



Home Visiting Program, Policy, and Finance Overview

National Conference of State Legislatures

Early Childhood Policy Fellows Meeting

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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:

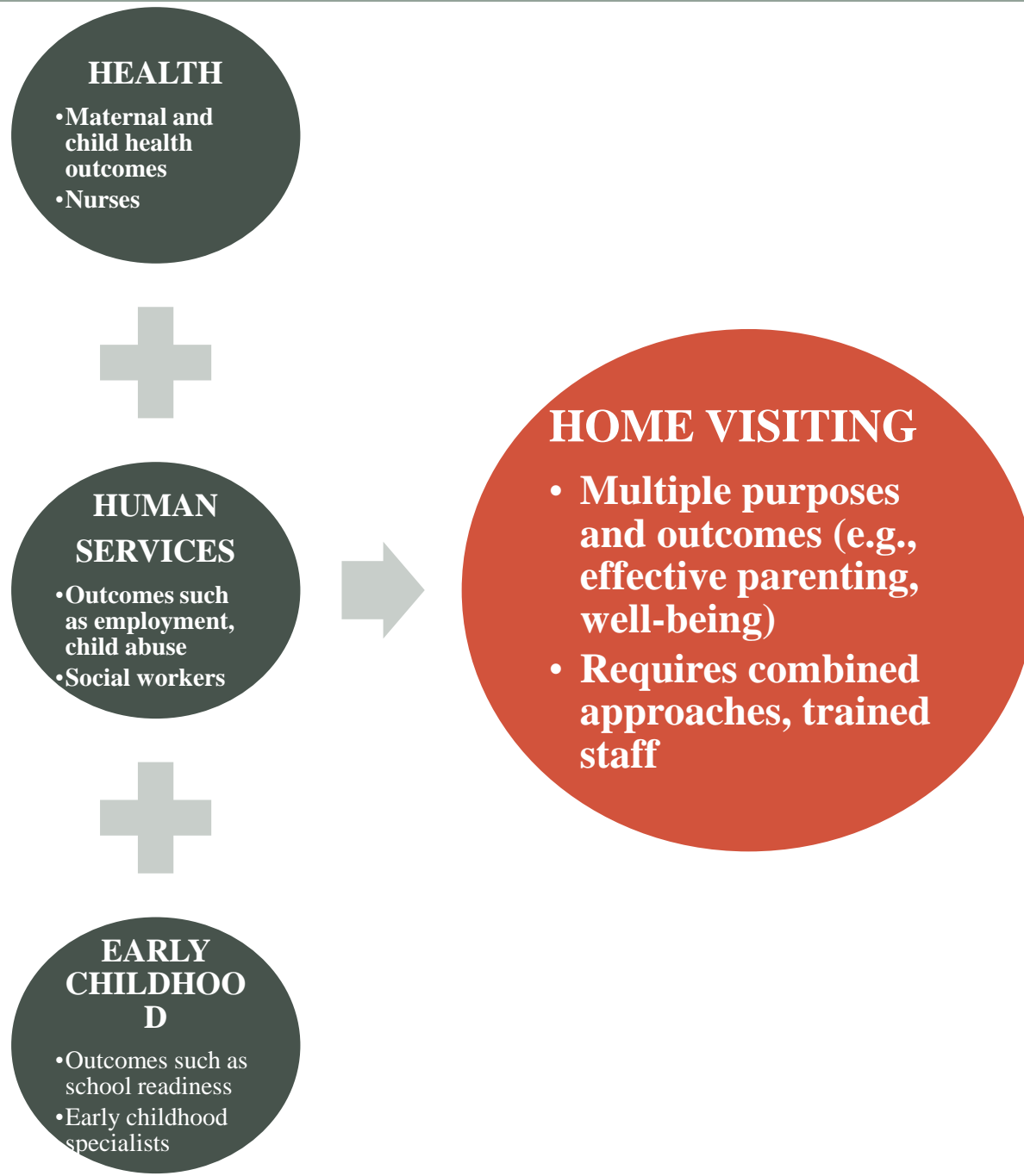
- Home health for medical conditions,
- Child Protective Services, and
- Part C Early Intervention for Infants & Toddlers



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.

