

# State Home Visiting Programs Policy Statement

## POSITION:

ASTHO supports maternal, infant, and early childhood home visiting programs. These programs are critical for promoting healthy child development and optimal health outcomes for children, women, and families as well as enhancing community resilience.

## BACKGROUND:

Home visiting programs match expecting parents and other caregivers of young children with designated support professionals who coach them through pregnancy and infant, child, and family development.<sup>1</sup> These programs prioritize families at highest risk for poor maternal and child health outcomes.

Decades of research demonstrate that home visiting programs improve caregiver-infant dyad and family outcomes and are cost-effective,<sup>2</sup> leading to improvements in breastfeeding and interbirth intervals, reduced prenatal substance use, reduced child injuries, increased household income and employment, increased utilization of prenatal, preconception, and pediatric care, increased service identification and referrals,<sup>3</sup> and quality of home environment, as well as fewer emergency department visits for children.<sup>4</sup> Home visitors are knowledgeable about local resources and specific needs of individual families and may work closely with organizations engaged in emergency preparedness, such as health departments.<sup>5</sup>

Established in 2010 the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides mandatory funding for states, territories, local jurisdictions, and tribal organizations to implement early childhood home visiting programs.<sup>6</sup> In 2023, this program was reauthorized and provides base funding of \$500 million from FY23-FY27 with a minimum base grant of \$1 million for jurisdictions. In FY24, the federal government will begin contributing 75% of MIECHV funding and states and jurisdictions will be responsible for providing 25% in non-federal funds. This matching fund amount will increase each fiscal year through FY27. States are required to meet this minimum match to receive federal MIECHV funding.

MIECHV promotes evidence-based approaches to supporting families and improving caregiver and child health outcomes.<sup>7</sup> States and territories may use up to 25% of MIECHV funds on promising practices, which allows them to engage with communities and develop culturally tailored and innovative programs that are responsive to changing community needs and may address needs of populations inadequately served by current evidence-based programs.

Many state-based home visiting programs are administered by health agencies, while others are overseen by departments of children's or family services, early learning, human services, governors' offices, and not-for-profit organizations.<sup>8</sup> Given unique abilities of home visiting programs to reach socioeconomically marginalized communities and improve a range of parental and child health outcomes, continued investment is crucial.

## Summary of Recommendations:

- Ensure appropriate federal and state funding for sustainable state home visiting programs.
- Align integrated maternal and child health and early childhood data systems and programs.
- Support quality improvement and program evaluation to demonstrate program effectiveness and cost savings.
- Evaluate virtual home visiting as an effective and sustainable approach to delivering services.
- Identify, adopt, and support promising practices to address a wide variety of family and child needs.
- Enhance home visiting workforce capacity by recruiting, training, and retaining culturally diverse and qualified home visitors.
- Utilize community health workers to connect and assist families with home visiting services.

## **RECOMMENDATIONS/EVIDENCE BASE:**

ASTHO recommends the following policy considerations for all State Home Visiting Programs, including those that are evidence-based, promising practice, and/or MIECHV funded.

### **Funding and Sustainability**

- a. Ensure appropriate federal and state funding for the sustainability of evidence-based home visiting programs, by continued investment in MIECHV. Other funding sources for home visiting include Title V MCH block grant funds, Temporary Assistance for Needy Families (TANF) funds, Early Intervention for Partnerships Program funds, other federal grant programs, and state tobacco taxes or tobacco settlement proceeds.<sup>9</sup> In some states, home visiting programs are supported by private grants,<sup>10</sup> and Medicaid.
- b. Optimize care coordination and continuity of care by coordinating and integrating home visiting into state, island, local, and tribal maternal and child health programs, as well as social and medical programs. Such programs include the Jackie Walorski Center for Evidence-based Case Management, Medicaid, Title V MCH Block Grant, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and services to children with special healthcare needs.

### **Data and Evaluation**

- a. Align MIECHV data collection with other data systems related to maternal and child health, such as Title V performance measures, Pregnancy Risk Assessment Monitoring System (PRAMS) and Medicaid, to develop common outcomes, indicators, and benchmarks.<sup>11 12</sup>
- b. Support rigorous quality improvement (QI) and evaluation, such as MIECHV's coordinated, state-led evaluation and the HV Collaborative Improvement and Innovation Network (HV CoIIN), to demonstrate effectiveness and cost savings.
- c. Evaluate virtual home visiting, which states implemented at the onset of the Covid-19 pandemic, as potentially an effective and sustainable approach to delivering home visiting services. MIECHV reauthorization states that virtual home visiting is allowed but may not replace in-person visits.<sup>13</sup> Additionally, home visiting models must possess equivalent training standards for both virtual and in-person visits.

