

The Maternal, Infant, and Early Childhood Home Visiting Program: Smart Investments Build Strong Systems for Young Children

Parents play the most active and influential role in their baby's healthy growth and development. Unfortunately, many parents face obstacles—such as those caused by stress, language barriers, geographic and social isolation, and poverty—that impact their ability to fully support their baby's development during the critical early years. Voluntary home visiting programs have been shown to be an effective way to support families and children experiencing these risks because they reach families where they live and tailor services to meet their individual needs. They are particularly important for reaching families with very young children, who often are not seen in more formal settings, such as preschool.

Although home visiting programs have existed for decades, in 2010 Congress established the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to provide federal funds to states and tribal entities to support voluntary, evidence-based, home visiting services to at-risk families. One of the less well-known values of the MIECHV program is its role in enhancing and helping intensify state efforts to create strong systems of services that use public resources efficiently and meet families' needs more effectively. These systems provide a broader setting for the evidence-based, home visiting approaches at the heart of the federal program.

For more than a decade, the federal Early Childhood Comprehensive Systems (ECCS) program has helped state administrators plan how to provide the ingredients that children need to grow up healthy and ready to learn by addressing their physical, emotional, and social health in a coordinated way. When blended together, the ECCS and MIECHV programs are helping states make strides to build high-quality, comprehensive statewide early childhood systems for pregnant women, parents and caregivers, and children living in at-risk communities. Such strong systems are key for making sure that federal investments are maximized to most efficiently meet the needs of young children when it matters most—during the early learning years.

A Dad's Perspective

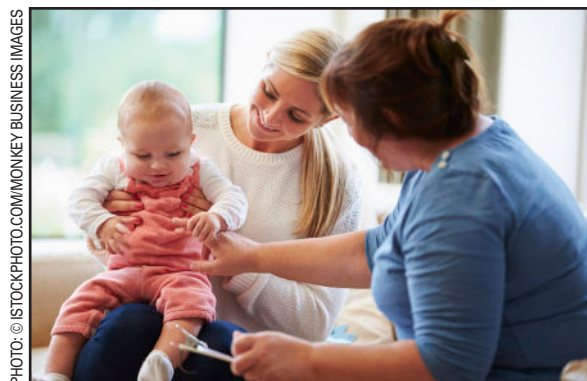
"Layla was born 2 years ago, 6 weeks early. She was addicted to methadone and had marijuana in her system. She was moody, had the jerks, and would lose her breath. It was very scary. My childhood wasn't that great, but I knew I wanted better for Layla.

But taking care of a baby alone is hard. I didn't know how to do all those things a baby needs. When I got the call from Catawba Valley Healthy Families asking me if I wanted to join their program, I couldn't believe it. Here was someone wanting to teach me how to take care of my daughter. And if I was going to have a chance to give Layla a better life, I needed help.

Morgan with Barium Springs has been coming to see us for a while now. She answers my questions about baby stuff. She brings books for me to read to Layla. She helps me remember all the doctor's appointments. We work together to make sure Layla is doing things a baby should do at her age.

Today, I have a 2-year-old daughter who is healthy and happy. We go to church, go to the park, and read stories at night. She's 2 and doesn't listen sometimes, but Morgan has showed me how not to get angry. She's coached me on disciplining Layla the right way. I don't want Layla to be afraid or get hurt when she gets in trouble like I did."

—Jonathan, Burke County, North Carolina¹



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The MIECHV Program

Families in all 50 states, the District of Columbia, and the U.S. territories are benefiting from the MIECHV program—the voluntary, federal, home visiting program. The MIECHV program was authorized in 2010 as an addition to the maternal and child health section of the Social Security Act. The original authorization provided \$1.5 billion over 5 years to states and territories to improve the health and developmental outcomes of children through evidence-based, home visiting programs.² In 2014, Congress reauthorized the program for an additional 6 months, through March 2015.

