

**June 2019 PLC:
Collaborating with the
Maternal, Infant and Early Childhood Home
Visiting (MIECHV) Program**

June 12, 2019



Children's Bureau Updates

June 12, 2019

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program: Opportunities to Coordinate Needs Assessment with CBCAP Grantees

**HRSA/Maternal and Child Health Bureau/Division of Home
Visiting and Early Childhood Systems**



Level-Setting on MIECHV

- How familiar are you, in general, with the MIECHV Program?
- Have you worked with MIECHV on any initiatives or projects in the past?
- How familiar are you with the MIECHV needs assessment process and requirements?
- Have you been invited to participate in any MIECHV needs assessment discussions in your state?
- Is there anything in particular you are hoping to get out of this call?

MIECHV Program Goals and Administration

- The MIECHV Program funds states, territories, and tribal entities to develop and implement evidence-based, voluntary programs that best meet the needs of their communities. Program goals include:
 - Improve maternal and child health
 - Prevent child abuse and neglect
 - Encourage positive parenting
 - Promote child development and school readiness.
- \$400 million appropriation annually for 2018-2022
- Administered by HRSA in partnership with ACF



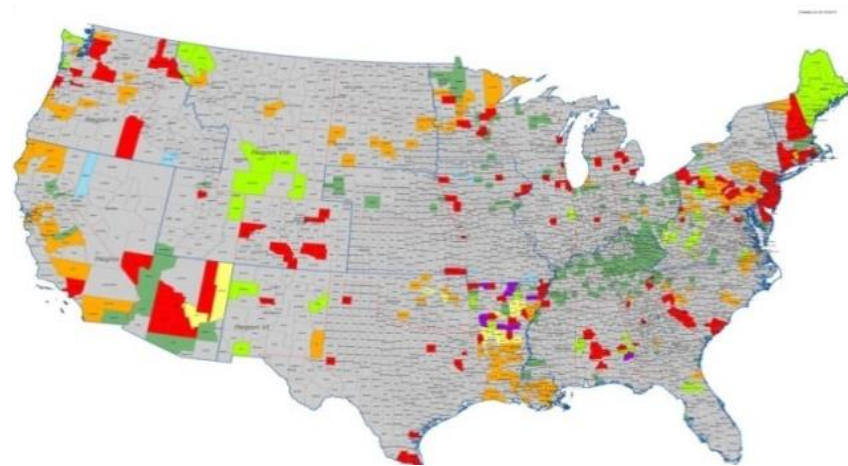
MIECHV Program Key Points

- **Evidence-based**
 - Built on four decades of rigorous research and evaluation.
 - Program models meet HHS criteria for evidence of effectiveness as well as criteria identified in statute for implementation under MIECHV.
 - Includes a national random assignment impact study and local evaluations.
- **Voluntary**
 - For families that ask to be empowered with better knowledge, health and parenting
- **Positive Return on Investment (ROI)**
 - Home Visiting helps prevent child abuse and neglect, encourages positive parenting and promotes child development and school readiness
 - Higher parental earnings, decreased use of public assistance programs, reduced maternal depression, and reduced ADHD diagnosis
- **Locally designed and run**
 - Provides states with maximum flexibility to tailor programs to fit needs of different communities
 - States choose from approved evidence-based models
 - Programs run by local organizations
- **Technical Assistance**
 - Achieve critical outcomes for children, families, and at-risk communities by providing technical assistance for program implementation, performance measurement, and CQI



State MIECHV Program

- Programs are in all 50 states, D.C. and five territories and services are in 896 counties - 22% of all rural counties, 33% of all urban counties (FY 2018)
- In FY 2018, states reported serving approximately 150,000 parents and children.
- In FY 2018, states and territories provided over 930,000 home visits, and have provided a total of over 5.2 million home visits over the past seven years.



MIECHV Families

MIECHV Priority Populations

- Low-income families
- Pregnant women under age 21
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home
- Families with children w/low student achievement
- Families with children w/ DD or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

MIECHV Serves Our Most Vulnerable Families

MIECHV serves many at-risk families. In FY 2018:

- 71% of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines (\$25,100 for a family four), and 42% were at or below 50 percent of those guidelines.
- Two-thirds (65%) of adult program participants had a high school education or less.
- Of all households served:
 - 19% reported a history of child abuse and maltreatment.
 - 13% included pregnant teens.
 - 13% reported substance abuse



Home Visiting as a Prevention Strategy

Evidence:

- **Home Visiting Evidence of Effectiveness (HomVEE)**
 - Provides an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry
- **8 evidence-based home visiting models have achieved favorable impacts in the reductions in child maltreatment domain**
- **Examples of impacts achieved:**
 - Fewer reports of engaging in serious abuse or neglect
 - Reduce hospital/health care encounters for injuries or ingestion
 - Reduce family involvement with child protective services

Home Visiting as a Prevention Strategy

Data:

- Grantees report on six benchmark domains
- MIECHV benchmark area on prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits. Benchmark measures include:
 - Children enrolled in home visiting with at least 1 investigated case of maltreatment
 - Safe sleep practices
 - Child injury-related visits to the Emergency Department