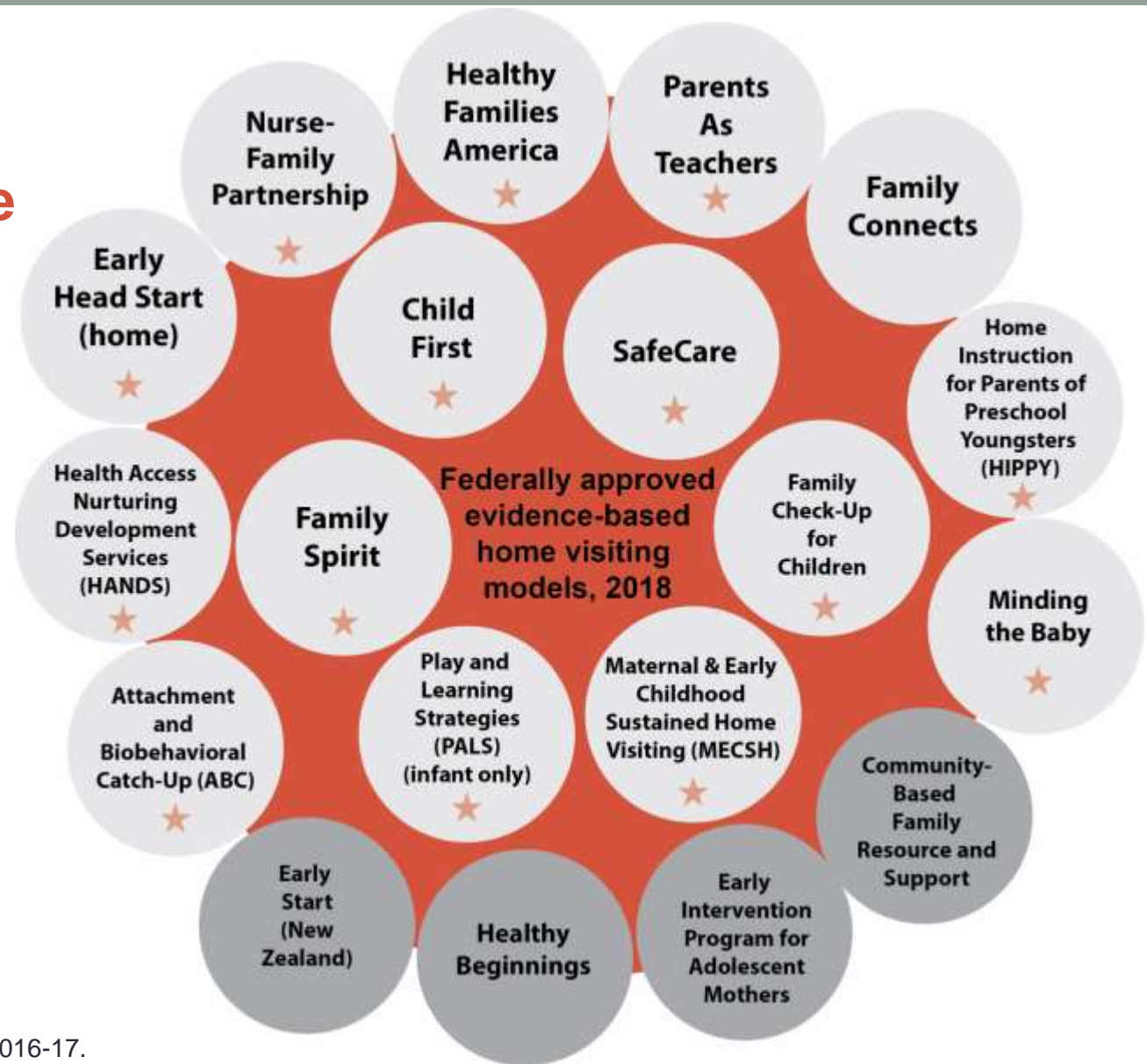


Goals of Home Visiting Programs

- ❖ 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)



Evidence-based home visiting models with fede approval



● Not actively used by states in 2016-17.

★ Included in 2017 Home Visiting Yearbook data on participation.

Sources: HomVEE, June, 2018. <https://homvee.acf.hhs.gov/models.aspx>;

National Home Visiting Resource Center. 2017 Home Visiting Yearbook; and Data Supplement.

