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A National Survey of Parent Support Legislation and Regulations

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Introduction

Parent education is designed to improve parenting skills and family communication, prevent child and family problems, and educate parents on child development and positive parenting practices with a goal of developing safe, stable, and nurturing parent-child relationships.¹ The evidence base supporting parent education is growing and studies have demonstrated that parent education programs have a positive impact on a range of outcomes including: lower rates of social, emotional, and behavioral problems in children; improved parent-child relationships; lower rates of maternal stress and depression; and lower rates of child maltreatment.^{2,3} In 2012, the Center for Parenting and Family Well-Being (CPFWB) within CHILDREN AT RISK, a Houston-based research and advocacy nonprofit organization, conducted a needs assessment of parent education in the greater Houston community. The assessment identified a growing interest in the community to integrate parent support programs into existing programs and agencies providing services to children and families, such as schools, healthcare facilities, childcare facilities, places of faith, and afterschool programs. The assessment also revealed that stigma and funding are the biggest barriers to expanding parent support services.⁴ Some states have enacted policies that address parent education. In this study, CHILDREN AT RISK partnered with the law firm,

Bracewell & Giuliani LLP and conducted a state-level policy scan to identify state statutes that address parent education and common themes in the statutes.

Methodology

To identify state statutes and regulations that address parent education, we conducted a state by state search of statutes with the keywords “parent education,” “home visitation,” and “evidence-based” using online legal research systems. After all state-level policies with these key words were ascertained, we reviewed each individual statute to verify the intent of the policy. These policies were prioritized based on providing evidence-based parent education or home visitation to the general population, followed by policies that provide any parent education or home visitation to subsets of the population meeting certain risk factors. The most relevant policy for each state was included in this analysis and reviewed to identify major themes and categorized accordingly. Statutes on mandated parent education, such as in cases of divorce of custody, were excluded from this analysis.

Results

The national policy scan identified statutes regarding parent education in 40 out of the 50 states. We identified common themes within the survey of statutes and regulations. These themes included: funding or support of home visitation programs; funding for parent education through a Children's Trust Fund; parent education as a component of an early childhood initiative; a requirement or preference for parent education programs to be evidence-based; and a requirement or preference for a local or community-based component to the delivery of parent support programs. The state statutes are listed in the Appendix and are displayed in Table 1.

Table 1. State Statutes Regarding Parent Education

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Alabama	Chapter 16, Article 1		x			x
Alaska	Title 47, Chapter 18, Article 3					
Arizona	Chapter 9, Article 1; Chapter 6, Article 5			x		
Arkansas	Chapter 78, Subchapter 9	x			x	
California	Division 108 of the California Health and Safety Code		x	x		
Colorado	Title 26, Article 6.2, 6.4 and 18 of the Colorado Human Services Code	x		x		
Connecticut	Section 17a-54 of the 2012 Connecticut General Statutes					x
Delaware						
Florida						
Georgia						
Hawaii	HRS 302A-433					
Idaho						

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Illinois	Chapter 105, Act 5 of the Illinois School Code and Chapter 325, Act 30 of the Children Code			x		x
Indiana	Indiana Code 5-2-6.2-6					
Iowa	Chapter 256I of the Iowa Code	x		x	x	
Kansas	Article 36, Chapter 72					
Kentucky						
Louisiana	Section 450.4 and 2403 of the Louisiana Revised Statutes		x	x		x
Maine	Section 262 and 1511, Title 22 of the Maine Revised Statutes Annotated	x		x		
Maryland	Section 5-217 of the Code of Maryland	x		x		
Massachusetts	Section 17C, Chapter 32A of the Massachusetts General Laws Annotated	x				

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Massachusetts	Section 17C, Chapter 32A of the Massachusetts General Laws Annotated	x				
Michigan	Sections 400.791-400.798 of the Michigan Compiled Laws	x		x	x	
Minnesota	Section 124D.13 of the Minnesota Education Code	x		x		x
Mississippi	Section 43-1-65 of the Mississippi Code			x		
Missouri	Section 167.273					x
Montana	Section 37.34.207 of the Administrative Rules of Montana			x		
Nebraska	Section 79-1102 of the Revised Statutes of Nebraska Annotated			x		

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Nevada	Title 38, Chapter 430A of the Public Welfare Code of the Nevada Statutes and Section 432A.076 and 385.635 of the Nevada Revised Statutes			x		
New Hampshire	Title XII, Chapter 167 of the Statutes of the State of New Hampshire	x	x			
New Jersey						
New Mexico	New Mexico Statute 32A-23A	x		x		
New York	Section 429 of the New York Social Services Law	x				
North Carolina	Section 143B-168.15 and 143B-168.16 of the North Carolina General Statute Section	x		x		
North Dakota	Section 50-06-06.10 of the North Dakota Century Code					

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Ohio	Section 3701.61 of the Ohio Code Section	x		x		
Oklahoma	Section 1-110.1 of Oklahoma Statute	x				
Oregon	Section 417.795	x		x		x
Pennsylvania	Chapter 3F of the P.S. Health and Safety Code and Chapter 17A of the P.S. Children Statute	x	X			
Rhode Island	Title 45, Chapter 49.1 and Title 40, Chapter 19-2 of the Constitution of the State of Rhode Island and Providence Plantations					x
South Carolina	Section 59-1-450 of the South Carolina Code			x		
South Dakota						
Tennessee	Title 68, Section 125 and Title 49, Section 205 of the Tennessee Code	x			x	x

State	Statute	Statute relating to parent education and:				
		Home visitation	Funding through Children's Trust Fund	An early childhood focus	Preference for Evidence-based programs	A local component
Texas	Chapter 531 of the Government Code	x			x	
Utah						
Vermont	Title 33, Chapter 37 of the Vermont Statutes	x		x		x
Virginia						
Washington	Section 43.215.147 and 70.190 of the Washington Code	x			x	x
West Virginia						
Wisconsin	Section 48.982 and 115.93 of the Wisconsin Code					x
Wyoming	Section 14-9-1098 and 14-3-429 of the Wyoming Code					

Discussion

In our 2012 needs assessment of parent education in the Houston, Texas, the Houston community identified both the need and desire for more parent education services.⁴ To help identify how to expand the parent education services in our community, we sought to identify state policies to inform us of other strategies for parent education and how states have legislated their priorities around this issue. Most states (40/50 states) had statutes on non-mandated parenting education or home visitation programs. The most common themes within state statutes included specific support of/or funding for home visitation programs (20/40 states), which typically target high-risk populations such as unmarried, young mothers and policies incorporating parent education as part of an early childhood initiative. Some states require or state a preference for a local or community-based component to the delivery of parent support programs (12/40), recommend or state a preference for the use of evidenced-based programs (6/40), or specifically state the use of a Children's Trust Fund to help support parent education programs (5/40).