The majority of funding is used to implement program models with demonstrated evidence of effectiveness as defined by the federal Home Visiting Evidence of Effectiveness (HomVEE) evaluation (<http://homvee.acf.hhs.gov/>). Remaining funds can be used to implement and evaluate “promising” approaches. In all cases, the funds are expended in communities deemed at-risk on the basis of characteristics such as infant mortality, low birth weight, poverty, crime, and other indicators of risk.

To receive funds, grantees must commit to demonstrating improvement across several benchmark areas, including coordination and referrals to other services. Why is coordination and referral so important? Many of the families served by the MIECHV program have complex needs, and their children do, too. Some have unmet health or mental health needs; others struggle for the basics of food and shelter; still others may be living in violent environments. It is challenging for them to navigate through myriad programs. When supports are coordinated as part of an integrated early childhood system, duplication of services is minimized, and appropriately targeted services are maximized, strengthening the life trajectory for many young children.

An important nexus exists between the MIECHV program and the federal ECCS program. The ECCS program predates the MIECHV program, as it began in 2003 and provides grants to states to build multipartner, integrated, early childhood systems that improve the well-being of young children. In 2013, the program refocused to better support early childhood initiatives, such as the MIECHV program. Alignment between the MIECHV and ECCS programs allows both programs to deepen their work, securely establishing evidence-based home visiting as a core strategy within early childhood systems. State administrators are leveraging both funding streams to provide necessary supports to at-risk children and are building out the vision of comprehensive systems.

One Family’s Story

Two-year-old Michael was not meeting some developmental milestones when his parents enrolled in the Early Head Start Home-Based program with Denise Louie Education Center in King County, Washington. Michael’s mom, Elena, was struggling with health issues and advancing her basic literacy skills, so she couldn’t connect with Michael or establish routines for him. Elena’s parents, with whom the family live, were handling most of Michael’s care.

“Mom struggled knowing how to meet her child’s needs in a consistent manner,” the home visitor said. “She found it difficult how to respond to him at times.” The home visitor worked with Elena to offer information and boost her confidence in her parenting skills. At first, Michael had a very short attention span, frustrating Elena as she tried to work with him. But with guidance from the home visitor about the importance of building consistency and demonstrating her commitment, Elena has helped Michael improve his concentration.

“Now when I arrive,” the home visitor said, “Michael asks his mom to take out his little table and chair, and he sits and is ready to start the activities.”

Such a foundation was important in helping Michael improve his language development, which was initially a concern. With the help of the home visitor, Elena decided to pursue more services, and Michael was enrolled in a specialized speech and language program. He soon advanced to meet age-appropriate benchmarks.

Elena and the home visitor have been working collaboratively to provide the necessary resources and services that are responsive to the family’s needs, goals, and interests. Elena has been able to reduce her stress levels by prioritizing her personal goals and managing her health issues—giving her more room to stay involved with Michael and set him up for success.