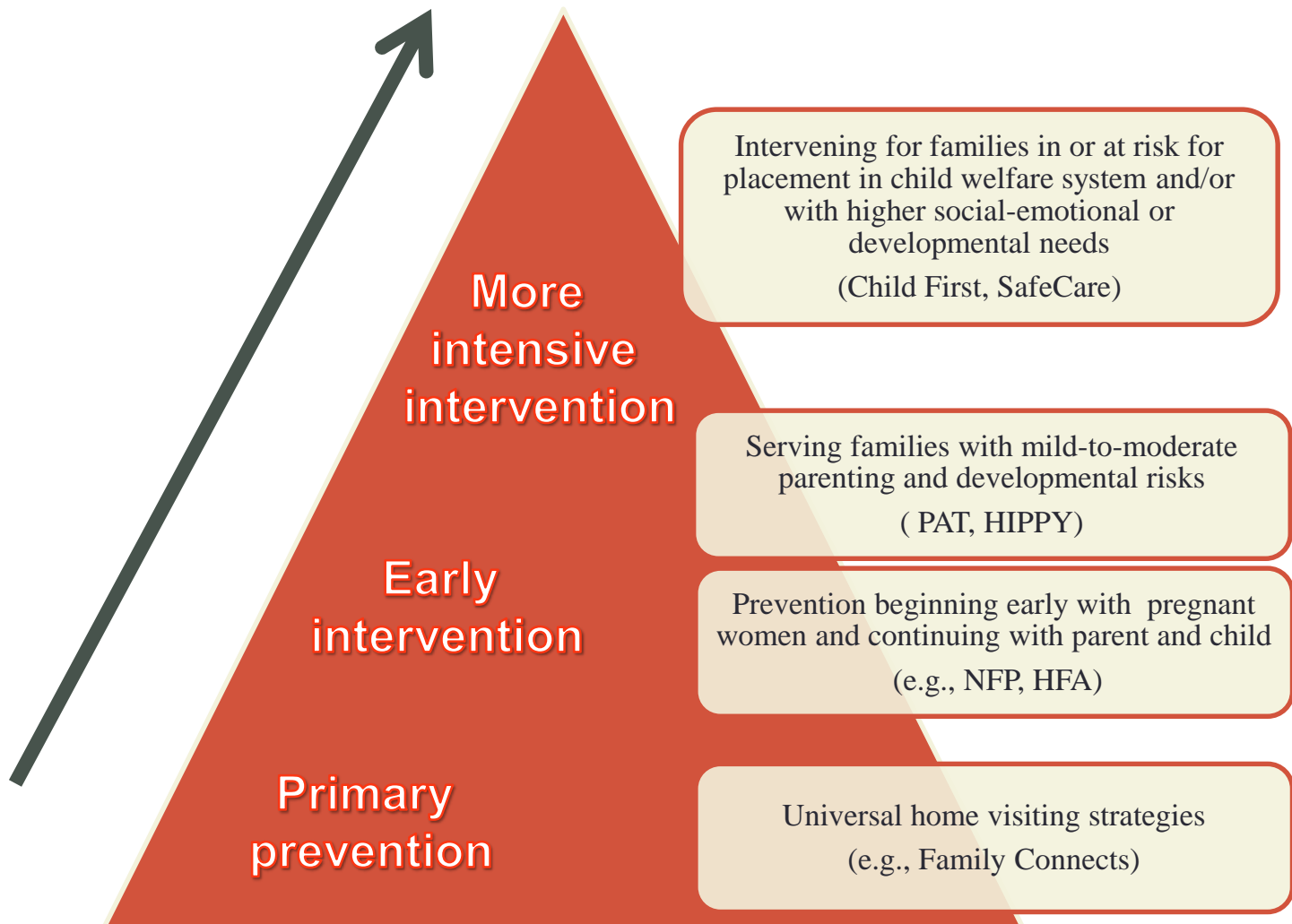


Results from Research for Select Models

(based on HomVEE federal evidence review)

Model	Positive parenting	Health	Development and school readiness	Child maltreatment	Economic self sufficiency	Family violence and/or crime	Linkages and referrals
Child First		■	■	■			■
Early Head Start	■	■	■	■	■		■
Family Connects	■	■					■
Family Spirit	■	■	■				
HANDS		■		■	■		
Healthy Families America (HFA)	■	■	■	■	■	■	■
HIPPY	■		■				
Nurse-Family Partnership (NFP)	■	■	■	■	■	■	
Parents As Teachers (PAT)	■		■	■	■		
SafeCare	■	■	■	■			■