In the needs assessment of parent education in Houston, Texas funding and stigma were identified as the biggest barriers to more parents accessing parent education. Five states specifically discuss the use of a Children's Trust Fund for funding parent education, which would help

overcome this substantial barrier. None of the states have policies that specifically addressed stigma and in fact, many states have policies that prioritize funding for high-risk populations, which may contribute to stigma by making parent education be perceived as only for high-risk families. The Houston needs assessment also indicated a community preference for evidence-based programs and incorporation of parent education into program and agencies currently working with children and families, such as schools, places of faith, afterschool programs, and healthcare facilities. Few states have statutes indicating a preference for evidence-based programs and a community-based component.

Communities, especially in a state as large and diverse as Texas, have different needs and priorities. Giving local control can be a way to avoid the “one-size fits all” models and allow communities to specifically meet the needs of their populations. Conceptually, this approach makes sense, however, practically this requires leadership in each community and likely outside funding, which may or may not be available.

Home visitation programs have been specifically targeted by many states and the federal government as an avenue to increase parent education and promote family well-being. There are several well-known home visitation programs (e.g. Nurse-Family Partnership, Healthy Families America, Parents as Teachers) that have demonstrated

improvements in child and family well-being. Unfortunately, these programs are long (e.g. two years) and typically very expensive, which limits their reach and availability. Additionally, narrow program criteria (e.g. unmarried, first time mothers) may exclude families needing services. These limiting factors should be considered in combination with the needs of each community to determine the best strategies to increase parent education and support services.

Conclusion

This state-wide policy scan of statutes related to parent education revealed that most states have statutes on parent education. However, evaluation data on the process and outcome remains variable. It is unclear how well these policies are being implemented, the number of parents receiving services, the measured impact or outcome after implementation, and how local and philanthropic support influence parent education programs in different states. Despite these limitations, this policy scan may help policy makers and advocates identify existing policies that may increase the presence of parent education in their state.

Appendix A: State Statutes on Parent Education

Alabama

Chapter 16, Article 1 of the Alabama Code provides that the state board for child abuse and neglect may authorize disbursement of available money from the trust fund exclusively for the following purposes: (1) to fund a private nonprofit or public organization in the development or operation of a program if at least all of the following conditions are met (a) the appropriate local council has reviewed the program. This paragraph does not apply if a local council does not exist for the geographic area to be served by the program; (b) the organization demonstrates an ability to match, through money or in-kind services, 50 percent of the amount of any trust fund money received. Not more than 50 percent of the local match shall be in in-kind services. In-kind services are subject to the approval of the state board; (c) the organization demonstrates a willingness and ability to provide program models and consultation to organizations and communities regarding program development and maintenance; (d) the organization demonstrates the ability to provide programs for the primary prevention of child abuse and neglect, including, but not limited to, programs to promote public awareness of the need to prevent child abuse and neglect; community-based family resource and support programs on strengthening family skills, including, but not limited to, parent education,

prenatal care, prenatal bonding, child development, health and nutrition, care of children with special needs, and coping with family stress; and community based programs relating to crisis care, early identification of children at risk of child abuse and neglect, and education, training, and support groups for parents, children, and families; and (e) other conditions that the state board may deem appropriate.

Alaska

Title 47, Chapter 18, Article 3 of the Alaska Statutes provides for the funding of certain projects related to adolescent pregnancy designed with a holistic approach that recognizes the interconnectedness of adolescent parenthood and a broad array of related circumstances, such as low self-esteem, domestic violence, substance abuse, economic security, financial responsibilities of having a child, cultural integrity, sources of adolescent stress, parenting skills, educational and vocational opportunities, and access to reproductive health services. Projects may include: family life education, prenatal care, etc.

Arizona

Chapter 9, Article 1 of the Arizona Revised Statutes provides for the healthy families program to provide services to children under five and

members of their families along with pregnant women and their families in order to prevent child abuse or neglect and to promote child development and wellness. The department shall develop standardized criteria to identify families in need. The program shall: (a) consist of outreach services that are conducted primarily through prescheduled home visits; (b) establish methods that assist program participants to reduce illiteracy, reduce dependency on welfare, encourage employment, encourage self-sufficiency and encourage community involvement by program participants through community service, employment or participation in religious or social organizations; (c) offer parent education or prenatal care; (d) offer marriage education; among many other benefits. The goals of the healthy families program include: (1) reducing child abuse and neglects; (2) promoting child wellness and proper development; (3) strengthening family relations; (4) promoting family unity and (5) reducing dependency on drugs and alcohol. The healthy families program shall provide the following services: (A) informal counseling or emotional support services; (B) assistance in developing parenting and coping skills; (C) education on the importance of good nutritional habits to improve the overall health of their children; (D) education on developmental assessments so that early identification of any learning disabilities, physical handicaps or behavioral health needs are determined; (E)

education on the importance of preventative health care and the need for screening examinations such as hearing and vision; (F) assistance and encouragement to provide age appropriate immunizations so that their children are immunized; (G) assistance and encouragement to access comprehensive private and public preschool and other school readiness programs; (H) assistance in applying for private and public financial assistance including employment services; and (I) assistance in accessing other applicable community and public services including employment services.