—Thrive by Five Washington³

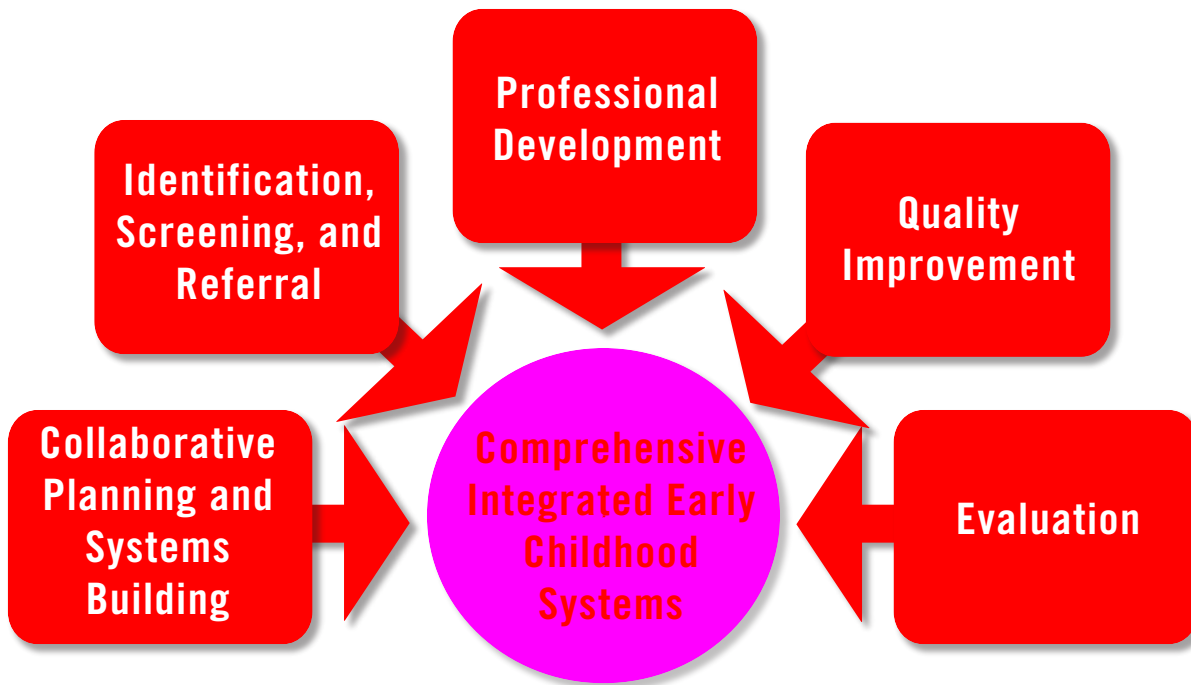
Building Comprehensive Systems to Support Children’s Development

With leadership and incentives from the federal government, many states are taking important steps to build comprehensive early learning systems so that young children have the best start in life. State administrators are working to coordinate leadership and financing of programs; align standards; and ensure accountability across

the fields of health, mental health, home visiting, early care and learning, early intervention, and child welfare. Systems-level work is a complex endeavor, but one that leads to more timely and targeted services that will ultimately save taxpayers money and contribute to a school-ready, career-ready workforce.

There are several key strategies for integrating home visiting into a comprehensive early childhood system—collaborative

planning and systems building; identification, screening, and referral; professional development; quality improvement; and evaluation. Using the MIECHV program, states are making progress in each of these areas, as illustrated by the examples that follow.



Collaborative Planning and Systems Building

“One of the greatest accomplishments was increased communication among people who actually know each other but were not familiar with each other’s work and outcomes. During council meetings people learned from each other, found many community strengths, and have begun working together with an organized focus on early childhood.”

—Report on the Montana Best Beginnings Advisory Council

Collaborative planning begins with identifying stakeholders across the related systems that support families and young children and working to build awareness and understanding of what each partner does. As relationships deepen, partners can begin to conceptualize possible projects

that cross systems and develop proposals for carrying out the ideas. Some may engage in strategic planning, using that as a vehicle for building alignment around vision, mission, and activities. The MIECHV program is a catalyst in many states and local communities for these systems-building conversations to take place and for successful implementation of collaborative efforts.

- **California:** The California Home Visiting Program—with funding from both the MIECHV and ECCS programs and operated under the California Department of Public Health, Maternal, Child, and Adolescent Health Division—provides essential leadership in the state for

cross-agency, systems-change work. With the goal of building strong interagency systems and strengthening partnerships to better support at-risk children, a strategic planning process launched in 2013 brings together

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public health, maternal and child health, child abuse and prevention, First 5, Early Head Start and Head Start, and Race to the Top Early Learning Challenge to develop a cross-agency agenda. With leadership from the California Home Visiting Program, these partners are working to strengthen screening and referral; promote interventions to mitigate adverse effects of toxic stress; and build knowledge in the early childhood workforce to better understand brain development, reduction of toxic stress, and resiliency. In addition, they are working to align data across programs to build a statewide longitudinal data set that crosses early childhood investments and the MIECHV program.

