


THE NEXT HORIZON FOR HOME VISITING:

A White Paper on Policy Discussions Among Stakeholders

Introduction

Through the passage of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program in 2010, the home visiting field was challenged to meet a new level of quality and give communities greater ability to improve the lives of families and young children throughout the nation. MIECHV was enacted as an enhancement to the Maternal and Child Health provisions of the Social Security Act at a time when heightened attention was focused on evidence of effectiveness in early childhood policies. MIECHV drew on the wealth of research on successful home visiting models and was groundbreaking in directly tying funding to evidence-based practices and future outcomes. In doing so, MIECHV also raised the bar within the home visiting field by requiring evidence of program effectiveness.

A program that has strong bipartisan support, MIECHV is currently funded at $400 million annually. Federal formula and competitive grants are used by states and tribes to implement and expand evidence-based home visiting programs and to explore and evaluate promising practices. Through various home visiting models chosen by states and communities, social workers, nurses, and other professionals provide myriad supports to families with young children through regular visits in their homes and by connecting them to resources in their communities. Research has shown that the models approved for MIECHV funds have had significant impacts in areas such as school readiness, maternal well-being, decreasing child abuse and neglect and juvenile delinquency, and improving parenting skills and family economic self-sufficiency. However, MIECHV's funding will expire at the end of federal fiscal year 2017, creating an urgency for national and state stakeholders to examine the next horizon in home visiting with the goal of solidifying the best outcomes for our nation's families and children.

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ZERO TO THREE
Early connections last a lifetime

The Dalton Daley Group

It was through this lens that ZERO TO THREE and The Dalton Daley Group held a policy convening, *The Next Horizon for Home Visiting*, to explore the successes and challenges of MIECHV, identify solutions to move the field forward, and discuss the next iteration of advocacy efforts needed to impact reauthorization in 2017. A number of invited participants completed a pre-meeting survey to help shape the agenda (*Please see Appendix A for the survey questions*). Held on February 25, 2016, in Washington, D.C., the convening brought together more than 30 national and state home visiting leaders to engage in a robust conversation on moving the home visiting field forward (*Please see Appendices B and C for the agenda and participant list*). This white paper documents the joint efforts, thoughts, and calls to action shared by the participants and in the survey. It is not meant to be an exhaustive analysis of the wide range of topics that surfaced, but rather a reflection of a collaborative effort to sift through these topics, identify priorities, and provide guide posts for future action.

Reflecting on MIECHV Successes

Six years after MIECHV's enactment, its successes are broad and varied, encompassing areas both expected and unanticipated. Paramount was the opportunity to expand home visiting to a greater number of high-need families with young children, using clear evidence of effective services. Equally important was the shift in culture created by the requirement to use evidence-based models, meticulous implementation to ensure program model fidelity, use of data to ensure quality, and the cross-agency collaboration required to serve families.

In a sense, the benefits create a cascade: MIECHV's evidence-based parameters require regular evaluation and monitoring of program implementation and effectiveness, in turn creating an emphasis on strong data systems and information integrity. Such consistent examination inherently promotes innovation and thoughtfulness that increase chances of success, as well as a dynamic process where the program can continue to evolve. This has been the case throughout the country in jurisdictions where MIECHV dollars have been used. Although implementation did not always go smoothly, it is clear that stakeholders are determined to continue the process of working through problems to achieve effective services and better outcomes for families.

MIECHV's emphasis on evidence and use of benchmarks to track outcomes has had an impact on support for home visiting from state legislators, helping convince them of the program's importance. Having a clearly articulated definition of evidence-based programs has helped build support for state laws and policies that reflect what is happening at the federal level. For example, Texas has modeled MIECHV at the state-level, securing state funds with a requirement for use on evidence-based models and promising practices.

Top Innovations Fostered by MIECHV

- Collaborations among programs and models in new ways that otherwise would not have developed
- Comprehensive discussions among public and private partners at the state and community level that have rippled into other planning efforts
- Consistent benchmark standards that have inspired state legislation and policy
- Being on the cutting edge of CQI and its widespread use
- A national home visiting research agenda

Clear themes emerged from the discussion and survey about the opportunities and innovations fostered through MIECHV. Opportunities noted included: infrastructure building, increased service integration, coordinated intake, evaluation, and professional development and training. In addition, innovations included: multi-level programmatic collaboration, Continuous Quality Improvement (CQI), establishment of a national research agenda, and a systematic drive toward evidence-based models. Some of these areas are discussed in more detail in later sections.

Collaboration and Integration: The Importance of Building Relationships at All Levels

MIECHV's requirements for collaboration across agencies promoted greater efforts to build relationships within the home visiting field, across state early childhood and human services programs, within communities, and at the national level. In some cases, this process has meant initiating discussions in which the parties had never interacted before. In other cases, it has helped to align home visiting more closely with other early childhood programs and services. While states and communities continue to work toward collaboration and integration, stakeholders considered these efforts as part of the dynamic process spurred by MIECHV, going beyond simple model implementation to helping catalyze a more cohesive system for children and families.