Chapter 6, Article 5 of the Arizona Revised Statutes provides for the health start program, subject to appropriated monies. The program shall serve pregnant women, children and their families. The program shall be statewide, based in identified neighborhoods and delivered by lay health workers through prescheduled home visits or prescheduled group classes that begin before the child's birth or during the postnatal period and that may continue until the child is two years of age. The evaluation criteria is mostly health related, including inadequate prenatal care and inadequate childhood immunizations.

Arkansas

Chapter 78, Subchapter 9, of the Arkansas Code provides for state funds to be appropriated for home visitation programs. The Code defines “home visitation” as voluntary family-focused services that promote appropriate prenatal care to assure healthy births, primarily in the home, to an expectant parent or a parent with an infant, toddler, or child up to kindergarten entry that address child development; literacy and school readiness; maternal and child health; positive parenting practices; resource and referral access; and safe home environments. The Child Abuse and Neglect Prevention Board, the Department of Health, and the Department of Human Services are charged with cooperating to use at least 90% of state funds appropriated for home visitation to support programs that are evidence-based or promising programs.

California

Division 108 of the California Health and Safety Code, also known as the California Children and Families Act of 1998, established the California Children and Families Trust Fund and the California Children and Families Commission for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age through the establishment, institution, and coordination of appropriate

standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

The Act provides that all costs to implement its purposes shall be paid from the Trust Fund, which shall consist of revenue collected pursuant to taxes imposed by the Revenue and Taxation Code (Section 30131.2) on cigarettes and tobacco products.

Colorado

Title 26, Article 18 of the Colorado Human Services Code provides that “family support and parent education” means a program or service that promotes a family’s positive and meaningful engagement in its children’s lives by providing an experiential and supportive adult learning environment through which a primary caregiver can learn how to create a safe, stable, and supportive family unit.

Title 26, Article 6.2 of the Colorado Human Services Code provides for the creation of the early childhood leadership commission. The purpose of the commission is to ensure and advance a comprehensive service delivery system for pregnant women and children from birth to eight years of age using data to improve decision-making, alignment, and coordination among federally funded and state-funded services and

programs for pregnant women and young children and their families. At a minimum, the comprehensive service delivery system for pregnant women and children must include services in the areas of prenatal health, child health, child mental health, early learning, and family support and parent education.

Title 26, Article 6.4 of the Colorado Human Services Code establishes a nurse home visitor program to provide regular, in-home, visiting nurse services to low-income first-time mothers, with their consent, during their pregnancies and through their children's second birthday. The program shall provide trained visiting nurses to help educate mothers on the importance of nutrition and avoiding alcohol and drugs, including nicotine, and to assist and educate mothers in providing general care for their children and in improving health outcomes for their children. In addition, visiting nurses may help mothers in locating assistance with educational achievement and employment. Any assistance provided through the program shall be provided only with the consent of the low-income, first-time mother, and she may refuse further services at any time.

Connecticut

Section 17a-54 of the 2012 Connecticut General Statutes requires that the Department of Children and Families establish community-based,

multiservice parent education and support centers with the goal of improving parenting and enhancing family functioning in order to provide children and youths increased opportunities for positive development.

Delaware

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Delaware.

Florida

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Florida.

Georgia

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Georgia.

Hawaii

HRS § 302A-433 provides that as rapidly as resources are available and interest is developed, instructional programs shall be initiated in fields including homemaking and parent education. Such program would be intended for all those parents and other adults who desire training in family

life, including child care, nursing, budgeting, and other instruction to basic homemaking.

Idaho

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Idaho.

Illinois

Chapter 105, Act 5 of the Illinois School Code states the State Board of Education may provide grants to eligible entities, as defined by the State Board of Education, to establish programs which offer coordinated services to at-risk infants and toddlers and their families. Each program shall include a parent education program relating to the development and nurturing of infants and toddlers and case management services to coordinate existing services available in the region served by the program. These services shall be provided through the implementation of an individual family service plan. Each program will have a community involvement component to provide coordination in the service system. The State Board of Education shall administer the programs through the grants to public school districts and other eligible entities. These grants must be used to supplement, not supplant, funds received from any other source.

School districts and other eligible entities receiving grants pursuant to this Section shall conduct voluntary, intensive, research-based, and comprehensive prevention services, as defined by the State Board of Education, for expecting parents and families with children from birth to age 3 who are at-risk of academic failure. A public school district that receives a grant under this Section may subcontract with other eligible entities.

Chapter 325, Act 30 of the Children Code provides for a literacy program. As part of the project, family literacy programs shall be provided for the purpose of addressing the family's need for educational, vocational, and parenting training. The family literacy program shall focus on learning sessions for preschool-aged children and their parents. The children shall receive preschool education while their parents receive education focusing on parenting skills; traditional subjects as reading, language, mathematics, and vocational training.

Indiana

Pursuant to Indiana Code 5-2-6.2-6, state and local administrations may, and many do, establish parent education programs that consist of teaching parenting skills, child and adolescent development, behavior modification, parental involvement, a fatherhood program, and a teen

parent program. Empirical research shows that such education programs have been established and, in certain cases, mandated, with nominal costs (approximately \$50.00/individual) assessed to the parents.

Iowa

Chapter 256I of the Iowa Code, the Early Childhood Iowa Initiative, created the Early Childhood Iowa State Board to promote a vision for a comprehensive early care, education, health, and human services system in this state. The Board oversees state and local efforts. The Board was charged with developing and promoting a school ready children grant program which provides for the following: preschool services provided on a voluntary basis to children deemed at risk; services to improve the quality and availability of child care; and family support services and parent education programs promoted to parents of children from zero through age five. Family support services include but are not limited to home visitation. At least sixty percent of the state funding that an area board designates for family support programs must be committed to programs with a home visitation component. Furthermore, the Iowa General Assembly stated its intent that priority for home visitation program funding be given to programs using evidenced based or promising

models. As such, Section 256I.13 provides a phase in schedule for funding priority.

