



Family Home Visiting

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What is Family Home Visiting?

- Home visiting is a voluntary service for pregnant women and caregivers 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.
 - links pregnant women with prenatal care,
 - supports parents early in their role as a child's first teacher,
 - ensures that very young children develop in safe and healthy environments, and
 - provides parenting skills and support that decrease the risk of child abuse.

Need for Home Visiting

- Need: 102,000 children 0-4 under 200% Federal Poverty Level.
 - 14% of this need met through MDH funded programs (evidence-based and traditional public health home visiting);
 - 6% of need is met through Evidence-based Home Visiting
- Served: 12,400 pregnant women and families
 - 18% were pregnant women.
 - 65% White; 16% African American; 6% Asian; 3% American Indian; 9% other

Who We Serve?

- Teen parents
- History of alcohol and drug abuse
- History of child abuse, domestic abuse, or other types of violence
- A history of domestic abuse, rape, or other forms of victimization
- Reduced cognitive functioning
- Lack of knowledge of child growth and development stages
- Low resiliency to adversities and environmental stresses
- Insufficient financial resources to meet family needs
- History of homelessness
- Risk of welfare dependence or family instability due to employment barriers
- Serious mental health disorder, including maternal depression

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 (Nurse Family Partnership, Health Families America, Family Spirit, etc.)
- Improved outcomes for both parents and children across a wide range of child ages, topic areas, and national models.

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.



Funding

Paying for Services

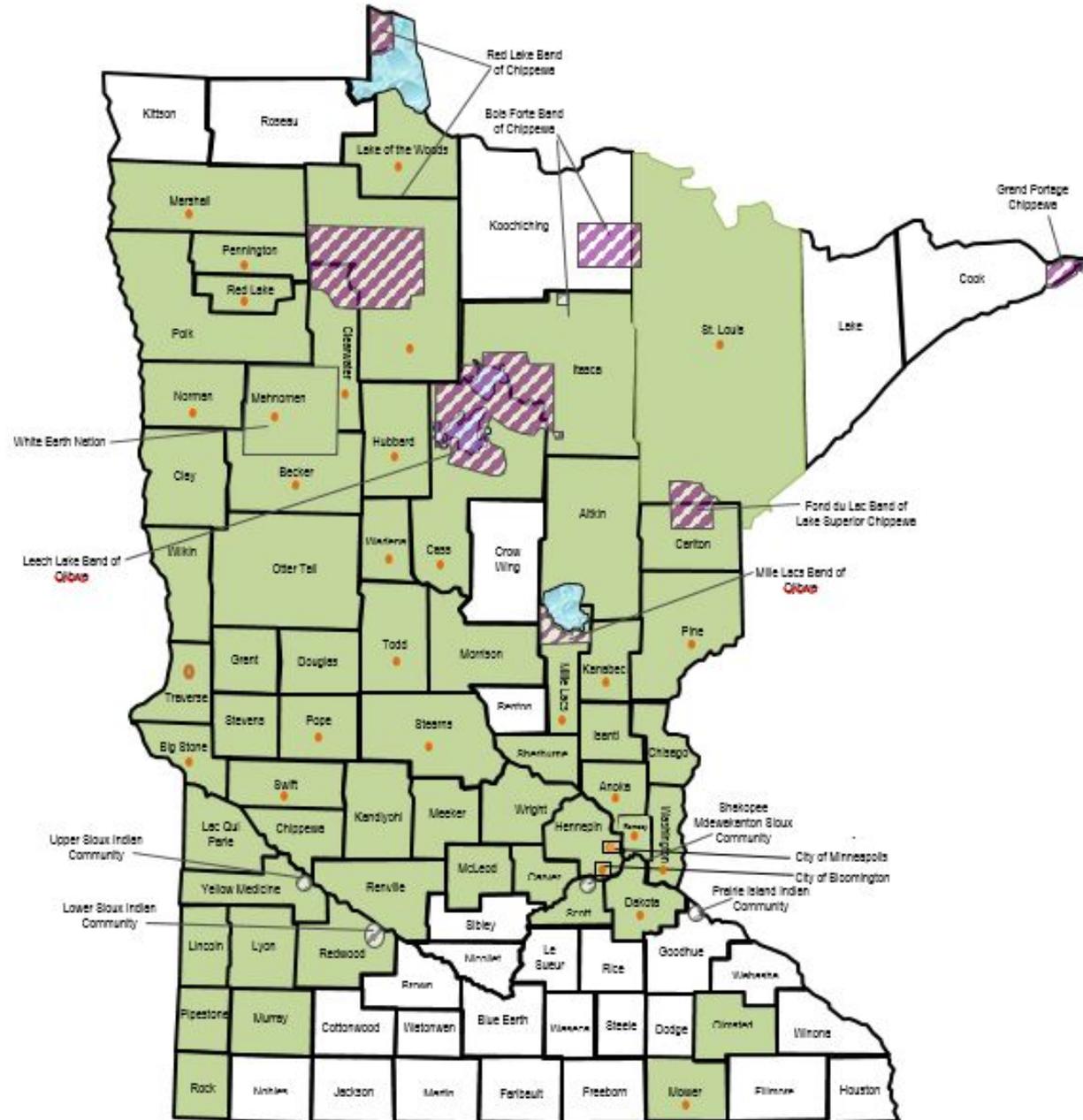
- Home Visiting services are supported through a variety of resources
 - MDH grant funding
 - Grants from foundations
 - Third party reimbursement (MA, Insurance, etc.)
 - Local levies
- Billing
 - PHNs and RNs supervised by PHNs can bill for home visiting services
 - New rate of \$140 for Evidence-based Home Visiting; other rates range from \$25 - \$110
 - Community Health Workers can bill
 - Community Health Technicians (Tribal Nations) cannot bill