In some states, MIECHV has helped create greater cohesiveness across various home visiting programs, bringing together programs and models in new ways, with common requirements and objectives. While integrating MIECHV into a state's existing home visiting landscape, including programs funded through other federal, state, local, and private funds, was challenging; it also represented an opportunity. One state described how public funders of home visiting collaborated on a statewide vision, working on aligning professional development and data elements, outcomes, and quality assurance. At the program level, a number of states worked to implement coordinated (or centralized) intake systems that triage and connect families with the model that best fits their needs. This approach was cited as a success by several stakeholders, although some noted that implementing a centralized intake system is often difficult to achieve.

Although the federal focus on MIECHV implementation often centers on states, the value to communities, particularly those previously lacking in coordinated services, was one benefit that emerged strongly in the survey responses. MIECHV enabled a greater focus on building community capacity to support early childhood development, exploring how communities can best come together around families with high needs. It enabled communities to build new partnerships with other organizations and state government. Communities were able to network and learn from each other, creating a ripple effect in their capacities to build a system of family supports. MIECHV resources allowed states to support this process, for example, by dedicating staff to coordinated systems development.

Stronger relationships also were promoted at the national level and across states. The home visiting model developers collaborated at the national level as MIECHV helped bring them together. This process has allowed on-going discussions, sharing, and problem-solving. Stakeholders shared that states held Communities of Practice around different topics as well as other sharing and learning mechanisms.

Key efforts at collaboration and integration sought to place MIECHV more firmly within the larger early childhood system. Stakeholders pointed out that intentional efforts are underway to create more linkages between home visiting and other systems, with key support provided by MIECHV. They were candid that this process was not easy and in some places was a work in progress at best. Yet, there are successes: from simply establishing communications among departments that previously did not interact to improving actual coordination of state agencies in the birth-to-five space. Stakeholders noted that, in many areas, home visiting was previously somewhat siloed and now is part of an established continuum of services for families with young children. Participants mentioned the ability to form partnerships to better address mental health needs. Several states such as Louisiana, Maryland, Oklahoma, and Texas have co-located various early childhood programs including home visiting.

Tribal grantees offer several examples of relationship building and service integration. The six original tribal grantees established a very close relationship, especially around overcoming their unique challenges to implementation and evaluation. One participant noted that the cross-tribal conversations have been "a strength and a gift of MIECHV." From the MIECHV effort grew the Tribal Early Learning Initiatives (TELI), an early childhood

systems integration effort funded through the Department of Health and Human Services. These grants promote centralized intake for all early childhood programs, including Head Start/Early Head Start, child care, and preschool, using a family information form used for referrals.

Infrastructure: Building the Backbone for a Strong Program

Participants underscored MIECHV's importance in building the infrastructure critical to effective program implementation, especially in states and communities with little previous experience with home visiting. The funding from MIECHV was particularly key, because infrastructure building and maintenance is not generally a priority for state and federal funding. Infrastructure generally refers to the systems and supports that enable programs to function effectively as they provide direct services to families, thus comprising the backbone of program implementation. MIECHV funds created infrastructure such as data systems to support accountability and quality, as well as strengthened implementation and quality assurance supports, such as CQI, to administrators and staff implementing home visiting services.

MIECHV's requirements for using evidence and benchmarks to measure outcomes created a need for strong statewide data systems to ensure local programs could report on program participation, services, and process and outcomes indicators. The data systems helped states and programs track a single set of outcome measures across models and funding streams, allowing them to examine MIECHV at the state level. These requirements focused attention on the importance of careful data management, requiring careful, ongoing training for staff entering data as well as an emphasis on why this task was so critical.

The emphasis on data management was needed not just for reporting, but also for an essential component of quality assurance, the CQI process. *(See box "What Is Continuous Quality Improvement (CQI)?")*
Participants felt that MIECHV grantees were now on the "cutting edge of CQI" compared with other programs. Within CQI, data enables state program administrators to monitor for quality and benchmarks, identify areas needing improvement, and come back to the local managers and staff with plans. In addition, CQI also enables home visiting staff and supervisors to query their own data to see how their cases are progressing, helping them become invested in the process. Participants noted that in MIECHV, the CQI approach was not an add-on, but a basic infrastructure component that is "fully built in." State representatives described training and coaching efforts, supported by state MIECHV funding, to support CQI implementation and staff buy-in. One noted that previously it "was not the culture" of the local implementing agencies to do this, so programs needed to allow time and support to grow this capacity.

What Is Continuous Quality Improvement (CQI)?

CQI is a systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of changes that may lead to improvements in performance. The CQI approach:

- helps community-based programs to benchmark processes and outcomes;
- informs adaptation of evidence-based models to unique community settings;
- incorporates new knowledge and practices in a data-driven manner;
- highlights training and technical assistance needs;
- helps monitor fidelity of program implementation;
- strengthens referral networks to support families;
- provides rapid information on a small scale about how change occurs;
- helps identify key components of effective interventions; and
- empowers home visitors and program administrators to seek information about their own practices.

Enhancing Professional Development and Training

MIECHV funding has provided the opportunity for states to explore ways to enhance professional development across models and move toward the professionalization of the field. For example, in Maryland, MIECHV resources funded a collaboration with the University of Maryland to develop a certification program for home visitors. The curriculum is currently being piloted with the hope of offering it as a permanent course at the University. The state of Washington has also taken strides in developing a home visitors' career ladder and workforce pipeline using a coaching model. Other states have used the ability to provide professional development to better respond to the families they are serving. Maryland and Oklahoma have provided diversity training for home visitors to promote cultural competency in their work (see the next section on *Establishing a Research and Evaluation Agenda* for additional detail). In Delaware, home visitors have tapped MIECHV for training in lactation counseling to support their goal to improve breastfeeding.

