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Thank you for joining today's webinar. We will begin promptly at 12:00 pm Central.

The Maternal, Infant, and Early Childhood Home Visiting Program in Rural Areas

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Your *First* **STOP** for *Rural Health* **INFORMATION**



The Maternal, Infant, and Early Childhood Home Visiting Program in Rural Areas

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Housekeeping

- Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhs-miechv>
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

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If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the website ruralhealthinfo.org. The slide text reads: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, it says "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "QA" icon in the Zoom meeting controls at the bottom. On the right is a "Question and Answer" window with the text: "Welcome. Feel free to ask the host and panelists questions." Below this is a text input field with the placeholder "Type your question here..." and a red arrow pointing to it.

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Featured Speakers



Jeff Colyer, MD, Chair, National Advisory Committee on Rural Health and Human Services; Former Governor of Kansas



Kyle Peplinski, MA, Branch Chief, Policy, Data, and Technical Assistance Coordination, Maternal and Child Health Bureau, HRSA



Michelle Mills, Colorado Rural Health Center

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NACRHHHS

National Advisory Committee on Rural Health and Human Services

Policy Brief Webinar

Maternal, Infant, and Early Childhood

Home Visiting (MIECHV) Program in Rural America

December 11, 2023

Vision: Healthy Communities, Healthy People



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Webinar Schedule

Introductory Remarks

Jeff Colyer, MD. Chair, National Advisory Committee on Rural Health
And Human Services

Overview of Home Visiting and the MIECHV Program

Kyle Peplinski, Div. of Home Visiting and Early Childhood Systems, Maternal and Child
Health Bureau, Health Resources and Services Administration

Committee Findings and Recommendations

Michelle Mills, Colorado Rural Health Center
The State Office of Rural Health



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National Advisory Committee on Rural Health and Human Services

- A citizens' panel of nationally recognized rural health experts
- Represents the diversity of rural health care, policy, and research
- Convenes twice a year in a rural part of the country
- Produces policy briefs with recommendations to the Secretary, HHS



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NACRHHS Vision Statement

We envision rural America as diverse communities of healthy people, places, and providers, who access world class care and human services by capitalizing on continued innovation and rural values – places where people have the greatest opportunity to live their American Dream.



NACRHHS Mission

We will advance our vision for rural America by:

- Examining rural health care and human services innovations
- Highlighting opportunities that integrate health care services, human services, and non-health sectors
- Recommending public policies that advance rural community diversity, vibrancy, and resiliency
- Engaging science and evidence during our deliberations



Maternal, Infant, & Early Childhood Home Visiting Program (MIECHV)



Key MIECHV Discussion Themes

- Workforce challenges in both recruitment and retention
- Lack of awareness of MIECHV in the broader rural health care delivery system
- Acknowledge the difficulties of implementing evidence-based models in rural and the need for flexibility in rural areas.
- Challenge of long-distances between homes limits number of clients for home visitors.
- Benefit of integrated service location; co-locations of services is a key in rural areas due to limited infrastructure.
- Challenges of continuity of MIECHV if a county does not receive funding each year.
- Concern about administrative burden
 - Lessons learned from flexibility in the tribal program that would be beneficial to rural state programs.





Overview of Home Visiting and MIECHV Program

December 11, 2023

Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau

Vision: Healthy Communities, Healthy People



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MIECHV Program in Brief

Maternal, Infant, and Early Childhood HOME VISITING PROGRAM

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program gives pregnant women and families living in communities at risk for poor maternal and child health outcomes the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed.



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MIECHV Program Goals

- The MIECHV Program funds 50 states, D.C., and five territories to develop and implement evidence-based, voluntary programs that best meet the needs of their communities.
- Goals for every program are to:
 - Improve maternal and child health,
 - Prevent child abuse and neglect,
 - Reduce crime and domestic violence
 - Increase family education level and earning potential
 - Promote child development and school readiness, and
 - Connect families to needed community resources and supports



MIECHV Families

MIECHV Priority Populations

- Low-income families
- Pregnant people under age 21
- Families with a history of substance abuse
- Families with a history of child abuse or neglect
- Families that have users of tobacco in the home
- Families with children w/low student achievement
- Families with children w/ DD or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments



What Happens at a Home Visit?



