



The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV): Transforming Practice

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Main Points

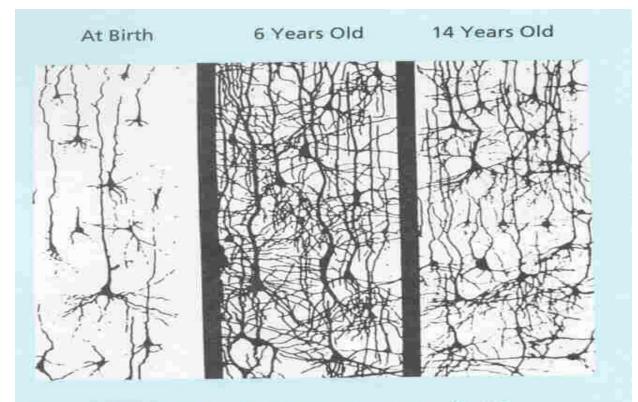


- Why a National HV program was needed and how it was created
- What has been the progress in implementation to date
- Areas where a public-private partnership can generate leverage
 - Integrate data-based decision making and QI into ongoing program implementation



Creating Connections Fast



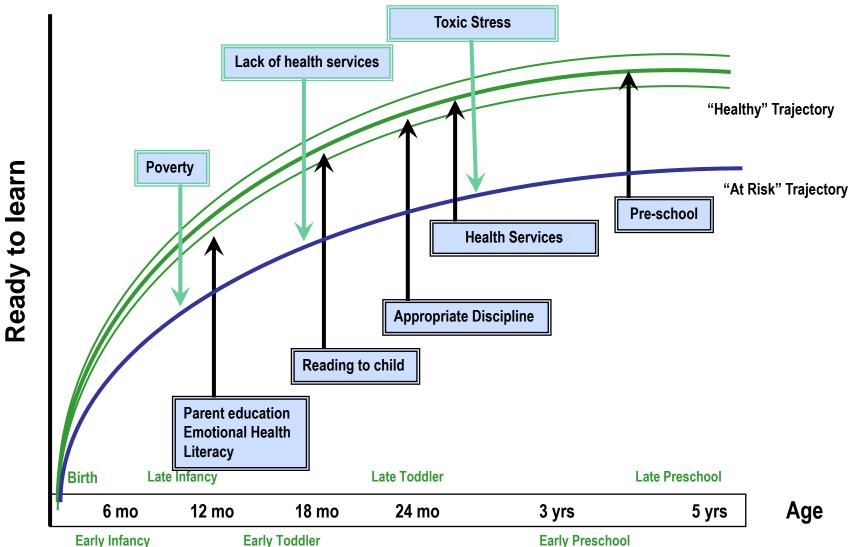


SYNAPTIC DENSITY: Synapses are created with astonishing speed in the first three years of life. For the rest of the first decade, children's brains have twice as many synapses as adults' brains. Drawings supplied by H.T. Chugani.



Child Health and Development Trajectories





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- Early childhood is a critical time in a child's life and brain development
- Evidence-based HV services have proven effective
- All parents can benefit from support around the time of birth and during the early years of life
- The home is the first and most important learning environment
- Benefits for at-risk populations
 - HV reduces some barriers to service engagement
 - Shapes the intervention to family's specific needs
 - Provides "window" into the child's most proximate environment
 - Models "relationship building"
 - "Coaches" parent to enhance knowledge of child development, parental skills and capacity to achieve economic or educational goals



Legislative Authority



- Affordable Care Act of 2010
 - Amended <u>Title V of the Social Security Act</u>
 - Section 511: MIECHV
- \$1.5 billion over 5 years
 - \$100M FY2010
 - \$250M FY2011
 - \$350M FY2012
 - \$400M FY2013
 - \$400M FY2014
- Sustainable Growth Rate (SGR) Legislation
 - \$400M FY2015



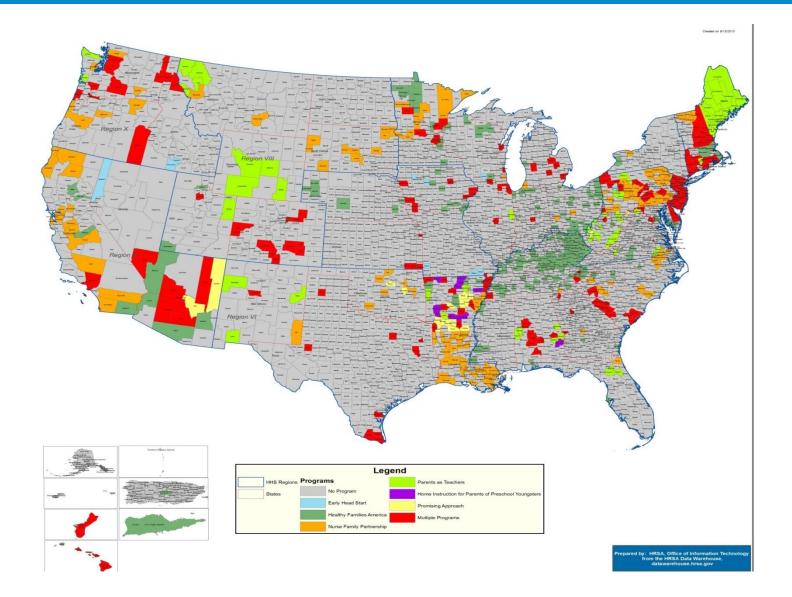


- Formula/competitive grants in 50 states, DC, and 5 territories
- Cooperative agreements w/ 25 tribal entities
- Locally designed and run by local organizations in the community (LIAs)
- Preliminary data:
 - Sustained increase from 2012 to 2014 in counties covered, families served, home visits delivered