Establishing a Research and Evaluation Agenda

MIECHV has helped establish a national research agenda in home visiting by creating a mechanism to conduct an evaluation of the program, its implementation, and its innovations. For the first five years of the program, a large proportion of funds were distributed to states as competitive grants. These grants supported program innovations, and each one has an evaluation component that will yield much information about the enhancements and approaches tested. Participants cited some of the research undertaken, such as innovative, home-grown enhancements in Illinois that included using a community doula model and providing training in the Fussy Baby approach to support families coping with their infant's crying, sleeping, or temperament. Work in Michigan is seeking to show the impact of quality implementation, using a recently developed "Home Visiting Quality Rating Tool", which allows cross-model measurement of quality. The goal is to develop a uniform standard of quality and provide a mechanism for programs to monitor their own quality improvement.

Some of the work related to innovation and evaluation has addressed the need for cultural adaptations. In Oklahoma, the tribal program did a survey on cultural adaptation to examine cultural and linguistic responsiveness. Cultural adaptations now have been added to the curriculum. One site in Maryland is seeking to adapt a current model to be more culturally attuned to the African American community it serves, using private funding to conduct research on whether the adaptation can achieve the same outcomes as the original model.

Without question, through bipartisan support, MIECHV funding has been highly successful in expanding home visiting services and enhancing states' ability to reach more children. Other benefits may not have been quite so expected, but nevertheless have created a dynamic process of collaboration, problem-solving, and innovation. MIECHV has been instrumental in helping home visiting models coalesce through building relationships and breaking barriers between them. The associated MIECHV benchmarks have created consistent standards and have inspired similar legislative and policy approaches in several states. The enthusiasm around MIECHV continues and bodes well for the program as it moves toward its next phase.

Challenges and Emerging Issues

The concept of MIECHV as a program that is tied to rigorous evidence and implementation while simultaneously charged with connecting to a bigger service system for children and families was bound to create challenges for states, communities, and home visiting models. Despite also being highlighted as accomplishments, stakeholders identified both funding and infrastructure as challenges they faced in implementation, even though they also highlighted these things as accomplishments. This seeming contradiction reflects the dynamic process of implementing a new funding stream involving far more than discreet projects, one that required unusually rigorous

data and quality improvement systems to reflect MIECHV's emphasis on evidence and benchmarks. As MIECHV implementation got underway, the starting point for individual states in terms of capacity and history with home visiting affected the nature and extent of the challenges they faced and their progress over time. As the search for solutions illustrates, addressing these issues is a natural part of the ongoing process of program implementation. The lessons learned and the backbone of infrastructure already created will be the foundation as MIECHV grows and expands into new locations.

While participants and survey respondents identified a number of challenges, most were related to program implementation and did not rise to the level of statutory issues. The MIECHV statute is seen as flexible, allowing room for interpretation and support for innovation. But this flexibility requires targeted technical assistance and guidance if states and tribal programs are to stay focused on program outcomes. Detailed federal program guidance can be beneficial to states and communities, as survey respondents noted was the case in guidance on serving homeless families.

Other challenges related to the perceptions of MIECHV and home visiting among policymakers and the public. There was a concern about the level of expectations placed on MIECHV, in part because of the emphasis on its use of evidence-based models. There is a need to convey a realistic understanding of what the program can achieve, avoiding "mission creep," as policymakers begin to see home visiting as the answer to multiple problems. Another concern was that measuring real impacts takes a significant amount of time, requiring patience from policymakers whose timeframe for results may be shorter.

A concern for moving the field forward related to the identity and recognition of home visiting in general—in other words, its "brand." Participants recognized that, currently, the most recognized brands are attached to individual models. This recognition is helpful as it draws on strong histories of positive results, but stakeholders expressed that the field needs to move toward a higher level of understanding of home visiting or perhaps even another way of labeling. Participants also noted that the move toward integrating home visiting with other early childhood systems, such as early learning and health systems, submerges its identity somewhat and creates difficulties from an advocacy standpoint. They recognized, however, that systems-building can be a way to bolster long-term success.

The Process: How Challenges, Emerging Issues, and Solutions Were Identified

This section of the report combines the discussions in two sessions of the convening, augmented by survey responses. The survey asked respondents to identify challenges and emerging gaps in implementing the MIECHV program, as well as possible responses to close the gaps. In the session "MIECHV Challenges: Lessons Learned From Implementation" facilitators listed top issues identified by survey respondents, and participants elaborated on these. Then, participants were assigned to small groups and asked to prioritize the most important challenges. As each group reported out, facilitators and the conveners began grouping the issues, ultimately identifying eight categories. In the next session on solutions, "Reaching Our Home Visiting Goals: Working Through Challenges and Gaps," each working group was assigned two issues around which to brainstorm possible responses solutions. Given the length of time and difficulty of this task, the ideas for solutions are in no way meant to be completely explored or exhaustive, but are a place to spark thinking and provide compass points for continuing to use MIECHV's framework to problem-solve and innovate.

