Presentation to stakeholder meeting on

Collaborating to Strengthen Services for Michigan's Infants and Toddlers

March 9, 2015

michigan Home Visiting initiative

What is Early Childhood Home Visiting?

Michigan's **early childhood home visiting programs** provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged 0-5.

How Does Early Childhood Home Visiting Work?

Michigan's early childhood home visiting programs connect trained professionals with vulnerable and at-risk mothers and families to nurture, support, coach, educate and offer encouragement with the goal that all children grow and develop in a safe and stimulating environment.

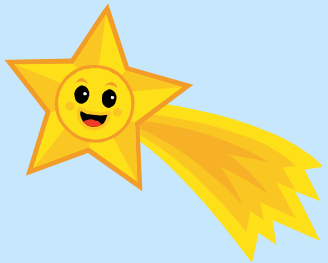
What Does the Michigan Home Visiting Initiative Do?

The **Michigan Early Childhood Home Visiting Initiative** is:

- ***Creating a Vision***--by engaging partners in a collaborative process to plan and implement policies, procedures, standards, measures and funding mechanisms that support common goals;
- ***Strengthening the Home Visiting Infrastructure***--by improving the quality of the system and supporting the use of evidence-based model programs;
- ***Promoting Positive Outcomes***--by measuring and reporting progress toward improving child health and safety, supporting healthy development, reducing family violence, improving maternal child health, and encouraging economic self-sufficiency.

Key Terms and Concepts

Evidence-based programs are implemented with fidelity and use a clear, consistent model that is research-based with a rigorous research design and grounded in relevant, empirically-based knowledge.

