



# North Carolina: Maternal, Infant, and Early Childhood Home Visiting Program

By the Center for Law and Social Policy  
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The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program provides North Carolina with the opportunity to expand home visiting services to the most high-risk counties in the state. The funding also allows the state to develop necessary infrastructure to support the expansion of services, which includes the hiring of administrative staff to coordinate training, intake and community development, and medical consulting. Finally, North Carolina program administrators promote the advancement of the state's home visiting workforce by directing MIECHV resources towards professional development and training programs.

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## Success and innovation

### Utilization of data for quality improvement

In order to adhere to MIECHV's benchmark reporting requirements, state administrators created a new process for data collection. Utilizing an online tool designed to help collect, share, analyze, and report data, individual program sites are able to upload all of their data, which state administrators can immediately access. Further, the collection of data across sites has allowed state administrators to review and analyze the data in order to improve quality and integrate data into the implementation and service delivery decision-making process.



## North Carolina MIECHV at a glance

**Total federal MIECHV funding:**  
\$3.4 million per year in formula grant funds

**Lead agency:**  
North Carolina Department of Public Health, or DPH

**Number of communities served:**  
12 counties

**MIECHV-funded home visiting models:**  
Healthy Families America, or HFA, and Nurse Family Partnership, or NFP

**Families served:**  
funding provides services for 440 families

## National Implementation Research Network

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 collaboration helps sites keep families engaged throughout the duration of the program, leading to lower turnover rates and better outcomes. State administrators reported that the partnership was a key strategy for ramping up services and building infrastructure effectively over such a short timeline.

## Professional development

North Carolina used MIECHV funds for professional development and training to build a system of support for home visitors. The state increased its capacity by hiring new staff, including a position dedicated to training and professional development. Further, administrators adopted a core competency framework for home visitors, created and used by home visiting programs in Tennessee, and also developed training modules corresponding to each of the core competencies. State administrators survey home visitors about the core competency trainings in order to ensure that professional development needs are being met. Trainings are provided free of cost to the home visitors at MIECHV sites; home visitors at non-MIECHV sites are able to participate but are only asked to cover their own travel expenses. The state is now looking into providing free online trainings.

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## Challenges

State administrators identified the process of blending multiple funding sources to create a unified system of home visiting as a difficult, but important, goal. The state created new positions to meet the need for expanded administrative capacity; however, hiring qualified individuals was a challenge. Finally, while administrators believe MIECHV has provided more visibility for home visiting within North Carolina's early childhood system, DPH is still working to educate the public and other key stakeholders about home visiting and the value it brings to children and families.

## North Carolina MIECHV at a glance

### **Additional funding for home visiting:**

North Carolina state general funds; private investment; Federal Maternal and Child Health block grant funding; Early Head Start, or EHS, grantees implementing home-based services throughout the state

### **Identified risks targeted by MIECHV:**

improving maternal and child health, with a focus on teen pregnancy; reducing premature births; poverty; and low-education status of parents

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## Looking ahead

### Centralized intake system

North Carolina is currently creating a system for centralized intake. Administrators will develop the system for the MIECHV sites, then expand to other home visiting sites once the MIECHV central intake systems are operating. Administrators are also working to improve each site's data system, and an intake and community development staff member was hired to focus on this initiative.

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## Additional information

North Carolina's MIECHV program on the North Carolina Department of Health and Human Services, Division of Public Health's website: <http://ncdhhs.gov/dph/wch/aboutus/ebhv.htm>

North Carolina's MIECHV Needs Assessment: <http://ncdhhs.gov/dph/wch/doc/aboutus/NC-EarlyChildhoodHomeVisitingNeedsAssessment-September2010.pdf>

North Carolina's MIECHV State Plan: <http://ncdhhs.gov/dph/wch/doc/aboutus/2011-NC-HomeVisitingStatePlanNarrative.pdf>

Source: Interview with Marshall Tyson, project director, North Carolina Division of Public Health, North Carolina Department of Health and Human Services, September 2014; Tony Troop, program development coordinator, North Carolina Division of Public Health, North Carolina Department of Health and Human Services, September 2014; Patrick Charland, senior medical consultant, North Carolina Division of Public Health, North Carolina Department of Health and Human Services, September 2014; Joan Crissey, home visiting consultant, North Carolina Division of Public Health, North Carolina Department of Health and Human Services, September 2014.

"[North Carolina] is using MIECHV to support an infrastructure— [it is] the glue that holds all of the pieces together."  
– North Carolina 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](http://clasp.org) or [americanprogress.org](http://americanprogress.org).