The Eight Big Buckets: Working Through Challenges and Emerging Issues

The challenges and potential solutions identified by stakeholders fall generally into two categories: (1) funding and infrastructure, and (2) better meeting families' needs. *(See box: "The Process: How Challenges, Emerging Issues, and Solutions Were Identified".)* As might be expected, the solutions were harder to identify and flesh out. But the

ideas generated provide some direction—a compass—for thinking through how to move MIECHV and home visiting toward the next horizon. (*See box: "Compass Points for the Next Horizon of Home Visiting"*).

FUNDING AND INFRASTRUCTURE

Funding: Need for stability and sustainability

The uncertainty of MIECHV's funding currently and during the past few years is a threshold issue for holding on to the gains made during its early implementation as well as moving the program forward in a meaningful way. MIECHV's original authorization expired on September 30, 2014. It was extended to March 31, 2015 (with funding sufficient to last to the end of the fiscal year) and then to September 30, 2017. These short–term and last-minute authorizations have made planning and staff retention much more difficult and have created uncertainty about taking new families into the program. A survey respondent noted, "For models that provide services for at least two-three years to families, the short-term extensions make it ethically challenging to recruit families and recruit/train/retain staff."

Other funding issues mentioned included problems braiding funding streams to meet medical and mental health needs. The current limitations on administrative and infrastructure costs, set at a total of 25 percent with no more than 10 percent used for administrative costs, was cited as creating problems in meeting continued infrastructure needs.

The tribal programs faced special challenges. Three percent of MIECHV funds were set aside for tribal programs, resulting in a handful of grantees. MIECHV facilitated conversations across tribes, as the original six grantees became a close-knit group. Implementation was difficult, especially when it came to evaluation. One participant noted, tribal grantees "fought through [implementing] the benchmarks," knowing that if "you lose your confidence, [you] lose your program." The conditions program staff faced in implementation were a far cry from programs in states with many resources and more experience: no databases, no internet, and great distances. The tribal set-aside is a small amount in the face of great need, especially when a small number of grantees receive multiple awards instead of expanding coverage and broadening the evidence base.

Working Through the Challenges:

- Stabilize and increase funding over time to restore the program's ability to plan and effectively implement services to families over multiple years, as well as expand services to more families and communities.
- Use advocacy strategies such as:
  - Using data, evidence, and family success stories, highlighting communities' successes;
  - Feeding information from the ground up so that policymakers are more educated and informed; and
  - Reducing brand confusion; be clear about value of MIECHV funding.
- Reexamine limits on infrastructure spending, making sure that policymakers understand its importance in ensuring continuing quality.
- Recognize and assess meaningful, but unanticipated, outcomes achieved through building a network of home visiting, locally, statewide, and regionally. Such outcomes provide a strong foundation to scale change and impact as more funding becomes available.
- Increase funds set aside for tribal programs to serve a greater number and variety of tribal communities, expanding the evidence base to reflect the needs of non-reservation based tribes.

Targeting: Looking toward a new needs assessment

The original implementation of MIECHV's community selection requirements meant that some very high-need families and neighborhoods were left out of areas eligible for local programs. The MIECHV legislation required

states to identify and give priority for services to communities with concentrations of a number of risk factors, such as poor infant and maternal health outcomes, poverty, child maltreatment, and domestic violence. Most states used counties as the level at which they conducted their needs assessments. The current practice means that high-needs communities within counties with overall low-risk indicators are not being served. Stakeholders called this practice "targeting by zip code" and thought the targeting needed to be much finer grained, down to Census tracts. They thought targeting guidelines need to find ways to respect families and get services where they need to be, ensuring that families can continue to receive services even when that family moves out of a target area.

Working Through the Challenges:

- Begin a process to develop principles on the method for a new needs assessment.
- Continue to have flexibility in reporting and defining.
- Consider concentrated disadvantage mapping using Census tracts, layering various indicators that are clustered together to identify more concentrated disadvantaged areas.
- Create intake hubs within these high-needs communities.

Home Visiting Staffing: Determining a direction for the field

Staff are the primary ingredient in providing family services through home-based models, and the convening highlighted the importance of ensuring home visitors are well-equipped to do their jobs. One survey respondent noted: "In reality, visitors get relatively a short amount of time with the parents to help them learn how to best support their children—those minutes really need to be quality ones." Thus, stakeholders noted, program effectiveness boils down to the competency of the home visitor and the adequacy of supervision. Training, high expectations in hiring and management, as well as ongoing diligence by program directors, are needed to maximize the actual home visits.

As the field seeks to progress, one aspect of ensuring quality staffing highlighted by participants was the movement to professionalize the field. They noted that currently there is a lack of standardization, credentialing, and career ladders across home visiting programs. Yet, participants also raised the goal of creating a more diverse workforce by drawing more home visitors from the families and communities being served. Recruiting from within the community was said to be particularly challenging in tribal communities, where few people might have the skill set needed, and confidentiality within a small community can be a problem as home visitors help families address very personal situations. Retention of workers was another staffing-related issue, with burnout resulting from the high stress levels involved in working with families with intense needs as well as safety issues in some situations. One participant noted that staffing issues were heightened because the first few years of MIECHV implementation focused on areas not previously emphasized or experienced by home visiting staff, including ramping up the capacity for monitoring, collecting and monitoring data, and serving high-risk and needy families.