Kansas

Under Article 36, entitled "Parent Education," of Chapter 72 of Kansas Statutes, the state board in cooperation with the state department of social and rehabilitation services, the state department of health and environment, and other appropriate associations and organizations, may provide any board, upon its request therefor, with technical advice and assistance regarding the development and operation of a parent education program or an application for a grant of state moneys, and may make studies and gather and disseminate information regarding materials, resources, procedures, and personnel which are or may become available to assist school districts in the development and operation of parent education programs. (KS ST 72-3608). No actual applications, approved or denied, could be found.

Kentucky

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Kentucky.

Louisiana

Section 2403 of the Louisiana Revised Statutes created the Children's Trust Fund and established that the funding for this fund shall be derived from donations of income tax refunds, and fees collected for issuance of short form birth certificates and copies of original birth records.

Section 450.4 of the Louisiana Revised Statutes mandates the Louisiana Children's Trust Fund Board to develop, implement, and administer a community based family center to help families provide an optimal learning environment for their children, particularly from birth to the age of four. Parenting classes will be included as one of the many programs offered by this community-based family center. The Louisiana Children's Trust Fund Board shall establish criteria for persons to qualify for the services provided by the community-based family center. In developing the criteria, the board shall include socio-economic factors such as: household income level or receipt of public assistance; level of parental education; history of child neglect or child or spousal abuse within a family; family history of alcohol or substance abuse; history of teenage pregnancy; receipt of services from the Department of Children and Family Services as children in need of care or families in need of services; and eligibility to participate in the Louisiana Children's Health Insurance Program (LaCHIP). The Louisiana Children's Trust Fund Board shall

develop a pilot program for a community-based family center in one or more parishes in the state if funds become available. The parish or parishes selected for the pilot program shall have high rates of teenage pregnancy, persons who receive public assistance, and juvenile delinquency and a demonstrated commitment to forming partnerships between local governments, nonprofit entities, and other organizations or individuals in the parish. The purpose of the pilot program is to determine the cost-effectiveness and the benefits and difficulties associated with implementing such a program on a statewide basis.

Maine

Section 262 of Title 22 of the Maine Revised Statutes Annotated mandates the Health and Human Services Department of Maine to offer a voluntary universal home visiting program for new families with children from the prenatal stage of development through five years of age, regardless of family income level. This home visiting program shall be offered as permitted by the availability of funds available to the Health and Human Services Department.

Section 1511 of Title 22 of the Maine Revised Statutes Annotated establishes the Fund for a Healthy Maine, which may allocate funds for prevention and health promotion purposes, including Prenatal and young

children's care including home visits and support for parents of children from birth to six years of age. The sources of this fund shall be derived from all money received by the State in settlement of or in relation to the lawsuit *State of Maine v. Phillip Morris, et al*; money from any other source, whether public or private, designated for deposit into or credited to the fund; and interest earned or other investment income on balances in the fund.

Section 24001 of Title 5 of the Maine Revised Statutes Annotated establishes the Maine Children's Growth Council, an independent advisory board, for the purpose to develop, maintain and evaluate a plan for sustainable social and financial investment in healthy development of the State's young children and their families. The Council may accept grant funding and other funding as may be available for the work of the council. In 2011 Maine received federal grant funds to expand Maine Families Home Visiting, its evidence based home visitation program, a priority of the Maine Children's Growth Council. Maine Families Home Visiting is currently supported through Maine State general funds and the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau through Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Grants X02MC19424, D89MC23149, and X02MC23108.

Maryland

Section 5-217 of the Code of Maryland establishes the Judith P. Hoyer Early Child Care and Education Enhancement Program within the State Department of Education. The purpose of the Program is to promote school readiness through the development and expansion of collaborative approaches to the delivery of high quality, comprehensive, full-day early child care and education programs and family support services – including home visiting programs and parenting sessions. The State Department of Education will distribute a Judy Center Grant to a county board if the county board submits an application to the Department that implements the department’s Early Childhood Assessment System; and provides comprehensive, full-day early child care and education services and family support services.

Massachusetts

Section 17C of Chapter 32A of the Massachusetts General Laws Annotated provides for home visits and parent education, assistance and training as a required benefit under the prenatal care, childbirth, and postpartum care coverage under the insurance policy provided to active or retired employees of the commonwealth.

Michigan

Sections 400.791-400.798 of the Michigan Compiled Laws provides for voluntary home visitation programs to improve the health, well-being, and self-sufficiency of parents and their children primarily in the homes of pregnant women and families with children ages zero to five years, which are administered and supported by the departments of community health, human services, and education. Pursuant to Section 400.793, the departments may only support home visitation programs that are either evidence-based or promising programs.

Minnesota

Pursuant to Section 124D.13 of the Minnesota Education Code, a school district that provides a community education program under sections 12D.18 and 124D.19 of the Code may establish an early childhood family education program. The Code lists elements that such programs must provide and states that a district may not limit participation to school district residents. A school district may levy a tax rate for early childhood family education revenue that raises \$22,135,000 (124D.135) in each fiscal year. A district that enters into a collaborative agreement to provide education and social services to families with young children may also levy

under section 124D.135, subdivision 6. Any district that does so must use such revenue to include a home visiting program as a parent education component that is designed to reach isolated or at-risk families.

Mississippi

Section 43-1-65 of the Mississippi Code mandates the establishment of the Mississippi Child Care Quality System. Under this system, the Office for Children and Youth of the Department of Human Services will develop a Quality Rating System (QRS) to rate and improve the quality of all licensed early care and education and after school programs. In addition, the Office for Children and Youth shall develop and administer funds, based on appropriation, to create a Child Care Resource and Referral (CCR&R) statewide system in collaboration with community and junior colleges, universities, Mississippi Public Broadcasting, state agencies and/or nonprofit community entities. The CCR&R agencies shall provide training specific to the QRS criteria to enable early care and education program quality to improve as measured by the QRS system; and offer parent education information and training on what a quality early care and education program comprises and how to identify one.