- **Montana:** The Best Beginnings Advisory Council brings together representatives across early childhood systems to develop and implement a statewide plan for early childhood services. Twenty-five local coalitions complement the state-level work to increase coordination in towns, counties, regions, and Native American reservations. The local coalitions undertake community needs assessments; develop plans and priorities for the early childhood system; provide professional development; build capacity, infrastructure, and communication; focus on sustainability; and support the implementation and integration of home visiting programs within the early childhood system. The MIECHV program resources helped to strengthen the state Best Beginnings Advisory Council and to expand the number of local coalitions.
- **Washington:** The MIECHV program provides the funding necessary for Washington to realize home visiting strategies included in the state's early learning plans. A strong public-private partnership—inclusive of the Department of Early Learning, the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services, Thrive Washington, and other state and local stakeholders—informs the design and implementation of the Early Learning Plan and the Birth to Three Plan. Together, these partners set a common vision, define common outcomes, and identify strategies for action—including home visiting. Regional early learning coalitions work to carry out the vision. At the same time, 21 counties are receiving further support to expand and support a portfolio of home visiting programs as part of the Home Visiting Services Account (HVSA). In 2010, the state legislature created the HVSA to blend federal, state, and private dollars to efficiently and effectively serve families across the state with high-impact home visiting services and to provide ongoing technical support to continuously strengthen practices. In the Fiscal Year 2013–2014, it was expected that federal funds would compose 71% of the HVSA.

Identification, Screening, and Referral

“Well before MIECHV, we worked on a framework that would create a universal community-level system to identify expecting parents and families with young children. We believed that the economic prosperity of a community was tied to the health of families, so we wanted to help create communities where every birth was welcomed and every family celebrated. It was clear to us that a centralized intake system would be key for ensuring all families received the services they needed. With MIECHV, we’ve been able to make this vision a reality.”

—Carol Wilson, Georgia MIECHV Program Coordinator

Activities focused on identification, screening, and referral aim to ensure children and families receive the services they need and do not fall through the cracks. Some states and localities are working to create centralized intake processes, including the use of common applications, screening tools, and decision trees that ensure families are referred to programs that best fit their needs. Others have created community hubs where a family can go for centralized access to myriad services. These intake processes often encompass a range of programs and services, including home visiting. In some states, the MIECHV program has been instrumental in bringing about the effort to make services more seamless for families, reducing duplication and maximizing efficiency.

- **Georgia:** With MIECHV program funding and leadership provided by the Governor's Office, Georgia is working to build a statewide central intake system—Great Start Georgia—and a related data system to reach every expectant woman and new family and to efficiently link them to targeted services in the community. There are multiple mechanisms to identify families who could benefit from the central intake system: With support of the Department of Public Health, all electronic birth certificates are scanned to identify families who might be at risk; a statewide toll-free number and a portal on the Great Start Georgia website are also available for families to directly inquire about services; and local providers are able to screen families and refer them to the central intake system. The central intake database provides a way to input information about families into the system, for the information to then be analyzed, and for relevant referrals to be made and monitored. Families are referred to both home visiting programs (MIECHV and non-MIECHV) and an array of services (e.g., mental health, substance abuse, child safety, school readiness, parent support, and others).

- **Michigan:** Eight pilot communities in Michigan are working to create local centralized access systems for families in need of services. With leadership from the Michigan Department of Community Health and MIECHV program funding, these communities are implementing local centralized access hubs that represent a collaborative community partnership. The state administrators provided guidance to the communities but allowed them to develop their own models, as state leaders felt that it was most important for communities to tailor their approach on the basis of their community resources and needs. The state administrators connect the pilot communities so that they can learn from one another and share practices.
- **Virginia:** Virginia supports centralized intake in four regions with MIECHV program funds. In some locations, the home visiting focus is augmented with an emphasis on behavioral health assessment and intervention. In these areas, a brief behavioral health high-risk screening tool is being woven into the home visiting centralized intake process. The assumption is that use of this tool will help to identify mothers in need of mental health, addiction, or domestic violence intervention services and, thus, promote collaboration and integration across home visiting, health, and mental health. Also of note is the fact that the state Medicaid agency reimburses medical professionals for repeating the screen of either parent in the obstetric, postpartum, and well-child visits.