Working Through the Challenges:

- Develop home visiting as a career with a clearly defined ladder, using child care as a model.
- Devise pathway for home visiting families to become home visitors.
- Need to ensure staffing incorporates reflective analysis and supervision.
- Explore home visiting certification, including a possible federal role.
- Ensure staff are trained in critical content areas: mental health and trauma, domestic violence, and substance abuse issues need to be specifically addressed in professional development for home visitors and in services to families.

Data: Fuels CQI, but ongoing challenge

While stakeholders underscored the importance of data systems and their progress in changing the culture to embrace CQI, they also expressed that implementing the necessary data systems has been and continues to be a major ongoing challenge. Data was an area where a grantee's starting point made a huge difference. Because state funds often may not be used for infrastructure such as data systems, some states had little to build on. Thus, MIECHV's infrastructure funding was eagerly welcomed. Sorting out different data needs, including those of state administrators and individual models, implementation analytics, and benchmark tracking, added to systems' complexity. The time-consuming tasks of implementing benchmark tracking and analytics sometimes created tensions with other work such as CQI. Inconsistencies among systems and software were frequent problems.

For tribal grantees, developing and implementing data collection systems was the number one challenge identified, especially with the largely rural and sometimes remote areas they cover. Small tribal programs had no real capacity to think big about data systems: they got the MIECHV grant, did an intake form, and created a spreadsheet to display and analyze the results. However, when benchmark implementation began, they had to revise their data collection instruments.

Grantees grappled with their data challenges in different ways. Strategies included a dedicated data position; requiring computer classes; providing on-line and in-person training; and emphasizing data quality for all staff, including supervisors and coordinators, to ensure integrity. Whereas some participants had earlier described how they obtained "buy-in" from staff for data collection and CQI, in this context others voiced concerns about the critical need for the state to feed those data back to the program staff who collected them. It is challenging for local home visiting staff to understand the value of data collection and analysis when they must collect information, but cannot access it to inform and improve

Compass Points for the Next Horizon of Home Visiting

As the MIECHV program matures, there is a need to:

- Stabilize and increase funding to allow programs to plan, retain staff and families, and expand to reach more families over time.
- Develop a process for a new needs assessment that can identify concentrated pockets of need, as well as account for more dispersed need in rural areas.
- Develop home visiting as a career with a clearly defined ladder while devising a pathway for home visiting families and community members to become home visitors.
- Continue to invest in ongoing development of systems and staff training while grappling with issues such as telling a national story, communicating with other data systems, and preparing for revised benchmarks.
- Keep families at the center of home visiting by allowing flexibility in matching families and models, improving centralized intake, and continuing innovation in design and research, while adhering to quality standards.
- Promote use of promising practices to help ensure the best fit between populations that need to be reached and service needs that should be addressed, using an evaluation funding pot to remove disincentives.
- Incorporate mental health as an integral part of home visiting programs through early childhood mental health consultation, staff training, and enabling the addressing of maternal depression within the program.
- Continue to focus on service integration and the role of home visiting within the larger landscape of early childhood services, including moving toward collective impact and a continuum of services or community anchors for families completing home visiting services.
- Balance the need to forge an identity or "brand" for home visiting with the idea of placing home visiting within a broader system of child and family services.
- Encourage and facilitate innovations that increase states' and communities' ability to provide the right mix of services to meet the needs of families.
- Continue to work to improve data collection and reporting, clarifying how we think of benchmarks, outcomes, and data collection.

practice on their own. Several stakeholders reported that being able to see their own data and understand where changes were needed gave local staff whole new insights into their work and the idea of CQI.

Some states needed to place MIECHV data collection in the larger context of a broad spectrum of home visiting programs and even in connecting with other systems. One state described trying to knit together data systems, noting that MIECHV only supports a few approved models, and local programs may choose only one particular model to implement in their communities. The state may have many more models to encompass in a data system. When states are coordinating data collection for all the home visiting programs within their borders, they need to look at common data elements, outcomes, and metrics where these overlap with MIECHV benchmark indicators. Another difficulty has been the need to create better ways to share data with other systems, such as child welfare.

Going forward, participants suggested focus is needed on what the revised benchmarks will mean for state and program data collection. They also cited the need for state profiles and factsheets to help future efforts to justify the program with policymakers.

Working Through the Challenges:

- Need to be able to collect data in order to tell a national story, not just an individual state story. There should be a MIECHV national data system that all states could use to inform policymakers and share best practices.
- A different take was offered from a state with a long history of home visiting: MIECHV is not the only home visiting program or source of funding—states may be interested more in its flexibility to design a compatible in-state system for all home visiting programs.
- Examine how the data system communicates with other child and family data systems—need to have software developers who facilitate this without adding burden to individual programs.
- Continue to invest in on-going development of systems and staff training; examine the impact of the 25 percent cap on infrastructure expenditures within state MIECHV allocations.
- The new benchmarks:
  - There needs to be a more comprehensive understanding of data collection for measurement of outcomes.
  - Reevaluate whether every model being implemented should be able to measure and achieve all benchmarks or if should be able to target to specific needs and measure the success of that approach.
  - If a new authorization period is secured, clarify the benchmarks improvement timeframe going forward and new dates for reporting.

