STATE HOME VISITING: ENHANCING MATERNAL AND CHILD HEALTH, WELLBEING AND SCHOOL READINESS

THURSDAY, NOV. 30, 2017
2:00 PM ET/ 1:00 PM CT/NOON MT/ 11:00 AM PT
About NCSL

- National bi-partisan membership organization
  - 7,383 legislators and all legislative staff
  - Offices in Denver and Washington, D.C.
- NCSL is committed to the success of all legislators and staff. Our mission is to:
  - Improve the quality and effectiveness of state legislatures.
  - Promote policy innovation and communication among state legislatures.
  - Ensure state legislatures a strong, cohesive voice in the federal system.
Acknowledgements

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Webinar Objectives

- To educate legislators and stakeholders on the health, wellness and school readiness benefits of state home visiting programs for pregnant women, children, families and new parents.
- To share trends in legislation related to home visiting.
- To explain how states fund and provide resources for home visiting.
- To give legislators and stakeholders the opportunity to ask experts questions related to home visiting generally and MIECHV (Maternal, Infant, and Early Childhood Home Visiting Program).
Agenda for the Webinar

- Federal Update on Home Visiting | NCSL Washington, D.C. staff
- Home Visiting Overview | Kay Johnson
- State Examples
  - Angie McKinney Jones, Tennessee
  - Representative Joni L. Jenkins, Kentucky
  - Charles Sallee, New Mexico
- Audience Q & A
- Wrap Up
Presenters

Kay Johnson
President of Johnson Group Consulting

Angie McKinney Jones
Section Chief for Early Childhood within the Tennessee Dept. of Health

Representative Joni Jenkins, Kentucky

Charles Sallee
Deputy Director for Program Evaluation at the New Mexico Legislative Finance Committee
Federal Update on Home Visiting

Abbie Gruwell – NCSL D.C. Policy Director, Human Services
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Home Visiting Program, Policy, and Finance Overview

Presentation by
Kay Johnson
Johnson Group Consulting, Inc.
December, 2017
What is a home visiting program?

❖ Voluntary, home visiting services for at-risk pregnant women and families with young children
  • Guided by research and/or evidence based
  • Structured curriculum, trained staff
  • Ongoing, typically 2-3 years
    ▪ Distinct from “welcome baby” universal programs

❖ Excludes in-home services such as:
  ▪ Primary care home check-in visits,
  ▪ Child Protective Services, and
  ▪ Part C Early Intervention for Infants & Toddlers
Home visiting is at the intersection of health and human services.

**HEALTH**
- Maternal and child health outcomes
- Health professionals such as nurses

**HOME VISITING**
- Multiple purposes and outcomes based on evidence
  - e.g., school readiness, effective parenting,
- No one professional type
- Success requires a combination of both

**HUMAN SERVICES**
- Outcomes such as family self-sufficiency, child maltreatment
- Human services providers such as social workers
For more information on the MIECHV Program, visit www.mchb.hrsa.gov/programs/homevisiting.
Federal Home Visiting Program

❖ Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program created in 2010 (Social Security Act, Title V, Section 511 (42 U.S.C. 711))

❖ Goals:

• improve maternal and child health,
• prevent child abuse and neglect,
• encourage positive parenting, and
• promote child development and school readiness.

MIECHV Scale

❖ In all 50 states, DC and five territories, reaching 893 counties in FY2016
  • Three quarters of families served have below poverty income
  • More than 160,000 parents and children served in FFY 2016.
  • Over 3.3 million home visits provided in first five years of MIECHV program.
MIECHV Performance

Percentage of states improving on benchmark areas in MIECHV legislation

- Maternal and newborn health: 80%
- Child maltreatment & injuries: 60%
- School readiness & achievement: 80%
- Domestic violence or crime: 70%
- Economic self-sufficiency: 80%
- Coordination & referrals: 80%
STATES LEAD IN HOME VISITING POLICY AND FINANCING
States’ Role in Home Visiting

❖ During the 1980s and 1990s, states led in program implementation and funding.
  • 40 states had home visiting in 2009 prior to creation of federal MIECHV program.
  • State legislatures often defined programs.
  • States financed home visiting with general revenues, selected federal funding streams, and other resources.

