

The Maternal Infant and Early Childhood Home Visiting Program (MIECHV)

2018 Improving Data, Improving Outcomes Conference

DaSY The Center for Early Childhood Data Systems

Tuesday, August 14, 2018

Monique Fountain Hanna, M.D., M.P.H., M.B.A.

Senior Regional Medical Consultant

Division of Home Visiting and Early Childhood Systems (DHVECS)

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)



We envision an America where all children and families are healthy and thriving, where every child and family have a fair shot at reaching their fullest potential.

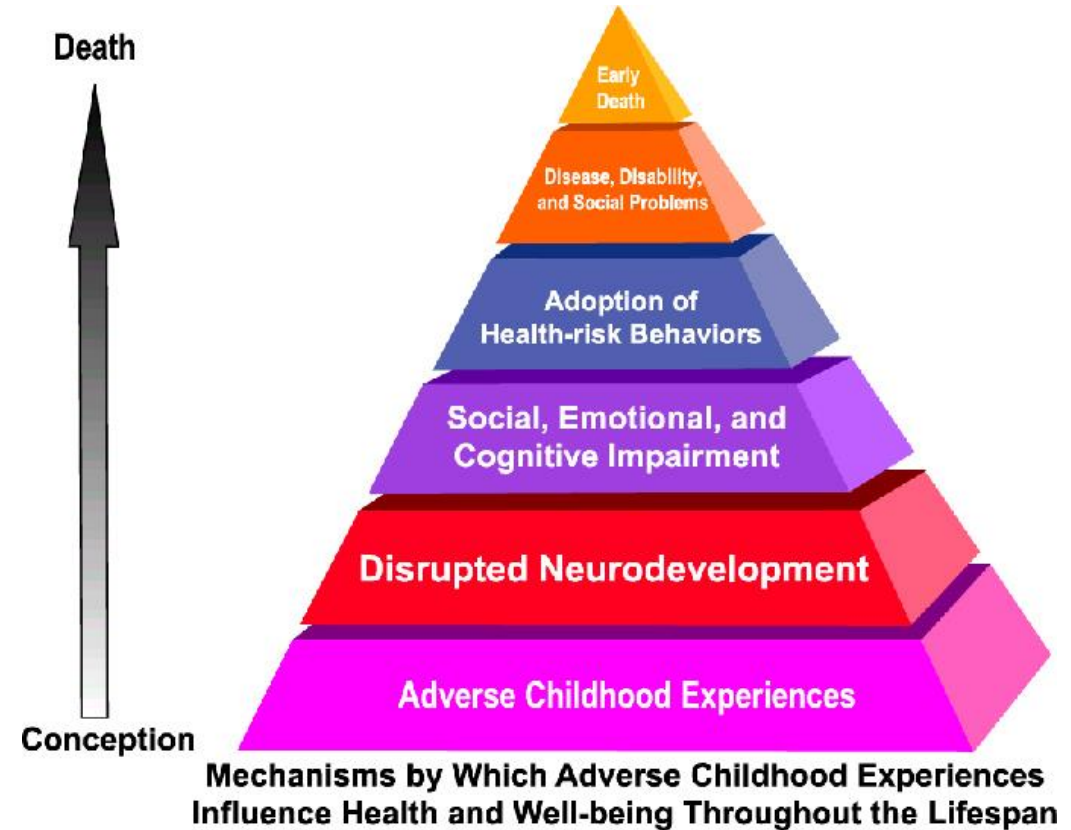


Changing Trajectories

“OUR EVIDENCE SHOWS THE POTENTIAL
OF EARLY LIFE INTERVENTIONS FOR
PREVENTING DISEASE
— and —
PROMOTING HEALTH.”

