



## **Building Strong Foundations: 2016 Annual Report**

### **Association of State and Tribal Home Visiting Initiatives**

#### **Executive Summary**

2016 was a year of significant accomplishment for the Association of State and Tribal Home Visiting Initiatives (ASTHVI), which incorporated as a 501(c)3 non-profit organization in February. Over the course of the year, ASTHVI developed its leadership and membership; delivered valuable information to state administrators; responded to developments in the home visiting field; conveyed administrators' concerns and preferences to policymakers; and established the legal, financial and governance framework to continue operations beyond its start-up grant.

ASTHVI's contributions to the field of home visiting in 2016 were acknowledged by a wide range of stakeholders. ASTHVI welcomed Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) leadership to speak with state and tribal administrators at its national meetings; provided input on program policy and implementation; and hosted a day-long convening on professional development in August with Dr. David Willis of HRSA and Dr. Linda Smith of ACF. As Congress has prepared to reauthorize the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program in September 2017, it has coordinated through ASTHVI to consult with state and tribal administrators. Bipartisan panels representing the House and Senate authorizing committees presented their perspectives on reauthorization at ASTHVI's national meetings, and Tennessee MIECHV director (and founding ASTHVI Steering Committee member) Loraine Lucinski was invited by the House Ways and Means committee to present at the Committee's staff briefing in November. ASTHVI has also been included as a Steering Committee member for the national Home Visiting Coalition, acting in a non-advocacy capacity to ensure that state administrators' views are consulted in policy development. ASTHVI is also facilitating state and tribal administrator input into major initiatives with important implications for the field of home visiting, including the forthcoming home visiting yearbook and a new professional development institute for the home visiting field.

ASTHVI's goals for 2017 include facilitating peer sharing of information, problem solving, and best practices; communicating state and tribal concerns and priorities to the administration



to enhance implementation of home visiting by states and tribes; providing information needed by Congress to complete a timely and effective reauthorization of MIECHV; and contributing to the creation of an effective professional development institute that builds the home visiting field nation-wide.

Any state, tribal or territorial government agency that administers federal or state funding for voluntary home visiting programs for children and families is eligible to become a member of ASTHVI. In addition, non-profit organizations that have been designated by a governor or state legislature to administer home visiting grants on behalf of the state, or that received funds on behalf of a state that declined to apply for federal funds, is eligible for membership. The ASTHVI Steering Committee and membership wish to offer their gratitude and appreciation to the Goldman Family Foundation for supporting the creation of an organization to provide peer support to, and a coordinated voice for, state and tribal administrators of home visiting programs. We would also like to thank the Heising-Simons Foundation for support of ASTHVI activities in 2016.



### **Organizational Milestones in 2016 Include:**

- Approximately 200 individuals representing nearly 55 states and tribes have participated in at least one ASTHVI meeting or call, or have requested to be included on the ASTHVI mailing list for updates.
- Three quarters of states and nearly a half-dozen tribes paid dues for 2016 or indicated that they are in the process of receiving state approval to pay.
- ASTHVI has coordinated administrator feedback and input in response to all relevant public requests for information by HRSA, and has conveyed consensus feedback and questions on behalf of administrators in response to informal changes and issues.
- ASTHVI's website, including public access and a members-only section, was launched to provide information to state and tribal administrators and state-specific information about home visiting.
- ASTHVI sponsored three in-person membership meetings to facilitate the peer-to-peer exchange of best practices, effective approaches, questions and concerns in January, June and November. Meeting speakers included HRSA and ACF leadership; Senate and House Majority and Minority committee staff; and leaders in the home visiting field.



### **Incorporation of ASTHVI as a 501(c)3 Organization**

Over the course of 2016, ASTHVI's Steering Committee and membership worked diligently to establish an organizational structure that would best meet the needs of its members. In 2015, a committee of ASTHVI members examined multiple options for ASTHVI's future, including the possibility of merging into another, similar organization; continuing as a stand-alone group focused on home visiting; and expanding its membership beyond state and tribal administrators. Dues structures, grant income, by-laws and operating procedures of similar organizations were examined. In late 2015, the Steering Committee recommended, and the membership approved, continuing ASTHVI as an independent, registered 501(c)3 organization led by its members.

#### **ASTHVI Steering Committee Members**

Laura Alfani, Home Visiting Project Manager, Washington Department of Early Learning

Carol Brady, Carol Brady, Project Director, Florida MIECHV, Florida Coalition of Healthy Start Programs

Claudia Catalano, MIECHV Co-Director, Massachusetts Department of Public Health

Benjamin Hazelton, Home Visiting Policy & Systems Director, Oregon Health Authority

Katie Hess, Program Manager, United Indians of All Tribes Foundation

Janet Horras, State Home Visitation Director, Bureau of Family Health, Iowa Department of Public Health

Bradley Planey, Chief, Family Health Branch, Arkansas Department of Health

In February, 2016, ASTHVI incorporated as a not-for-profit organization in the District of Columbia, and subsequently requested and received its IRS tax-exempt status. Dues were



established for state and tribal agencies on a sliding scale based on the size of their home visiting grants. In our first year, we projected that 50% of states and a small handful of tribes would be positioned to continue their ASTHVI membership as dues-paying members. