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An Investment in Our Future

How Federal Home Visiting Funding Provides Critical Support for Parents and Children

By Stephanie Schmit, Christina Walker, and Rachel Herzfeldt-Kamprath February 2015

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How Federal Home Visiting Funding Provides Critical Support for Parents and Children

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The Center for Law and Social Policy, or CLASP, is a nonpartisan organization that seeks to improve the lives of low-income people by advocating for policies that deliver results that matter. The Center for American Progress, or CAP, is an independent nonpartisan educational institute dedicated to improving the lives of Americans through progressive ideas and action. CLASP and CAP conducted this study to identify how states are using Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, funds to advance state home visiting systems. For additional information and accompanying state profiles, visit clasp.org or americanprogress.org.

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Introduction and summary

"[MIECHV] is changing the way kids are growing up … and building healthy and successful families." – Utah program coordinator[1]

The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program has supported high-risk families in communities across the country through intensive home visiting services since 2010. MIECHV provides federal funds to support programs that connect families with trained professionals—often nurses, social workers, or parent educators—who help parents acquire the skills they need to promote their children's development. The majority of MIECHV funds—75 percent—support evidence-based home visiting services that have been rigorously evaluated and have proven to be effective strategies for improving outcomes for families and for saving public resources over the long term.[2]

Over the past five years, MIECHV grantees have built home visiting systems that reach the most vulnerable children and families in their communities. However, the tremendous efforts state and tribal grantees have put forth on implementation and systems building have not been broadly highlighted. Interviews with 22 states and tribal organizations reveal the breadth of innovation and success across the country as a result of MIECHV funding. (see "Methodology")

Successes

MIECHV was designed to address issues that include maternal and newborn health; child injuries and abuse; neglect or maltreatment and reduction of emergency department visits; school readiness and achievement; crime or domestic violence; family economic self-sufficiency; and the coordination of community resources and supports. States are demonstrating progress toward these benchmarks by focusing their resources on strategic initiatives and targeting the most high-risk populations. Grantees highlighted the following efforts as particular successes in interviews:

Expanded services

Every grantee is expanding evidence-based home visiting services to more vulnerable children and families in high-risk communities. MIECHV provides additional resources to bolster existing services where home visiting was already an established program and create statewide infrastructures to introduce home visiting where it was not available. Using needs assessments, grantees identified the most high-risk populations and are directing resources to expand home visiting within these communities.

Retention of staff and families

To ensure families receive the full benefits of participating in home visiting programs, they must remain engaged throughout the curriculum and complete the appropriate number of visits with their home visitor. Many grantees use MIECHV funds to identify strategies to improve program retention and ensure that families achieve positive outcomes.

Systems building

Many state and tribal grantees use MIECHV funds to support the establishment of systems within home visiting communities and across services that support children and families. Grantees create processes and relationships to integrate the various home visiting services available, ensuring that families receive the best services to meet their needs. Additionally, grantees are building relationships with other community service agencies in order to provide more effective referrals and integration of the continuum of services.

Systemic training, technical assistance, and professional development

MIECHV funds enable grantees to provide technical assistance and training to support home visiting staff in providing the most effective services possible and ensuring that quality standards are being met. Professional development provided with MIECHV funding strengthens the home visiting workforce and extends its capacity to deliver high-quality services to children and families.

Building data systems

MIECHV legislation requires participating states to collect data that demonstrate improvements on established benchmark areas. Grantees use MIECHV funds to develop data infrastructures in order to gather the required data and report on progress toward the benchmarks. These investments enable grantees to be more efficient in their data collection and analysis and to increase the competencies of the broader home visiting community to use data for program improvement and evaluation.

Collaboration

Many states highlight collaboration facilitated by MIECHV funding as a success of the program. This can be seen at the program level in collaboration across home visiting models; at the state level in which multiple agencies work together to implement the grant; and at the federal level in which grantees work across state lines to identify best practices and provide communities of support.

Centralized intake systems

Many grantees leverage MIECHV funding to develop centralized intake systems—also referred to as coordinated intake systems—which are collaborative approaches to engaging, recruiting, and enrolling families in home visiting across programs and organizations. Centralized intake systems help programs better identify and serve their at-risk populations by connecting families to the home visiting model that will best meet their needs and streamlining the referral process.

Expanded use of evidence-based models and evaluation

Since MIECHV places a high value on evidence-based programs, the grant increases the reach of the most effective home visiting services. Grantees use MIECHV funds to ensure that they implement models with fidelity by incorporating continuous quality improvement, or CQI, and ongoing evaluation into their implementation. Grantees are also using MIECHV to evaluate promising practices and develop an evidence base for new home visiting models.

Innovation and promising practices

As a result of the MIECHV program, grantees achieve a broad range of innovation. States utilize funds to establish many unique and interesting enhancements, programs, and initiatives related to service delivery, systems development, training, incorporation of technology, and more. The design of the grant programs allows states the freedom and flexibility to be creative in how they achieve the results intended by the grant.

Challenges

Each grantee acknowledges the tremendous value that MIECHV adds to infrastructure for home visiting services. However, the implementation process has not been without challenges. Grantees identify the rapid timeline for development and implementation as a significant challenge, along with the burden of tracking and reporting on the required benchmark data. Finally, the sustainability of the program is of particular concern and has inhibited some grantees from planning for the long term.

Looking to the future

Over the past five years, MIECHV grantees have built home visiting systems that reach some of the most vulnerable children and families in the country. MIECHV provides critical support to home visiting programs across the country; continuing this investment and ensuring its sustainability would allow state and tribal grantees to continue expanding services to new communities and other underserved populations, as well as help sustain the outcomes achieved thus far.

Moving forward, grantees elevate the need for more collaboration and communication among federal, state, and tribal administrators, as well as opportunities for more feedback and information sharing among MIECHV grantees. States are realizing many successes and achievements that could benefit other states that are tackling similar challenges or hoping to implement comparable programs.

In the near future, Congress must reauthorize the MIECHV program at current funding levels to ensure that grantees are able to maintain and increase service capacity and continue to support ongoing systems-building work, professional development, training and technical assistance, and the many successes of MIECHV. Additionally, federal legislators should consider making the MIECHV program permanent to provide sustainable funding for effective policy that produces significant results for the children and families who benefit from high-quality home visiting.

Background

Home visiting is a proven way to support young children's healthy development and family success. It connects parents and families with nurses, social workers, or other professionals who provide guidance, advice, and coaching to help empower parents to nurture children's success. Home visiting programs also link families to other vital services, such as health care or community resources.[3] Research shows that evidence-based home visiting—programs that have been evaluated and have a proven record of effectiveness—can reduce health care costs, improve education outcomes, and increase family self-sufficiency and economic security.[4]

The Maternal, Infant, and Early Childhood Home Visiting program is a federal grant program that began in 2010, providing $1.5 billion over five years to support voluntary, family- and child-related evidence-based home visiting programs.[5] MIECHV's goal is to support pregnant women or parents with young children and their families by connecting them with the resources they need to develop effective parenting skills in order to raise children who are healthy and ready to learn.[6] It is currently funded through March 31, 2015, at which point it will expire unless Congress takes action.[7] MIECHV-funded programs—which are in place in every state, 25 tribal communities, and many U.S. territories—target high-risk families who are most likely to benefit from intensive home visiting services.[8]

MIECHV requires grantees—which can be states, territories, tribes, or nonprofit implementing agencies—to conduct a needs assessment to identify their most at-risk communities and populations and decide how best to target resources. The legislation also mandates a rigorous evaluation of the effectiveness of the MIECHV program. The Mother and Infant Home Visiting Program Evaluation, or MIHOPE, uses a randomized controlled design to determine what difference MIECHV-funded home visiting makes for a wide range of outcomes.[9] MIECHV puts a high value on evidence-based home visiting programs, directing 75 percent of funds to support programs that have undergone rigorous evaluation for which there is well-documented evidence of success.[10] To date, 16 home visiting models have been identified that meet the evidence-based criteria.[11] These programs have

proven to be effective strategies for strengthening outcomes for families and saving public resources over the long term. Because the models target different populations and support a variety of interventions, most MIECHV grantees have implemented more than one evidence-based model.

Twenty-five percent of MIECHV funding is available for "promising practices," or programs currently undergoing rigorous evaluation.[12] Promising practices allow states the flexibility to use innovative and state-specific approaches to better address issues that are unique to their local communities and build the evidence base for successful home visiting models. While MIECHV has many requirements to ensure fidelity to models, mandate data reporting, and show positive outcomes, the program also provides grantees with considerable flexibility in determining needs, targeting specific populations, and choosing the best models for their communities. While MIECHV mandates that grantees perform a needs assessment to identify the most at-risk communities, they have tremendous flexibility in how they define risk. Additionally, MIECHV directs 3 percent of funds to support tribal families and native populations in different areas of the country.[13]

Evidence-based home visiting, or EBHV, models[14]

- Child FIRST
- Early Head Start-Home Visiting, or EHS-HV
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up
- Family Spirit
- Healthy Families America, or HFA
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters, or HIPPY
- Maternal Early Childhood Sustained Home Visiting Program, or MESCH
- Minding the Baby
- Nurse Family Partnership, or NFP
- Oklahoma Community-Based Family Resource and Support Program, or CBFRS
- Parents as Teachers, or PAT
- Play and Learning Strategies, or PALS, Infant
- SafeCare Augmented

All evidence-based models provide voluntary, home-based services to families with young children, but they differ with respect to whom they reach and what services they provide. Most models target parents or children with particular risk factors, including low-income parents, first-time mothers, teen parents, and children exhibiting developmental concerns. Some models allow mothers to enroll prenatally, while others provide services after birth based on the child's age. The goals of each model vary and include improving child and/or parental health, addressing school readiness, fostering healthy child development, and improving family self-sufficiency. Examples of home-visiting activities include parent education, referrals to community resources, activities to support and encourage parent-child interaction, and screenings for parents and children to identify additional potential risk.

Over the past five years, MIECHV grantees have built home visiting systems that reach some of the most vulnerable children and families in the country. This report documents how grantees are using MIECHV funds to build state home visiting systems, enhance the quality of services being delivered, and expand services to more children and families. MIECHV provides critical support to home visiting programs across the country; continuing this investment and ensuring its sustainability will allow states and tribal grantees to continue expanding services to new communities and other underserved populations, as well as sustain the positive outcomes achieved thus far.

Early successes of MIECHV

The Maternal, Infant, and Early Childhood Home Visiting program was designed to address a range of issues within six benchmark domains: improving maternal and newborn health; preventing child injuries and abuse, neglect, or maltreatment and reduction of emergency department visits; improving school readiness and achievement; reducing crime or domestic violence; increasing family economic self-sufficiency; and supporting the coordination of community resources and supports.[15] States are making progress toward these benchmark goals by focusing resources on strategic initiatives and targeting the most high-risk populations.

State and tribal grantees around the country are using MIECHV funding to do the following:

- Expand and target evidence-based home visiting services to serve more children and families
- Build home visiting systems and connections to other systems of services, bolstering the infrastructure to make services more effective
- Promote the use of evidence-based policy, continuous quality improvement, and evaluation to ensure positive outcomes

Expansion and targeting of evidence-based home visiting services

MIECHV has been instrumental in the expansion of evidence-based home visiting services nationally. The program provides grantees the opportunity to supplement existing infrastructure, create home visiting programs where they had not existed otherwise, and reach new populations that were previously isolated from services. Through MIECHV, grantees strategically identify vulnerable populations most in need of—and most likely to benefit from—home visiting services.

Kentucky's homegrown model

Kentucky's Health Access Nurturing Development Services, or HANDS, program was limited to expectant and first-time parents prenatal through age 2 prior to the implementation of MIECHV.[16] State administrators recognized a gap in services for at-risk families with more than one child, and MIECHV funding allowed Kentucky to expand services to fill this gap and reach more vulnerable children and families who could benefit from HANDS.

Nearly all grantees highlight the expansion of services as one of their greatest successes. For example, Iowa and New Jersey used MIECHV funds to extend home visiting services to every county, allowing the states to provide access to home visiting services for high-risk families.[17]

States use MIECHV funding to target home visiting services to their most vulnerable populations. For example, Ohio is using MIECHV funds to develop a statewide marketing strategy to more effectively tailor its outreach and expand services to specific demographic groups and populations throughout the state. Similarly, one provider in the state created a new staff position directly embedded in a high-risk community to build strategic relationships with services and organizations in the area—including in churches, nail salons, or grocery stores—and to promote the merits of participating in home visiting. This strategic outreach increased participation and familiarity with the local home visiting provider and garnered philanthropic support for local community development initiatives.[19]

In Louisiana, administrators are interested in expanding home visiting to reach a broader group of vulnerable young children and their families, beyond first-time mothers. Administrators collaborated with members of the state's Early Childhood Advisory Council to research gaps in program services and assess the feasibility of implementing a new model to complement their existing model, Nurse Family Partnership, or NFP. Once the Parents as Teachers, or PAT, model was selected, the state's MIECHV leadership worked to prepare Louisiana's established implementation and quality assurance infrastructure to support a pilot of the complementary model.[20]

Reaching vulnerable families in the state of Washington

Washington adopted a three-tiered plan to reach its most at-risk children and families.[18]

1. **The place-based approach** targets families living in rural counties who are identified as high risk by the state's needs assessment. Recently, Washington expanded services to three rural communities after engaging local leaders to gauge the interest level, need, and readiness to implement evidence-based home visiting programs in the community.

2. **The population-based approach** allocates resources to tribal communities. The state used MIECHV funding to assess the availability and effectiveness of home visiting for tribes, as well as this population's needs and barriers in accessing these services. This prompted the state to pilot a tribal home visiting program supported with state general funds.

3. **The model-based approach** urges state administrators to use alternative home visiting models, or promising practices. Washington is supporting infrastructure development for the Parent-Child Home Program, or PCHP. MIECHV provides PCHP with the resources for additional staff, the development of a data benchmarks plan, and access to cross-model trainings and professional-development activities.

Utah also uses MIECHV funds to provide home visiting services to families in the state's federal refugee resettlement program. Utilizing an adaptation of the PAT model curriculum, the state employed outreach techniques to enroll Asian Pacific Islander refugee families in home visiting programs.[21] Not only are states using MIECHV to reach specific at-risk populations, but MIECHV funding is also integral to the expansion of home visiting services to tribal communities, as home visiting services were often not provided within Native American populations prior to MIECHV's implementation.

Examples of tribal MIECHV

The South Puget Intertribal Planning Agency, or SPIPA, is a nonprofit agency representing five consortium tribes that provides services, technical assistance, and planning support to eligible Native Americans residing within the SPIPA service area in western Washington. SPIPA's MIECHV-funded home visiting program, called the Healthy Families Project, or HFP, utilizes the PAT evidence-based home visiting model and has integrated cultural adaptations into the program through the Positive Indian Parenting, or PIP, curriculum, which is designed to help Native parents connect with their culture and learn a blend of traditional parenting techniques and new skills.[22]

Native American Professional Parent Resources, Inc., or NAPPR, is a nonprofit tribal organization providing services to Native American families in the urban Albuquerque, New Mexico, area and surrounding communities. NAPPR also utilizes an adapted version of the PAT model and has implemented the evidence-based Circle of Security, or COS, curriculum within its home visits due to the communities' exposure to historical trauma and violence. COS is an early intervention visual-based program used to help parents create secure attachments with their children, allowing the children to form more healthy relationships throughout their lives.[23]

Focus on family retention

Due to the importance of retention in attaining positive outcomes for children and families, MIECHV grantees have been focused on improving retention rates through various strategies and innovations. To ensure families receive the full benefits of participating in home visiting programs, they must remain engaged throughout the curriculum and complete the appropriate number of visits with their home visitor. There are many reasons why a family may terminate home visiting services prior to completion; some are outside of the control of the family or the program itself, such as the family's need to move outside of the service area, but others may be avoided by better understanding families' experiences in programs.

New York's needs assessment identified client and staff retention as a barrier to achieving outcomes for children and families. To address this issue, administrators are using continuous quality improvement initiatives to identify barriers to retention and develop solutions to support clients. CQI is a process that allows grantees to monitor the implementation and evaluate the effectiveness of their home visiting services to continuously improve their efforts. Administrators plan to work through the Maternal and Infant Health Center of Excellence to provide trainings and technical assistance specifically related to recruitment and retention of both clients and staff.[25]

Building home visiting systems and connections to other systems of services

MIECHV provides resources for grantees to work across agencies—such as health and human services, education, or child welfare—and for departments to identify collaborative goals and processes for delivering services. Many grantees identify systems building, or coordination with other early childhood programs, as an effective strategy in eliminating silos and reducing duplication of services. Without systems in place to facilitate coordination across sectors and communities, services often operate in siloed environments and many children and families who face multiple risk factors receive support from isolated programs. Coordination at a program and administrative level frees up limited resources to increase service-delivery capacity, directly help more families, and connect at-risk people to the array of services available.

While integrating home visiting into broader early childhood systems has led to more efficiency in service provision for some grantees, systems-building initiatives funded by MIECHV enable states to provide more holistic support to the children and families who participate in home visiting. Grantees operate among agencies providing other services that support at-risk children, such as child health programs, early education opportunities, family income and food support, housing assistance, or services to support the victims of domestic violence and child abuse. Home visiting is an effective tool for connecting families to the continuum of services that support the physical, emotional, mental, and educational development of young children, especially when home visiting initiatives are directly integrated and work actively with other services.[26]

Innovation in retaining families

Iowa has completed the first phase of a home visiting workforce study of the home visitor population across the state. The second phase will identify reasons families leave the home visiting program in order to determine what skills and methods home visitors can use to retain a family in the program.[24]

Establishing infrastructure enables grantees and communities to efficiently identify families and children in need, assess how best to help them, and quickly connect them to critical resources. For example, in New Jersey, MIECHV provided the state departments of children and families, human services, and health the opportunity to formalize their collaborative approach through interagency agreements, which allow them to overcome many bureaucratic challenges and create a structure for communication and collaboration.[27] Similarly, catchment areas allow the Children's Trust of South Carolina to create partnerships among local family support service providers.[28] These partnerships connect families with the best resources to meet their needs while creating effective local referral and communication networks.

Two-tier process for systems integration in California

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

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 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.

At the state level, administrators work to build relationships across agencies and sectors to identify ways 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, Youth and Families was created to convene regular meetings among various early childhood stakeholders, including the American Academy of Pediatrics; American Indian Infant Health Initiative; Early Childhood Comprehensive Systems grant; Project Linking Actions for Unmet Needs in Children's Health, or LAUNCH; California Department of Education; Special Supplemental Nutrition Program for Women, Infants, and Children , or WIC; Center for the Study of Social Policy; California Department of Social Services Office of Child Abuse 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 that was made possible through 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 to reduce duplication of services and effectively share information among providers.[29]

Grantees employ many strategies that include coordinating joint trainings and professional-development opportunities among different state agencies or organizations that provide supportive services; collaborating on data collection and evaluation; building relationships with state-level early childhood education councils or similar planning groups; and developing centralized systems for intake, screening, and referral.

Systemic training, technical assistance, and professional development

To support their systems-building work, grantees use MIECHV funds to provide training, technical assistance, and professional-development opportunities. Prior to the MIECHV program, many grantees lacked the resources to provide these opportunities. Training and technical assistance help improve home service delivery, develop staff expertise, and provide assistance when common challenges arise. Professional development improves the skills of home visitors and equips them with the most up-to-date research and best practices for effectively serving children and families. When home visitors are well trained to identify specific family needs and have a comprehensive understanding of the available community resources, they are better prepared to connect families with services, such as mental health counseling, job training, support for victims of domestic violence, and coaching to support healthy child development. MIECHV allows grantees to make the type of long-term investment in their home visiting workforce that will support positive outcomes for communities into the future.

Many grantees acknowledge that the development of training systems is a long-term investment in program quality and the home visiting workforce. In Oregon, MIECHV funds are used to employ a workforce development specialist to coordinate regional workforce development sessions—multiday orientation trainings to support ongoing skill development for home visitors.[30] In Ohio, administrators use MIECHV funds to provide joint professional-development training with domestic violence and mental health providers to improve delivery for families that would benefit from these services.[31]

Nearly all interviewed grantees use MIECHV funds to offer professional-development opportunities, provide continuing education, and/or improve the skills of home visitors. While the grantees' professional-development opportunities varied, all shared the goal of retaining qualified home visitors and increasing their skills to provide effective services to families and children. For example, North Carolina

uses MIECHV funds to provide a system of support for home visitors and develop their core competencies through a series of training modules.[32] New Mexico's administrators use a video conferencing platform to provide training, technical assistance, and professional-development opportunities to home visitors in hard-to-reach, rural areas.[33] Further, Native American Professional Parent Resources uses MIECHV funding to enhance a supportive professional-development system for staff, which includes implementing new trainings, instituting high-quality reflective supervision,[34] and receiving direct training and support from the Parents as Teachers national model.[35]

Building data systems

The availability of data systems helps ensure that children and families benefit from home visiting programs, provides accountability for the federal grant funding, targets services to reach those most in need, and improves service delivery. MIECHV-funded home visiting programs are expected to produce measurable outcomes for families as a direct result of participation in home visiting interventions. The program requires grantees to collect data at the individual family level on six established benchmark areas: improving maternal and newborn health, preventing child abuse and neglect, enhancing school readiness, reducing crime and domestic violence, boosting family economic security, and improving the coordination and referral process for other services and resources.[36]

While the amount of data grantees must collect was mentioned as a challenge by many of the grantees interviewed, administrators recognize that the data collection helps them improve the quality of their service delivery and provide evidence of success. Administrators developed creative and successful strategies for managing the collection, reporting, and evaluation of the data.

Data collection

Overall, MIECHV provides grantees with the necessary resources to create new or expand existing systems to collect data from their home visiting programs. With effective data systems in place, grantees are better able to report on the required benchmarks and demonstrate the impact of home visiting. For grantees with data management and collection systems in place prior to MIECHV, the additional funding augmented what already existed. For these grantees, administrators are collaborating with other agencies to expand data collection efforts to include home visiting and reduce duplication in collection efforts. Other grantees are using MIECHV funds to create new statewide systems for data collection. Oregon is

currently using MIECHV funds to develop an innovative system designed to collect unique data points that can be used in a variety of analyses, allowing for easier collection and evaluation of the federally required benchmark data.[37] Administrators are confident that the interoperable system will allow other state agencies to share data more effectively, which will reduce duplicative efforts and improve services throughout the state.

Data collection and decision making in Kansas

Kansas is using MIECHV funds to prioritize the development of a data collection system. Administrators standardized their benchmark measures so that each home visiting model collects data using the same metrics; this allows the state to collect aggregate data and report results efficiently. Additionally, Kansas used MIECHV funds to initiate a state-level leadership group focused on data evaluation and continuous quality improvement and contracted with the University of Kansas to manage the state's home visiting data system and provide annual reporting on performance measures. As a sign of the success of the state's work on data, federal administrators identified Kansas as a model for the creation of a data system and data management. This innovative system allows Kansas to provide services more effectively and describe its success with data-driven evidence.[38]

Since many families who use home visiting services interact with other social services, some grantees have adopted models in which families are assigned a unique identifier to integrate data collection efforts in a more efficient and secure process. In Iowa, for example, the departments of public health and education are partnering to develop a unique identifier to track the progress of a child's outcomes over time and across participation in different programs and schools.[39] Further, Utah is leveraging web-based technology to create systems that are easily accessible to home visiting professionals who input and analyze data.[40]

Data training and capacity building

For many grantees, incorporating extensive data collection and management processes was beyond the administrative and program capacity of the administering offices prior to MIECHV. In order to fulfill the legislative requirements of the grant and to utilize or develop the best resources for establishing effective data systems, many grantees are offering training or professional-development opportunities specifically targeted at data proficiency. For example, administrators in Colorado developed workshops to provide information and resources for collecting and working with data and to help participants understand the importance of using data to provide effective services.[41] Other grantees use MIECHV funds to hire staff or to contract with local experts at universities or private firms to support their data work. Funding used to develop data systems has stimulated innovation and collaboration and encouraged professional development.

Collaboration

Many grantees highlight collaboration among early childhood providers as a success of MIECHV and a key component of efficiently and effectively developing a system of home visiting services using MIECHV dollars. Bringing administrators from different service areas to the same table allows MIECHV grantees to work with other community stakeholders to develop comprehensive plans for serving children and families.

Collaboration also poses challenges for grantees: Administrators identify communication and collaboration on the state and local levels as opportunities for ongoing work and improvement. However, early success in overcoming this challenge is being realized by grantees at both the program and state levels. At the program level, collaboration succeeded when home visiting programs connected with one another to build a cohesive home visiting system, as well as to coordinate with the broader systems of early childhood services. In Michigan, for example, the state had an existing home visiting infrastructure prior to MIECHV funding, but the programs were not well connected to each other or to the broader community of early childhood services.[42] Michigan's MIECHV work is guided by an interdepartmental team at the state level and by local home visiting leadership groups that are part of Great Start Collaborative bodies at the local level.[43]

At the state level, many grantees work with multiple agencies to collaborate around the implementation of their MIECHV program in a variety of ways, such as by submitting a joint grant application or learning about the agencies' roles in improving the well-being of the children that the programs serve. The formalized interagency agreements created in New Jersey allow administrators to integrate home visiting with early childhood and family support services.[44] This helps the staff overcome many bureaucratic challenges and create a structure for communication and collaboration. This type of state-level collaboration ensures that resources are not wasted on unnecessary processes or duplicative efforts across agencies, which allows more resources to support direct services for children and families.

Centralized intake systems

To streamline the process of connecting families with home visiting services, grantees use MIECHV to create centralized intake systems—also referred to as coordinated intake systems—which are a collaborative approach to engaging, recruiting, and enrolling families in home visiting across programs and organizations. These systems screen families who are referred for services at a single entry point and connect them to the most appropriate support services based on their specific needs, the capacity of the service providers, and the enrollment requirements for programs. Many grantees highlight their centralized or coordinated intake systems as an essential component to their state home visiting infrastructure and MIECHV as the primary funding source used to create their centralized intake systems.

Centralized intake systems help programs better identify and serve at-risk populations by connecting families to the home visiting model that will best meet their needs. These systems reduce the duplication of services, help grantees and local communities identify gaps in services, and allow home visiting programs to achieve greater capacity by focusing on providing services and spending less time and resources conducting extensive outreach. Some states' centralized intake systems include multiple early childhood programs or other social service providers. With the referral system streamlined, families are also more easily connected to home visiting programs and other services available in the community, such as mental health treatment, substance abuse treatment, public schools, and recreational activities and centers.

Centralized intake systems can be coordinated at either the state or local level and administered by a government agency or community nonprofit organization.

The importance of centralized intake systems

Michigan used MIECHV funds to pilot the use of home visiting hubs around the state, which serve as centralized access points for families to find local home visiting services. Hubs allow for more streamlined service delivery and coordinated outreach to high-risk communities. Administrators are currently working with community partners at the local level to support the planning and implementation process.[45]

In **New Jersey**, administrators used MIECHV to expand the state's existing centralized intake system for home visiting and other services, which will operate in all of the state's 21 counties. The locally driven system utilizes a single point of entry that allows the county-based coordinators to provide families with easy access to information, eligibility, assessment, and referrals to family support services. The screening tools that have been created allow families to be referred to the most appropriate programs and services and have helped the state use its limited resources effectively.[46]

In **Texas**, MIECHV-funded community early childhood coalitions are focusing on integrating local family support services. Each community coalition chose multiple evidence-based home visiting models based on the needs of the communities. Therefore, to effectively manage services among different home visiting programs, each community coalition created a local centralized intake system.[47]

Promotion of evidence-based policy, continuous quality improvement, and evaluation

MIECHV puts a high value on evidence-based programs, requiring that grantees spend a majority of funds on programs with proven effectiveness. This ensures that MIECHV funding supports programs that have the best chance of reaching positive outcomes for children and families so long as the models continue to be implemented with fidelity, according to the model's design. It is particularly important that implementation is done with fidelity to ensure that replicated models are able to produce outcomes similar to those realized by the evaluated models. Prior to MIECHV, many grantees did not systematically use multiple evidence-based models within their home visiting programs. The ability to not only add additional evidence-based models, but also expand the reach of those existing models has been described by grantees as a success of MIECHV and a great benefit to the children and families they are able to serve.

TABLE 1

Grantees use a variety of models to meet community needs

MIECHV-funded evidence-based home visiting models used by state and tribal grantees

State	Early Head Start-Home Visiting	Family Check-Up	Healthy Families America	Healthy Steps	Home Instruction for Parents of Pre-school Youngsters	Nurse Family Partnership	Parents as Teachers
California			✔			✔	
Colorado				✔	✔	✔	✔
Iowa	✔		✔			✔	
Kansas	✔		✔				✔
Kentucky			✔				
Louisiana						✔	✔
Massachusetts	✔		✔	✔			✔
Michigan	✔		✔			✔	
Native American Professional Parent Resources							✔
New Jersey			✔		✔	✔	✔
New Mexico						✔	✔
New York			✔			✔	
North Carolina			✔			✔	
Ohio			✔				✔
Oregon	✔		✔			✔	
Pennsylvania	✔		✔			✔	✔
South Carolina		✔	✔	✔		✔	✔
South Puget Intertribal Planning Agency							✔
Texas	✔				✔	✔	✔
Utah						✔	✔
Washington						✔	✔
Wisconsin	✔		✔			✔	✔

Source: Authors' interviews with MIECHV administrators.

Continuous quality improvement

To guarantee that evidence-based models are being implemented with fidelity and produce the intended outcomes for children and families, grantees are developing innovative strategies for using data to inform ongoing improvements to their home visiting systems and services. Many grantees highlight CQI efforts—a data-driven approach to improving home visiting services—as a particularly useful strategy for assessing and correcting issues related to the implementation or expansion of home visiting systems.

CQI process and fidelity monitoring

Michigan: Administrators directed a significant amount of their MIECHV efforts toward creating a robust CQI process, which includes establishing state and local CQI teams and utilizes a "plan, do, study, act" cycle to continually assess and work toward effective change. The state also provides training to home visiting programs to assist with their participation in CQI teams. Quarterly, administrators work with the Michigan Public Health Institute to evaluate data, track progress, and find areas for improvement. Michigan is conducting studies across models to identify the primary components of fidelity in order to monitor program quality and improve implementation.[48]

North Carolina: North Carolina partnered with the National Implementation Research Network, or NIRN, at the University of North Carolina at Chapel Hill to help implement best practices and processes aimed at improving outcomes for participants in evidence-based home visiting programs. For example, NIRN worked with individual home visiting sites during the installation and implementation of new home visiting programs. This helped sites keep families engaged throughout the program, leading to low turnover rates and better outcomes. State administrators said that this partnership was a key strategy to ramp up services and build infrastructure effectively in a short period of time.[49]

Evaluation and monitoring

Grantees are using MIECHV funding to evaluate different components of their home visiting programs, including the design, implementation, delivery of services, and different home visiting models. For states and tribal organizations implementing promising practices, grantees are collecting data to be used for rigorous evaluation of innovative home visiting models that do not currently meet the evidence threshold. Massachusetts is piloting and evaluating its universal one-time visit service called Welcome Family.[50] Similarly, some grantees have used MIECHV funds to analyze their systems-building initiatives in order to identify which strategies are effective. Colorado administrators incorporated the use of a data analysis software program into their CQI activities and evaluation methods for local communities. The software collects, analyzes, and interprets data to support better collaboration within networks.[51] In Pennsylvania, administrators implemented an enrollment monitoring and accountability system in which program sites are required to maintain 95 percent or higher enrollment, based on their identified capacity, and state administrators work with sites that are unable to meet the requirement to improve enrollment.[52] This type of ongoing evaluation, monitoring, and improvement contributes to the overall effectiveness of home visiting programs and helps to ensure that MIECHV resources are directed to the most vulnerable populations and adequately meeting their needs.

Innovation

Interviews with grantees revealed a broad range of innovation as a result of the MIECHV program. Grantees utilized funds to establish many unique and interesting enhancements, programs, and initiatives related to service delivery, systems development, training, incorporation of technology, and more. Some grantees created innovative methods to address maternal mental health concerns while others piloted initiatives to provide universal home visiting. Regardless of what innovation the grantees established, it is clear that the MIECHV funds played a critical role in developing many of the components of grantees' home visiting systems that have helped them create sustainable infrastructure and serve vulnerable families. While many states and tribal organizations shared multiple innovations, the text box below highlights a snapshot of the vast array of innovation across grantees.

Iowa: Virtual home visitor system

Iowa hired a contractor to replicate a home visit virtually. The goal of this system is to reach expectant and new families who are above income eligibility for in-home services but would still benefit from home visiting services. Families are asked to complete online assessments to evaluate their needs, and then the program provides them with a unique, individualized lesson plan to complete in their home.[53]

Kansas: Team for Infants Endangered by Substance Abuse*

The Team for Infants Endangered by Substance Abuse, or TIES, program was established at Children's Mercy Hospital in Kansas City, Missouri, and provides family support and parent resource specialists to expectant mothers and mothers with an identified substance abuse problem who have children up to age 6 months. MIECHV funding allowed Kansas administrators to expand TIES services to Kansas City, Kansas, and support ongoing evaluations of TIES that will move the program closer to becoming an evidence-based home visiting model.[54]

Kentucky: In-home depression treatment

State administrators chose to implement the Moving Beyond Depression, or MBD, program, which offers in-home cognitive-behavioral therapy. The program was developed by the Cincinnati Children's Hospital and is an evidence-based approach to integrate depression treatment into ongoing home visiting programs. With these services now offered to mothers within the home, MBD alleviates much of the stigma regarding mental health and provides convenient access to depression treatment for mothers.[55]

Massachusetts: Universal, one-time home visit program*

Massachusetts directed a portion of its MIECHV funds to designing, implementing, and evaluating Welcome Family, an innovative systems-building program created in Massachusetts to provide a universal one-time home visit to all new mothers. In a very short timeframe, Massachusetts was able to create and scale up Welcome Family to serve families in four of the MIECHV communities with the goal of expanding statewide. A rigorous evaluation of the implementation and effectiveness of the pilot is currently underway.[56]

NAPPR: Circle of Security

NAPPR serves a population that has experienced historical trauma and violence. To interrupt the effects of this trauma, administrators implemented Circle of Security, a visual-based early intervention used to help parents create secure attachments with their children. As parents learn the skills to recognize and respond sensitively to their child's needs, problematic attachment patterns typically diminish or disappear, allowing children to form healthy relationships throughout their lives.[57]

Wisconsin: Program-refuser survey

Wisconsin's MIECHV evaluation included a unique survey of families who refused to accept home visiting services. The results of this survey were analyzed to understand why potential clients chose not to participate in the program. Trends in the results improved the state's outreach and engagement strategies. Administrators hope to identify any differences between those who choose not to enroll in services and those who do in order to determine ways to increase enrollment.[58]

* Promising practice initiative

Challenges

While every state recognized the tremendous value that MIECHV added to support infrastructures for home visiting services, the implementation process has not been without challenges. Grantees often ran into roadblocks, such as the timing of grant deadlines and data reporting or developing relationships to strengthen systems building. However, in the process of working through such issues, grantees have identified knowledge gains and opportunities for ongoing improvement.

