



Family Home Visiting Overview

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Babies' brains develop at a remarkable rate

more than **1 million new neural connections form every second**
during the first few years of life

Children thrive in environments that are..



Safe



Nurturing

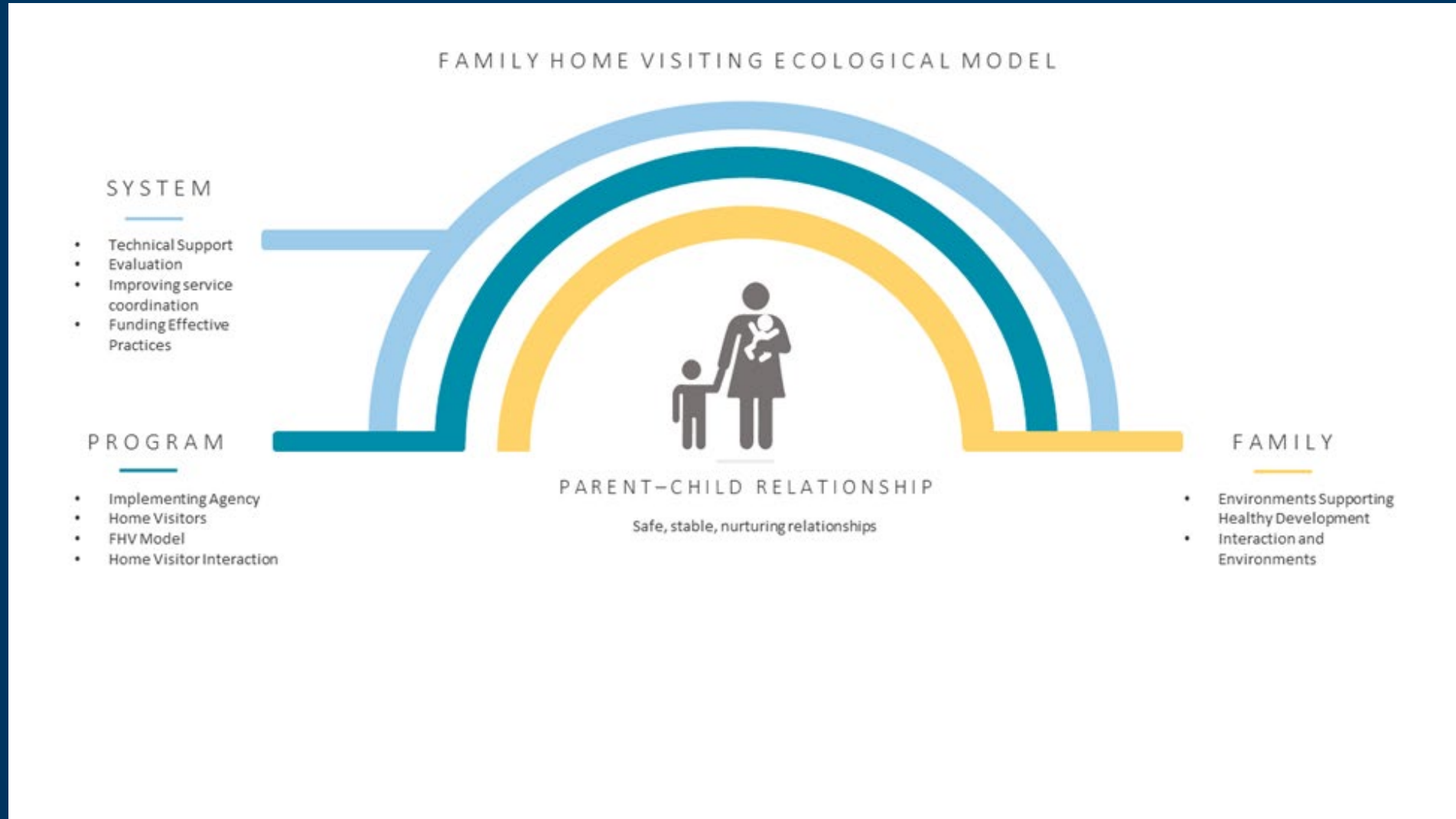


Supportive

What is Family Home Visiting?