"KEEPING FAMILIES AT THE CENTER"

Ensuring that families' needs are the driving force behind program policy, structure, and practice—"keeping families at the center"—was a theme echoed repeatedly in both the survey and convening. Participants felt that, as the program looks to the future, it needs to help states and communities better address the deeper problems of the high-need families MIECHV serves. The last four groups of challenges discuss different aspects of how to make MIECHV fit families, rather than the other way around. Participants thought that accomplishing this goal calls for a reexamination of some structural requirements and continued work to resolve collaboration/competition issues, a renewed focus on innovation grounded in quality standards, addressing barriers to accessing much-needed services outside the program, and continued work to truly embed MIECHV's home visiting services in a larger early childhood system.

Fundamentals and Flexibility: Build on culture of evidence to better meet families' needs
Unquestionably, the use of evidence-based home visiting models helped bring rigor and a culture of continuous quality improvement to states and communities. Yet, now that this foundation is in place, participants suggested reflecting on lessons from the program and focusing greater attention on the best way to ensure families are central to how services are chosen and provided. Convening participants described the need to "meet families where they are," and especially to remove structural barriers to better addressing families' needs. Such barriers include rules allowing only one MIECHV-funded model to be offered to each family, as well as the difficulties of coordinating referrals of families among models. The overriding goal voiced was how to put together a package of services in response to families' identified needs.

The current requirement that states and communities select approved home visiting models and allow families to be served by only one model at a time means that sometimes the services available may not fit all the family's needs. For example, when a family enters a model because of a pregnancy or having a young infant, but also has a preschooler who could benefit from more educational support that the first model does not supply, the family would have to seek services for the older child outside of MIECHV. Participants also pointed out that the definition of caregiver can vary by culture, so the program should be more expansive in terms of family members included.

One method of creating better matches between families and models is coordinated or centralized intake. This was identified as a success of the program, but surfaced as a challenge as well. This approach has an intake process that assesses families' needs and refers them to the model that seems most appropriate. One participant noted that implementing coordinated intake was working "only in theory." Intake and family retention was harder than anyone anticipated. Making coordinated intake work can be hampered by the collaboration vs. competition problem among different home visiting models, an issue that emerged strongly in the survey responses. Several state participants described efforts to address this problem, including efforts to work on local intake and referral systems to build rapport and collaboration and to create networks of models located in regions of the state, bringing them together several times a year to build relationships.

The discussion made clear, however, that the problem of meeting families' needs goes further than just matching families and models. If the goal is to reach and address the needs of the families with the highest risk, then the next horizon for home visiting should mean examining different ways to ensure families receive an appropriate package of services. Participants raised the idea that, having diligently implemented evidence-based models and cultivated a culture of CQI, the states and communities might now look at alternatives, or at least variations of the models they are implementing. One participant noted that some states and programs now steeped in evidence-based models are at the point where they can determine a better fit, for example, which programs might have too much intensity or are not culturally relevant. Another echoed this thought, saying that we need to look at how to "go 'backwards' and become more community-based to meet families where they are, while still maintaining high standards of quality."

Working Through the Challenges:

- Design better definition or guidelines for coordinated (centralized) intake.
- Allow families to be served by more than one model if it meets their needs.
- Re-think how the programs work with families:
  - Bring some of the current, most powerful thinking about parent development into home visiting.
  - Fully incorporate family-centered practice.
- Continue to innovate, research and design—look at what is right for people that meets their needs, but may diverge from the evidence-based programs we have been using as the gold standard.
- Ensure other funders of home visiting programs are involved in the questions of research and design, as this issue goes beyond MIECHV.

Innovation: Disincentives may be barrier to meeting needs
Innovation, a hallmark of MIECHV success, itself can run into barriers. Stakeholders cited difficulties in the use of the Promising Practices provision that can shape programs' ability to meet families' wide-ranging needs: "doing what is right for people at the right time." There is a tension between the requirement for using evidence-based practices within the approved home visiting models and the desire to innovate to do a better job of giving individual families more complete and appropriate service packages.

The Promising Practices funding structure, seen as a pathway to go beyond the existing models, has built-in disincentives for states to take advantage of the opportunities it provides to innovate and test new approaches. The MIECHV statute allows 25 percent of a state's funding to be used for Promising Practices, but these approaches have to be evaluated, which consumes a lot of those funds. A state that wants to use this opportunity will have to serve fewer families in order to pay for the evaluation than if it took an existing approved model off the shelf. With pressure to increase the number of families served, the latter option is often more appealing.

Working Through the Challenges:

- Eliminate disincentives around Promising Practices:
  - Provide support and encouragement to use Promising Practices to help ensure the best fit between populations that need to be reached and needs that should be addressed, and
  - Set aside money for evaluation: create a separate funding stream for Promising Practices and other evaluations so that states are not forced to choose between evaluating new approaches and serving additional families.
- Testing and evaluation is vital if we want to ensure the right model, right family, right time: Work toward one organization with one supervisor who has several slightly different models; braid that into one home visiting program.
- Identify approaches that work for particular categories of families, such as homeless, non-native English speaking, immigrant/refugee families, and develop better tools to measure impact on those families.
- CQI has given a broader understanding of data, but we need to learn how to use it in the most effective way.