State MIECHV









- Targeting direct service investments towards wellresearched and effective home visiting models
- HV not just a program but a means to strengthen early childhood services in general (e.g., centralized intake)
- Extensive measurement across three areas to track and improve outcomes : performance, evaluation and QI
 - Articulating a set of <u>common constructs</u> within the six programmatic benchmark areas and requiring grantee measures to assess progress
 - Supporting ongoing program evaluation and research
 - Supporting <u>QI efforts</u> to rapidly enhance practice and outcomes, e.g., the HV Collaborative Improvement & Innovation Network





Data Collection on Program Goals (Benchmark Areas)

- 1. Prenatal, maternal, and newborn health (8 constructs)
- 2. Child health and development, including the prevention of child injuries and maltreatment (7)
- 3. School readiness and academic achievement (9)
- 4. Crime (2) or domestic violence (3)
- 5. Family economic self-sufficiency (3)
- 6. Referrals/provision of other community supports (5)





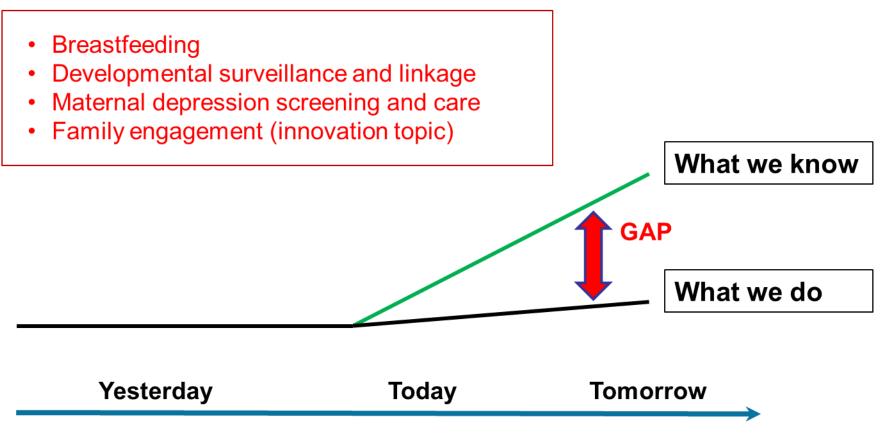
• ACF

- Mother and Infant Home Visiting Program Evaluation (MIHOPE)
- Mother and Infant Home Visiting Program Evaluation Strong Start (MIHOPE –SS)
- Home Visiting Evidence of Effectiveness (HomVEE)
- Design Options for Home Visiting Evaluation (DOHVE) research, evaluation, data, and CQI technical assistance
- Tribal Home Visiting Evaluation Institute (TEI)
- Tribal Early Childhood Research Center (TRC)
- HRSA
 - Home Visiting Research Network
 - Investigator-initiated grants





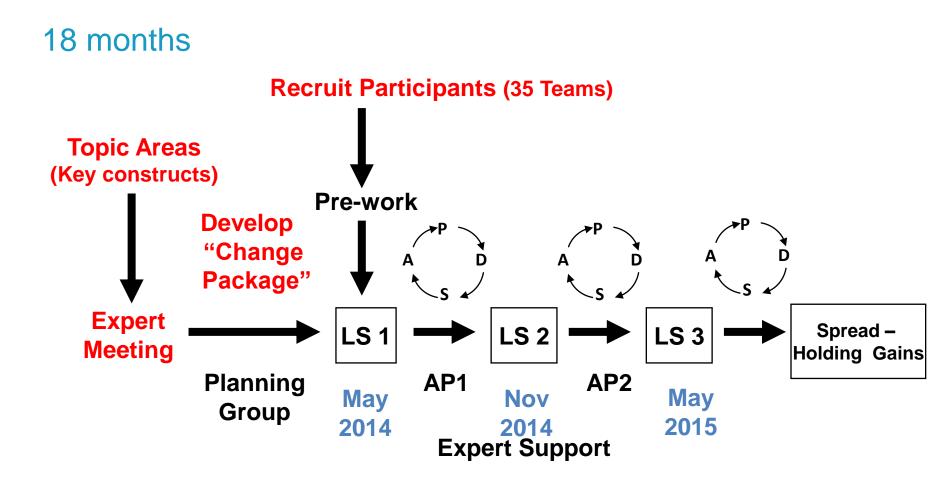
MIECHV Constructs → Goals



Source: Institute for Healthcare Improvement, 2013







Source: Adapted from Institute for Healthcare Improvement, BTS Collaborative.

LS – Learning Session AP – Action Period





- Coverage of at-risk areas
- Standardized Measurement System
- HV Research Network
- QI Collaborative (HV CollN)





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