- Home visiting is a voluntary service for pregnant women and parenting families most in need of support. A trained home visitor conducts home visits that begin prenatally and continue through the early years of a child's life.
 - Connecting families to community services
 - Supporting parents early in their role as a child's first teacher,
 - Helping parents develop safe, stable and nurturing environments that support healthy development
 - Fostering parenting skills that decrease the risk of child abuse.

Families are at the heart of home visiting



How Does it Work

- Majority of home programs are long-term, serving families ideally starting in the prenatal period or shortly after birth.
- Visits are closer to together and more frequent during the critical prenatal and first 6-12 weeks of a child's life.
- Most home visiting programs begin gradually decreasing visits as mom/dad hone skills, get connected to other community resources, and as child develops and grows.

A typical visit

- Information or activity about the child's stage of development is discussed with parent. This may involve an activity to help parent learn how they can help nurture and support social, emotional and physical developmental milestones.
- Important safety and health information for the child's age and family situation is discussed: Shaken baby syndrome, oral health, post-partum depression, healthy nutrition and physical activity.
- Screenings for social-developmental progress, immunizations, maternal depression, and family violence are conducted and referrals made as needed.
- Mom/Dad work on goals and skill building. This could include problem solving, learning how to navigate other support systems in their community, and practicing parenting skills and communication.

Uniqueness of Home Visiting

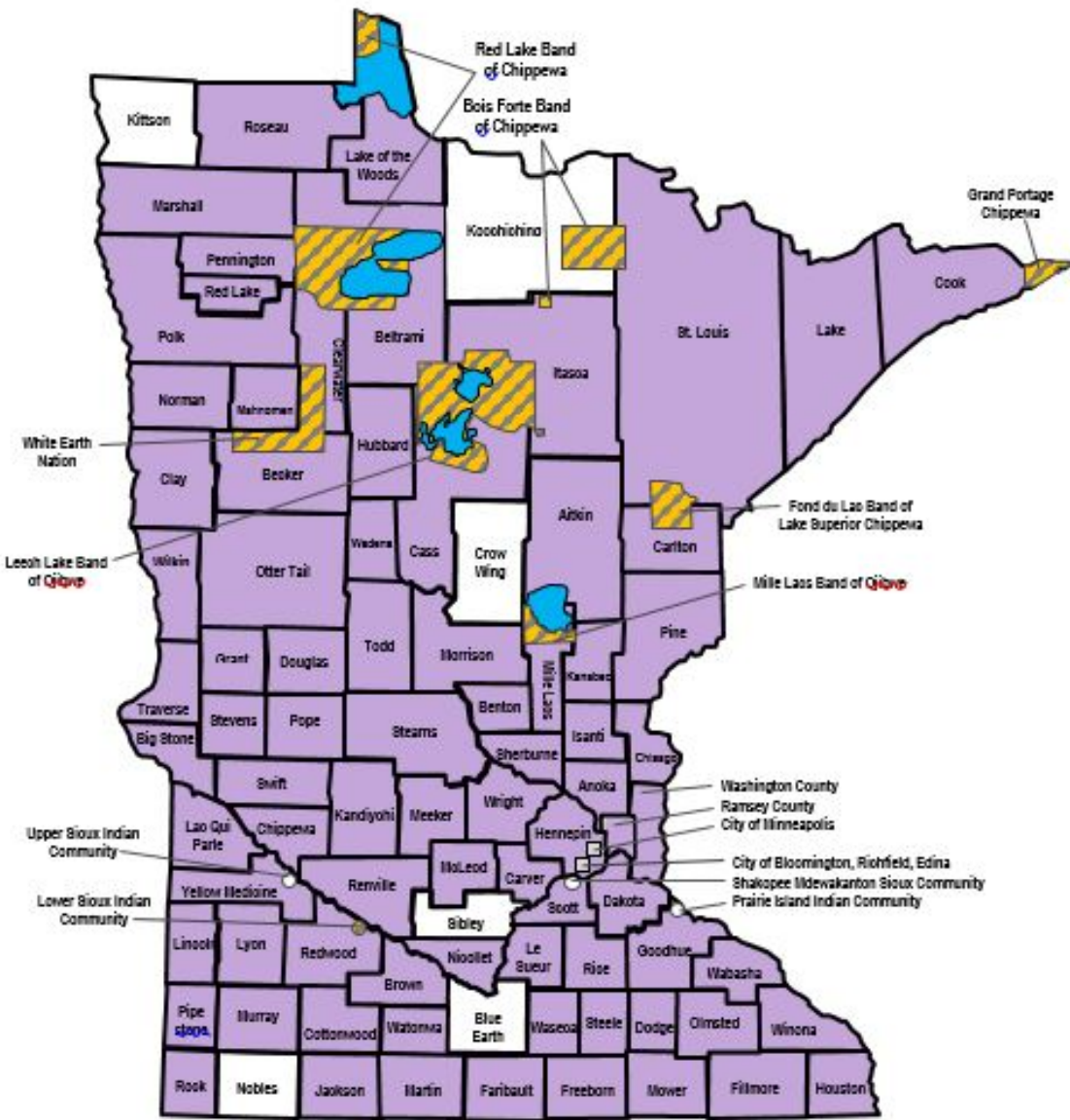
- Two generational approach that serves caregivers and children in their home or other safe location.
- Over 30 years of research with proven results for evidence-based home visiting programs.
- Cost Efficient: average yearly cost \$6500/family
- Long-term service: prenatal to 2-3 years of age
- Improved outcomes for both parents and children across a wide range of child ages, topic areas, and national models.