MIECHV Program Overview

FY 2024 Budget = \$550M*

Increase in funding from FY23-FY27

Serves 50 states, DC, and 5 U.S. territories

Funding Information:

- 6% set aside for grants to tribal organizations
- 2% for technical assistance to states, tribes, and territories
- 3% for HHS costs related to administering the MIECHV Program, and for research and evaluation activities
- 2% for providing workforce support, retention, and case management
 - Of this 2 percent, \$1.5m to establish and operate the Jackie Walorski Center for Evidence-Based Case Management



*Sequestration is applied per the PAYGO Act of 2010, as amended. In FY 2021, sequestration was applied at 5.7%.

Tribal MIECHV Program



- Provides grants to tribes, consortia of tribes, tribal organizations, and urban Indian organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native communities
- The Tribal MIECHV Program is administered by ACF
- In FY 2021, Tribal MIECHV Program awardees provided 19,297 home visits to 1,658 families
- In FY 2023, funding increased from \$12 million to \$30 million, nearly doubling the number of tribal grantees supported



Workforce Support

Notice of Funding Opportunity (NOFO): Institute for Home Visiting Workforce Development and Jackie Walorski Center for Evidence-Based Case Management

- Build on knowledge base and analyze and address workforce issues
 - Serve as a point of entry for training and resources
- Awarded Amount: \$4,500,000 in September 2023

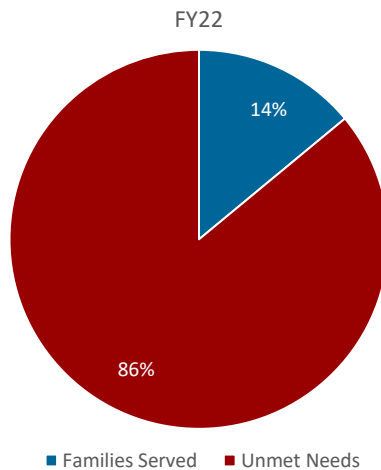


Other Reauthorization Highlights

- Increase in data and performance transparency through an Annual Report to Congress and a web-based outcomes dashboard
- New guidelines for virtual home visiting services beginning in FY24
- Reduction of administrative grantee burden by at least 15 percent



Program Impact and Reach



Needs Assessment

- Needs assessments serve as a resource to identify communities at risk for poor maternal and child health outcomes
- Initial needs assessments conducted in 2010 and updated due to statutory requirements of the Bipartisan Budget of Act of 2018
- All awardees submitted by October 1st , 2020
- Needs assessments reflect updates to communities and inform strategic decisions among stakeholders



MIECHV Technical Assistance

- MIECHV Technical Assistance Resource Center (TARC)
 - Led by Education Development Center (EDC) with partners:
 - ✓ Change Matrix, Georgetown University Center for Child and Human Development, and James Bell Associates
- Serves as an integrated, unified access point to TA
- Provides each awardee with TA team consisting of specialists in each work stream



Technical Assistance Activities

- Universal TA Engagement
 - Annual Emerging Leadership Academy
 - Communities of Practice
 - Webinars
 - Annual CQI Practicum
 - Quarterly newsletters, written resources, podcasts
 - Small-group TA cohorts on focused areas of support
 - Operating Home Visiting Programs in Rural and Frontier Settings in 2024
- Targeted TA activities
 - 15 awardees have participated in TA related to Tribal communities
 - 15 awardees have participated in TA related to statewide needs assessments
 - 12 awardees have participated in TA related to program and service expansion
 - 3 awardees have participated in TA related to rural services



Continuous Quality Improvement (CQI)

- Awardees are required to report on quality improvement activities
 - Assess CQI efforts, document process, and inform future activities
- Improving maternal and child health outcomes through CQI
 - Community
 - Program
 - Family
- TA is also available for CQI



Ongoing Challenges

- Health care provider access
- Travel and transportation
- Technology access and isolation
- Staffing shortages
- Unemployment
- Collaboration and coordination with community partners



Committee Findings and Recommendations



Policy Recommendations from the Committee

1. HHS should provide rural-specific technical assistance to support states' efforts to implement promising approaches and model enhancements in rural communities.
2. The Secretary should support an effort to distinguish between rural and urban outcomes on the MIECHV outcomes dashboard and ensure that tribal data is collected and reported to the extent practicable.
3. The Secretary should engage with rural and tribal communities to understand the most burdensome data and administrative requirements they encounter, examine other federal formula grant programs for best practices in data reporting and oversight, and determine where administrative procedures can be streamlined to reduce burdens for local implementing agencies and service providers.
4. HHS should require states to consult with State Offices of Rural Health, State & Territory Minority Health, Indian Health Service Offices, and other local stakeholders in the preparation of their updated needs assessment.



Policy Recommendations from the Committee

5. HHS should develop a rural Continuous Quality Improvement (CQI) collaborative including state and local program staff among the states implementing MIECHV in rural areas
6. HHS should provide rural-specific workforce training support to home visiting programs by adding a rural track to the Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management
7. To assure continuity of services, HHS should provide technical assistance to states to support the efforts of rural communities who have lost MIECHV funding to transition service delivery to alternative funding sources.
8. HHS should assess the impact of matching grants on rural states with limited financial or in-kind resources.



Flexibility

- MIECHV’s reliance on evidence-based models can prove challenging in rural areas though the program has effectively reached rural counties.
- MIECHV awardees can ensure appropriate alignment between community needs and the model selected.
 - Model enhancements may allow enhanced alignment
- Promising approaches may provide needed flexibility in rural communities
 - Required evaluation of promising approaches can be time-consuming and costly



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Recommendation – Technical Assistance

HHS should provide rural-specific technical assistance to support states’ efforts to implement promising approaches and model enhancements in rural communities.



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Data & Administrative Burden

- Data collection is critical but introduces administrative burden.
- State grantees report extensive administrative procedures and data collection requirements make it difficult to stay within the 10 percent administrative cap in statute.
- LIA program staff report facing conflicting priorities between providing services to families and completing administrative paperwork, exacerbated in low-resource rural communities.



Recommendation – Streamlining Procedures

The Secretary should engage with rural and tribal communities to understand the most burdensome data and administrative requirements they encounter, examine other federal formula grant programs for best practices in data reporting and oversight, and determine where administrative procedures can be streamlined to reduce burdens for local implementing agencies and service providers.



Data & Administrative Burden (cont'd)

- Statewide needs assessment is a critical tool states use to allocate funding.
- The true scope of rural needs may not be accurately captured in data that states use to conduct their needs assessment
- State Offices of Rural Health and other key stakeholders may have more complete data on rural-specific issues to supplement gaps in available state data



Recommendation – Needs Assessments

HHS should require states to consult with State Offices of Rural Health, State & Territory Minority Health, Indian Health Service Offices, and other local stakeholders in the preparation of their updated needs assessment.



Workforce Challenges

- Maintaining a high-quality workforce is essential to a home visiting program's success
- Recruitment and retention of home visitors is a major issue facing the field and is exacerbated in rural areas.
- Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management aim to improve the recruitment and retention of a diverse and qualified home visiting workforce



Recommendation – Workforce Training

HHS should provide rural-specific workforce training support to home visiting programs by adding a rural track within the Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management.



For more information:

- Visit <https://www.hrsa.gov/advisory-committees/rural-health/publications> to read the full MIECHV policy brief
- Find out more information about the Colorado Rural Health Center at <https://coruralhealth.org>
- To learn more about the HRSA's Maternal Child Health Bureau, visit <https://mchb.hrsa.gov>



Thank you!



Questions?

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Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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