Related Services: Lack of capacity poses another barrier to meeting needs.
Often the key to meeting families' needs lies with services outside of home visiting. Yet the lack of capacity in other service systems means that programs have found some of the most-needed services in short supply, especially mental health services.

Although MIECHV recognized from the beginning the likelihood that families would be grappling with problems such as maternal depression, mental health issues were found to be more critical to meeting the program's goals than originally envisioned. These issues can extend beyond maternal depression to emerging problems in the parent-child relationship. Some states have used MIECHV funds to incorporate mental health consultation into their home visiting services. Under this approach, a mental health clinician works with teams of home visitors to build their capacity to promote positive mental health and to recognize and address, to the extent appropriate, mental health issues within the family. Depending on the program, consultants may also provide consultation to home visitors about particular cases, accompany home visitors on visits to families they have concerns about and, in some cases, particularly in areas with limited access to services, provide short-term mental health services to families when a serious need is identified. Guidance was recently provided to states regarding the use of MIECHV funds for medical services. There was confusion among stakeholders about how this guidance would impact a state's ability to use MIECHV funds to cover the time that mental health consultants spend providing direct mental health services to families. If MIECHV funds are not allowed to pay for direct mental health services (e.g., sessions

provided separately by the mental health consultant to the family), mental health consultants would need to be reimbursed through other means, such as Medicaid, when providing the direct services. Stakeholders agreed that it is important to clarify this guidance, as well as the relationship between MIECHV and Medicaid.

If programs must refer families out for direct services, they often find a shortage. Shortages of outside services such as mental health, transportation, drug and alcohol addiction, domestic violence, are especially acute in rural areas, raising ethical issues for home visitors who may have nothing to offer the families with whom they are working. Participants urged looking for new models of service for these areas.

Working Through the Challenges:

- States and communities need to clearly identify gaps in related services critical to meeting families' needs.
- Determine the capacity of home visiting services to handle particular issues within family:
  - Explore the need for workforce development for home visitors in areas such as mental health and intimate partner violence, and
  - Maximize what happens in that venue and hand off to other services.
- Ensure that mental health is an integral part of home visiting:
  - Understand the breadth of infant-early childhood mental health services in the context of home visiting and thoughtfully determine where and how mental health services can be incorporated to better address families' needs and maximize the impact of home visiting services;
  - Incorporate early childhood mental health consultation as an essential component of local home visiting services; and
  - Revisit allowing MIECHV funds to be used for interventions to address maternal depression within the program, including limited direct services.
- Create more connections between home visiting and health care:
  - The Health Resources and Services Administration (HRSA) could provide greater clarity around use of MIECHV and Medicaid together; and
  - Within Medicaid contract care, ensure coordination is occurring and coverage entitled to families is being used.

Systems-Building: Placing MIECHV within a larger context

The MIECHV program seeks to avoid creating a "home visiting silo" by requiring programs to coordinate with and make referrals to other community service-providers. However, integrating the program into such a system has been difficult in some places. Some states have no early childhood system into which they can integrate home visiting. Stakeholders thought that sometimes the systems with which MIECHV was aligned leaned too much toward either early learning or health, whereas MIECHV straddles both. Another issue raised was the need for home visiting to include a plan to transition families into other services that could be an anchor or support system after home visiting services end.

Opinions about the coordination of MIECHV and the Early Childhood Comprehensive Systems (ECCS) grants differed between survey respondents and meeting participants. Working with health care providers and with social services, child care, and early childhood education programs, ECCS grants support building systems of care for infants and toddlers, helping children grow up healthy and ready to learn by addressing their physical, emotional, and social health in a broad-based and coordinated way. In 2013, ECCS refocused to better support early childhood initiatives, such as the MIECHV program. Alignment between the MIECHV and ECCS programs allows both programs to deepen their work, securely establishing evidence-based home visiting as a core strategy within early childhood systems. In the survey, respondents who mentioned ECCS noted the movement to better integrate it

with MIECHV and viewed this positively. At the meeting, some participants thought ECCS was difficult to integrate with because of its differing agenda and performance measures as well as the need for evaluation.

Working Through the Challenges:

- Create a broader concept of centralized intake—families get the home visiting program they need, but also are connected to existing community resources they need.
- Focus more on service integration and the role of home visiting within the larger landscape of early childhood services:
  - Continue efforts to use better integration with ECCS, where feasible, to more firmly anchor MIECHV in early childhood systems.
  - Think more broadly about how home visiting can more deliberately impact health equity and the social determinants of health.
  - Look particularly at the relationship with Part C of Individuals With Disabilities Education Act Early Intervention services and how the two programs can complement, but not duplicate, each other.
- Encourage more movement toward collective impact, while ensuring it has support for the backbone infrastructure at the local level.
- Plan for successful transitions at the end of the model, which could include additional home visiting, pre-K, etc. Ensure that programs operate with the mindset that if you don't make the transition, you haven't completed the job.
- Family resource centers could help anchor families in the community—link up to existing movement of a family hub with home visiting.

MIECHV Advocacy–Moving Forward Together

Historically, home visiting and MIECHV have been marked by bipartisan support in Congress and the states, as well as a broad coalition of stakeholders advocating for the program's importance to children and families. In recent years, Pew drove much of the MIECHV advocacy, building on its Home Visiting Campaign that successfully bolstered state advocacy capacity as well as research and information sharing. In light of Pew's exit from the home visiting field, stakeholders were invited to consider what advocacy is needed as we look forward toward MIECHV's next reauthorization in 2017.