Missouri

Section 167.273 of the Missouri Statutes provides that a local school district shall be eligible for state aid for a program of parent education which is designed to assist “at-risk” families who exhibit the characteristics which produce at-risk children.

Montana

Montana does not have an on point state parent education program that is available to the general public. The state does, however, provide federal funding for family education and support services to the parents of children with developmental delays. Section 37.34.207 of the Administrative Rules of Montana mandates that a child from birth to 3 years of age residing in a family unit, along with the child’s family, are eligible for federally funded Part H family education and support services if the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay

Nebraska

Section 79-1102 of the Revised Statutes of Nebraska Annotated establishes the Early Childhood Training Center within the State Department of Education for the purpose of training individuals who

provide education and developmental activities for infants and young children and their parents. The goal of this project is to train individuals who will be able to work with public and private providers of early childhood services to establish parent education programs in their communities.

Nevada

Title 38, Chapter 430A of the Public Welfare Code of the Nevada Statutes defines a family resource center as a facility within an at-risk community which provides referrals to obtain, if available, the following services: education on caring for infants and day care services for infants; education on parenting; health care services for children, including all required immunizations; programs to identify and assist infants and young children with developmental disabilities up to five years of age and day care for children who are old enough to attend school, both before and after school, among other services.

Section 432A.076 of the Nevada Revised Statutes establishes the Nevada Early Childhood Advisory Council to advise the state on early childhood education. The council is commissioned with the responsibility of developing recommendations for increasing parental involvement and

family engagement in early childhood education programs among other things related to early childhood education.

Additionally, Section 385.635 of the Nevada Revised Statutes created the Office of Parental Involvement and Family Engagement which is tasked with working with the state school districts to enhance parental involvement in the education of their children.

New Hampshire

Title XII, Chapter 167 of the Statutes of the State of New Hampshire provides for a Home Visiting New Hampshire program (HVNH), which is a preventive program that provides health education, support and linkages to other community services for low-income, Medicaid-eligible pregnant women and their families in their homes. Nurses and parent educators visit homes from the time a woman is pregnant until the child's first birthday. The program is run through The New Hampshire Children's Trust which is the Governor's designated statewide Community-Based Child Abuse Prevention lead non-profit agency. The New Hampshire Children's Trust is a public charity and donations are tax deductible. For Medicaid-eligible women, HVNH program is limited to women under the age of 21 who are pregnant for the first time. These state funded services are maintained as a "match" to allow New Hampshire to use federal funds for

the Healthy Families America home visiting program. HVNH services are available in every county except Sullivan County. HVNH programs across the state serve approximately 700 families per year.

New Jersey

We were not able to find anything resembling a non-mandated parent education or home visitation statute in New Jersey. Outside of the statutes, we discovered that New Jersey promotes home visitation programs that are based on three national “model” programs that require specialized training for home visitors to do this work. All home visitation models have the same goal: to promote strong and nurturing parent-child relationships so that babies and young children grow up healthy, happy, safe and ready to learn. Any woman in New Jersey can be referred into any of these three programs.

The three model programs are the Nurse-Family Partnership (NFP), the Healthy Families Program (HF), and the Parents as Teachers (PAT) programs. The NFP is specifically for first-time pregnant women or new mothers who enroll in services by the second trimester of pregnancy (28 weeks). RNs provide in-home health education and family support to parents to improve the health, well-being and self-sufficiency of first-time mothers, fathers and their children, and will ensure that there are linkages

to other available community services and supports, as needed. Visits start out weekly and become less frequent over time. NFP families are encouraged to participate until your child is two years old.

The HF program provides education and supportive services to new and expectant parents. For most HF programs eligibility is anytime during pregnancy or within the first few weeks of birth, but this may vary by community. Participating families receive ongoing home visits from Family Support Workers (FSWs) that continue from enrollment to age three (some HF programs continue to age five). FSWs link new or expectant parents to existing social service and health care resources, and promote positive parenting and the healthy growth and development of infants and children.

The PAT program is an early childhood parent education, family support and school readiness program serving families throughout pregnancy until their child enters kindergarten. The program is designed to enhance child health, growth and development, and school achievement as appropriate for all participating families. PAT visits are made by certified Parent Educators. Most PAT visits take place at home, but may also include small group meetings about early childhood development and parenting. Participation continues from enrollment up to age five. PAT will

ensure that you have other linkages and referrals to other needed community networks and resources.

Additionally, New Jersey supports the TANF Initiative for Parents (TIP Program). This program is similar to the HF program, but is only for eligible recipients of Temporary Assistance to Needy Families (TANF) or General Assistance (GA). Services may begin in the third trimester of pregnancy and continue until the child turns one. TIP includes a combination of home visits and community-based services with the goal of supporting and educating parents to ensure that infants get off to a healthy start.

New Mexico

New Mexico Statute 32A-23A, or the “Early Childhood Care and Education Act” mandated the establishment of an aligned and comprehensive early childhood system. An important component of this act was the “Standards-Based Home Visiting Program”, which is run by the New Mexico Children, Youth, and Families Department (CYFD) and the New Mexico Department of Health (DOH). The purpose of the program is to promote child development and confident parenting. CYFD contracts with 19 home visiting providers funded by state general funds and by federal monies granted to the state, and operates in 22 of the state’s 33 counties. CYFD

estimates an annual cost of \$3,000 per family served in these programs. Although eligibility for the program is extended universally to all expectant mothers and families of young children, current state funding allows for service to only a small fraction of New Mexico's families. In practice, most programs prioritize service delivery to particularly vulnerable residents. All CYFD programs must meet program standards which have been established across all state-funded programs. The Home Visiting Program has its own set of standards, which are based on research and best practices, and set common expectations (contractually) for quality service delivery from each of CYFD's visits.

