The Maternal, Infant and Early Childhood Home Visiting Program – Overview

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Home Visiting – An Overview

Objectives
Structure
Funding Mechanisms
Progress
Why Do We Need a National Home Visiting Program?

- Approximately 4 million babies born every year
- 32 million children live in poverty
- In 2012, Child Protective Service Agencies received an estimated 3.4 million referrals involving approximately 6.3 million children.
- Approximately 24,000 babies die before first birthday each year, and U.S. rate lags behind other industrialized nations.
Why Home Visiting, continued…

• Early childhood is a critical time in a child’s life.
• All parents can benefit from support around the time of birth and during the early years of life.
• The home is the first and most important learning environment for children.
• Evidence-Based Home Visiting services have been proven effective in improving child and family outcomes.

Source: Georgia MIECHV Leadership Team

AMCHP
A Concept Whose Time Has Come

A Public Health Nurse makes a home visit in 1950 rural Alamance County.

Above Photograph courtesy of NC Department of Health
Right Photo Courtesy National Library of Medicine
Creation of Federal Program to Support Local Home Visiting

• Prior to 2010, a patchwork quilt of funding.
• In 2010, Congress established the Maternal, Infant, and Early Childhood Home Visiting Program – New Sec. 511 of the Title V Statute
• Created mandatory appropriations totaling $1.5 billion over 5 years. Split between formula and competitive grants.
• Last spring, Congress extended through March 20, 2015.
MIECHV is administered by the Health Resources and Services Administration (HRSA) in collaboration with ACF.

MIECHV is designed to:

1) Strengthen and improve the programs and activities carried out under Title V of the Social Security Act;

2) Improve coordination of services for at-risk communities;

3) Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.
Key Features of the Statute

Assessment –

• Identify communities that are at risk for poor maternal and child health and have few quality home visitation programs.

• Identify communities that have a concentration of risk factors for premature birth, low-birth weight infants, infant mortality, poor maternal and child health, poverty, crime, domestic violence, high drop-out rates, substance abuse, unemployment, and child maltreatment.

• Priority to provide services to families who are determined to be at-risk by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare

Source: Title V, Sec 511 (A)
Focus on Outcomes

Measurable improvements in:

- improvements in maternal and child health,
- childhood injury prevention,
- school readiness and achievement,
- crime or domestic violence,
- family economic self-sufficiency, and
- coordination with community resources and supports.

Source: Title V Sec 511(d)
Focus on Quality

(i) The program adheres to a clear, consistent model...
(ii) employs well-trained and competent staff...such as nurses, social workers, educators, child development specialists, or other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.
(iii) maintains high quality supervision to establish home visitor competencies.
(iv) demonstrates strong organizational capacity to implement the activities.
(v) establishes appropriate linkages and referral networks to other community resources and supports for eligible families.
(vi) monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.

Sec.
Evaluation

Requires the Secretary to conduct evaluations of the state assessments and home visitation programs...including a report to Congress by March 31, 2015.

REPORT AND RECOMMENDATION.—Not later than December 31, 2015, the Secretary shall submit a report to Congress...including:

(A) information regarding the extent [of]...demonstrated improvements in each of the [participant outcome] areas,
(B) information regarding any technical assistance provided, and
(C) recommendations for such legislative or administrative action as the Secretary determines appropriate.

Source: Title V Sec 511(h)
Progress to Date

Examples of Statewide Systems Improvements

Enrolling more families
Providing services for a longer period of time
Increasing the number of staff
Expanding opportunities for staff development
Increasing capacity to outreach to and build relationships with community partners
Updating website or outreach materials
Purchasing evidence-based curricula or screening tools
Progress Continued

- Access to Web-Based Data Collection and Reporting Systems
- Statewide Coordinated Intakes
- Exploration of creative uses of tele-health technology to enhance family support services
- Development of a Learning Management System for field staff
- Home Visiting Evaluation
- Competency requirements for workers and supervisors
- Family Support Research Dissemination
Key lessons Learned

(1) challenges in completing home visits at recommended levels of intensity,
(2) challenges in maintaining enrollment;
(3) challenges in assessing the quality of the home visitor-participant relationship;
(4) the need for flexibility in program management and evaluation during times of uncertainty;
(5) the importance of feeding program-level experiences and data into system-level decisions and improvement plans; and
(6) the central role of positive relationships and collaboration among partners.

What’s Next?

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