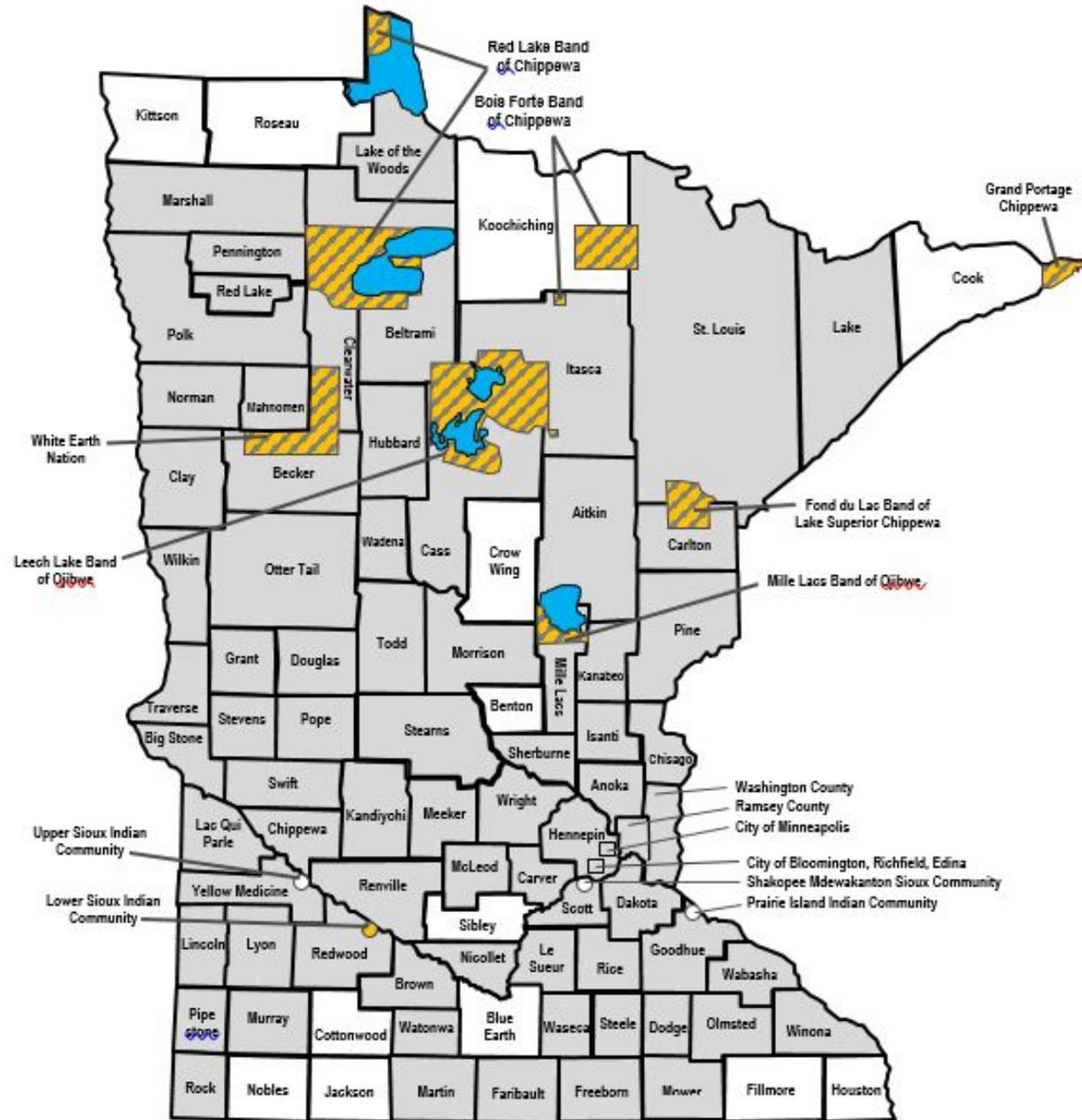
- Funding: Family Home Visiting
 - Starting in July, 2019, MDH will oversee \$36 million/year in federal and state funding for home visiting.
 - \$8.5 million in TANF can be used for home visiting, WIC nutrition or pregnancy prevention.
 - Most counties use the majority of TANF allocated funding for home visiting
 - Tribal Nations use for WIC nutrition, pregnancy prevention and home visiting.
 - New state funding expands investment in evidence-based models
 - \$9.0 million MIECHV (federal funding)
 - \$2 million state NFP funding (2015)
 - New state funding: \$6 million/year (SFY 18-19); and \$16.5 million/year (2020 +)

