Initiative Program		x	
Life Skills Program		x	
Maternal and Child Health Consortium of Chester County		x	
PAT Adult/Youth Parenting Education Program		x	
<b>Delaware</b>			
Crozer-Keystone Community Foundation Healthy Start		x	
Crozer-Keystone Health System Nurse Family Partnership Program		x	
Delaware County Family Center	x		
Maternity Care Coalition Healthy Families America			x

Name of the program	English only	English and Spanish	English, Spanish, and another language
Maternity Care Coalition MOMobile Managed Care	x		
<b>Montgomery</b>			
Maternal and Child Health Consortium of Chester County		x	
Maternity Care Coalition MOMobile Managed Care	x		
Pottstown Family Center		x	
<b>Philadelphia</b>			
Diversified Community Services		x	
Family Support Services			x
Health Federation of Philadelphia/Early Head Start			x
Karabot's Pediatric Care Center Early Head Start			x
Mabel Morris Family Home Visit Program			x
Maternity Care Coalition Early Head Start			x
Maternity Care Coalition Healthy Families America			x
Maternity Care Coalition Healthy Start		x	
Maternity Care Coalition MOMobile	x		
Maternity Care Coalition MOMobile Managed Care	x		
Maternity Care Coalition Safe Start	x		
Medical Home Community Team		x	
Parent Child Home Program at Public Health Management Corporation (PHMC)			x
Philadelphia Department of Public Health Healthy Start Program			x
Philadelphia Nurse-Family Partnership (NFP)			x
Technology-Assisted Children's Home Program		x	
United Communities			x

Table C.9. Supply and demand of home visiting services

Name of the program	Number of families enrolled	Number of available slots
<b>Bucks</b>		
Maternity Care Coalition Healthy Families America	300 families	25 slots

Name of the program	Number of families enrolled	Number of available slots
Nurturing Parenting	40 families	20 slots
Parents as Teachers	60 families	20 slots
<b>Chester</b>		
Chester County Health Department- Nurse-Family Partnership	145 families	5 slots
Chester County Health Department-Title V Nurse Home Visiting Services	130 families	0 slots
Coatesville Family Center PAT program	60 families	1 slots
Fatherhood Initiative Program	18 families	7 slots
Life Skills Program	14 families	4 slots
Maternal and Child Health Consortium of Chester County	100 families	44 slots
PAT Adult/Youth Parenting Education Program	43 families	7 slots
<b>Delaware</b>		
Crozer-Keystone Community Foundation Healthy Start	282 families	+
Crozer-Keystone Health System Nurse Family Partnership Program	125 families	0 slots
Delaware County Family Center	40 families	5 slots
Maternity Care Coalition Healthy Families America	300 families	25 slots
Maternity Care Coalition MOMobile Managed Care	100 families	0 slots
<b>Montgomery</b>		
Maternal and Child Health Consortium of Chester County	100 families	44 slots
Maternity Care Coalition MOMobile Managed Care	100 families	0 slots
Pottstown Family Center	63 families	10 slots
<b>Philadelphia</b>		
Diversified Community Services	+	100 slots
Family Support Services	52 families	120 slots
Health Federation of Philadelphia/Early Head Start	100 families	0 slots
Karabot's Pediatric Care Center Early Head Start	136 families	0 slots
Mabel Morris Family Home Visit Program	60 families	7 slots
Maternity Care Coalition Early Head Start	313 families	0 slots
Maternity Care Coalition Healthy Families America	300 families	25 slots
Maternity Care Coalition Healthy Start	225 families	10 slots
Maternity Care Coalition MOMobile	35 families	0 slots
Maternity Care Coalition MOMobile Managed Care	100 families	0 slots

Name of the program	Number of families enrolled	Number of available slots
Maternity Care Coalition Safe Start	80 families	5 slots
Medical Home Community Team	30 families	50 slots
Parent Child Home Program at Public Health Management Corporation (PHMC)	93 families	140 slots
Philadelphia Department of Public Health Healthy Start Program	962 families	0 slots
Philadelphia Nurse-Family Partnership (NFP)	422 families	128 slots
Technology-Assisted Children's Home Program	80 families	70 slots
United Communities	110 families	220 slots

+Program did not provide a number

Table C.10. Waitlist information

Name of the program	Currently has a wait list	Does not have a wait list, but will keep one if necessary	Does not keep a wait list
<b>Bucks</b>			
Maternity Care Coalition Healthy Families America			x
Nurturing Parenting	x		
Parents as Teachers	x		
<b>Chester County</b>			
Chester County Health Department- Nurse-Family Partnership			x
Chester County Health Department-Title V Nurse Home Visiting Services			x
Coatesville Family Center PAT program			x
Fatherhood Initiative Program	x		
Life Skills Program			x
Maternal and Child Health Consortium of Chester County		x	
PAT Adult/Youth Parenting Education Program	x		
<b>Delaware</b>			
Crozer-Keystone Community Foundation Healthy Start			x
Crozer-Keystone Health System Nurse Family Partnership Program		x	
Delaware County Family Center			x
Maternity Care Coalition Healthy Families America			x



Name of the program	Currently has a wait list	Does not have a wait list, but will keep one if necessary	Does not keep a wait list
Maternity Care Coalition MOMobile Managed Care	x		
<b>Montgomery</b>			
Maternal and Child Health Consortium of Chester County		x	
Maternity Care Coalition MOMobile Managed Care	x		
Pottstown Family Center		x	
<b>Philadelphia</b>			
Diversified Community Services	x		
Family Support Services			x
Health Federation of Philadelphia/Early Head Start	x		
Karabot's Pediatric Care Center Early Head Start	x		
Mabel Morris Family Home Visit Program	x		
Maternity Care Coalition Early Head Start	x		
Maternity Care Coalition Healthy Families America			x
Maternity Care Coalition Healthy Start	x		
Maternity Care Coalition MOMobile	x		
Maternity Care Coalition MOMobile Managed Care	x		
Maternity Care Coalition Safe Start	x		
Medical Home Community Team		x	
Parent Child Home Program at Public Health Management Corporation (PHMC)	x		
Philadelphia Department of Public Health Healthy Start Program			x
Philadelphia Nurse-Family Partnership (NFP)			x
Technology-Assisted Children's Home Program		x	
United Communities			x

This report, along with additional data, is available at [www.UnitedForImpact.org](http://www.UnitedForImpact.org)

Child TRENDS



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