

Home Visiting In West Virginia: What Is It And Why Is It Important?

Christina Mullins, Director
Office of Maternal Child and Family Health
April 2015



Maternal, Infant and Early Childhood Home Visiting (MIECHV) supports pregnant women and families and helps parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. These programs help to prevent child abuse and neglect, encourage positive parenting and promote child development and school readiness.

What Home Visiting Achieves

Families that participate in home visiting programs receive advice, guidance and other help from health, social service and child development professionals. Over time, they work together to:

- Improve health and development.
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits.
- Improve school readiness and achievement.
- Reduce crime, including domestic violence.
- Improve family economic self-sufficiency.
- Improve the coordination and referrals for other supports.

Administration of Services

- The Health Resources and Services Administration (HRSA) funds states to develop and implement voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective.
- West Virginia's Title V agency, the Office of Maternal, Child and Family Health administers these funds on behalf of West Virginia.
- Each State chooses the home visiting models that best meet the needs of its own at-risk communities, then supports local agencies in providing the home visiting services to families in their own communities.
- Families choose to participate and can leave the program at any time.

Implications of Home Visiting

- Home visiting (HV) has an important role in helping children and families thrive.
- By integrating with broader place-based efforts, HV can help communities better serve all children.
- Work to develop community-wide systems, and firmly root HV programs in broader early childhood efforts
- Use shared resources/shared framing for better linkage and alignment across services and systems.
- Work to connect the dots: align state and community early childhood systems change initiatives for better outcomes.

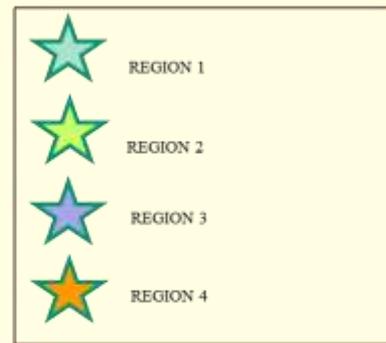
Expansion of HV Services in WV

- WV received initial formula funding with passage of the ACA in 2010.
- Development grant funding was awarded to WV in 2011 to strengthen state and local infrastructure.
- WV received initial expansion funding in September 2014.
- Additional expansion funds totaling \$9.4 million were awarded in February 2015.
- The total budget for Home Visitation Services in WV totals nearly \$17 million per year.