Reflecting on the reauthorization that occurred in 2015, participants noted that those advocacy efforts had been effective in achieving an extension, but that the political landscape for the next reauthorization will be different. In addition, a relatively short time remains to prepare for the reauthorization, creating an urgency to relaunch organized advocacy efforts. Three needs were clearly articulated by stakeholders:

1. There is the need for a strong unified voice in a national advocacy effort for home visiting, such as through a coalition of stakeholders.
2. A new coalition should build upon the approach in *The Next Horizon for Home Visiting*, engaging state advocates more fully in shaping recommendations and advocating for national policy.
3. There is the need for a campaign effort to tell the story of how MIECHV has benefitted children and families around the nation.

National Home Visiting Coalition

One of the strengths of previous national advocacy efforts was the broad cross-section of voices and organizations that came together to promote the creation and continuation of MIECHV. In Pew's absence, and with a maturing

program for which to advocate, a re-energized coalition effort would facilitate finding common ground among the broad spectrum of stakeholders and developing a unified message.

Engaging States

The previous experience with MIECHV advocacy and the development of *The Next Horizon for Home Visiting* convening underscored the critical importance of state participation in national policy and advocacy efforts. Because implementation and innovation occur at the state level, stakeholders agreed that state voices must be heard. By doing so, data on successes are readily available and usable, home visiting infrastructure is better understood, and the critical nuances of programming effectiveness can be explored in order to develop federal policy that will inspire the best home visiting practices for families and children.

The Campaign

Telling the story of home visiting efforts in a very intentional way will be essential during the next reauthorization of MIECHV. As is clear from the convening discussion, this story and MIECHV's place in meeting families' needs is complex, but home visiting has become part of the fabric within communities and has a cohesive story to tell. To do so, advocates must use clear and consistent messaging about the program when communicating with policymakers and other stakeholders. One goal should be to identify effective messengers among stakeholders, including those who participated in previous advocacy efforts and new ones brought in through broad-based outreach to new and unexpected partners. With these elements as a foundation, coordinated legislative and communications strategies should be used to educate policymakers, shore up champions, and enlist new champions for MIECHV.

Thinking About the Next Horizon and Beyond

Over lunch, participants were invited to "dream big" about where home visiting and MIECHV should be by the year 2022.

The Next Horizon would be:

- New President champions home visiting
- Five-year authorization
- Federal funding tripled or quadrupled over the next five years

Going beyond the Next Horizon:

- Stability achieved
- Permanent authorization for MIECHV
- Communities can count on stability and predictability
- Every family gets a touch at the time of birth
- Home visiting "hand" that holds families: communities rich with resources so home visitor can refer to food, housing assistance, domestic violence help, as well as family centers—like senior centers—as a focal point within the community
- Truly integrated place—one-stop for parents' needs
- Integrated with non-home visiting services in communities
- Integrated financial systems for reimbursement
- Home visiting available in right dosage and right place, based on needs, with content appropriate for individual families and caregivers
- Parents learn to be advocates for their children so they are prepared to take on that role when their children enter the public school system
- Family centers like we have senior centers

CONCLUSION

The convening discussion and survey comments reflected a great appreciation of MIECHV as an important boost to the field of home visiting and evidence-based early childhood services in general. The infusion of federal funds expanded the ability to serve more children and families in high-need areas. The core focus on evidence and quality improvement helped change the culture in implementing human services programming. MIECHV also

brought grantees the gift of being able to build infrastructure that benefited not only MIECHV programs, but other programs in states and local communities as well. The ability to test innovations fostered an energy within the program to move beyond its own boundaries and find what works best for families.

At the same time, states were challenged by where they started in terms of capacity in implementing home visiting in general and evidence-based programs in particular. Some states had little to build on, while others had to work to integrate the new federal program into their already extensive home visiting networks. As the original authorization drew to an end and only short-term extensions could be secured, funding instability took its toll on planning and staff retention. What seemed to policymakers like a long time in federal program authorization terms actually was a short period for implementing a new program, ramping up services, and achieving real impacts for families. The many and varied accomplishments of the program include the ongoing efforts of states and communities to seriously grapple with the difficulty of implementing the apparatus of quality monitoring; the creation of a culture around evidence and CQI; and forging the relationships between many levels and types of entities that help promote continued innovation. A major concern continues to be the need for services outside of home visiting that are often in short supply.

Because of its careful and rigorous early implementation, MIECHV now has a solid foundation on which to build the next iteration of the program. Future steps must take into account the fact that states are still at different points on a continuum of capacity and community resources, supporting their efforts to move forward in appropriate ways. But the dynamic process created by instilling rigor as well as promoting innovation, building local programs with fidelity while seeking to fit into a broader system for supporting children and families, means MIECHV is poised to continue its journey to improve the lives of the families it touches.

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more, please visit our website at www.zerotothree.org/policy-and-advocacy.

The Dalton Daley Group is a 501(c)(3) non-profit advocacy group focused on improving the lives of children, families and communities through education and strategically driven advocacy. To learn more, please visit our website at www.daltondaley.org.

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