Thinking about a continuum of home visiting



FEDERAL HOME VISITING PROGRAM



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

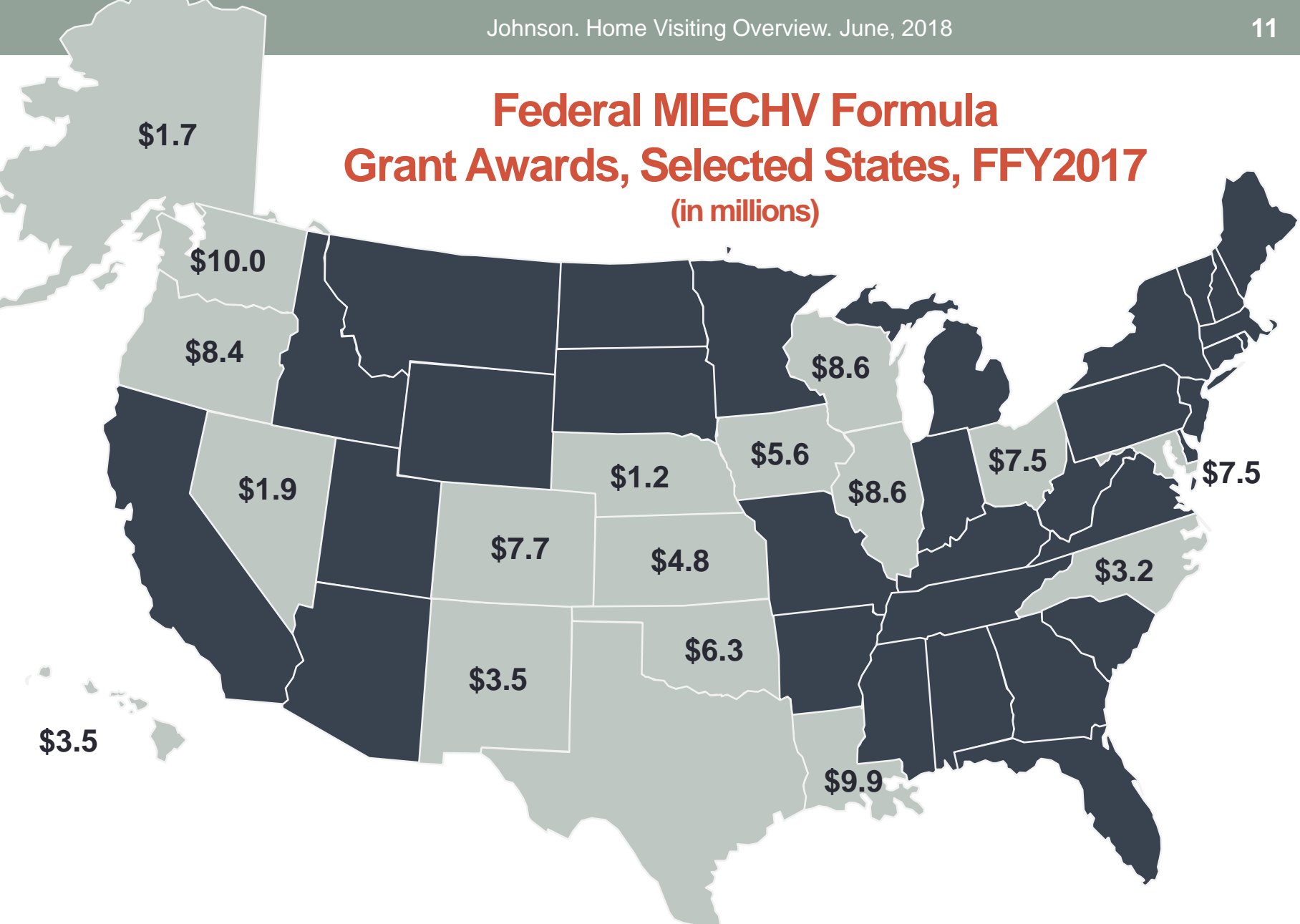


Federal Home Visiting Policy

- ❖ 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.



Federal MIECHV Formula Grant Awards, Selected States, FFY2017 (in millions)



Source: Health Resources and Services Administration. <https://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.

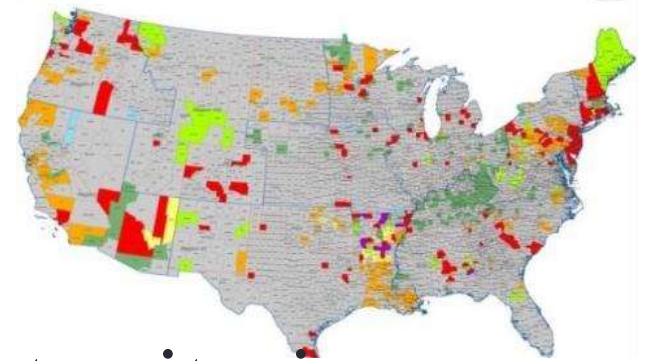
MIECHV Priority Populations

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



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.

