Home Visiting Program, Policy, and Finance Overview

National Conference of State Legislatures
Early Childhood Policy Fellows Meeting
Presentation by Kay Johnson
Johnson Group Consulting, Inc.
Denver, June 7, 2018
What is a home visiting program?

❖ Home visiting services for pregnant women and families with young children (birth to 5)
  ▪ Voluntary
  ▪ Guided by research
  ▪ Structured curriculum, trained staff, ongoing

❖ Excludes in-home services such as:
  ▪ Home health for medical conditions,
  ▪ Child Protective Services, and
  ▪ Part C Early Intervention for Infants & Toddlers
Purposes and Design of Home Visiting

❖ Use two-generation approach

❖ Train staff for model
  • May be social workers, nurses, early childhood specialists, parent educators, or others

❖ Provide services directly and through linkages

❖ Promote positive parenting practices and nurturing parent–child relationships

❖ Assess and respond to other needs and risks
  • e.g., employment, depression, literacy, smoking, safety, developmental delays
- Home visiting applies approaches from health, early childhood, and human services.

- Legislative jurisdiction may cross over committee types.

HOME VISITING
- Multiple purposes and outcomes (e.g., effective parenting, well-being)
- Requires combined approaches, trained staff

HEALTH
- Maternal and child health outcomes
- Nurses

HUMAN SERVICES
- Outcomes such as employment, child abuse
- Social workers

EARLY CHILDHOOD
- Outcomes such as school readiness
- Early childhood specialists
Goals of Home Visiting Programs

❖ Four federal goals used by most states
  • Encourage positive parenting,
  • Improve maternal and child health,
  • Prevent child abuse and neglect, and
  • Promote child development and school readiness.

❖ Other areas
  • Family economic self-sufficiency
  • Family safety and security (e.g., violence)

Sources: Health Resources and Services Administration (HRSA) [https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview)
Evidence-based home visiting models with federal approval

- Early Head Start (home)
- Family Spirit
- SafeCare
- Family Connects
- Nurse-Family Partnership
- Child First
- Early Intervention Program for Adolescent Mothers
- Healthy Beginnings
- Healthy Families America
- Parents As Teachers
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Minding the Baby
- Community-Based Family Resource and Support
- Maternal & Early Childhood Sustained Home Visiting (MECSH)
- Family Check-Up for Children
- Play and Learning Strategies (PALS) (infant only)
- Attachment and Biobehavioral Catch-Up (ABC)
- Family-Run Early Head Start
- Early Start (New Zealand)
- Health Access Nurturing Development Services (HANDS)

- Not actively used by states in 2016-17.
- Included in 2017 Home Visiting Yearbook data on participation.

## Results from Research for Select Models

*(based on HomVEE federal evidence review)*

<table>
<thead>
<tr>
<th>Model</th>
<th>Positive parenting</th>
<th>Health</th>
<th>Development and school readiness</th>
<th>Child maltreatment</th>
<th>Economic self sufficiency</th>
<th>Family violence and/or crime</th>
<th>Linkages and referrals</th>
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<tbody>
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<td>Child First</td>
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<td>Nurse-Family Partnership (NFP)</td>
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<td>Parents As Teachers (PAT)</td>
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<td>SafeCare</td>
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</tbody>
</table>
Thinking about a continuum of home visiting

More intensive intervention

Intervening for families in or at risk for placement in child welfare system and/or with higher social-emotional or developmental needs (Child First, SafeCare)

Serving families with mild-to-moderate parenting and developmental risks (PAT, HIPPY)

Early intervention

Prevention beginning early with pregnant women and continuing with parent and child (e.g., NFP, HFA)

Primary prevention

Universal home visiting strategies (e.g., Family Connects)
FEDERAL HOME VISITING PROGRAM

For more information on the MIECHV Program, visit www.mchb.hrsa.gov/programs/homevisiting.
Federal Home Visiting Policy

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

• Reauthorized, now for five years FFY2018-2022.
• Federal funding authorization at $400 million annually
  ▪ Grants to states and territories (administered by HRSA)
  ▪ Grants to Tribal entities (administered by ACF)
• State maintenance of effort (MOE) required, must maintain at the level of state general funds spent on home visiting in 2010.