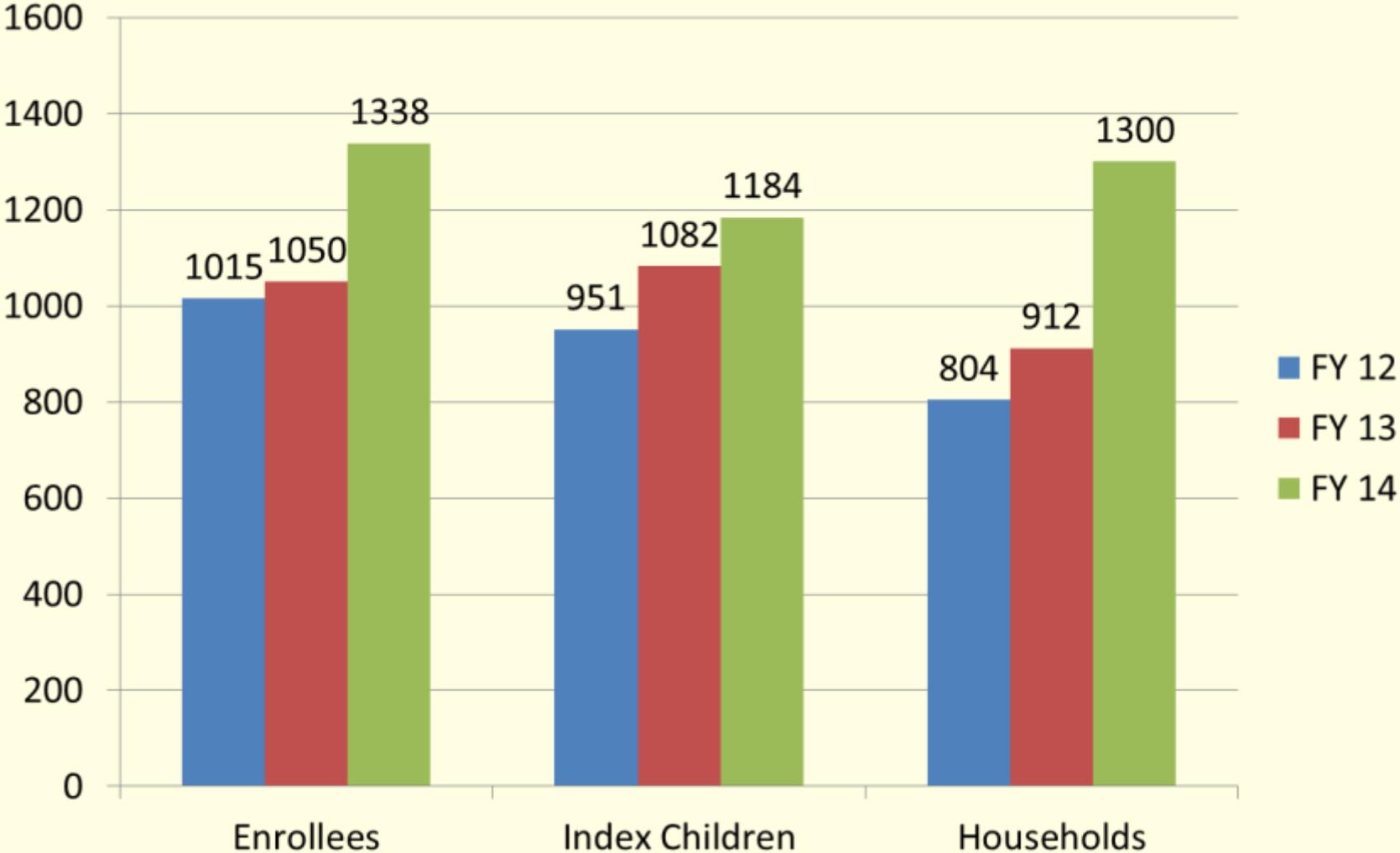
Location of Services



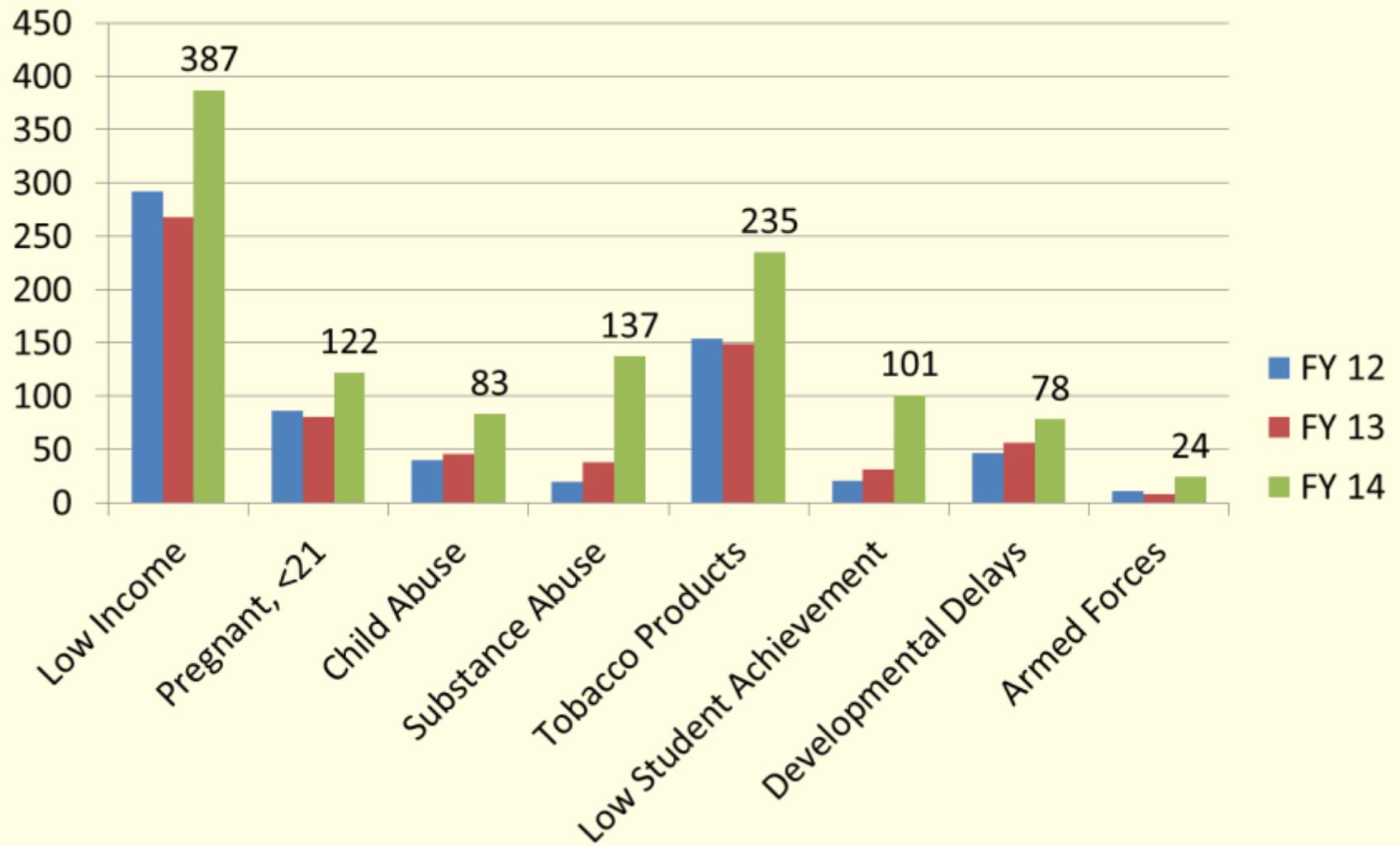
Early Head Start = E
HAPI = I
Healthy Families America = H
MIHOW = M
Parents As Teachers = P
Right From The Start = Statewide