Foundation, private, and other federally-funded Home Visiting services are also offered through programs such as St. Joseph Community Health/First Born Program, Early Head Start, Tribal Home Visiting, and others. Additionally, the New Mexico State University Strengthening Families Initiative promotes healthier families and communities in New Mexico by strengthening parent-child and couple relationships, building self-sufficiency, and encouraging healthy behaviors. It includes the: Nurturing Parenting Program, which provides intensive parenting classes enhanced with life skills and nutrition education, and the Family Wellness Program, which teaches practical skills based on proven principles that strengthen, uphold and empower couples and families.

New York

New York Social Services Law Section 429 authorized the Office of Children and Family Services and the Department of Health to issue grants for home visiting programs to prevent child abuse and maltreatment, enhance positive parent-child interactions, increase healthy outcomes for families and empower families to develop and achieve their self-sufficiency goals. Several programs have been established, funded by these grants and federal monies. These include Health Families New York (HFNY), which is an evidence-based, paraprofessional home visiting program that targets expectant parents and parents with infants less than three months of age considered at high-risk for child abuse and neglect. The program prioritizes services to low income, single parents with a history of child abuse/child welfare services, substance abuse, late/no prenatal care, mental issues, and domestic violence. HFNY promotes the use of positive parenting skills that support and encourage children's cognitive and social development, links families to a medical provider, and refers families to additional services based on identified needs. Home visits are conducted by trained paraprofessionals who are reflective of the communities they serve and have completed required training according to HFA standards.

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a national evidence-based program whose purpose is to provide parents with the tools they need to become successful first teachers. There is one HIPPY program in New York state, BronxWorks HIPPY, which has been in operation since 1991. HIPPY prioritizes its services to low income, single-parent families with a history of child abuse/child welfare services who use tobacco, have children with low student achievement and developmental delays, current depression, history of domestic violence, and unemployment. To participate in HIPPY, families must have a child between three and five years of age at the time of enrollment.

New York also has the following national, evidence-based programs: Nurse-Family Partnership (NFP), which focuses on at-risk first time mothers, their infants, and families through home visits conducted by trained registered nurses; Parents as Teachers (PAT), which has 56 sites throughout New York state, focuses on ameliorating or reducing behaviors and/or environmental conditions that contribute to child abuse/neglect and foster care placement and prioritizes services to pregnant women under 21 with a history of child abuse/child welfare services; and Parent Child Home Program (PCHP), which is a home visiting program that prepares young children for school success by increasing language and literacy skills, enhancing social-emotional development, and strengthening the

parent-child relationship through twice-weekly home visits for a minimum of 92 home visits over a two-year period. PCHP targets families with two and three year olds who face multiple obstacles to educational and economic success, prioritizes its services to low-income families challenged by limited parental education levels, literacy and language barriers, lack of transportation, or other barriers, and operates in 32 sites in New York State.

Child-Parent Psychotherapy (CPP), Interpersonal Psychotherapy (IPT), and Incredible Years (IY) are other evidence-based interventions that work in home visitations at the community level. Additionally, many of New York State's county health departments provide maternal and child health home visiting services for pregnant and/or postpartum women and infants.

North Carolina

North Carolina General Statute Section 143B-168.15 and 143B-168.16 provide the rules for state funding of early childhood initiatives and the rules regarding home visitation. 143B-168.16 provides that no early childhood home-centered services including home visits or in-home parenting training shall be allowed unless the written, informed consent of the participating parents authorizing the home-centered services is first

obtained by the local partnership, educational institution, local school administrative unit, private school, not-for-profit organization, governmental agency, or other entity that is conducting the parenting program. The participating parents may revoke at any time their consent for the home-centered services. The consent form shall contain a clear description of the program including (i) the activities and information to be provided by the program during the home visits, (ii) the number of expected home visits, (iii) any responsibilities of the parents, (iv) the fact, if applicable, that a record will be made and maintained on the home visits, (v) the fact that the parents may revoke at any time the consent, and (vi) any other information as may be necessary to convey to the parents a clear understanding of the program.

Three national models of home visiting programs (Healthy Families America, the Nurse-Family Partnership, and Parents as Teachers) provide various levels of interventions to families in small pockets throughout the state. In addition, Early Head Start services are also administered in NC, although not all grantees in the State have elected home-based services as a core component. While each program provides varying levels of intensity and duration of services, they all aim to foster optimal development of children in at-risk families. There is also one county-

specific home visitation program in Cabarrus County for first time pregnant or expecting adolescents.

There are 38 Early Head Start programs, 6 Health Family programs, 15 Healthy Start Programs, 8 Nurse-Family Partnership programs, 85 Parents As Teachers programs, 10 Parent Aide programs, and one other nurse home visiting program in the state.

North Dakota

Section 50-06-06.10 of the North Dakota Century Code provides that the Department of Human Services shall enter into an agreement with the North Dakota state university extension service for the design of a program to educate and support individuals at all points within the family life cycle. The program must provide support for families and youth with research-based information relating to personal, family, and community concerns and must contain a research component aimed at evaluation of planned methods or programs for prevention of family and social problems.

Ohio

Ohio Code Section 3701.61 establishes the Ohio "Help Me Grow" program. The program was founded to encourage early prenatal and well-

baby care, provide parenting education to promote the comprehensive health and development of children, and to provide early intervention services in accordance with part C of the Federal “Individuals with Disabilities Education Act”. There are four key components to the Home Visiting program: evidence-based parenting education curriculum, ongoing screenings and assessments, family need-based referral/resource linkage, and transition to a development-enhancing program/early care and education center. These key components are linked to outcome measures through program goals and outcomes. The program has four goals which are: to increase healthy pregnancies, improve parenting confidence and competence, improve child health, development and readiness, and increase family connectedness to community and social support. Eighty-five percent (85%) of the program’s enrollees must be families consisting of first-time mothers and their child with a family income not in excess of 200% of federal poverty level, or families consisting of expectant mothers with a family income not in excess of 200% of federal poverty level. Other Federally funded programs such as Parents as Teachers also operate in Ohio.