Sources: Health Resources and Services Administration (HRSA) https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
Federal MIECHV Formula Grant Awards, Selected States, FFY2017
(in millions)

Source: Health Resources and Services Administration. http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/fy17-home-visiting-awards Does not include innovation awards to states and territories or grants awarded to Tribal entities. Formula grants are primarily allocated on the basis of the proportion of children under five living in poverty. States apply for a specific, maximum caseload of family slots they estimate can be provided.
MIECHV Priority Populations

High-priority families include those with:

❖ Below poverty income
❖ Pregnant women under age 21 ("teens")
❖ History of child abuse or neglect or prior involvement in child welfare system
❖ History of substance abuse or current need for treatment
❖ Current tobacco use in the home
❖ Children who have low academic achievement
❖ Children who have developmental delays or disabilities
❖ Individuals who are serving or have served in the military

Sources: Health Resources and Services Administration (HRSA) https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
MIECHV Scale

❖ In all 50 states, DC and five territories, reaching 888 counties in FFY2017.
  • Approximately 156,000 parents and children served in FFY 2017.
  • Over 4.2 million home visits provided in first six years of MIECHV program.
The scale of services compared to need

❖ More than 300,000 families received evidence-based home visiting via 3.8 million visits in 2016.

❖ MIECHV funds supported services for 83,841 families—a fraction of the total families receiving home visiting in 2016.

❖ An estimated 18 million additional pregnant women and families—including 23 million children—with identified risks might benefit from home visiting but were not reached in 2016.

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
- 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
- Child First via Project LAUNCH & other funds
- Early Head Start home-based services
Using Medicaid

❖ 15+ states use Medicaid to finance some home visiting services

• Requires design of benefits, model selection, matching funds, etc.
• Medicaid financing must be distinct from MIECHV.
• Most use targeted case management via State Plan Amendments.
• Some use demonstration waivers.
• Various models, often those that start prenatally or affect health.
• 33 states provide Medicaid maternity and infant case management, not the same as home visiting programs.

## States using Medicaid to Finance Home Visiting

<table>
<thead>
<tr>
<th>State</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Selected counties, varied mechanisms, no state policy</td>
</tr>
<tr>
<td>Colorado</td>
<td>Targeted case management (TCM)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>TCM – HANDS state model, HomVEE approved</td>
</tr>
<tr>
<td>Maryland</td>
<td>Waiver, early implementation</td>
</tr>
<tr>
<td>Michigan</td>
<td>TCM – Maternal and Infant Health Program (MIHP) state model</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Managed care (prenatal and EPSDT)</td>
</tr>
<tr>
<td>New York</td>
<td>TCM; managed care and Delivery System Reform Incentive Payment (DSRIP) waiver program</td>
</tr>
<tr>
<td>Ohio</td>
<td>SPA for TCM <em>not implemented</em></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>TCM and nursing benefit</td>
</tr>
<tr>
<td>Oregon</td>
<td>TCM</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>3 special visits</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Pay for Success, waiver</td>
</tr>
<tr>
<td>South Dakota</td>
<td>TCM</td>
</tr>
<tr>
<td>Vermont</td>
<td>Waiver, per capita rate, state model</td>
</tr>
<tr>
<td>Virginia</td>
<td>Managed care, selected sites, TCM</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>TCM</td>
</tr>
</tbody>
</table>

**States mentioned in home visiting reports but with only maternal and infant case management include:**
- Illinois
- Tennessee
- Washington State
- West Virginia
Other federal funding examples

❖ TANF - Temporary Assistance to Needy Families
  - Support home visiting role in promoting family self-sufficiency
  - Some states now use TANF; California just adopted legislation

❖ Child Welfare: Families First Prevention Services Act
  - Changes to Title IV-E create state option to provide up to 12 months of services to families if the child is a candidate for foster care or a pregnant/parenting teen in foster care. (Effective October 1, 2019)
  - Services may be: a) in-home parent skill-based programs; or b) mental health and substance abuse
  - Must be evidence-based and trauma-informed

❖ Mental Health
  - Focused on prevention and early intervention.
QUESTIONS & DISCUSSION
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 or prioritized models.
  • 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
STATE EXAMPLES
Colorado Home Visiting Program

- Department of Human Services in partnership with Office of Early Childhood, and Department of Public Health and Environment
- Using 3 models (NFP, PAT, HIPPY) +SafeCare +EHS
- Funds: MIECHV, tobacco settlement, Medicaid
- System of Early Childhood Councils engaged with local home visiting agencies

