Ohio: 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 Ohio with the means to expand home visiting services to additional families and children. Prior to MIECHV, Ohio had an existing statewide system of home visiting. With the existing system as a foundation, administrators used MIECHV funds to expand evidence-based models and provide services to at-risk communities that would otherwise not have access without supplemental funding. Additionally, MIECHV funds support systems-building initiatives, quality improvement processes, partnership development, targeted outreach, and public education across Ohio.

Success and innovation

Strategic outreach—community connector
One of Ohio’s home visiting providers used MIECHV funds to create a community connector position—a home visiting employee embedded directly within the at-risk community. The community connector’s role is to build strategic relationships within the community—such as in churches, nail salons, or grocery stores—and to promote the merits of participating in home visiting. The outreach conducted by the community connector increased participation and familiarity with the local home visiting provider and also garnered philanthropic support for local community development initiatives. As a result, Ohio administrators are considering funding similar positions and approaches to outreach in other areas of the state.

Ohio MIECHV at a glance

Total federal MIECHV funding:
$3 million a year for 2 years in competitive grant funds awarded in 2012; $3.8 million in 2014 formula funds

Lead agency:
Ohio Department of Health

Number of communities served:
23 counties

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

Families served:
1,388 families
Increased access to home visiting
Ohio administrators identified the increased access to home visiting services as one of the greatest successes realized through MIECHV funding. Ohio had a robust system of evidence-based home visiting that utilized a focused eligibility system for services. Because of MIECHV, Ohio expanded the eligibility base of its evidence-based models to encompass additional families who previously could not participate in the home visiting services funded by the state.

Statewide marketing strategy
Ohio directed a significant amount of its MIECHV funds toward a statewide marketing strategy for home visiting. The state contracted a public relations firm in Ohio to conduct focus groups around key messaging for home visiting in order to identify messages that resonated with various communities. Administrators also used funds to buy strategic media placements for communities around the state. Due to the broad scope of these marketing efforts, tens of thousands of prospective clients who may not have been aware of home visiting learned about available services in their area.

Collaborative professional development
MIECHV funds provided Ohio with the opportunity to bring together the home visiting community, the Ohio Domestic Violence Network, and the Department of Mental Health and Addiction to provide joint professional development training and identify potential occasions for collaboration. This cross-training allowed each department to better understand the work being done in other sectors, as well as how to more effectively connect families to available services. Training also allowed providers to integrate specialized screenings into their programs to more accurately direct families to available services.

Challenges
One of the most significant challenges that Ohio faced with the MIECHV funds was the quick timeline for implementation. Back-to-back grant applications and a short time frame for distributing funds caused administrators to feel rushed. It has taken time for administrators to catch up on the workload, which has delayed elements of their state plan, such as the development of the data system and metrics reporting. Despite these challenges, Ohio has been able to expand services and work toward successful implementation of their state plan.
Looking ahead

Build on existing data collection system
Prior to MIECHV, Ohio had a comprehensive data system called Early Track, which is used for the state’s early intervention programs. Administrators used MIECHV funds to augment the existing system and to incorporate the data collected from home visiting services. Moving forward, administrators plan to integrate the home visiting data system with other early childhood databases in Ohio and develop a single identifier that can be used to access data across agencies. This will allow administrators to track outcomes from the early years through pre-K and into the K-12 system.

Additional information
Ohio’s MIECHV program on the Help Me Grow, Ohio Department of Health MIECHV website: http://www.helpmegrow.ohio.gov/Home%20Visiting/Ohio%20MIECHV.aspx
Ohio’s Benchmark Plan: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/mch/miechvphase3updatedstateplan.ashx


*Correction, March 30, 2015:* This fact sheet has been corrected to more accurately list the MIEHCV-funded home visiting models in Ohio.

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.