The image features a series of brown paper cutouts of people holding hands in a circle, symbolizing a family or community. A large blue circle is overlaid on the right side, containing the text "Serving Families" in white. The background is a warm, golden glow.

Serving Families

Who We Serve?

- Teen parents
- Families with a history of alcohol or drug abuse
- History or at risk for child abuse, domestic abuse, or other types of violence
- Families living in poverty
- Mental health disorders including maternal depression
- Families at risk of homelessness



2020 Evidence-Based Home Visiting

Need: 102,000 children 0-4 under 200% Federal Poverty Level.

MIECHV 2020 Needs Assessment: Most at risk counties are serving 20% or less of eligible families

Served: 11,992 pregnant women and caregivers

50% White; 21% African American; 6% Asian; 3% American Indian; 20% other

Evidence-based home visiting (funded by MDH): 81 Counties, 8 tribes, 19 non-profits





Children
Served

2020: 10,674 Children Served

Child's Age

- 27% Less than 1 year old
- 56% one to two years old
- 14% three to four years old
- 3% five+ years old

Poverty

38% living at or below Federal Poverty level

Child's Race

- 3% American Indian
- 6% Asian
- 22% Black or African American
- 52% Caucasian
- 7% Multiracial
- 10% Unknown

Evaluation and Quality Improvement



**Growth and
Development**



**Well-being and positive
parenting**



Referrals

Evidence-based Home Visiting Models

MDH uses 19 key federal benchmarks to measure outcomes.

1. Child Health
2. Child Development and School Readiness
3. Family Economic Self-sufficiency
4. Linkages and Referrals
5. Maternal Health
6. Positive Parenting
7. Reductions in child maltreatment
8. Reductions in juvenile delinquency, family violence, and crime

MDH support, training and monitoring

- **Training:** Training funds for core home visiting model requirements are built into grantee budgets. MDH provides supportive trainings on maternal health, Developmental Screening, and interpersonal violence.
- **Evaluation:** Home visiting data is captured at the client and visit level. MDH monitors 19 federal benchmarks including both process and outcome measures. Data is tracked on a quarterly basis.
- **Fidelity Monitoring:** All agencies are required to meet home visiting model guidelines, training, and accreditation standards. Grantees have yearly workplans, quarterly calls, and CQI projects.