Kentucky

- Kentucky developed its own statewide home visiting model: Health Access Nurturing Development Services (HANDS) Program
  - Recognized by HomVEE as evidence-based.
  - Managed by public health agency.
- Funds: Medicaid, tobacco settlement funds, general revenues.
- Uses Medicaid Targeted Case Management (TCM) with structure explicitly in regulations.

http://www.kyhands.com/
Michigan Home Visiting Initiative

❖ Legislation defines accountability and coordinated systems approach.
❖ Strong system, using 7 models.
❖ Funding: MIECHV, state general revenues, Medicaid, school funds, Child Abuse Prevention and Treatment Act, and Children’s Trust Fund.
❖ State model: Medicaid maternal and infant case management transformed into an effective, population-based home visiting program.

Minnesota Family Home Visiting

❖ Since 2001, legislature helped to guide, fund
❖ Department of Health joint responsibility with local health departments / tribal governments
❖ Using 3 models (NFP, HFA, Family Spirit) + SafeCare + EHS + Family Connects.
❖ Funds: MIECHV, TANF, Medicaid, state general revenues, local tax levies.
❖ Home visiting is not required in Medicaid managed care, but all MCOs adopted.

http://www.health.state.mn.us/fhv/  ;  https://www.leg.state.mn.us/docs/2016/mandated/160433.pdf  ;  
http://www.health.state.mn.us/divs/cfh/program/fhv/content/document/pdf/legrept.pdf
https://www.revisor.mn.gov/statutes/?id=145a.17
Missouri Home Visiting

- Cross model system administered by Department of Health & Senior services in partnership with Departments of Social Services and Education
- Using models EHS, NFP, PAT + HFA
- Funds: MIECHV, Title V MCH
- Transitioned a “home grown” model
- Enhanced with DOVE domestic violence training across models

https://health.mo.gov/living/families/homevisiting/
Oklahoma Partnership: Smart Start

- Legislation for home visiting system and accountability adopted in 2015
- Using 3 models (NFP, PAT, SafeCare) +EHS.
- Funding: MIECHV, Medicaid, state general revenues, local funds, Child Abuse Prevention
- Since 1998 home visiting in all counties under agreement between Health and Medicaid.

https://www.ok.gov/health/Community_%26_Family_Health/Family_Support_and_Prevention_Service/Children_First_Program/About_Children_First/index.html
Washington State

- Washington State 2010 legislation established the Home Visiting Services Account (HVSA).
  - Jointly administered by Department of Early Learning and Thrive Washington (public-private partnership).
- Using models NFP, PAT, +EHS, +Family Spirit, +Parent-Child Home, + SafeCare + other promising practices
- Funds: MIECHV, TANF, state appropriations, private dollars
- First Steps Medicaid maternity and infant case management separate from home visiting system

Other Emerging State Strategies

- South Carolina Medicaid waiver using “pay for success” with NFP
- Maryland Medicaid demonstration waiver project with local counties adding capacity and providing match
- Oregon aiming to create linkages with and through accountable care organizations/communities
MEASURING SUCCESS IN HOME VISITING
## New Federal HV Performance Measures

<table>
<thead>
<tr>
<th>Benchmark Areas</th>
<th>Performance Measures</th>
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</thead>
<tbody>
<tr>
<td>I. Maternal and Newborn Health</td>
<td>Preterm Birth; Breastfeeding; Depression Screening; Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals</td>
</tr>
<tr>
<td>II. Child Injuries, Maltreatment, and Reduction of ED Visits</td>
<td>Safe Sleep; Child Injury; Child Maltreatment</td>
</tr>
<tr>
<td>III. School Readiness and Achievement</td>
<td>Parent-Child Interaction; Early Language and Literacy Activities; Developmental Screening; Behavioral Concerns</td>
</tr>
<tr>
<td>IV. Crime or Domestic Violence</td>
<td>IPV Screening</td>
</tr>
<tr>
<td>V. Family Economic Self-Sufficiency</td>
<td>Primary Caregiver Education; Continuity of Insurance Coverage; Insurance Coverage</td>
</tr>
<tr>
<td>VI. Coordination and Referrals</td>
<td>Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals</td>
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</tbody>
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**HRSA**
Maternal & Child Health
MIECHV Performance

Percentage of states improving on benchmark areas in MIECHV legislation

- Maternal and newborn health
- Child maltreatment & injuries
- School readiness & achievement
- Domestic violence or crime
- Economic self-sufficiency
- Coordination & referrals

![Bar chart showing percentage of states improving in benchmark areas in MIECHV legislation](chart_image)
Michigan: System coordination and accountability

- Michigan reports on 10 indicators to gauge success in state/federally funded home visiting services, across models.