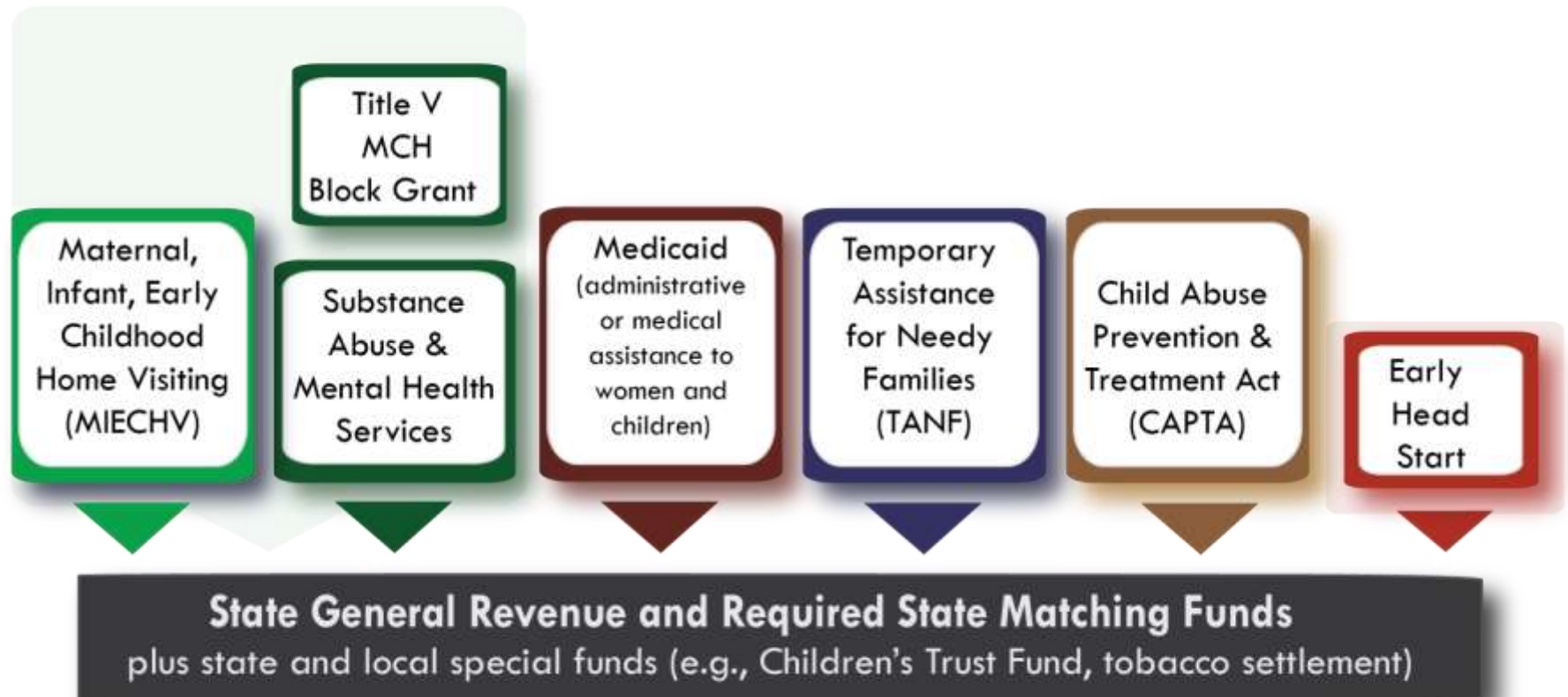
Source: National Home Visiting Resource Center. *2017 Home Visiting Yearbook; and Data Supplement*. James Bell and Associates and Urban Institute. <https://www.nhvrc.org/yearbook/2017-home-visiting-yearbook/>
https://www.nhvrc.org/wp-content/uploads/NHVRC_Data-Supplement_FINAL.pdf