Families Served



Priority Populations



Federal Data Requirements

On a federal level MIECHV has compiled the 56 state and territorial grantees benchmark constructs together to determine the measurement tools used, outcome measures and data collection process.

West Virginia is within the majority of other grantees with parent self report, outcomes measures and method of data collection.

Key Benchmarks/Outcomes

- Improvements in prenatal, maternal and newborn health, including pregnancy outcomes.
- Improvements in child health and development, including prevention of child injuries, child abuse, neglect or maltreatment and reductions in emergency room visits.
- Improvements in school readiness and achievement.
- Reduction in crime and domestic violence.
- Improvements in family and economic self-sufficiency.
- Improvements in the coordination and referrals for other community resources and supports.

Prenatal Care

- 89.2% of pregnant women enrolled report receiving a Prenatal Care visit within 4 weeks of beginning a home visitation program as compared to 86.8 % at baseline.
- In 2013, only 83.8% of pregnant women received prenatal care in the first trimester (Vital Statistics).

Breastfeeding

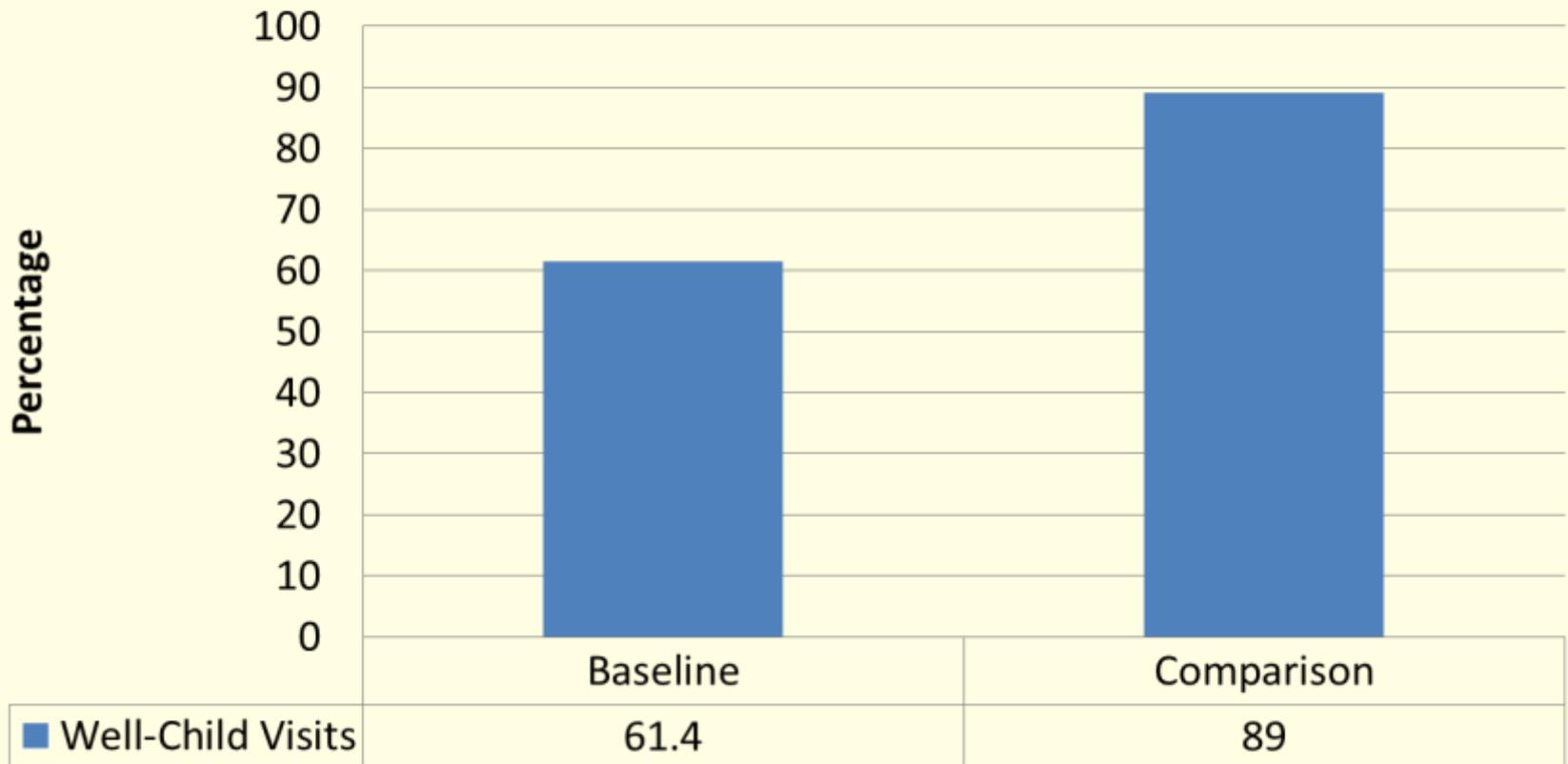
- 63.2% of program participants report breastfeeding for at least one month after delivery as compared to 55.9 % at baseline.
- In 2011, only 60.1 % of WV women initiated breastfeeding after the birth of their baby. Only 45.6% of women were still breastfeeding at four weeks after delivery (PRAMS).

Well-Child Visits

- 89% of program participants report that their child has received at least 50% of the recommended Well-Child Visits by 6 months of age.
- In 2013, 70.9 % of Medicaid enrollees whose age was less than one year received at least one initial or periodic screen (CMS 416).

Well Child Visits

Percentage of enrolled children receiving at least 50% of the recommended AAP Bright Futures Well-Child Visits by 6 months of age



A Passion for Developmental Screening

- In about 2008, the WV AAP chapter began an effort to increase the number of children receiving appropriate developmental screening.
- OMCFH has provided hundreds of ASQ-3 kids to pediatric providers across WV.
- The Office has assessed the success of these efforts, and can demonstrate dramatic improvement.

Developmental Screening

- All home visiting programs implemented use of the ASQ3 and ASQ SE for developmental and social emotional screenings
- Collaborative training conducted by Brookes Publishing Company to early childhood programs (Birth to Three, Child Care, Head Start and Home Visiting) to ensure consistent messaging with families and providers
- Increased screening rates have resulted in more families successfully being referred to Birth to Three for needed services

Audit Results

Percent of pediatric providers screening with a standardized tool in 2012 and 2013

Age of Development Screening	2012 N=264	2013 N=225	Percent Improvement	Percent Using ASQ-3 (2013) ¹¹
9 Months	29%	46%	59%	71%
18 Months	28%	49%	75%	75%
30 Months	26%	63%	142%	73%

Source: James Jeffries, John Simmons, Saylem DePasquale, Office of Maternal, Child and Family Health/Health Check Program Report, September 2013.