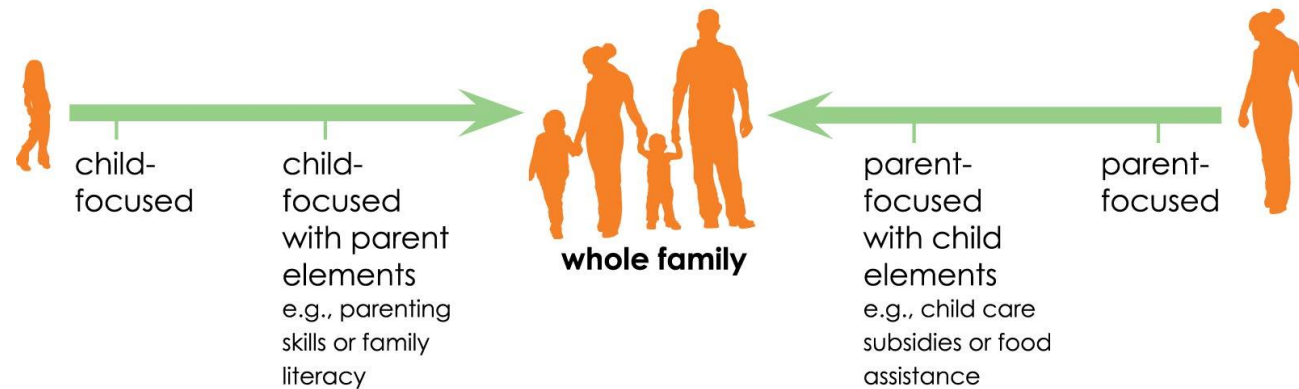


James Heckman
Nobel Laureate in Economics
“Early Childhood Investments
Substantially Boost Adult Health,” *Science*



Integrating a 2Gen Lens

The Two-Generation Continuum

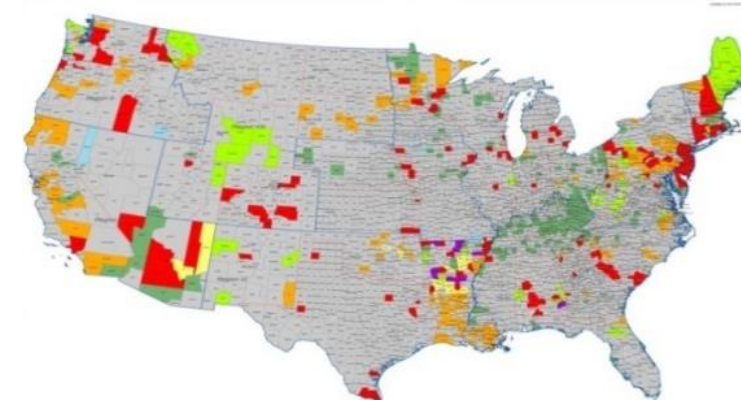
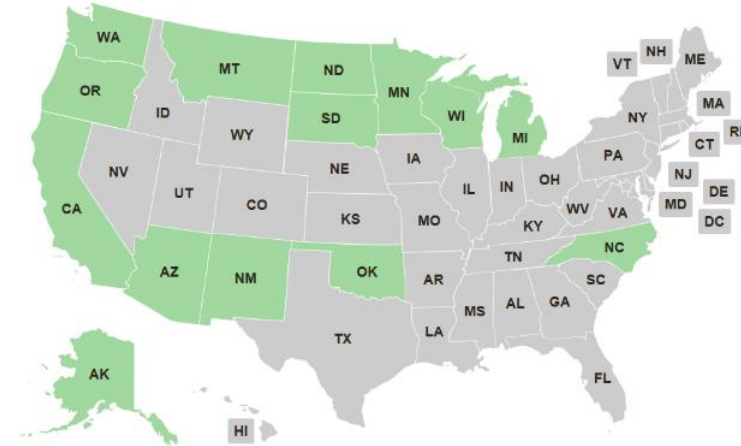


Two-generation approaches provide opportunities for and meet the needs of children and their parents together.