Oklahoma

Oklahoma Statute Section 1-110.1, otherwise known as the “Children First Fund” act, established the Children First program. This is a voluntary family support program that offers home visitation services to mothers expecting their first child. Upon enrollment, a public health nurse works with the mother in order to increase her chances of delivering a healthy baby. In addition, the nurse will educate the mother about child safety and child development. For a woman to enroll in this program, she must be less than 29 weeks pregnant, be expecting her first child, and meet the same income eligibility criteria as WIC and Medicaid.

Additionally, Oklahoma’s CBFRS program was developed to improve the health and development outcomes of mothers and their infants. The model targeted first-time mothers and was designed to provide an intensive level of service through weekly and biweekly visits. Oklahoma’s CBFRS program targets first-time mothers living in rural counties. This program was designed to enhance maternal and child health development by seeking to positively affect mothers’ parenting knowledge and skill, use of community services, family planning, household safety, and child immunization. Federally funded programs such as Parents as Teachers also operate in Oklahoma.

Oregon

Oregon Statute Section 417.795 establishes the Health Families Oregon program, which provides a voluntary home visitation system for local families with children three and under. Section 417.728 expands on this initiative to establish a statewide early childhood system.

The Oregon Parenting Education Collaborative (OPEC) is a multiyear grant program that supports the delivery of parenting education programs. OPEC is a partnership between four of Oregon's largest foundations. OPEC's vision is a stronger statewide system of programs, information, and support for all parents, with a focus on programs reaching parents of children prenatal to age six. By 2020, OPEC envisions that all Oregon parents will have access to high-quality parenting education programs that support them in their role as their children's first teachers. So far, OPEC has established twelve "parenting hubs" that are reaching 19 of 36 Oregon counties. These hubs are providing parenting education programs to previously underserved populations.

Oregon has two evidence-based home visitation practices in place for at risk families: Early Head Start-Home Visiting and Healthy Families America, which is it using federal funds via the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to expand. These programs serve families identified as "at-risk". Federally funded programs such as

Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT) also operate in Oregon.

Pennsylvania

Chapter 3F of the P.S. Health and Safety Code, also known as the Ounce of Prevention Program Act, established within the Department of Public Welfare of the Commonwealth, a grant program for not-for-profit organizations or public entities that provide home visitation services to low-income, at-risk, expectant, first-time mothers and their newborn children and families. The grant program was created for the purposes of strengthening families, promoting early childhood growth and development, improving child health outcomes and reducing the incidence of child abuse and neglect through the provision of home visits. The Act provides that the Department of Public Welfare of the Commonwealth will seek Federal matching funds for this program as available.

Chapter 17A of the P.S. Children Statute, also known as the Children's Trust Fund Act, established the Children's Trust Fund for the purposes of providing educational services in parenting, prenatal care, perinatal bonding, child development and basic child care for those families at risk for child abuse. The Act provides that costs to implement its purposes shall be paid from the Fund, which shall consist of revenue

collected pursuant to a \$10 surcharge on applications for marriage licenses and on all divorce complaints.

Rhode Island

Title 45, Chapter 49.1 of the Constitution of the State of Rhode Island and Providence Plantations, established the Early Childhood Foundation. One central purpose of the Foundation is to provide seed grants to local school districts in support of their efforts to develop parenting skill programs and preschool education for families which cannot afford private nursery school programs.

Title 40, Chapter 19-2 of the Constitution of the State of Rhode Island and Providence Plantations directs the State, under the supervision of the Department of Human Services, to establish a statewide comprehensive adolescent pregnancy and parenting program with the goal of providing adequate parenting programs and comprehensive prenatal and pediatric care to pregnant adolescents. This Act provides that the Department of Human Services will allocate any money in its treasury designated for adolescent pregnancy and parenting programs to implement the purposes of the program.

South Carolina

Section 59-1-450 of the South Carolina Code requires the State Board of Education to promulgate regulations for establishing parent education programs to support parents in their role as the principal teachers of their preschool children. The parent education program is limited to those parents who have children ages birth through five years and that choose to be in the program, with special efforts to recruit parents whose children are at risk for school failure.

South Dakota

We were not able to find anything resembling a non-mandated parent education or home visitation statute in South Dakota.

Tennessee

Title 68, Section 125, of the Tennessee Code provides for in-home visitation programs for families of children from conception to school age that promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve the health of the family, and empower families to be self-sufficient. The Code also requires the Department of Health and any state agency that administers funds related to in-home visitation programs shall ensure that 75% of state-appropriated funds expended for such services are used for evidence-based models.

Title 49, Section 205, of the Tennessee Code states that the Department of Education shall develop a program of technical support and assistance for local education agencies that initiates implementation of family life education in conformity with the guidelines established by the state Board of Education.

Texas

During the 83rd Texas Legislative Session, Senate Bill 426 was passed, which amended chapter 531 of the Government Code requiring the Health and Human Services Commission to create a strategic plan to serve at-risk pregnant women and families with children under the age of six years who are born with, or exposed to, one or more risk factors through voluntary enrollment home visitation programs. The Commission is instructed to actively seek and apply for any available federal funds to support home visiting programs, including federal funds from the Temporary Assistance for Needy Families program. Further, the Commission must ensure that at least seventy-five percent of funds appropriated for home visiting programs are used in evidenced-based programs.

Utah

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Utah. However, through federal grants, Utah has The Office of Home Visiting (OHV) and the Prenatal to Five Nurse Home Visiting Program, Utah Department of Health programs. The OHV acts as a support and resource center for entities interested in implementing an evidence-based or research-informed home visitation program. They support the Health Family America, Nurse-Family Partnership, and Parents As Teachers program models. The Prenatal to Five Nurse Home Program uses home visits by local health department nurses to strengthen the capacity of families to meet the health and developmental needs of their children. State staff provide consultation, technical assistance, standards development, and training related to home visiting. Additionally, Parents as Teachers programs in the state are funded and supported by volunteer time through agencies such as the Utah Development Council, state and federal grants, United Way, school districts, and Utah State University.