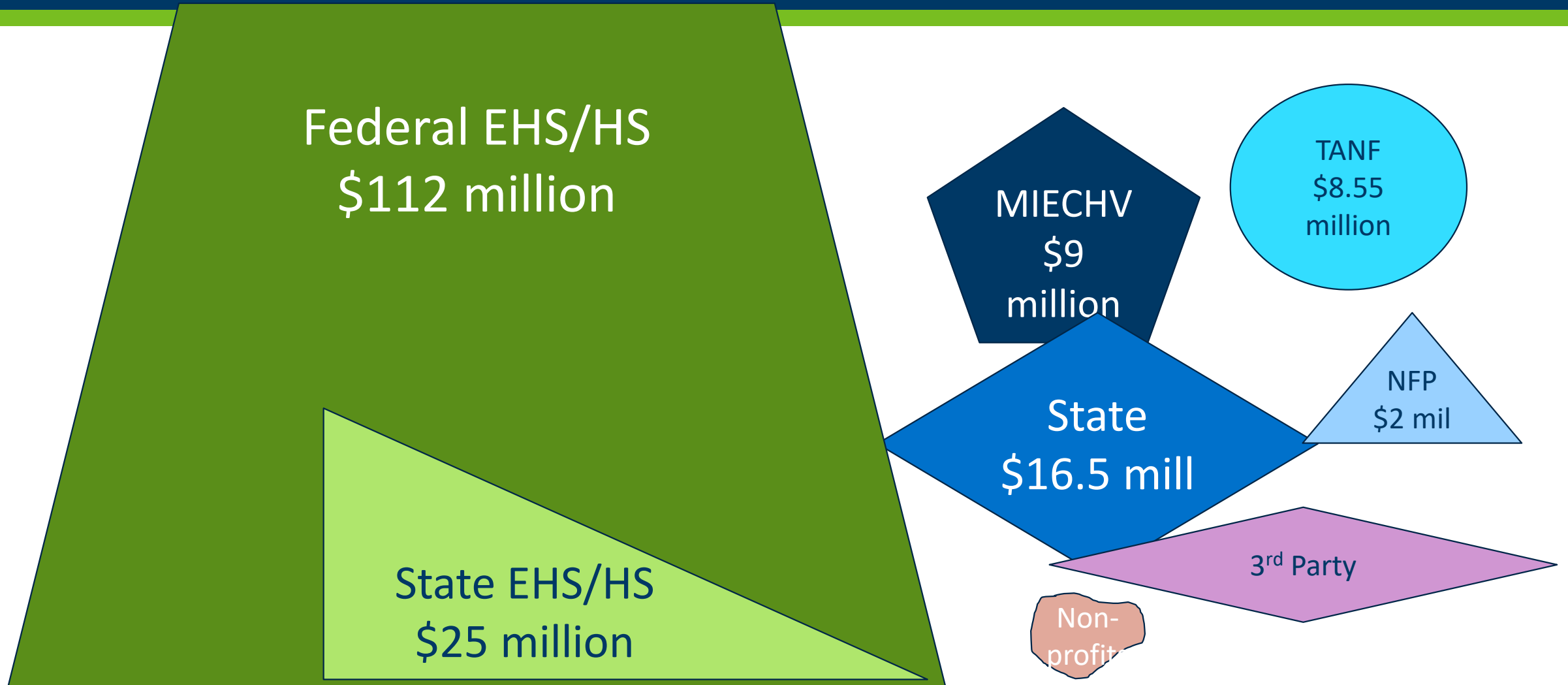
Funding

Paying for Services

- Home Visiting services are supported through a variety of resources
 - MDH grant funding
 - Grants from foundations
 - Third party reimbursement (MA, Insurance, etc.)
 - Local levies
- Billing
 - PHNs and RNs supervised by PHNs can bill for home visiting services
 - New rate of \$140 for Evidence-based Home Visiting; other rates range from \$25 - \$140
 - Community Health Workers can bill: Rate ~\$16/visit
 - Community Health Technicians (Tribal Nations) cannot bill

- Funding: Family Home Visiting
 - MDH oversees \$36 million/year in federal and state funding for home visiting.
 - \$8.5 million in TANF funding allocated to be used for home visiting, WIC nutrition or pregnancy prevention. 50% must be used for home visiting
 - \$9.0 million MIECHV (federal funding)
 - \$2 million state NFP funding (2015)
 - New state funding: \$16.5 million/year (2020 +)
 - 75% of this funding must go toward evidence-based home visiting programs

Funding for Home Visiting



Results: Evidence-Based Home Visiting

- Every \$1 invested results in \$3 to \$6 Return on Investment
 - Improves prenatal health,
 - Reduces childhood injuries,
 - Prevents subsequent unplanned pregnancies,
 - Improve school readiness,
 - Increase intervals between births
 - Increases maternal employment and graduation rates.

Video of Home Visit

- <https://www.youtube.com/watch?v=oyGqYiwG-Wc&feature=youtu.be>