- Among those families at risk participating in home visiting:
  - **Prenatal care**: 2 in 3 pregnant women received adequate prenatal care
  - **Preterm birth**: 1 in 8 had a preterm birth
  - **Breastfeeding**: 3 in 4 mothers initiated breastfeeding
  - **Well-child visits**: >95% of children attended last recommended visit
  - **Postpartum visits**: 3 in 5 women had their postpartum medical visit
  - **Maternal high school completion**: Of those who had not completing their high school education, 28% stayed in school or graduated.
  - **Maternal depression**: 40% in need of a referral for depression received it
  - **Maternal tobacco use**: 80% of women were not using tobacco at six months of enrollment or program exit
  - **Child development referrals**: 3 in 10 children received follow-up after a developmental screening indicated need
  - **Child maltreatment**: 94% of children do not have confirmed child maltreatment
Minnesota Home Visiting Program Accountability

❖ Minnesota has a systems approach, across model accountability, and annual reports on key outcomes.
❖ Compared to their peers, families served in home visiting are more like to have:
  • Infants with timely **preventive well-child visits** (96%)
  • Mothers screened (82%) and referred (58%) for **maternal depression**
  • Assessment and support for positive **parental behaviors**
  • Children screened, referred and served for **developmental delays**
  • Safety issues better identified and addressed (e.g., **domestic violence and child maltreatment**)
  • Mothers enrolled in **education and training**

https://www.leg.state.mn.us/docs/2016/mandated/160433.pdf
New Mexico coordination and accountability

- New Mexico has a systems approach, across model accountability, and annual reports on key outcomes.
- Compared to state average, families served in home visiting have:
  - Better use of early **prenatal care** (91% vs 64%)
  - More mothers screened and referred for **maternal depression** (~90%)
  - More nurturing **parental behaviors** (scores rising in all measured categories such as responsiveness, affection)
  - More children with timely **well-child visits**
  - More screened, referred and served for **developmental delays** (~80%)
  - More children with social-emotional risks and delays identified
  - Safety issues identified and addressed (e.g., **domestic violence** and **child maltreatment**)
Oklahoma Accountability

- Oklahoma mothers, children, and families participating in home visiting have better:
  - Birth intervals
  - Developmental screening, with referrals and follow up
  - Quit rates for substance abuse, including tobacco use
  - Rates of abuse and neglect – suspected and confirmed cases
  - Maternal depression referrals and follow up
  - Use of safety plans in response to domestic violence
  - Chances of returning to work and/or continuing education and training
## Crosswalk on HV and Key Health Measures

<table>
<thead>
<tr>
<th></th>
<th>MIECHV</th>
<th>Pew HV</th>
<th>Title V MCH</th>
<th>HEDIS</th>
<th>CMS CHIP-Medicaid</th>
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<tr>
<td><strong>Preterm birth</strong></td>
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<td>(assumed)</td>
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CONSIDERATIONS FOR AND ACTION BY LEGISLATORS
Considerations for Legislators

Think about multiple purposes and outcomes related to home visiting.

• Consider how voluntary home visiting can:
  • Fit into early childhood system
  • Improve health and well-being
  • Reduce substance use — from tobacco to opioids
  • Improve family economic self-sufficiency, promote work
  • Intervene for child welfare and child abuse prevention.
  • Improve mental health.
Opportunities for Action by Legislatures

Many states have adopted legislation since 2008. Much has been learned.

• Share ideas and take joint action across committee jurisdictions.
• Adopt accountability legislation, with requirements for system.
• Review reports on outcomes.
• Aim for a continuum of models.
• Study and improve, rather than end, “home-grown” programs.
• Leverage and maximize multiple federal funding streams.
QUESTIONS & DISCUSSION
CONTACT INFORMATION

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