MIECHV Program Overview



Tribal Home Visiting Grantees



MIECHV Legislative Authority

- \$400 million appropriation annually for 2018-2022
- Awards to states and territories for implementation of evidence-based home visiting (*Administered by HRSA*)
- 3% set-aside for grants to Tribal entities (*Tribal Program administered by ACF*)
- 3% set-aside for research, evaluation, and corrective action technical assistance (*Jointly administered by HRSA and ACF*)



MIECHV Program Key Points

- **Funding**

- Majority of MIECHV funding allocated via formula awards with 5% allocated to 9 innovation awards (impacting 13 states and jurisdictions) in FY 2017
- The period of availability for the expenditure of MIECHV Program funds is two years. For FY 2017, the period of availability starts September 30, 2017 and ends September 30, 2019.

- **Supports Families**

- Statewide needs assessments identify at-risk communities; states select home visiting models that best meet state and local needs
- Partnership between parents and home visitors

- **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



MIECHV Program Key Points

- **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

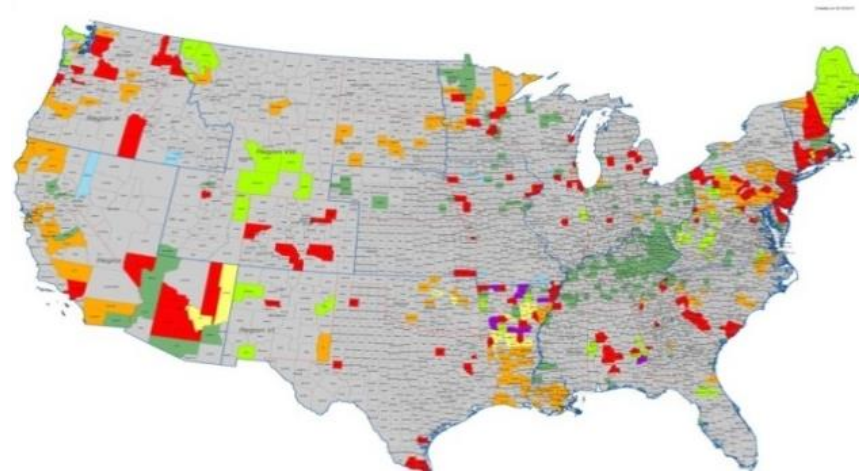
Technical Assistance

- Achieve critical outcomes for children, families, and at-risk communities by providing technical assistance for program implementation, performance measurement, and CQI



MIECHV Program Growth

- Programs are in all 50 states, D.C. and five territories and 888 counties (FY 2017)
- Programs have provided over 4.2M home visits since 2012
- In FY 2017, states reported serving approximately 156,000 participants



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

Populations Served in 2017

- **72% of families < 100% federal poverty**
- **42% of families < 50% federal poverty**
- **65% did not go to college**
- **15% of newly enrolled pregnant teens**
- **22% of newly enrolled with history of child abuse and neglect**
- **12% of newly enrolled with history of substance abuse**



MIECHV Legislative Benchmarks

Benchmark Areas

I. Maternal and Newborn Health

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

III. School Readiness and Achievement

IV. Crime or Domestic Violence

V. Family Economic Self-Sufficiency

VI. Coordination and Referrals

Measures

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

Safe Sleep; Child Injury; Child Maltreatment

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

IPV Screening

Primary Caregiver Education; Continuity of Insurance Coverage

Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals

A Vision for Home Visiting and Early Childhood Systems of the Future

- A continuum of early childhood systems and home visiting services from universal to “Precision Home Visiting”
- Developmental/Relational health quality bundles
- Data and outcome-driven improvements for EC population health by promoting well-being, managing risk and monitoring cohorts of babies
- Building the ROI and longitudinal data capacity to demonstrate long term impact of HV
- Broadening reach and sustainability of HV within EC systems: Medicaid, Child Welfare, Pay-for-Success, etc.

Contact Information

Monique Fountain Hanna, M.D., M.P.H., M.B.A.

Senior Regional Medical Consultant

Division of Home Visiting and Early Childhood Systems

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: mfountain@hrsa.gov

Web: www.mchb.hrsa.gov/programs/homevisiting





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