Utah contributes state funds (to go along with Federal funds) to support Baby Watch Early Intervention Program and Family Preservation home visitation programs in the state. Federally funded programs like

Early Head Start and Head Start that provide parent education services also operate in Utah.

Vermont

Title 33, Chapter 37, of the Vermont Statutes provides for grants for parent-child centers. Parent-child centers means a community-based organization established for the purpose of providing prevention and early intervention services such as parenting education, support, training, referral and related services to prospective parents and families with young children including those whose children are medically, socially or educationally at risk. In order to be eligible for a grant under this chapter a parent-child center shall: (1) receive some funding from one or more private, local or federal source. Contributions in kind, whether material, commodities, transportation or office space, may be used to satisfy the contribution requirement of this subdivision; (2) qualify for tax exempt status under the provisions of section 501(c) of the Internal Revenue Code; (3) have parent representation on its board of directors; (4) represent a designated geographic catchment area. A parent-child center funded under this chapter shall: (1) provide leadership in the coordination of services for families with other community service providers; (2) provide such financial or programmatic information as may be necessary to enable

the secretary of the agency of human services to evaluate the services provided through grant funds, the effect of such services on consumers of these services and an accounting of the expenditure of grant funds; and (3) participate in an annual peer review process conducted by the parent-child center network and the agency of human services.

Vermont also provides for the Healthy Babies home visitation program, which was designed to provide a welcome visit to every newborn in the state. Administered by the Department of Health, the Healthy Babies program is part of a larger governor's initiative focused on family support and child development and well-being.

Virginia

We were not able to find anything resembling a non-mandated parent education or home visitation statute in Virginia.

However, the Virginia Home Visiting Consortium supports many home visiting programs for Virginians as well. These include BabyCare, CHIP of Virginia, Early Childhood Special Education, Early Head Start/Head Start, Early Intervention, Healthy Families, Nurse-Family Partnership, Parents as Teachers, Project LINK, Resource Mothers Program, Virginia Healthy Start, and Virginia Medicaid Managed Care programs.

Washington

Under Section 43.215.147 of the Washington Code, the Department of Early Learning shall fund evidence-based and research-based home visitation programs for improving parenting skills and outcomes for children. Home visitation programs must be voluntary and must address the needs of families to alleviate the effect on child development of risk factors such as poverty, single parenthood, parental unemployment or underemployment, parental disability, or parental lack of education. In order to maximize opportunities to obtain matching funds from private entities, general funds intended to support home visiting funding, shall be appropriated to the home visiting services account established in Section 43.215.130 of the Code. Funding of that account consists of appropriations by the legislature among other sources.

Section 70.190 of the Washington Code provides that the state Family Policy Council must annually solicit proposals from various community networks aimed at improving the quality of services provided at the community level. Section 70.190.080 of the Washington Code provides that a community network plan may include funding of community-based home visitor programs which are designed to reduce the incidence of child abuse and neglect within the particular network.

Parents seeking to participate in such a program must sign a voluntary authorization for services, which can be withdrawn at any time. The program may provide parents with education and support either in parents' homes or in other locations comfortable for parents, beginning with the birth of their first baby. The program may make the following services available to the families: (a) visits for all expectant or new parents, either at the parent's home or another location with which the parent is comfortable; (b) screening before or soon after the birth of a child to assess the family's strengths and goals and define areas of concern in consultation with the family; (c) parenting education and skills development; (d) parenting and family support information and referral; (e) parent support groups; and (f) service coordination for individual families, and assistance with accessing services, provided in a manner that ensures that individual families have only one individual or agency to which they look for service coordination. These programs are intended to be voluntary for the parents involved.

West Virginia

We were not able to find anything resembling a non-mandated parent education or home visitation statute in West Virginia.

Wisconsin

Section 48.982 of the Wisconsin Code establishes a Child Abuse and Neglect Prevention Board, the goal of which is to biennially, develop a plan for awarding grants and providing technical assistance to organizations, and to provide child abuse and neglect prevention information and services across the state. The Board is also tasked with awarding grants to organizations for programs for the primary prevention of child abuse and neglect, including: (a) community-based family resource and support programs that provide services or education to families, including services or education relating to support of parents, perinatal bonding, child development, care of children with special needs, respite care, and prevention of sexual abuse; and (b) community-based programs relating to crisis care, early identification of children at risk of child abuse or neglect, and education, training and support groups for parents, children and families.

Under Section 115.92 of the Wisconsin Code, any school board may establish a program for school age parents who are residents of the school district. The program shall be designed to provide services and instruction to meet the needs of school age parents, including education on the skills required of a parent; family planning, including natural family planning; and instruction on adoption and adoption services. “Family

Planning” is defined in Section 253.07(1)(a) as voluntary action by individuals to prevent or aid conception. “Family planning” does not include the performance, promotion, encouragement or counseling in favor of, or referral either directly or through an intermediary for, voluntary termination of pregnancy, but may include the providing of nondirective information explaining any of the following: (a) prenatal care and delivery; and (b) infant care, foster care or adoption.

Wyoming

Section 14-9-108 of the Wyoming Code provides for the award of grants to applicants who develop a system for the development of a continuum of non-secure services, including early intervention, diversion, community service and other sanctions which may include citations, counseling, parenting education, day treatment, and aftercare following twenty-four (24) hour placements. For grants awarded to community boards, services for juveniles under the above section are to be paid cooperatively by the departments of family services, health and education to the providers of those services. For grants awarded to counties acting with an advisory board, services shall be paid by the county from grant funds provided to the county.

Under Section 14-3-429 of the Wyoming Code where a child is found to be neglected, a court may require the child's parents or guardian to attend a parenting class or other appropriate education or treatment designed to address problems which contributed to the adjudication and to pay all or part of the cost of the class, education or treatment in accordance with the court's determination of their ability to pay.

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