Family Foundations Home Visiting Program Overview
September 2018

Grantor Agency:	Wisconsin Department of Children and Families
Grant Period:	October 1, 2018 - September 30, 2019
Subgrantee:	Aurora Family Services (Mental Health Consultation)

Overview:
This grant funds 2 of the 4 home visiting programs in the Milwaukee Health Department (MHD).

1. **The Direct Assistance for Dads (DADs) Project** is a home visiting program for fathers who are either expecting a child or have a child under the age of 12 months. The goals of the DAD Project are to improve birth outcomes, reduce infant mortality, and strengthen fathers' involvement in their children's and partner's lives. Fathers of any age living in the city of Milwaukee are eligible to participant. Services are intended to improve parenting skills, increase awareness of child development, and improve relationships with partners and children. The DAD Project uses two evidence-based fatherhood and child development curricula and provides participant-driven case management services that support them in meeting their self-identified needs. In this project period, DADs is contracted to serve 45 families.

2. **Empowering Families of Milwaukee (EFM)** is MHD's most intensive home visiting program. It is a long term, evidenced-based home visiting program that provide intensive home visiting to pregnant woman and their families to their child is three years old. The goals of the program are to: 1- improving pregnancy outcomes; 2- improving family health, safety, and development; 3- preventing child abuse and neglect; 4- enhancing family functioning; and 5- assuring child readiness for school. A multi-faceted case management team comprised of a social worker and public health nurse will deliver services to families throughout the City of Milwaukee. In addition to direct service provision, the Milwaukee Health Department (MHD) will provide leadership for community collaboration and a centralized intake/referral system to assure coordination of services for families in need. In this contract period, EFM is contracted to serve 130 families.

How Do We Track Success:

To put into perspective the number of families served in these two programs as compared to the total number of annual births in the City of Milwaukee, we serve a little less than 2% of the births with the number of families served annually. In 2017, there were 9,719 births in the City of Milwaukee.

What we focus on in the program is:

1. The health of the mom and baby while the mom is pregnant **(Improving Pregnancy Outcomes).** We do this by:
    a. **Working to enroll the mom as early in her pregnancy as possible.** So we track which trimester mothers were enrolled in our program. For the first half of 2017 families were enrolled in the 2nd and 3rd trimester.
    b. We then focus on the health of the mom and baby during pregnancy. We do prenatal assessments that provide us with an understanding of mom's health and any signs of

problems that may cause a premature birth. These can include high blood pressure, smoking, etc.

c. **The health of the baby that is born –** We track how many babies were born before 37 weeks (premature), the number of babies born at low birth weight. So far in 2018, EFM had 1 baby born prior to 37 weeks and DADs had none. Neither program had a baby born at low birth weight.

2. The health of the mom and baby after birth **(Family health and safety).** We do this by:
    a. Child Development assessment (ASQ) – This focuses on the child development milestones
    b. Mental health screening – This focuses on depression and other mental health issues for mom
    c. ACEs – Adverse Childhood Experiences – Focuses on experiences that may impact development of child
    d. Home Assessment – Focuses on conditions of the home environment
    e. Babies born that reach their 1st birthdate (Infant Mortality Data)

Success Story:

- It's a refugee family with a mother that had twins that subsequently were found to have issues with lead exposure. There was a collaboration between PHSW/PHN/Lead Nurse to address medical concerns but EFM staff helped the family relocate to suitable housing as the lead was a result of the living conditions that were not remedied by the landlord. EFM PHN tracked health of the children regularly (from medical as well as developmental with ASQ and other assessments) to find ways to decrease lead levels and assure for proper development of the children. In addition, the dyad helped the family get past several socioeconomic barriers too. The children are now connected to head start, down 15 points in their lead levels (moving steadily to 0), and are developmentally on track now. The new housing is safe and the family was also provided a water filter and health teachings around overall health of the children as well as lead specific needs/considerations. The mother had a subsequent pregnancy and this baby was born full term with no notable complications or health problems. The mother and father had some financial struggles but with resources mom was able to find gainful employment, get her driver's license, and take college courses. This family is preparing to graduate program now.