Nebraska Young Chi	te Statewide	Home Visi	ting Initatives			Nebraska Young Child Institute Statewide Home Visiting Initatives					
Initiative	Funding Source(s)	# served (capacity)	Age Range	Monitoring/TA Provided by	Frequency & Duration of services	Family Support/Parenting Education offered	Evidence-Based Models/Curricula (selected by community)	Initiative	Eligibility Requirements	Outcomes Evaluated	Components unique to HV Initiative
Nebraska Maternal Infant Early Childhood Home Visiting (NMIECHV)	state & federal	330	prenatal-3 years	Nebraska Department of Health and Human Services	weekly 1 hour visits on level 1 then as family success & confidence grows, they level up & are seen less frequently	individualized	Baby	Nebraska Maternal Infant Early Childhood Home Visiting (NMIECHV)	Priority for serving high risk populations: families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection \$11(b)(1)(A); low-income families; families with pregnant women who have not attained age 21; families that have a history of hid abuse or neglect or have had interactions with child welfare services; families that have a history of substance abuse or need substance abuse treatment; families that have users of tobacco products in the home; families that are or have children with low student achievement; families with children with down student achievement; families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.	Benchmarks: Maternal & newborn health; Maltreatment, injury and Emergency room visits; School Readiness & Achievement; Domestic Violence; Family Economic Self- Sufficiency; Coordination of Resources and Referrals	Collects data to be used in nationwide early childhood initiatives. Individual communities gather stakeholders to make decisions that are best for their specific priorities in a place-based system of planning.
Sixpence	state, private & local	926	prenatal-3+ years	Nebraska Children and Families Foundation	At least 3 times/month for a totatl of at least 180 minutes per month. At least 2 of the 3 contacts must be individual personal visits totalling 120 minutes.	at least once per month parent education opportunitites offered	Parents as Teachers, Growing Great Kids, Partners for a Healthy Baby	Sixpence	Families must qualify under at least one risk factor: children (birth to age 3)whose family incom would qualify them for paticpationin the federal free or reduced lunch program; who were born prematurely or at tow birth weight, as verified by a physician; who reside in a home where a language other than spoken English is used as the primary means of communicaiton; whose parents are younger than twenty at the time of enrollemnt, or who have not completed high school.	Program Quality, Parent-Child Interactions, Child Development outcomes, Family Protective Factors	Innovative & unique Public-Private partnerships & funding structure (Endowment): created by NE legislation; Board of Trastess; grants to school districts in partnership with community providers; customized to community needly resouces; 100% community match; dedicated TA; robust evaluation;
Early Head Start & Head Start	federal	varies	EHS: prenatal- 3 years HS: 3-5 years	Head Start Performance Standards Federal Review	weekly 90 minute home visits	2 socializations/ parent meetings per month	Parents as Teachers, Heathy Families America- Growing Great Kids, Partners for a Healthy Baby	Early Head Start & Head Start	Focus is to serve high risk population. Main indicator is family is 100% Federal Poverty Guideline (Income Qualifying); if everyone that is income qualifying is being served on wall is then able to serve 130% Federal Poverty Guideline; 10% of our enrolled children can be over income; 10% of our enrolled children need to be verified with a disability; children who are foster children, homeless or on public assistance also qualify.	Child School Readiness Goals; Parent, Family, & Community Engagement framework goals; Program Information Report; Health Outcomes; Parent Outcomes; Program Quality; Annual Self Assessment.	Comprehensive Program that encompasses all child development learning domains, but also program supports around mental health, health and nutrition, and family support/referrals. Parents are an essential svoice to our program on an individual level with their own children, but also in decision making for the local level programs, as well as the delegate/grantee agency program-wide decisions.
Buffet Early Childhood Institute	state & private	150	birth-3rd grade	Buffett Early Childhood Institute	1 hour visits 3 times per month until age 3 then as needed. Weekly book bag exchanges until age 5.	individualized		Buffet Early Childhood Institute	Families must live in the attendance area of one of the 12 schools participating in the Superintendents' Plan. Priority for families that are at risk which include, but not exclusive to income, immigrant or non English speaking families, teen parents, education level of parent (s), children with developmental delays, etc.	Child Outcomes, Program Efficacy, Parent-Child Interactions, Family Risk & Resources Inventory	Participating in research of Initiative which is being completed through UNMC Monroe Meyer and University of NE at Lincoln
Visiting Nurse Association	federal, state & private	250	prenatal-5 years	Visiting Nurse Association	various- weekly to monthly, to quarterly (depends on program)	Individualized family support through nurse, social work, parent support worker. Socialization events monthly.	Healthy Families America- Growing Great Kids and locally developed home visiting models.	Visiting Nurse Association	Love & Learn Teen and Young Parent Program: <26 at admission, pregnant or parenting in Douglas or Sarpy County, Healthy Families America: 22 or older, pregnant or parenting a 3 month old or less at admission, Douglas County, < 150% of poverty guidelines OR referred by DCFS. Project WIN: pregnant or parenting, high risk situation	Program Quality, Outcome Measures- will follow Benchmarks	Public Health Nurses, Certified Lactation Consultants