FINANCE STRATEGIES FOR HOME VISITING



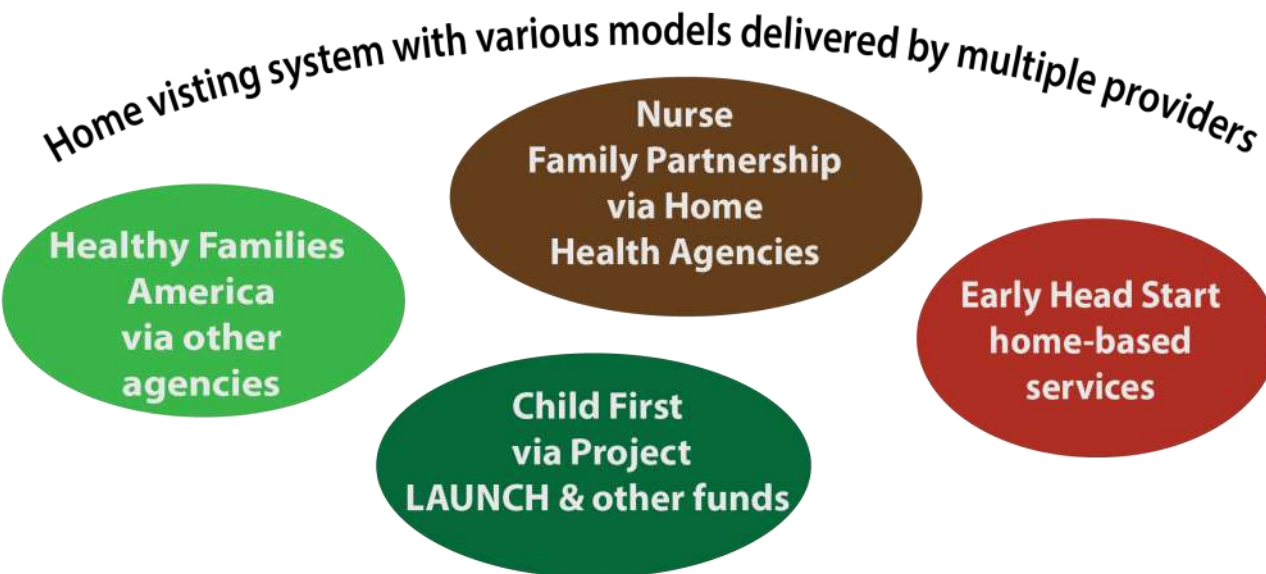
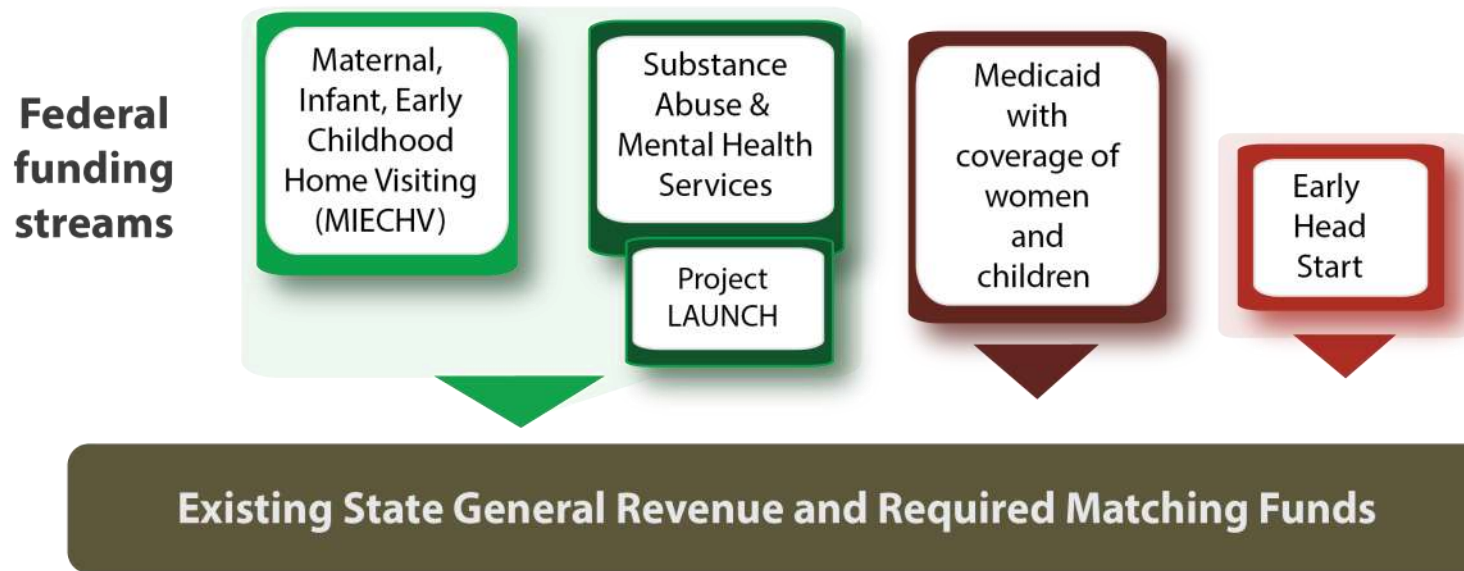
Selected Federal Funding Streams to Support Home Visiting



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Sample State Finance Map for Home Visiting



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.

See Johnson Group “checklist” Also see: CMS-HRSA Bulletin <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-02-16.pdf> and National Academy of State Health Policy. *Medicaid Financing of Home Visiting Services for Women, Children, and Their Families*. <http://nashp.org/report-highlights-medicaid-funding-of-home-visiting-services-for-women-children-and-families/>

Using Medicaid to Finance Home Visiting Services: A Checklist for State Decision Makers

States have been using Medicaid to finance home visiting for more than 20 years. Currently, more than a dozen states are financing a portion of home visiting services to pregnant women, infants, and young children with Medicaid federal-state funds. A variety of approaches, benefit categories, and mechanisms are being used. (For examples of how states use Medicaid, visit: http://www.nashp.org/sites/default/files/medicaid_financing_home_visiting_programs_0.pdf). Notably, home visiting services are distinguished from other services such as those provided in home under the Part C Early Intervention Program for Infants and Toddlers with Disabilities, which also may be financed in part by Medicaid.

States have used Medicaid to finance home visiting services for three primary reasons. First and foremost, a large majority of families who voluntarily participate in home visiting programs are eligible for and enrolled in Medicaid. Second, many states have long used general revenue funds to finance home visiting, which can be used to “match” federal Medicaid dollars. The third reason is the potential



Joint Informational Bulletin regarding “Coverage of Maternal, Infant, and Early Childhood Home Visiting Services.” The Joint Informational Bulletin was intended to inform and assist states in designing an Medicaid approach and benefits package to provide home visiting services for pregnant women and families with young children. (To download the Bulletin, visit: <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-02-16.pdf>).