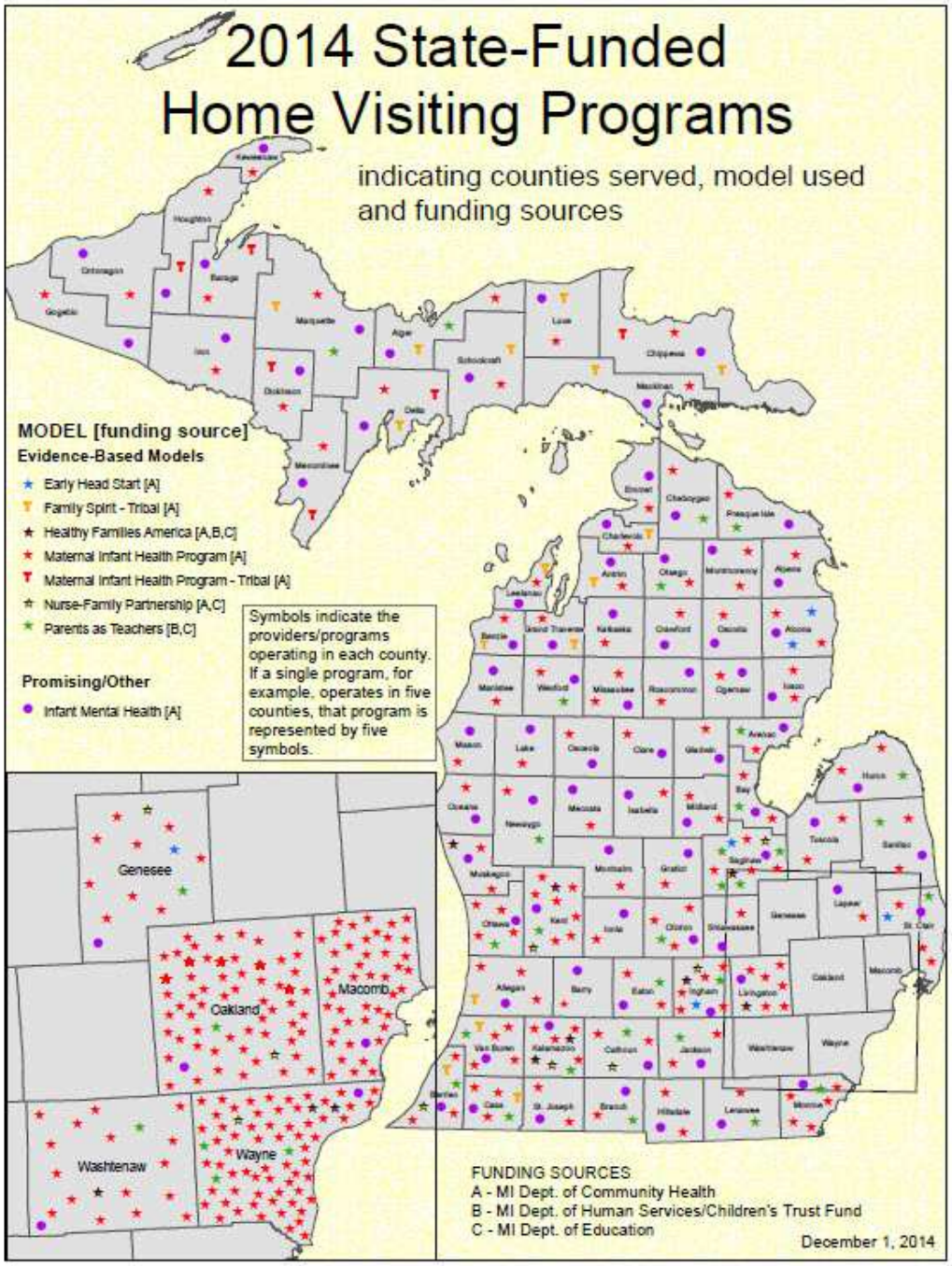


What has changed?

Then (roughly 1990s)	Now
Loose standards for research base around HV	Evidence-based is more clearly defined and higher expectations for programs in order to be labeled as 'evidence-based'.
Minimal concerns about ability to scale	Clear focus on implementation science, which incorporates fidelity to the model as an important component to achieve quality
Lack of coordination between needs assessments and funding awards	Clearer expectations regarding community readiness, capacity, gaps in service, willingness to collaborate across programs and agencies – and serving at-risk populations first.

What has changed?

Then (roughly 1990s)	Now
Tendency towards "trendy" solutions	Better understanding of needs across the continuum of Early Childhood– from universal to very targeted. Heightened expectations for coordination across agencies and fund sources at the state level. Expectation of coordination and collaboration across HV models within and across communities – jointly serving the population, not competing with each other.
Quantity versus quality mentality for training and outreach.	Concentration on model-specific training for those making a firm commitment to implementing the model with fidelity. Differentiation between model-specific training and core-knowledge/professional development needs of all HV professionals.



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As of December 2014, map of EB home visiting programs funded through the state budget, including only those with documentation of certification/ accreditation by model office.

