

Home Visiting Expansion

Key Questions

Our infographic, [Envisioning Your Home Visiting Expansion](#), describes home visiting expansion as a collaborative, highly inclusive, and comprehensive endeavor. Discuss the following questions and considerations with your partners to begin your expansion effort .

To articulate WHY it's important for your community to expand home visiting, consider:

What motivations underpinned previous or other existing efforts?

- What was your model selection process for MIECHV or other funding streams? Was it inclusive and strategic? How might it be improved?
- What can local efforts, such as at the county or city level, teach you about selecting home visiting services or home visiting expansion in your state or community?

How are issues of equity and inclusion being addressed?

- How are community motivations (pregnant and parenting community members and providers) centered?
- How does the [State of Babies Yearbook](#) information or [other data](#) on health disparities drive your effort?

How will this effort align with other systems' goals and efforts, or other state or community initiatives (e.g., early childhood system development plans, preschool initiatives, Title V goals)?

- Though alignment and integration can add a layer of complexity, how might they create opportunities for leveraging funding and achieving efficiency in service delivery?"



What are current community trends? How has the community changed since home visiting was introduced?

- What data do you have about the current state of your field (e.g., home visiting service data, recent needs assessments, or environmental scans)?
- What models are currently being implemented? What primary outcomes are they addressing? How does the existing set of services meet the identified needs?
- **Resources that can support a community mapping effort:**
 - [Community Tool Box: Identifying Community Assets and Resources](#)
 - [NCSET: Essential Tools–Community Resource Mapping](#)
- What populations or geographic areas are receiving services? Are there gaps in service delivery or communities that are not engaging in available services? What does your needs assessment or other data say about populations served or geographical area? Consider how your current array of services may be related to uptake.
- **Resources for assessment and planning:**
 - [HRSA: A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update](#)

How do funding requirements or expectations impact your motivation? It's not unusual for funding opportunities or guidelines to drive the expansion process.

- What funding streams support home visiting? Are they stable? Are they diverse?
 - **Learn about Pennsylvania's journey:**
 - [Forward Thinking: Diversifying Funding to Grow and Sustain Evidence-Based Home Visiting in Pennsylvania](#)
 - What is the current funding level? How much capacity does the current funding level support, and does this meet the needs of your state or community?
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To help determine how you might frame and organize your home visiting continuum, consider:

Which aspects of home visiting services are most important to articulate in your state or community (reference your continuum why)?

- What continuum criteria will demonstrate alignment with goals and vision?
- How are funding streams coordinated, braided, or blended?
- What adjunct services will you include and describe?
- It may be helpful to include supportive systems that bolster multiple home visiting services and models, like a centralized intake method, infant mental health consultation, or a unified data system." Are there other components important to include in your system?

- If your community has developed a comprehensive early childhood system, it may also be helpful to describe how your home visiting continuum fits in the larger system. In this case, you may want to include complementary services such as services for homeless families, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or infant and early childhood mental health services.
 - How might you convey your vision to gain understanding and support? For example, a quilt – implying everyone is covered, a staircase – making progress from a stable foundation of home visiting services, or a map – showcasing geographic coverage areas.
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To help ensure a successful, collaborative process, consider:

- Are all stakeholders at the table?
 - Think beyond the usual partners and state government staff.
 - Where is the parent voice?
 - Who are other home visiting drivers in your community?
 - How will you lift up the home visitor perspective?
 - Who are the program leaders?
 - Who will champion and facilitate this work?
- What are equitable roles and responsibilities for all partners?
 - Be transparent and address power imbalances.
 - Articulate how decision-making power is shared and equitable.
- How is this effort resourced?
 - Professionals need time.
 - Community members and parents should be compensated for the critical expertise they bring.
- How will you build an iterative process and move away from linear growth ideas, with the knowledge that our systems are constantly changing?
- How will you utilize existing frameworks to guide your work together? You could use an established collaborative framework to guide your work together, such as:
 - [Hand in Hand - A Community Framework for Early Childhood Collaboration](#)
 - [AMCHP Roadmap for Collaboration among Title V, Home Visiting and Early Childhood Systems Programs.](#)



ZERO TO THREE

If you are interested in getting more support for your collaborative home visiting expansion work,

[Contact the ZERO TO THREE State Policy Team](#)

Visit our [home visiting expansion video library](#) to hear advocates share about expansion efforts in their states.

Helpful Links:

- [Home Visiting Continuum Infographic](#)
- [Home Visiting Continuum Video Playlist](#)