States using Medicaid to Finance Home Visiting

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

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

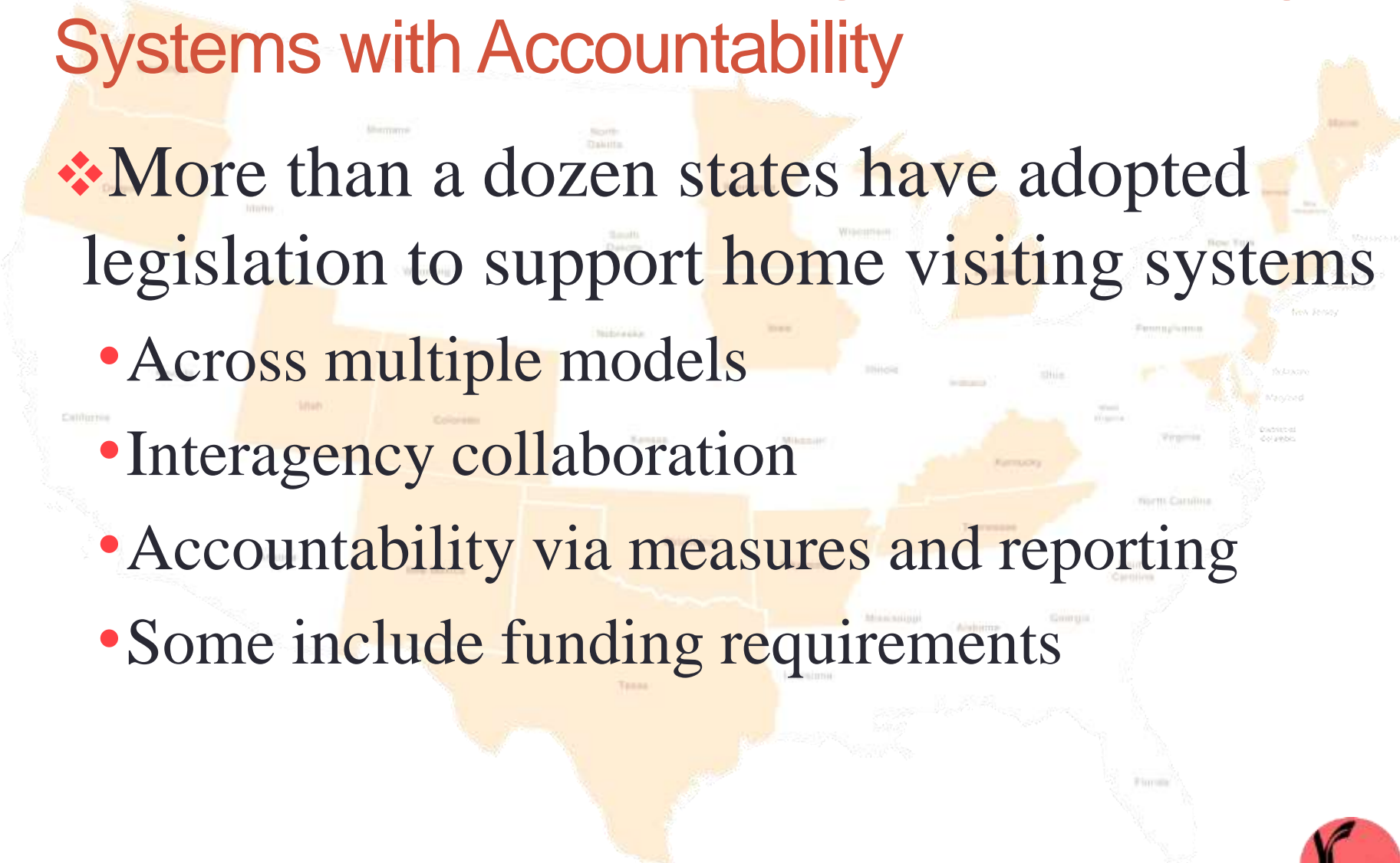


States' Role in Home Visiting

- ❖ 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

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- ❖ 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

<http://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>

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.



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.



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



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.