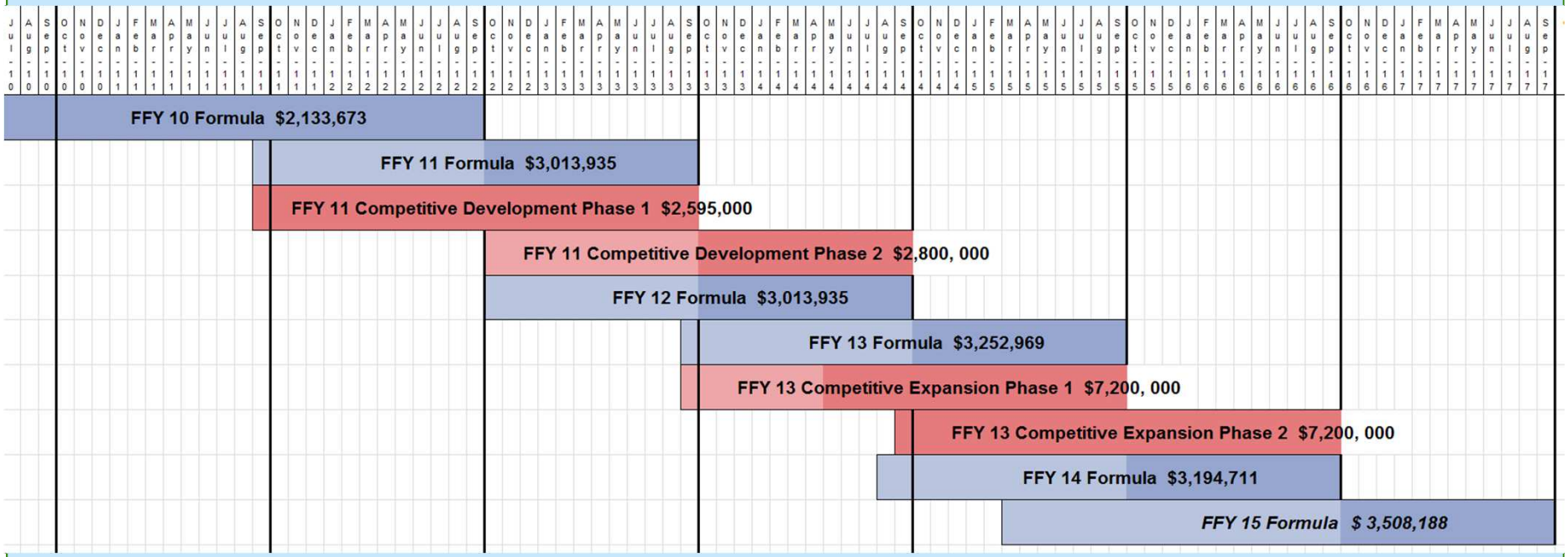
Funding

Statewide HV Funding, PA 291 report, 12/1/14

Home Visiting Model	Funding Source	Fed Funds	State Funds
Early Head Start	MIECHV	$725,905	
	State School Aid, Section 32p		$398,599
Healthy Families America	MIECHV	$656,057	
	CBCAP/CAPTA Children's Trust Fund (CTF) Private	$87,000	 $203,000
	State School Aid, Section 32p		$184,287
Maternal Infant Health Program	Medicaid	$12,969,850	$6,819,362
Nurse Family Partnership (NFP)	MIECHV	$1,493,900	
	State General Fund		$1,550,000
	Medicaid	$1,799,832	
	State School Aid, Section 32p		$48,411
Parents as Teachers	State School Aid, Section 32p		$2,828,970
	CBCAP/CAPTA Children's Trust Fund (CTF) Private	$70,385	 $164,233
TOTALS		**$17,802,929**	**$12,196,862**

Funding

MIECHV funding, by project period



Funding

MIECHV funding to Michigan

Year/type of grant	Spending period	Amount awarded
FFY 2010 Formula grant	7/2010 - 9/2012	$ 2,133,673.00
FFY 2011 Formula grant	9/2011 - 9/2013	$ 3,013,935.00
FFY 2011 Competitive Development grant	9/2011 - 9/2014	$ 5,395,805.00
FFY 2012 Formula grant	9/2012 - 9/2014	$ 3,013,935.00
FFY 2013 Competitive Expansion grant	9/2013 - 9/2016	$ 14,400,000.00
FFY 2013 Formula grant	9/2013 - 9/2015	$ 3,252,969.00
FFY 2014 Formula grant	8/2014 - 9/2016	$ 3,194,711.00
FFY 2015 Formula grant	3/2015 - 9/2017	$ 3,508,188.00
	TOTAL	$ 37,913,216.00

MIECHV Direct Services Programs

Community	Model
Berrien	NFP
Calhoun	NFP
Genesee	EHS
Genesee	NFP
Ingham	EHS
Ingham	HFA
Ingham	NFP
Kalamazoo	HFA
Kalamazoo	NFP
Kent	HFA
Kent	NFP
Muskegon	HFA
Oakland	EHS
Oakland	NFP
Saginaw	EHS
Saginaw	HFA
Saginaw	NFP
Wayne 1	HFA
Wayne 2	HFA
Wayne/Detroit	NFP

Measuring Success – MIECHV Benchmarks

- MIECHV requires that each state establish the capacity to measure 37 indicators, across 6 Benchmarks:
  - Improved maternal and newborn health.
  - Reduced child injuries, abuse, neglect, maltreatment and reduction of ED visits
  - Improvements in school readiness and achievement
  - Reductions in (crime) or domestic violence
  - Improved family economic self-sufficiency
  - Coordination and referrals for other community resources and supports

MIECHV Benchmarks, cont.