### **Workforce Development**

- a. Strengthen the current and future home visiting workforce by recruiting, training, and retaining culturally diverse and multilingual staff, including community health workers,<sup>14</sup> and supporting leaders during transition and succession planning. States should also create career trajectories, ensure pay equity, and establish manageable caseloads for home visitors to improve retention and service quality.<sup>15</sup>
- b. Develop home visitors' knowledge and skills regarding infant and maternal mental health. Use of evidence-based trainings designed to bolster the infant and early childhood mental health (IECMH) and maternal mental health knowledge and skills of home visitors could result in enhanced home visitor-client communication, reduced depressive severity and symptoms, improved quality of life, and increased maternal depression screenings and referrals.<sup>16</sup>

### **Equity in Home Visiting**

- a. Amplify families' voices and examine historical and structural factors, including discriminatory policies,<sup>17</sup> that may influence a family's capacity to receive or participate in home visiting services. Engage families in planning, improving, and evaluating home visiting services.
- b. Support adaptations of evidence-based and promising practice home visiting models that address unique circumstances of populations that are hard to reach and at increased risk of experiencing adverse birth outcomes, such as tribal nations, justice system-involved parents and parents experiencing homelessness.<sup>18</sup>

## POLICY APPROVAL HISTORY

Community Health and Prevention Policy Committee Approval: January 18, 2024

Board of Directors Approval: June 24, 2024

Policy Expires: June 30, 2027

Population Health & Informatics Policy Committee Approval: May 3, 2018

Board of Directors Approval: December 5, 2018

Policy Expires: December 31, 2021

Expiration Date Extension Due to COVID-19: December 31, 2022

*ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.*

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<sup>1</sup> National Home Visiting Resource Center. “What is Home Visiting?” 2022. Available at <https://nhvrc.org/what-is-home-visiting/>. Accessed 8-11-2022.

<sup>2</sup> Ibid.

<sup>3</sup> U.S. Department of Health and Human Services, Administration for Children and Families and Health Resources and Services Administration, Maternal and Child Health Bureau. “Demonstrating Improvement in Maternal, Infant, and Early Childhood Home Visiting Program: A Report to Congress.” 2016. Available at <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/reportcongress-homevisiting.pdf>. Accessed 7-27-2022.

<sup>4</sup> Michalopoulos M, Crowne S, Portilla X, *et al.* “A Summary of Results from the MIHOPE and MIHOPE – Strong Start Studies of Evidence – Based Home Visiting. 2019.” Available at [https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope\\_summary\\_brief\\_01\\_16\\_19\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope_summary_brief_01_16_19_508.pdf). Accessed 7-27-22.

<sup>5</sup> National Home Visiting Resource Center. “Disasters Don’t Plan Ahead. Home Visitors Can.” 2017. Available at <https://nhvrc.org/disasters-dont-plan-ahead/>. Accessed 7-28-2022.

<sup>6</sup> Health Resources and Services Administration. (2023, November). *MIECHV Program Reauthorization*. HRSA Maternal and Child Health. <https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization#virtual>

<sup>7</sup> U.S. Department of Health and Human Services, Administration for Children and Families and Health Resources and Services Administration, Maternal and Child Health Bureau. “The Maternal, Infant, and Early Childhood Home Visiting Program.” 2021. Available at <https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf>. Accessed 7-21-22.

<sup>8</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. “FY 2021 Maternal, Infant, and Early Childhood Home Visiting Awards.” 2022. Available at <https://mchb.hrsa.gov/fy-2021-maternal-infant-early-childhood-home-visiting-awards>. Accessed 8-26-2022.

<sup>9</sup> Herzfeldt-Kamprath R, Calsyn M, Huelskoetter T. “Medicaid and Home Visiting: Best Practices from the States.” 2017. Available at <https://www.americanprogress.org/article/medicaid-and-home-visiting/>. Accessed 8-10-2022.

<sup>10</sup> Healthy Families America. “Supporting Home Visiting: A Guide to State and Federal Funding.” Available at <https://preventchildabuse.org/wp-content/uploads/2020/06/State-and-Federal-Funding-Streams.pdf>. Accessed 2-6-2023.

<sup>11</sup> MRDC. “Centralized Intake: Innovation in the Field.” 2013. Available at <https://www.mdrc.org/centralized-intake-innovation-field>. Accessed 7-22-22.

<sup>12</sup> Association of Maternal and Child Health Programs. “A Roadmap for Collaboration Among Title V, Home Visiting, and Early Childhood Systems Programs.” 2021. Available at [https://amchp.org/wp-content/uploads/2021/11/UPDATED\\_AMCHP\\_Roadmap-for-Improved-EC-Collaboration\\_Sept-2021.pdf](https://amchp.org/wp-content/uploads/2021/11/UPDATED_AMCHP_Roadmap-for-Improved-EC-Collaboration_Sept-2021.pdf). Accessed 7-22-22.

<sup>13</sup> Health Resources and Services Administration. (2023, November). *MIECHV Program Reauthorization*. HRSA Maternal and Child Health. <https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization#virtual>

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<sup>14</sup> Association of State and Territorial Health Officials. “*Equity Driven Promotion of Optimal Health Outcomes Policy Statement.*” 2023. Available at <https://www.astho.org/globalassets/pdf/policy-statements/equity-driven-promotion-of-optimal-health-outcomes.pdf>. Accessed 8-24-23.

<sup>15</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. “Home Visiting Career Trajectories.” 2020. Available at <https://www.acf.hhs.gov/opre/report/home-visiting-career-trajectories>. Accessed 7-22-22.

<sup>16</sup> National Center for Children in Poverty. “Infant and Early Childhood Mental Health in Home Visiting.” 2021. Available at <https://www.nccp.org/mental-health-in-home-visiting/>. Accessed 4-14-2022.

<sup>17</sup> Association of State and Territorial Health Officials. “Equity Driven Promotion of Optimal Health Outcomes.” 2023. Available at <https://www.astho.org/globalassets/pdf/policy-statements/equity-driven-promotion-of-optimal-health-outcomes.pdf>. Accessed 6-14-24.

<sup>18</sup> New Moms. “Home Visiting Enhancement.” 2022. Available at <https://newmoms.org/home-visiting-enhancement/>. Accessed 8-25-2022.