



California: Maternal, Infant, and Early Childhood Home Visiting Program

By the Center for Law and Social Policy
and the Center for American Progress

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The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program provides California the opportunity to expand its evidence-based home visiting services to additional children and families. Using MIECHV funds, California administrators improved existing home visiting infrastructure, increased staff capacity, developed an innovative data system, and integrated the state's home visiting programs with other state and local public services. Because California's systems-integration efforts have been so successful, their work has been highlighted nationally as a model for other MIECHV grantee states seeking to integrate their local early childhood service systems.

Success and innovation

Developed a statewide data system

MIECHV funds were integral in the development of an innovative, statewide data-collection system. Administrators contracted with a company to assist them in configuring a database to specifically meet the needs of California's MIECHV benchmark data-collection and reporting mandates. The system allows administrators to collect and analyze individual-level data, which can be used to track outcomes and evaluate program effectiveness. Further, MIECHV funding provided the resources to expand the existing Nurse Family Partnership, or NFP, program's data system to include the tracking of MIECHV benchmark data. Administrators also built a new system for the Healthy Families America, or HFA, program and have worked with their HFA partners to incorporate information beyond the federally mandated data points such as tracking child immunizations and staffing issues. Both of these data systems are merged on the backend, which affords California the ability to speak in a unified voice for their 22 programs.



California MIECHV at a glance

Total federal MIECHV funding:

\$8.7 million in competitive grant funds and \$11.9 million in formula grant funds for the period October 1, 2014 through September 30, 2016

Lead agency:

California Department of Public Health

Number of communities served:

22 sites in 21 counties

MIECHV-funded home visiting models:

Healthy Families America, or HFA, and Nurse Family Partnership, or NFP

Families served:

2,200 families

Two-tier process for systems integration efforts

Administrators allocated a small portion of the MIECHV funding and staff time in order to help integrate local- and state-level early childhood systems of services as they pertain to home visiting families:

1. At the local level, California works with MIECHV-funded home visiting sites to ensure that their systems of services better support pregnant and parenting families by establishing or strengthening connections among early childhood service providers. To support local-level systems development, state administrators conduct interviews and send out surveys to the 22 MIECHV sites in order to monitor how local systems change over time with the introduction of MIECHV funding and to identify local systems-level barriers and opportunities for improvement.
2. At the state level, administrators work to build relationships across agencies and sectors to identify ways to collaborate in order to better coordinate service delivery to home visiting clients and reduce duplication of efforts. The home visiting workgroup of the California State Interagency Team, or SIT, for Children and Youth was created to convene regular meetings among various early childhood stakeholders, including the American Academy of Pediatrics; the American Indian Infant Health Initiative; the Early Childhood Comprehensive Systems grant, and Project LAUNCH; the California Department of Education; the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC; the Center for the Study of Social Policy; the California Department of Social Services; the Office of Child Abuse and Prevention; and many others. The influx of funding from MIECHV has allowed the California Home Visiting Program to serve as convener for this initiative and provide unprecedented leadership in developing a cohesive state-level home visiting system of services.

The impact of California's systems integration work made possible through the MIECHV funding is significant, allowing the state to successfully serve more families and to strengthen its early childhood systems of services at the state and local levels. More comprehensive and supportive services are being offered to high-risk mothers, and improved coordination allows women and children in need to receive services early while also supporting programs that reduce duplication of services and effectively share information among providers.

Supporting local programs to implement continuous quality improvement

California's continuous quality improvement, or CQI, efforts serve as an innovative model for other states implementing a similar evaluation process. State administrators work with each of the local home visiting sites in the state to identify three priority areas for their CQI efforts. The state then facilitates strength-based discussions with their sites to identify goals and the steps towards reaching these goals throughout the year, all while using data to track progress and offer both technical assistance and monitoring to address challenges and identify successes.

California MIECHV at a glance

Additional funding for home visiting:

philanthropic support and First 5 California funds, a dedicated source of revenue for early childhood programs from state tobacco taxes

Identified risks targeted by MIECHV:

decrease child abuse, domestic violence, substance and tobacco use, child injuries, and emergency room visits for mothers and babies; increase prenatal care, breastfeeding, well-child visits, mother and child insurance status, contraception use, economic self-sufficiency, school readiness, and coordination and referrals to needed services in the community; increase screenings for maternal depression, child developmental assessments, and domestic violence

Challenges

Administrators identified demanding caseloads for their local programs as a challenge for home visiting staff. As high-risk mothers and children are targeted through the program, home visitors frequently have to address multiple challenges and issues with each mother and child, often requiring treatment beyond what any individual home visitor can offer. For example, many women receiving home visiting services have substance abuse and mental health problems that require specialized care. However, one of the primary duties of the home visitor is to connect these high-risk women and children to available services within their communities—and this is done with great success. Additionally, administrators noted that tracking systems-integration efforts has been difficult, but the strong team assembled by the California Department of Public Health allowed the state to successfully build the necessary infrastructure to effectively track progress.

Looking ahead

Identify ways to blend funding to support home visiting locally

Administrators noted that more federal guidance for how states can assist local programs to braid and blend funding sources and identify matching funds could help to identify strategies for sustainability. Since there are no state general funds available to support home visiting, administrators are working to develop strategies to ensure sustainability and continue services for children and families.

Continue building local infrastructure

California has been successful in building a strong, supportive infrastructure at the state level. Administrators will continue to strengthen similar efforts at the community level.

Additional information

California's MIECHV program on the California Home Visiting Program website:
<http://cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

California's MIECHV Needs Assessment: <http://www.cdph.ca.gov/programs/mcah/Documents/MO-HVP-FinalCaliforniaStatewide-HV-NA.pdf>

California's MIECHV State Plan: <http://www.cdph.ca.gov/programs/mcah/Documents/MO-HVP-StatePlan.pdf>

Source: Interview with Kristen Rogers, chief, California home visiting program branch, California Department of Public Health, Maternal, Child and Adolescent Health Program, November 2014.

“The impact of home visiting on early childhood systems and structures has been significant as it provides the opportunity for local agencies to enhance and coordinate existing services in a more integrated and efficient way.”
– California state administrator

This profile was written as part of a larger study to identify how states are using Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, funds to advance state home visiting systems. For a summary report and additional profiles about home visiting, visit clasp.org or americanprogress.org.