Professional Development

“Our intent is to lay a common foundation so that all those who work with New Mexico’s families are able to help parents better understand and support their children, including those who are very young.”

—Soledad Martinez, Home Visiting Program Manager,
New Mexico Children, Youth, and Families Department

Partners across systems can look at ways to collaborate around professional development, creating opportunities for staff to increase their understanding of related fields. The development of core knowledge and competencies for staff that cut across systems is one activity that some states are undertaking. Others are developing joint training opportunities and specialized credentials. Further, some are working with higher education to increase cross-disciplinary course offerings and to support the development of career pathways.

- **Rhode Island:** With leadership provided by the Rhode Island Department of Health and funding from the MIECHV program, home visitors across disciplines and

programmatic models have worked together to develop a set of core competencies that define the expected knowledge and skills of all those who provide home visiting services. Learning collaboratives bring professionals together across disciplines to master the knowledge and skills that compose the core competencies. Further, training specialists from home visiting, Early Head Start, early intervention, and child welfare are working to create a coordinated professional development system, inclusive of higher education, that may also include a registry for professionals to record progress on achieving core competencies.

- **Iowa:** The Iowa MIECHV program team is facilitating the development of an integrated professional development system to build the capacity of all family support professionals in the state. The stated goal is to create a workforce that is highly skilled, competent, trained, and credentialed and that empowers families to reach their fullest potential. An infrastructure for professional development is being built to unite multiple sectors, including early learning, family support, early intervention and health, mental health, and nutrition. With MIECHV program leadership, this work is taking place at the state, regional, and local levels, touching more than 800 family support professionals (e.g., home visitors, early interventionists, and parent educators) and approximately 160 family support programs. Core professional development projects include the following: a learning management system, including a virtual classroom; an online competency assessment; specializations or endorsements for family support professionals; and a workforce study that can inform future professional development strategies.
- **New Mexico:** The New Mexico Children, Youth, and Families Department—the state grantee of the MIECHV program—is committed to supporting home visiting staff across early childhood systems to ensure that they have the understanding, awareness, and language to help families support the social and emotional development of their very young children. Home visitors are required to be trained in relationship-based practice, pregnancy and early parenthood, parent–child interaction, infant–child growth and development, community resources, and other related areas. The guidance on social–emotional development focuses particularly on families who face attachment challenges. The Circle of Security is a state-sponsored program that provides training on reading and responding to children’s cues as well as building their sense of safety and comfort. All staff members of home visiting programs funded by MIECHV receive training from the Circle of Security. They also receive at least 2 hours per month of

individual reflective supervision, and they have access to a master's-level licensed mental health professional for consultation.

Quality Improvement

“Somebody said once that you don’t need to predict the future when you can create it. The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) is the first-ever national improvement collaborative in home visiting at a time when home visiting may or may not become national policy. Contributions of the HV CoIIN can help decide such an outcome. It provides us a once-in-a-lifetime opportunity to make a difference in the ability to attain the American Dream for generations of children to come.”

—Carlos Cano, U.S. Maternal and Child Health Bureau

Quality improvement is a cornerstone of the MIECHV program and is being used by many states to stimulate system-wide opportunities for promoting quality. State Early Learning Guidelines and Quality Rating and Improvement Systems (QRIS) are emerging as key strategies for articulating expectations about services for young children. Quality improvement can also be addressed when programs use specialized consultants to contribute additional knowledge and experience, such as when home visiting teams include a mental health specialist or when home visitors receive training in child development from an infant-toddler specialist.

The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) is engaging 13 MIECHV program state, tribal, and nonprofit grantees in a time-limited (18–24 months) learning activity that brings together and supports MIECHV program grantees and teams from local implementing agencies to seek improvement in topic areas that are of concern to home visiting and “ripe” for improvement. The ultimate goal of the HV CoIIN is to identify evidence- and experience-based practices that result in breakthrough change if implemented consistently and with fidelity. The HV CoIIN will spread the learnings and improvements widely to influence early childhood systems.