The state did show:

- Improvement on 4 of the 6 benchmarks and ½ of the 37 indicators by the end of Year 3 (data submission 10/30/14)

And is on track to show:

- Improvement on all 6 benchmarks and all 37 indicators by the end of Year 5 (data submission 10/30/16)

Measuring Success – PA 291 of 2012

Cross-agency work group has identified 10 candidate indicators, working on details related to measurement:

- Prenatal care
- Preterm birth
- Breastfeeding
- Maternal smoking
- Maternal depression
- Well child care visits
- Maternal insurance
- Substantiated maltreatment
- Child development
- Parent (maternal) education status

Measuring Success – PA 291 of 2012

- FY 2014 PA 291 report was able to report on 6 of the 10 indicators
- The workgroup is working on aligning data definitions for the other 4 indicators

Summary of Infrastructure activities

Component	State and Local Activities
Planning	Great Start Steering & Operations Teams, cross-agency HV Work Group, Exploration tool at local level
Operations	21 MIECHV LIAs; 3 Rural Region LIAs TA to sites, HV program database, HV Hubs pilot, effective outreach, study of fidelity tool, HV data collection system exploration, allowable costs policy
Workforce Development	Core Competencies, PD trainings, HV Conference
Funding	MIECHV federal grants, Rural Prosperity Regions 1,2,3 grants, funding to expand Tribal MIECHV activities, Sustainability research
Collaboration	HV Continuum work, enhanced family involvement
Communication	Website, Communications consultant, COP calls, NYCU
Community/Political Support	Local HV leadership groups, PA 291 reports to Legislature
Evaluation	Ongoing data collection & federal reporting, strong CQI

Statewide

- Continued strong state and local interest in new/additional home visiting $$
- Many people are eager for statewide roll out
- **Gap in understanding** of changes in expectations
  - Evidence-based models, quality implementation
  - Focus on highest need, e.g. not universal
  - Need to collect data and report on efforts
  - Need to engage in quality improvement activities
- Challenging to build local home visiting system/infrastructure

Challenges that lie ahead…

Challenge	Affects
Maintain stable funding for what has been started – trying not to start what we cannot sustain.	Local, State, Advocates
Balance between meeting the needs of highest need areas, yet also serve other parts of the state.	Local, State, Advocates
Identifying **additional funding**, in order to eventually roll-out statewide.	Local, State, Advocates
Infrastructure for data reporting – for PA 291 and for home visiting as a whole.	Local, State, Advocates
Establishing a continuum of models/services – how do the pieces of the system – across outcomes and across age groups - fit together as a system rather than in silos?	Local, State
Establish infrastructure for Provider **training**	Local, State
Building capacity for HFA & PAT **system support**	Local, State
Building capacity to support strong **CQI** efforts.	Local, State

Challenges that lie ahead…

Challenge	Affects
Integrating with **health care reform** – many connections and possibilities for collaboration, achieving shared outcomes.	State
Connecting to **behavioral health** – it is a growing conversation nationally, several options to explore.	State
Cross-agency compliance with PA 291 – how to build capacity for MDE and CTF to collect and report data.	State
Continuing to build the **infrastructure** to support **quality implementation.**	State
Creating an **updated methodology for state level Needs Assessment**, need an updated and more sophisticated approach.	State
Infrastructure for **monitoring** – fiscal, programmatic, results-based accountability	State