Rapid development and implementation timeline

Many state administrators noted that the quick timeline for program expansion was a challenge. The one-year planning period and two-year spending authority for state grant awards make it difficult to thoroughly conduct program planning activities, execute contracts, form coalitions, select multiple models, and train staff while also expanding services to additional families. Many communities were implementing new home visiting models and needed to create the infrastructure to support the programs from scratch. Additionally, the expectation for rapid delivery of new services was particularly challenging for staff who were hired as a result of MIECHV. Administrators also stated that it was difficult to build the internal infrastructure while administering services. Additionally, the process of scaling up local programs with fidelity to the national models took significant planning and resources.

Administrators stated that more time to focus on start-up activities, infrastructure, capacity building, and staff training would have been beneficial prior to beginning service delivery. Grantees also found success in strategies in which they relied on existing partnerships to identify communities in need and conduct outreach, which helped them expand services quickly.

Benchmarks and reporting requirements

Choosing and establishing measurable data benchmarks, as mandated by the grant terms, was a complex process. Identifying and implementing the benchmark measures and data collection process required significant time and resources, particularly due to the number of federally mandated constructs. Some administrators identified the volume of data collection and reporting as a significant burden.

However, grantees recognized that these data are also a valuable asset. Having measurable evidence of the effectiveness of MIECHV allows grantees to tell a more complete story of how services are improving the lives of families in at-risk communities throughout the country. Similarly, having robust data available to track progress allows grantees to continually monitor outcomes and identify areas for program improvement.

Sustainability

Uncertainty about the sustainability of MIECHV funds has made it difficult for states to plan for ongoing expansion of home visiting services and continued development of their home visiting and early childhood systems. The current funds are set to expire in March 2015.[59] Without further investment from the federal government, many grantees will be left with gaps in funding. Conversations with administrators highlighted the vast differences among grantees in access to resources. For some grantees, MIECHV is the only source of funding for home visiting, whereas other grantees have significant state general revenue or philanthropic support. Yet all administrators explained that if funding for MIECHV is not extended, the results would be significant. Impacts on the ground would range from the dismantling of statewide infrastructures, reduction of staff positions and job loss, and, for most grantees, decreased service capacity and limits to the number of children and families who could access home visiting services.

Even if funding ultimately continues for the program, operating with a likely series of short-term extensions poses its own challenges. When administrators do not know if the program will exist in the long term, they are less likely to engage in forward-thinking strategic planning that successful program delivery requires, including building relationships and partnerships, investing in staff skills and professional development, and continuing to play a major role in early childhood systems building. Furthermore, state and tribal grantees expressed that they are unable to meet the need for services in all of their communities at current funding levels. In order to fulfill this unmet need, states and tribal organizations need additional, sustainable funding to expand services to new communities or other underserved populations.

Many grantees are working to identify alternate strategies to sustain their home visiting programs. Some grantees are building relationships with potential philanthropic partners or working with state-level elected leaders to increase local investments. However, considering the tremendous state-level work and expanded access to home visiting that MIECHV has provided, continuing MIECHV funding is seen as a critical step to sustain the gains made thus far in the program.

Looking to the future

The MIECHV program has provided grantees with the opportunity to build the foundation of cohesive, statewide systems of evidence-based home visiting. Many states are looking to the future and planning further expansion of home visiting programs to reach more families with the most effective services.

Grantees highlighted the importance of continued collaboration and communication between the federal government and state administrators and the importance of having a continuous feedback loop, as well as more information sharing among grantees. Given the broad range of innovations and successes grantees have had—and the fact that many states are looking to do similar things—peer-to-peer collaboration will be critically important moving forward.

Securing ongoing funding is a concern for all grantees. A long-term extension or reauthorization of MIECHV with additional resources would allow grantees to continue solidifying the necessary infrastructure for successful home visiting and to expand their programs to serve more vulnerable children and families in their states and communities. It would also ensure that policymakers learn from the national evaluation of MIECHV, which is already underway, as well as state evaluations of promising practices. Without continued funding, the nation will miss out on valuable opportunities to learn from the program and to inform future public investments. Eliminating MIECHV funding, on the other hand, would not only cause children and families to lose services, but also could result in the dismantling of the infrastructure built to date, which would be difficult to sustain in the absence of federal funding.

MIECHV has brought evidence-based home visiting services to more vulnerable children in the most at-risk communities. It has been essential for the development of statewide home visiting systems, with states building the infrastructure needed to support lasting, effective programs. Research validates the notion that home visiting programs can enhance parenting and support young children's early development with long-term outcomes for children and parents, along with significant public cost savings.[60] Congress should continue its commitment to investing in evidence-based home visiting to promote positive outcomes for children, families, and the nation.

Methodology

The Center for Law and Social Policy, or CLASP, and the Center for American Progress, or CAP, selected 20 states and two tribal MIECHV grantees to interview based on a variety of factors, including but not limited to size of the state, comparability to other grantees, innovative practices, and geography.[61] For each state or tribe, CLASP and CAP conducted interviews by phone with the administrative MIECHV lead, secondary lead, or other invested party. Interviews were conducted from September 2014 through November 2014 using a consistent protocol. Unless otherwise noted, all information in this paper came from these interviews. Individual profiles for each state and tribal organization interviewed are also available.[62]

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Endnotes

1 Suzanne Leonelli, phone interview with author, Washington, D.C., September 18, 2014.

2 U.S. Department of Health and Human Services, "The Maternal, Infant, and Early Childhood Home Visiting Program," available at http://mchb.hrsa.gov/programs/homevisiting/homevisiting.pdf (last accessed January 2015).