Visits to Emergency Depts.

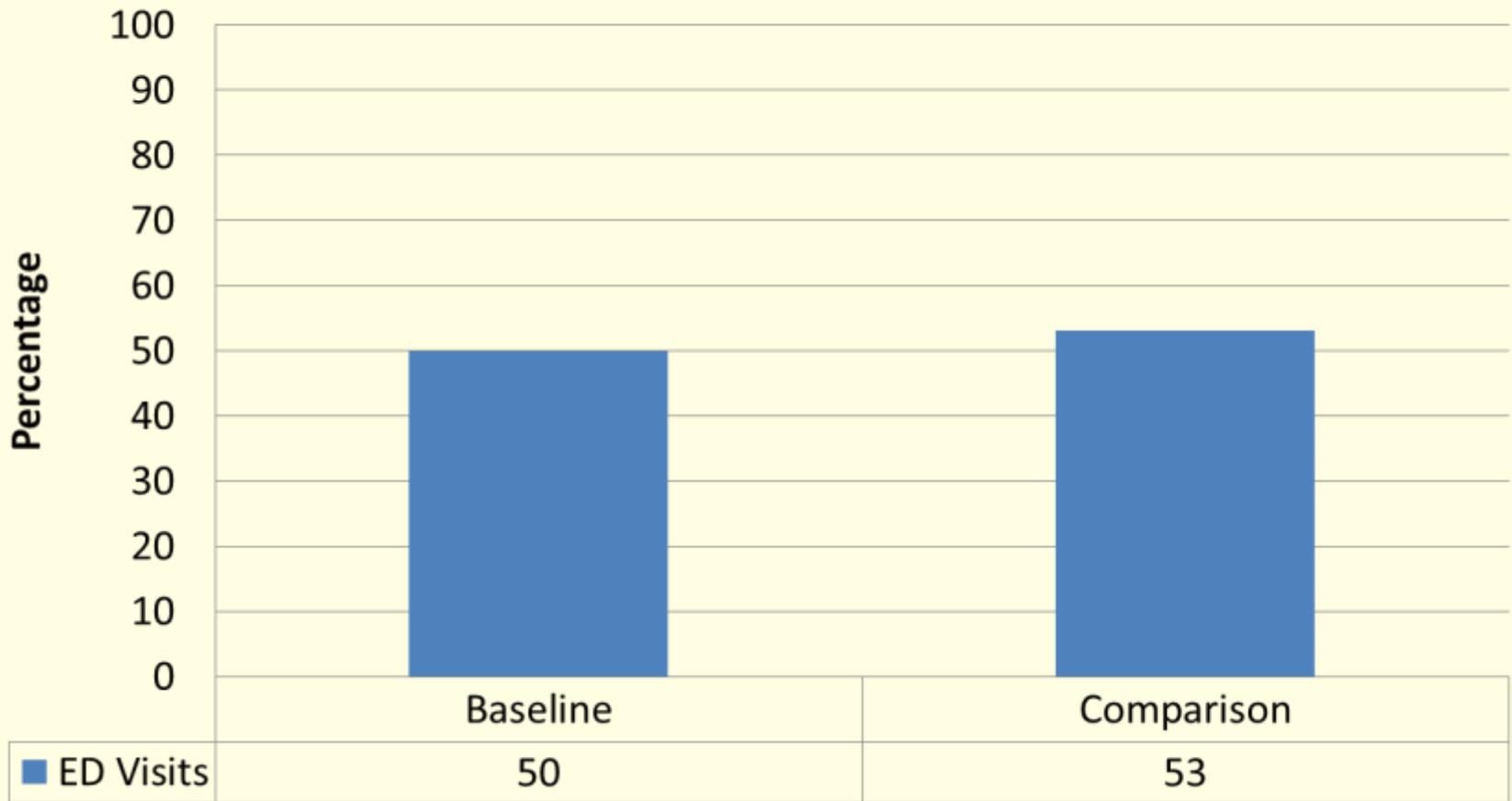
All 56 state and territorial grantees are relying on outcome measures to capture visits for children and mothers to the emergency department (ED).

Measures focus on the incidents/number of visits to the ED or the number of children with visits to the ED

Most grantees are collecting data via self-report through interview questions and program forms. Only five grantees are using administrative data (hospital or health records).

