

Oregon Maternal Infant and Early Childhood Home Visiting (MIECHV) Brief: January 2017

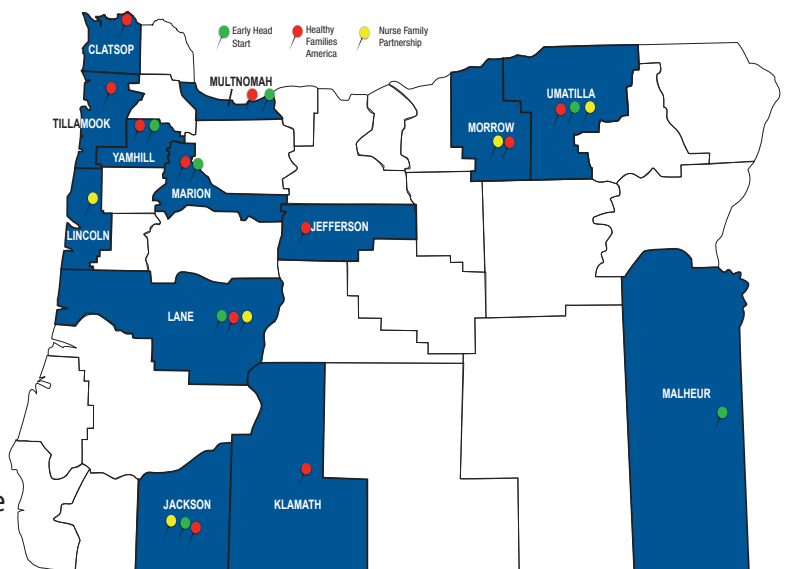
What is MIECHV? A cornerstone of evidence-based, federal public policy with bicameral, bipartisan support that provides funding to states, territories, and tribal entities to support voluntary, evidence-based home visiting services in at-risk communities to promote improved outcomes for children and families.

- The federal MIECHV Program builds on decades of scientific research showing that visits by a trained home visitor during pregnancy and in the first years of a child's life improve positive outcomes by preventing child abuse and neglect, supporting positive parenting, improving maternal and newborn health, and promoting child development and school readiness.ⁱ
- Evidence-based home visiting shows a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services, special education, as well as increased tax revenues from parents' earnings.ⁱⁱ

What is an evidence-based (MIECHV) home visit? Well-trained, highly skilled professionals partner with families to visit their home and provide personalized support from pregnancy through the child's first years of life which can include:

- Teaching parenting skills and modeling effective techniques.
- Promoting early learning in the home with an emphasis on positive interactions between parents and children.
- Providing information and guidance on a wide range of topics that include breastfeeding, safe sleep, injury prevention, and nutrition.
- Screening for postpartum depression, substance abuse, and intimate partner violence with referrals to identified services.
- Screening children for developmental delays and facilitating early diagnosis and intervention for developmental delays.
- Connecting families to other formal and informal supports.

What does MIECHV look like in Oregon? Since June 2012, MIECHV has served 3,482 Oregonians-- parents and children-- through nearly 45,000 evidence-based home visits. The MIECHV funds are non-matched, non-competitive federal funds used to support community based organizations in 13 at-risk communitiesⁱⁱⁱ that deliver evidence-based home visiting services and coordinate home visiting within the comprehensive early childhood system. The Oregon MIECHV Program contracts with 20 organizations, to provide home visiting services across 27 programs. The models funded and caseload include: Early Head Start (EHS) 185, Healthy Families America (HFA) 263, and Nurse-Family Partnership (NFP) 357. The MIECHV enrollment capacity is 805 families at any given time. The Program has maintained greater than the minimum 85% of enrollment capacity for the past year with an average monthly enrollment of 729.



County	Local Implementing Agencies	Model/Caseload		
		EHS	HFA	NFP
Clatsop	Community Action Team		18	
Jackson	Southern Oregon Child & Family	20		
	Siskiyou Health		28	
	County Health Dep't			100
Jefferson	WEBCO		8	
Klamath	United Community Action Network		25	
Lane	Head Start of Lane County	20		
	County Health Dep't		45	150
Lincoln	County Health Dep't			75
Malheur	Oregon Child Development Coalition	20		
Marion	Oregon Child Development Coalition	15		
	Family Building Blocks (FBB)	20	35	
Morrow	Umatilla- Morrow County Head Start		8	
Multnomah	Albina Head Start	20		
	Mt Hood Head Start	20		
	Oregon Child Development Coalition	10		
	Insights Teen Parent Program		28	
	Impact Northwest		40	
Tillamook	CARE Inc.		10	
Umatilla	Umatilla- Morrow County Head Start	20	10	
	County Health Dep't			32
Yamhill	Head Start of Yamhill County	20		
	Lutheran Community SVS		8	
Model Totals		185	263	357
		Combined	805	

Additionally, the funds are used for system development to sustain the expansion of evidence-based home visiting. One example is the allocation of grant funds to each community for the purpose of integrating home visiting within the comprehensive early childhood system by coordinating intake, engaging parents, and aligning metrics.

MIECHV also funds activities to advance the professional development of the home visiting workforce throughout the state, whether funded by the MIECHV grant or not, regardless of the community in which they work. Based on the Core Competencies^{iv} this work is achieved through regional in-person training, online learning opportunities and scholarships to professional development events and college courses. Further, Oregon has invested federal MIECHV funds in the implementation of a national Infant Mental Health Endorsement (IMH-E®) that is available to anyone working within the early childhood system of care.

Oregon is investing MIECHV funds in development and implementation of an interoperable case management data system that will allow home visitors to document

all services to clients, reducing the need for data entry into multiple siloed data systems. The data system, Tracking Home visiting Effectiveness in Oregon (THEO), will capture all required MIECHV data and allow home visitors and program administrators to assign caseloads, monitor service delivery, and track pending program requirements. THEO will support effective Continuous Quality Improvement (CQI) processes allowing for efficient, real-time assessment of the status of benchmark metrics. Oregon intends to roll out the system to home visiting programs in 2017.

As of federal fiscal year 2016, the non-competitive, annual Formula funding award for Oregon is \$8.4 million dollars, of which less than 25% is allocated for state level infrastructure. The majority of the funding is committed to local programs delivering evidence-based home visiting and/or supporting local level integration of home visiting within the comprehensive early childhood system.

ⁱ US Department of Health & Human Services, Administration for Children & Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: <http://homvee.acf.hhs.gov/>.

ⁱⁱ Karoly, L, et al. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation. Santa Monica California. Available at: <http://www.rand.org/pubs/monographs/MG341.html>

ⁱⁱⁱ The at-risk communities identified in the statewide Needs Assessment of 2010 include: Clatsop, Jackson, Jefferson, Klamath, Lane, Lincoln, Malheur, Marion, Morrow, Multnomah, Tillamook, Umatilla and Yamhill Counties.

^{iv} www.healthoregon.org/homevisiting