- **Pennsylvania:** MIECHV program leaders are working to set clear expectations for programs and to specify a plan for improvement should expectations not be met. Building upon a monitoring tool for state preschool, MIECHV program leaders created and are now implementing a tool that is used in the field by contracted infant-toddler specialists to track compliance and to identify areas for improvement. Specifically, the tool helps to identify whether enrollment benchmarks are met, whether the home visiting programs are being implemented with fidelity to the model, and whether there

are appropriate linkages between home visiting and the state’s early learning standards. The monitoring tool helps to uncover areas where targeted technical assistance is needed and a course of action for improvement.

- **Louisiana:** Early on, MIECHV program leaders recognized that the client base was likely to have a number of stressors, including maternal and infant mental health issues, which could interfere with parenting and the parent–child relationship. Unfortunately, there were no mental health services for children younger than 5 years old and very few services for pregnant women. As a result, the MIECHV program team decided that the best course of action would be to augment the skills of the nurse home visitors funded by the MIECHV program. A 30-hour training in infant mental health is now offered to all nurse home visitors. In addition, state administrators added a half-time licensed mental health professional to each home visiting team. The mental health specialists provide direct services to clients, and they also provide education, support, and guidance to the home visitors. Working hand-in-hand, the infant mental health specialist and nurse home visitor are now better able to meet the mental health needs of very young children and their parents who are served by home-visiting programs.
- **South Carolina:** State MIECHV program leaders recognized a gap between evidence-based practice and what was happening on the ground related to alleviating maternal depression within home visiting. As part of their participation in the HV CoIIN, state administrators are working to remedy this. Efforts in South Carolina are twofold. First, the local implementing agency involved in the HV CoIIN is testing the efficacy of embedding a licensed mental health professional into the program to provide in-house cognitive-behavioral therapy (CBT) in a group setting for mothers who screen positive for maternal depression. In addition, the home visitors are being trained in the fundamentals of CBT so that they can be familiar with the therapy protocol and can support the mothers. Second, along with all 35 HV CoIIN



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teams, South Carolina is working to improve family engagement and retention through testing innovative practices. Current efforts underway include the implementation and testing of tools to help nurse home visitors to have a focused conversation with their newly enrolled families about their current and future engagement at specific time points. As a result of their participation in the HV CoIIN, MIECHV program leaders are developing new processes for connecting with the mental health system and for identifying breakthrough strategies that will bolster their work to engage families.

Evaluation

“MIECHV funding allows Michigan to achieve a common vision through collaborative planning and partner engagement as well as use evidenced-based data in planning and to drive quality improvement throughout the system and expand programs that demonstrate model fidelity, leading to positive outcomes for children and families.”

—Michigan Public Act 291 Legislative Report

Evaluation provides an opportunity for early childhood partners to work together in developing common outcomes, indicators, and benchmarks. This prompts discussion about bridges between existing data systems or the development of new data systems that can be accessed by providers across programs. Movement toward the creation of unique identifiers will allow better analysis of data. The MIECHV statute requires extensive evaluation of program progress through benchmarks and evaluation research, all of which requires collection of key data. (See The MIECHV Program: A Focus on Evidence for more information.)

- **Michigan:** Knitting together information about home visiting across multiple programs (those funded by the MIECHV program and those funded by other sources) is important to state administrators in Michigan. As such, identifying common data-collection measures across providers and models is essential. Although state administrators do not yet have a comprehensive state-wide data system, with MIECHV program funding they have put in place key practices and processes. For example, they have consistent measures that are providing important information that can be used for improvement. This helped the state administrators recognize that screening for depression, domestic violence, and substance abuse were not being completed consistently. With this finding, the state administrators created a continuous quality improvement project and conducted a root-cause analysis. That analysis illuminated the fact that screening guidelines were not fully understood, and

The MIECHV Program: A Focus on Evidence

A focus on evidence permeates the MIECHV program. The original legislation was guided by research on home visiting programs, and legislative language required that states direct the majority of funds toward models with demonstrated evidence of effectiveness. The federally funded Home Visiting Evidence of Effectiveness (HomVEE) assessment identified programs deemed to meet the most rigorous “evidence-based” threshold.