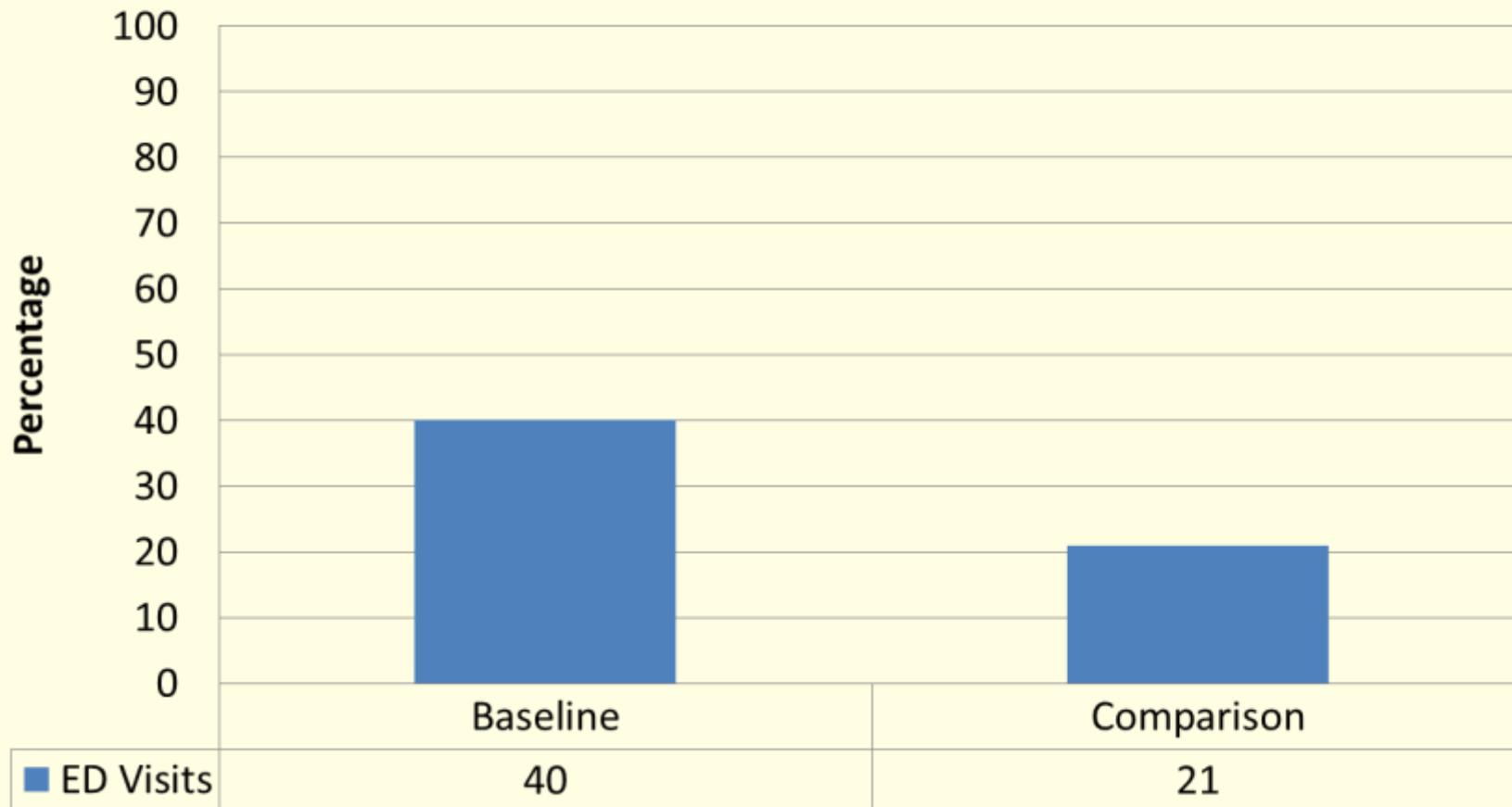
Child ED Visits

Percentage of enrolled children who visit the ED from all causes



Pregnant Women / Mother ED Visits

Percentage of enrolled pregnant women and mothers who visit the ED from all causes



Conclusion

Locate a Home Visiting Program in your area by calling 1-800-642-8522.

Questions?