3 Stephanie Schmit and others, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding" (Washington: Center on Budget and Policy Priorities and Center for Law and Social Policy, 2014), available at http://www.cbpp.org/files/3-10-14hv.pdf.

4 Ibid.

5 U.S. Department of Health and Human Services, "The Maternal, Infant, and Early Childhood Home Visiting Program."

6 Ibid.

7 Ibid.

8 Schmit and others, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding."

9 MDRC, "MIHOPE Project Description," available at http://www.mdrc.org/mihope-project-description (last accessed January 2015).

10 U.S. Department of Health and Human Services, "Home Visiting Programs: Reviewing Evidence of Effectiveness" (2014), available at http://homvee.acf.hhs.gov/HomVEE-Brief2014-13.pdf.

11 Sarah Avellar and others, "Home Visiting: Evidence of Effectiveness Review" (Washington: Mathematica Policy Research, 2014), available at http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf#exec_summary.

12 U.S. Department of Health and Human Services, "The Maternal, Infant, and Early Childhood Home Visiting Program."

13 Schmit and others, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding."

14 U.S. Department of Health and Human Services, "Home Visiting Models," http://mchb.hrsa.gov/programs/homevisiting/models.html (last accessed January 2015).

15 U.S. Department of Health and Human Services, "The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Summary of Benchmark Measures Selected by Grantees" (2014), available at http://mchb.hrsa.gov/programs/homevisiting/ta/resources/summarybenchmarkmeasures.pdf.

16 M. Susan Burgan, Brenda English, Ruth Shepherd, and Kylen Smith, phone interview with author, Washington, D.C., November 3, 2014.

17 Lakota Kruse, Lenore Scott, and Sunday Gustin, phone interview with author, Washington, D.C., September 12, 2014.

18 Laura Alfani and Judy King, phone interview with author, Washington, D.C., September 19, 2014.

19 Jeffrey Wynnyk, phone interview with author, Washington, D.C., October 26, 2014.

20 Cynthia Suire, phone interview with author, Washington, D.C., November 5, 2014.

21 Leonelli, phone interview with author.

22 Penny K. Schumacher, phone interview with author, Washington, D.C., October 3, 2014.

23 Maria Brock, phone interview with author, Washington, D.C., September 15, 2014.

24 Janet Horras and Patricia West, phone interview with author, Washington, D.C., September 16, 2014.

25 Michael Acosta, Fran Mazzariello, and Erica Stupp, phone interview with author, Washington, D.C., October 2, 2014.

26 Schmit and others, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding."

27 Kruse, Scott, and Gustin, phone interview with author.

28 Sue Williams, Eric Bellamy, and Lee Porter, phone interview with author, Washington, D.C., October 7, 2014.

29 Kristen Rogers, phone interview with author, Washington, D.C., November 7, 2014.

30 Cate Wilcox and Lari Peterson, phone interview with author, Washington, D.C., September 11, 2014.

31 Wynnyk, phone interview with author.

32 Marshall Tyson, Tony Troop, Patrick Charland, and Joan Crissey, phone interview with author, Washington, D.C., September 22, 2014.

33 Jesse Leinfelder, phone interview with author, Washington, D.C., September 10, 2014.

34 Reflective supervision is the collaboration between a home visitor and a supervisor, which includes discussions regarding the work of home visitors and the feelings, thoughts, and situations that arise during their time with families. As frontline workers, home visitors often absorb the stress and anxiety faced by the families that they work with on a daily basis. Addressing the effects of work-related stress increases staff retention and improves program quality.

35 Brock, phone interview with author.

36 U.S. Department of Health and Human Services, "Maternal, Infant, and Early Childhood Home Visiting," available at http://mchb.hrsa.gov/programs/homevisiting/index.html (last accessed January 2015).

37 Wilcox and Peterson, phone interview with author.

38 Deborah Richardson, phone interview with author, Washington, D.C., September 15, 2014.

39 Horras and West, phone interview with author.

40 Leonelli, phone interview with author.

41 Mary Martin, phone interview with author, Washington, D.C., September 29, 2014.

42 Nancy Peeler, phone interview with author, Washington, D.C., September 16, 2014.

43 Ibid.

44 Kruse, Scott, and Gustin, phone interview with author.

45 Ibid.

46 Ibid.

47 Donna Wood, phone interview with author, Washington, D.C., October 7, 2014.

48 Peeler, phone interview with author.

49 Tyson and others, phone interview with author.

50 Ron Benham, Karin Downs, Claudia Catalano, Snaz Pierre, Beth Buxton, Susan Manning, and Katie Stetler, phone interview with author, Washington, D.C., October 2, 2014.

51 Martin, phone interview with author.

52 Michele Hill, Theresa Campisi, and Tracy Campanini, phone interview with author, Washington, D.C., October 1, 2014.

53 Horras, phone interview with author.

54 Richardson, phone interview with author.

55 Burgan and others, phone interview with author.

56 Ron Benham and others, phone interview with author, Washington, D.C., October 2, 2014.

57 Brock, phone interview with author.

58 Leslie McAllister, phone interview with author, Washington, D.C., October 6, 2014.

59 Schmit and others, "Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding."

60 Ibid.

61 States interviewed included California, Colorado, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Utah, Washington, and Wisconsin. Tribal grantees interviewed included Native American Professional Parent Resources and the South Puget Intertribal Planning Agency.

62 See Center for Law and Social Policy and Center for American Progress, "Home Visiting Profiles" (2015), available at https://www.americanprogress.org/issues/early-childhood/report/2015/02/03/106010.

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