Evaluations are underway at the national level to examine the effectiveness of the MIECHV program. The Mother and Infant Home Visiting Program Evaluation (MIHOPE) uses a randomized, controlled experimental design to measure what difference home visiting programs make for the at-risk families they serve.

Two other federally funded research efforts are supporting grantees to collect data, strengthen evaluations, and develop data systems. The Design Options for Home Visiting Evaluation (DOHVE) and the Tribal Home Visiting Evaluation Institute (TEI) provide research and evaluation-related technical assistance to MIECHV program grantees.

At the state level, all MIECHV program grantees are engaged in a host of evaluation and continuous quality-improvement activities. At a minimum, grantees must demonstrate improvement among eligible families participating in the program in six benchmark areas:

1. improved maternal and newborn health;
2. prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
3. improvements in school readiness and achievement;
4. reduction in crime or domestic violence;
5. improvements in family economic self-sufficiency; and
6. improved coordination and referrals for other community resources and supports.

As state administrators continue to work toward building early childhood systems, these benchmarks can be increasingly used across programs other than home visiting. Aligning benchmarks opens the door for broader analysis and tracking to ensure that the combined efforts in a community and state all work toward common outcomes.

staff did not have proper training. Solutions were identified and implemented, and now completion rates for screening have increased.

- **Utah:** With funding and leadership from the MIECHV program, a statewide integrated data system is being developed to facilitate data sharing and coordination across 35 early childhood programs. Key data from multiple databases and programs (e.g., birth records, immunization, Part C, home visiting, child care, Head Start, foster care, and others) will be integrated into one system. Children will be assigned a unique identifier. The identifier will allow children's educational progress and outcomes to be tracked through early childhood and the public school system. This will allow state administrators to obtain an unduplicated count of children receiving early childhood services, will provide a more complete picture of the needs of children and families, and will create opportunities to analyze data for long-term analysis and research purposes.
- **Massachusetts:** A multifaceted evaluation of the MIECHV program is designed to address three distinct but interrelated levels. First, the evaluators will look at implementation, utilization, and outcomes of home visiting services at the individual, family, and program

levels. Second, the evaluators will examine the assets and capacity of communities in which these services are provided. Finally, the evaluators will look at the organization and behaviors of state systems. More specifically, at the systems level, the evaluators are looking at coordination and collaboration among state agencies, development of a unified early childhood data system, and system sustainability in evolving health care and early education environments.

Conclusion

The MIECHV program represents a smart federal investment that is providing an important impetus for states and localities to build strong systems for young children. Examples from all corners of the country illustrate how state administrators are using the MIECHV program to enhance alignment and coordination across health care, early childhood, and early intervention. When these early childhood systems are coordinated, duplication of services is minimized, and appropriately targeted services are maximized, strengthening the life trajectory for many young children. Strong systems make sense for supporting the healthy development of America's children and for ensuring that public dollars realize their full potential.

Notes

¹This story was retrieved from <http://mchb.hrsa.gov/programs/homevisiting/> (Maternal, Infant, and Early Childhood Home Visiting by the Health Resources and Services Administration) on October 15, 2014. The names of the father and child were changed to protect privacy.

²On March 4, 2013, a series of spending cuts, called sequestration, canceled approximately \$85 billion in budgetary resources across the federal government for the remainder of the federal fiscal year in accordance with the Budget Control Act of 2011. Accordingly, the MIECHV program Fiscal Year 2013 funds were reduced by 5.1%, and the Fiscal Year 2014 funds were reduced by 7.2%.

³This story was retrieved from http://thrivebyfiveva.org/wp-content/uploads/grants_data_onesheet_reporting_july-sept2013.pdf (HVSA Grantmaking: July–September 2013 by Thrive by Five Washington) on October 22, 2014. The names of the mother and child were changed to protect privacy.

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