States Lead in Developing Home Visiting Systems with Accountability

❖ More than a dozen states have adopted legislation to support home visiting systems

• Across multiple models
• Interagency collaboration
• Accountability via measures and reporting
• Some include funding requirements

Also see: http://www.ncsl.org/documents/cyf/HV_Enacted_08_17_28330.pdf
FINANCE STRATEGIES FOR HOME VISITING
Selected Federal Funding Streams to Support Home Visiting

- Maternal, Infant, Early Childhood Home Visiting (MIECHV)
- Title V MCH Block Grant
- Substance Abuse & Mental Health Services
- Medicaid (administrative or medical assistance to women and children)
- Temporary Assistance for Needy Families (TANF)
- Child Abuse Prevention & Treatment Act (CAPTA)
- Early Head Start

State General Revenue and Required State Matching Funds
plus state and local special funds (e.g., Children’s Trust Fund, tobacco settlement)

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Sample State Finance Map for Home Visiting

Federal funding streams
- Maternal, Infant, Early Childhood Home Visiting (MIECHV)
- Substance Abuse & Mental Health Services
- Project LAUNCH
- Medicaid with coverage of women and children
- Early Head Start

Existing State General Revenue and Required Matching Funds

Home visiting system with various models delivered by multiple providers
- Healthy Families America via other agencies
- Nurse Family Partnership via Home Health Agencies
- Early Head Start home-based services
- Child First via Project LAUNCH & other funds
Using Medicaid

- 15+ states use Medicaid to finance some home visiting services
  - Requires design of benefits, model selection, matching funds, etc.
  - Most use targeted case management via SPA
  - Also use demonstration waivers
  - Both fee-for-service and managed care used
  - Various models, often those that start prenatally
  - Must be separate from MIECHV
  - 33 states provide Medicaid maternity and infant case management, not the same as home visiting programs

State Options for Spending Smarter

- Leverage federal dollars with state and local, public and private funds.
- Blend and braid funds to maximize resources.
- Use administrative mechanisms to support effective and efficient local service capacity.
- Provide financing sufficient to ensure quality and accountability (e.g., training, data, quality improvement (QI), and evaluation).
CONTACT INFORMATION

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Evidence Based Home Visiting Programs
In Fifty Counties

Claiborne, Cocke, Coffee, Cumberland, Davidson, DeKalb, Dickson, Dyer, Grundy, Hamilton, Hardin, Haywood, Hardeman, Henderson, Johnson, Lake, Lauderdale, Lawrence, Madison, Marion, Maury, McMinn, Monroe, Polk, Rhea, Scott, Sevier, Scott, Sequatchie and Shelby

Notes:
Includes State and Federal (MIECHV) Funding
In SFY 17: 4,083 individuals were served.
Priority Populations

New service recipients **must** meet one (1) or more of the following criteria at enrollment:

- Have low incomes as defined by 250% or less of the Federal Poverty Level;
- Are pregnant women who have not attained age 21;
- Have a history of child abuse or neglect or have had interactions with child welfare services;
- Have a history of substance abuse or need substance abuse treatment;
- Are users of tobacco products in the home;
- Have children with low student achievement;
- Have children with developmental delays or disabilities; and/or
- Are in families that include individuals who are serving or have 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.
Adverse Childhood Experiences (ACEs) in Home Visiting Population

Number of ACEs Experienced by Newly Enrolled Evidence Based Home Visiting Participants

January 1, 2016-June 30, 2017

Experienced at least one ACE:
- 60% of US women
- 71.2% of TN women
- 78.9% of TN Evidence Based Home Visiting women

Sources:
Home Visiting and Reducing ACES
Angie McKinney Jones
Section Chief Early Childhood
TN Department of Health
Angie.m.jones@tn.gov
Commonwealth of Kentucky
HANDS began in 1998 as Ky’s voluntary home visitation program designed to assist overburdened expectant and first-time parents, at critical development points, prenatally through age two.