State Example: Montana

- **FIRST YEARS INITIATIVE:** Addressing child maltreatment with targeted home visiting
- Collaboration between Child and Family Services Division and the Family and Community Health Bureau of the Department's Public Health and Safety Division to provide a more comprehensive approach to child safety and family preservation and reunification
- Types of collaboration include:
 - File transfer to exchange information
 - Joint agencies case staffing
 - Ongoing training
 - Regular meetings/calls between local and state staff
- For more information, contact:
 - Kaci Gaub-Bruno, Lead Program Specialist - kaci.gaub-bruno@mt.gov
 - Leslie Lee, Program Director - LLee2@mt.gov



State Example: Illinois

- **IL Pregnant and Parenting Youth in Care Home Visiting Program: Project to provide pregnant and/or youth in Department of Children and Family Services (DCFS) care with access to voluntary home visiting services in their communities.**
- **Partners: Children's Home and Aid, the Ounce of Prevention Fund, the IL DCFS, Erikson Institute, and the IL Governor's Office of Early Childhood Development**
- **Project goals:**
 - Increase coordination between the child welfare and home visiting systems in Illinois.
 - Identify and address barriers preventing children in the child welfare system from receiving early care and education services.
 - Create a model for providing home visiting services to pregnant and/ or parenting youth in DCFS care that can be replicated throughout Illinois.
- **For more information, contact:**
 - **Lesley Schwartz, MIECHV Project Director - lesley.schwartz@illinois.gov**



Infant-Toddler Court Program (ITCP)

Infant-toddler court teams are public-private collaborations led by local courts and a community coordinator to bring together service providers, families and other community leaders. collaborate to meet the unique and urgent needs of infants, toddlers, and their families who have experienced, or are at risk for, foster-care placement.

ITCP currently supports:

- 8 implementation sites in 5 states, receiving intensive TA and evaluation support
- 40 additional implementation sites in 14 states, receiving individualized TA
- Outreach/assessment for communities interested in starting an infant-toddler court



MIECHV Needs Assessment

- The Bipartisan Budget Act of 2018 requires MIECHV awardees to review and update a statewide needs assessment **by October 1, 2020**.
- First required update to statewide needs assessments since the program began in 2010.

Statutory Requirements

1. Identify communities with concentrations of risk (including SUD, among others);
2. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state;
3. Discuss the state's capacity for providing substance abuse treatment and counseling services; and,
4. Coordinate with and take into account requirements in the Title V MCH Block Grant, Head Start, **and CAPTA needs assessments**.



MIECHV Needs Assessment Guidance

HRSA guidance for MIECHV awardees on meeting the Needs Assessment requirement:

- **For States and Non-Profits:** [Supplemental Information Request \(SIR\) for the Submission of the Statewide Needs Assessment Update.](#)
- **For territories:** [Supplemental Information Request \(SIR\) for the submission of the Territory Statewide \(“Territorywide”\) Needs Assessment Update](#)

Needs Assessment Data Summary

- HRSA developed and shared a standardized county-level data set with states
- These data sets include rates of poverty, unemployment, high school dropouts, income inequality, preterm births, low birth weight, substance use, crime, and child maltreatment
- Needs Assessment Data Summary includes data from the National Child Abuse and Neglect Data System (NCANDS) provided by ACF



Needs Assessment Requirements

Coordinate with and take into account the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the state required under section 205(3) of the Title II of CAPTA.

- Describe how your statewide needs assessment update was coordinated with Title II of the CAPTA -- the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect.
- Discuss how CAPTA needs assessment findings informed the MIECHV needs assessment update.
- Describe any efforts to convene stakeholders to review and contextualize the results of the needs assessment update.
- Describe any process for ongoing communication with CAPTA representatives to ensure information sharing.



Needs Assessment Resources

- **TA Resource:** [A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update](#)
- **Highlights possible strategies to support coordination:**
 - Assemble cross-cutting teams to work on multiple needs assessments
 - Convene joint workgroups around common topics of interest
 - Collaborate on data collection and data-sharing
 - Share contacts for informant interviews or focus groups
 - Develop joint communications
 - Share findings and synthesize results
 - Other ideas?

Discussion Questions

To support partnerships between MIECHV awardees and CBCAP Grantees on needs assessment and meeting aligned goals:

- How might the information in the MIECHV needs assessment be useful to you?
- Are there any partnerships with MIECHV awardees that you would like to share or highlight?
- What information about CBCAP and opportunities for partnership would you like us to promote with MIECHV awardees?
- What additional information or resources would be helpful to support meaningful involvement with the needs assessments?

Additional Information and Resources

- [MIECHV Program website](#)
- [National Program Brief](#)
- [State Fact Sheets](#)
- [Needs Assessment SIR Guidance](#)
- [Guide to Conducting the Statewide Needs Assessment Update](#)
- [Early Childhood Comprehensive Systems program \(including Infant Toddler Court Program\)](#)



Thank you!



Please take a moment to fill out our short evaluation.

**Your participation in the evaluation will help us to improve
our future services to prevention programs.**

Click this link to be taken directly to the survey:

https://ousurvey.qualtrics.com/jfe/form/SV_3JZnOtj52XQkVYF