The Federal Home Visiting Program as a Lever for State Early Childhood Systems Development

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An early childhood system is a network of services and supports that promote the health and developmental needs of young children and ensure children enter kindergarten ready to learn.

- Comprehensive
- Coordinated
- Cross-sector
- High-quality
- Multi-generational
A high-quality early childhood system:

- Increases access to health care
- Identifies and manages social, emotional, and behavioral risks
- Improves early care and promotes early learning
- Educates parents and caregivers about healthy child development
- Provides support for families and caregivers
Potential partners in a statewide early childhood system include agencies tasked to address:

- Public Health
- Family Assistance
- Mental Healthcare
- Domestic Violence
- Nutrition
- Early Childhood Education
- Child Care
- Housing
- Oral Health
- Child Welfare
- Physical Healthcare
- Substance Use Treatment

What is an early childhood system?
What is early childhood systems building?

Early childhood systems building includes policies, practices, and products to link systems of care to meet the health and developmental needs of young children:
How is the Federal Home Visiting Program a lever for early childhood systems building?

- Authorizing statute calls for grantees to “establish appropriate linkages and referral networks to other community resources and supports”

- Strong early childhood systems are needed to:
  - Implement evidence-based home visiting models with fidelity
  - Elicit outcomes in named benchmark areas

- The growth of the Program:
  - More families engaged in care systems - more demand
  - Expansion of workforce trained to link systems at local levels
  - Program data indicate systems gaps
Joint Program Planning

To intentionally design effective early childhood systems that reflect the goals and intended outcomes of diverse partners

- Convening interagency early childhood advisory councils or workgroups
- Alignment of partners’ priorities or operating plans
- Joint time-limited or topic-limited initiatives can open the door to ongoing, broader collaboration

Examples

- **IL**: Created a strategic plan that aims to develop unified outcomes, a common operating framework, and a cohesive state-level infrastructure for local community collaborations
- **CA**: The HV Workgroup investigated mental health services barriers; invited representatives from the Mental Health Directors Association, the California Institute for Mental Health and the Department of Health Care Services
- **TX**: Local communities partner with UCLA to implement the Transforming Early Childhood Systems process to assess neighborhoods’ strengths and needs and develop local strategic plans
Coordination of Services, Referral and Follow-up

To effectively meet the diverse health and developmental needs of children and their families, and ensure no child or family goes unserved due to system fragmentation

- Share information about services to promote appropriate referral
- Develop memoranda of understanding or joint policies/practices to promote cross-referrals and verify follow-up

Examples

- **Several**: Implementing Connecticut Children’s Medical Center’s Help Me Grow
- **MP**: Enhanced the working relationship with the public school system to establish a referral system for young expectant parents
- **IA**: Developed MOU with local hospital to visit new parents prior to discharge to discuss available resources
- **KY**: Develop a Resource Guide for families, agencies, and programs
- **ME**: Streamline referral processes between Maine Families and the state’s WIC Programs
Centralized Intake

To provide one clear access point to a coordinated system of services

- Assess families’ needs to facilitate appropriate referrals and reduce burden on families
- Provide targeted referrals quickly

Examples

- **NJ**: Central Intake System for standardized assessments and referrals to Home Visiting and other social services for families
- **GA**: Toll-free number access to Information and Referral Center
- **Several**: County or local-level centralized intake
Integrated Data Systems

To track early childhood systems outputs and outcomes

- To track children’s and families’ receipt of services and participant outcomes
- To analyze data, identify gaps, assess effectiveness
- HV data are a resource for the state/territory

Examples

- **IA**: Created a single data system for all family support programs
- **UT**: Statewide data system captures receipt of services across early childhood programs and links via child unique identifier to school age outcomes
To develop a highly skilled, cross-sector workforce prepared to meet the diverse needs of children and families

- Joint direct service staff training across systems on relevant topics (i.e., trauma-informed care)
- Provide opportunities for workforce to maintain professional credentials

Examples

- **AZ**: Provide online courses for home visitors
- **AS**: Cross-agency trainings from WIC, Highway Safety Patrol, Child Protective Services, mental and behavioral health
To improve the quality of early childhood services and systems, and increase knowledge in the field

- Align measures across systems
- Maximize the value of administrative data

Examples

- **SD**: Contract with the South Dakota Head Start Association to assess the availability of community resources
- **OR**: Align home visiting metrics with the early learning and healthcare transformation metrics to capture collective impact
To strengthen early childhood systems through stakeholder input and involvement

- Advisory councils and boards include cross-systems, community, and family representation
- Strengthen implementation through solicitation of broader input

**Examples**

- **IL:** Home visiting funders meet regularly to discuss common vision and outcomes, shared data elements and monitoring procedures, and contract language
- **CA:** Recruit key stakeholders for the Community Advisory Board; some added housing representatives to develop strategies targeting the homeless population
- **MI:** Each county receiving MIECHV funds convene a local home visiting leadership group and connect with the greater early childhood system
To invest in quality state home visiting programs that are a part of state-supported early childhood systems

- At least 75% of states have proposed legislation appropriating state funds to home visiting programs

Examples

- **OR:** Align home visiting metrics with the early learning and healthcare transformation metrics to capture collective impact
- **CA:** Allows pregnant women to satisfy welfare-to-work participation requirements by participating in a voluntary home visiting program
- **HI:** Establishes a statewide hospital-based home visiting and early identification program
- **ME:** Requires the Department of Health and Human Services to offer voluntary universal home visiting for new families
- **TX:** Requires that a representative from the Texas Home Visiting Program be appointed to the newly created Task Force on Domestic Violence and allows individuals who conduct business at local vital statistics records and marriage licensing offices to donate to the newly created Texas Home Visiting Trust Fund
Another Lever: HRSA Sister Program
Early Childhood Comprehensive Systems

• Awarded to states to implement statewide strategies to build systems that improve the health of young children
• Grantees choose one of three strategies:
  1. Reduce negative influences on early development (often referred to as toxic stress).
  2. Increase developmental screening of young children to identify and treat problems early.
  3. Improve the quality of child care by increasing the adoption of accepted child care standards.
In Closing

The Federal Home Visiting Program is a lever for states to build and strengthen early childhood systems that are:

- Statewide as well as local
- Comprehensive and coordinated
- Data-driven and innovative
- Meet the needs of families living in at risk communities and across the state
- Support positive health and developmental outcomes of young children
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