In 2000, HB 706 established HANDS as a voluntary home visitation for first time, at-risk parents as a primary service delivery strategy in KRS 211.690.
HANDS Funding

- Master Settlement Tobacco Funds: $9,000,000
- General State Funds: $6,600,000
- Medicaid: $19,000,000
- Federal Home Visiting Formula Grant: $4,663,100
- Total Funds: $39,233,100
HANDS Reach in Kentucky

- HANDS has become one of the largest early childhood home visitation programs in the nation
- Families served in 2017: 10,358 in all 120 counties
HANDS Goals

• Positive pregnancy outcomes
• Optimal child growth and development
• Healthy, safe homes for children
• Family self-sufficiency
HANDS Referral

• In the prenatal period the family is screened, after a referral is made; the referral can be made by the doctor’s office, the health department, a church, friend or family member.

• A trained home visitor visits the home to introduce parenting skill development in areas such as recognizing baby’s needs, what to expect as the baby grows, making the home safe, etc.

• The frequency of the visits are determined by the family’s needs.
HANDS Outcomes

• Low Birth Weight Infants – 46% less than similar high risk families that did not participate

• Child Abuse and Neglect – 47% less than similar high risk families that did not participate
Additional Outcomes

• Infant mortality – 74% less likely than statewide
• ER Visits – 50% less likely than statewide
• Employment – 14% initially to 28% at the end of the intervention
Contacts

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New Mexico Home Visiting

Charles Sallee, Deputy Director
New Mexico Legislative Finance Committee

Home Visiting Programs: 
Enhancing Maternal and Child Health, Wellbeing and School Readiness 
November 30, 2017
NM Home Visiting

- NM started investing in home visiting as a pilot in FY 2006
- Implemented standards-based program with the Home Visiting Accountability Act in 2013
- FY18: 4,800 funded slots
- Mix of program models
- Mix of funding from state general fund, Temporary Assistance for Needy Families (TANF), and Federal home visiting grant.
- State planning to use Medicaid waiver to funding home visiting pilot next year.
Funding

Spending growth over time

Source of Home Visiting Revenue FY18

- General Fund, $8.6
- TANF, $5.0
- Federal Funds, $5.1

Home Visiting Total Funding

Source: LFC Files

Source of revenue

Source: LFC Files
Home Visiting Accountability Act

- Common best practice standards
- Six overarching goals:
  - Babies are born healthy
  - Children are nurtured by their parents and caregivers
  - Children are physically and mentally healthy
  - Children are ready for school
  - Children and families are safe
  - Families are connected to formal and informal supports in their communities
- Common outcome measures
- Requires an annual report to the Legislature
**Legislative Finance Committee – Early Childhood Accountability Report**

- LFC supplement to annual report required by the Home Visiting Act
- Most recent report shows mixed performance in system

<table>
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<tr>
<th>HOME VISITING</th>
<th>Average Percent of Family Goals Met</th>
<th>Mothers Initiating Breast Feeding</th>
<th>Average Yearly Number of Home Visits</th>
<th>Well – Child Exams</th>
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<tr>
<td>FY17</td>
<td>FY17 23%</td>
<td>FY17 90%</td>
<td>FY17 14</td>
<td>FY17 95%</td>
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<td>$17.5</td>
<td>(N= 2,889 families)</td>
<td>(N=437)</td>
<td>(N=3,476 families)</td>
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<td><strong>FY18</strong></td>
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<td><strong>90%</strong></td>
<td><strong>14</strong></td>
<td><strong>95%</strong></td>
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<td>Source:</td>
<td>FY16 23%</td>
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An innovative cost–benefit analysis approach that helps to direct investments toward policies and programs that are proven to work.

Results indicate programs such as Nurse Family Partnership have a high return on investment and improves childhood and adult outcomes.
First Born: Curriculum–based home visiting program aimed at first time mothers and their children.

Evaluation showed improved safety outcomes, reduced emergency health care services, reduced hospitalizations, and reduced injuries and ACEs as well as better parenting practices such as breastfeeding, and engagement in recommended parenting practices (published in JAMA Pediatrics).
Thank You

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Questions?
NCSL Resources

- [www.ncsl.org/homevisiting](www.ncsl.org/homevisiting)
  - Overview
  - Research
  - MIECHV
  - State legislative examples – including a PDF of enacted home visiting legislation from 2008-2017
  - Key questions for policymakers to consider
  - Resources

- [Early Care and Education State Budget Action Report 2017](Early Care and Education State Budget Action Report 2017)
  - Includes Home Visiting as a category
An archived version will be available shortly, please visit: State Home Visiting Programs: Enhancing Maternal and Child Health, Wellbeing and School Readiness

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