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

Benchmark Areas

Performance Measures

I. Maternal and Newborn Health

Preterm Birth; Breastfeeding; Depression Screening; Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals

II. Child Injuries, Maltreatment, and Reduction of ED Visits

Safe Sleep; Child Injury; Child Maltreatment

III. School Readiness and Achievement

Parent-Child Interaction; Early Language and Literacy Activities; Developmental Screening; Behavioral Concerns

IV. Crime or Domestic Violence

IPV Screening

V. Family Economic Self-Sufficiency

Primary Caregiver Education; Continuity of Insurance Coverage; Insurance Coverage

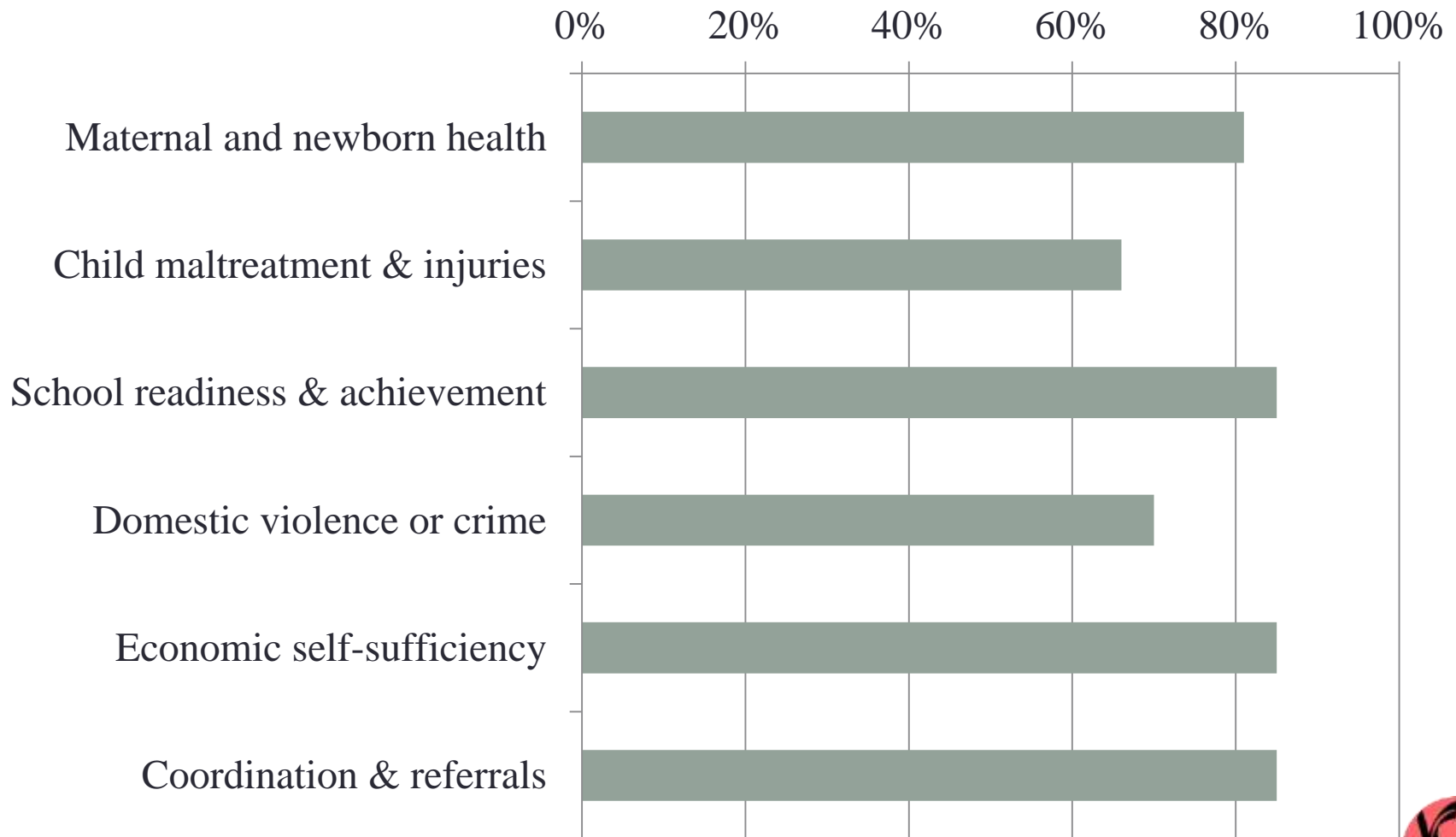
VI. Coordination and Referrals

Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals



MIECHV Performance

Percentage of states improving on benchmark areas in MIECHV legislation



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**



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

	MIECHV	Pew HV	Title V MCH	HEDIS	CMS CHIP-Medicaid
Preterm birth	✓	*	✓		Low birthweight
Prenatal care			✓	✓	✓
Postpartum visits	✓	✓		✓	✓
Breastfeeding	✓	✓	✓		
Maternal depression screening & follow up	✓	✓		✓	Behavioral health assessment
Well child visit	✓	✓	Medical home	✓	✓
Immunization			✓	✓	✓
Access to primary care			Medical home	✓	✓
Developmental screening	✓	✓	✓		✓
Safe sleep	✓		✓		
Child injury, emergency	✓		✓		
Tobacco use / cessation	✓	✓	✓	✓	Primary care
Insurance coverage	✓		✓	(assumed)	(assumed)

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

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