New State Funding: Evidence-Based Home Visiting

- \$12 million first biennium and \$33 in subsequent funding cycles.
 - New funding will serve approximately 2200 families each year
- Evidence-based models meeting DHHS criteria on the HomVEE site.
 - 17 approved models, MDH has focused on 6 of the models
- Funds distributed to cities/counties, Tribal nations and non-profits.
- Majority of funding will support long term home visiting models.
 - Nurse Family Partnership, Healthy Families America, Family Spirit, Parents as Teachers, Early Head Start
 - Short Term: Family Connects

Expansion of Evidence-Based Home Visiting





Evaluation and Quality Improvement

- MDH uses 19 key federal benchmarks to measure outcomes.
 - Adding MN specific outcome measures.
 - MDH receives data from all grantees. Some counties choose to send us all of their data regardless of non-MDH funding sources, but we cannot mandate that.
- Investing in our ability to integrate all home visiting data sources
 - Challenges: Local data collection varies and ranges from paper to electronic health records. There are multiple electronic health records.
 - Status: In progress; Anticipated completion September 2019
 - Result: Will expand our ability to report outcomes and synthesize data.

Continuous Quality Improvement

- Use the IHI Breakthrough series method of Learning Collaboratives
 - Brings together teams of staff and supervisors from local agencies
 - Teams work over 12 months to improve processes and outcomes through repeated and tested small acts of change.
 - Participating teams have reported:
 - Improvement in home visiting processes and outcomes
 - Increased confidence and structure to apply CQI to other areas of their agency
- Will be starting one specifically for tribes/agencies implementing Family Spirit model later this year.

Challenges and Innovation

- What challenges exist that need action?
 - Coordination across multiple partners (Counties, Tribes, non-profits)
 - Unstable funding at the local level
 - Capacity building particularly for smaller agencies, counties and Tribal nations.
- What action steps are underway to address challenges?
 - Regional/community collaboration encouraged through grant processes
 - Stabilizing RFP process and funding
 - Technical Assistance to help build capacity to implement evidence-based home visiting programs.

- MDH seeks to provide funding and resources that help influence and leverage larger systems change in the early childhood system and meet the needs of our families experiencing significant adverse risks and challenges .
 - Actions: By opening up and encouraging regional collaboration through our grant making processes, we are allowing communities to collaborate in new ways and to address health equity with all partners equally at the table
 - Actions: We continue to expand ways that our trainings and quality improvement initiatives engage and incentivize early childhood coordination at the local level.
 - We do this through providing funding, guidance, and technical assistance

Key Messages or Recommendations

- Implementation of New State Funding has allowed:
 - Stability in programs
 - Increase Regional Collaboration
 - Onboarding new communities/agencies and building their capacity
 - Opportunities to increase synergy across state systems
- What will success look like?
 - State level systems collaboration to create efficiencies and synergy
 - Seamless services transitions for mobile families across the state.
 - Limited funding will target most at risk families
 - Innovative approaches will be proven and documented for further dissemination.

Questions?

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Community and Family Health

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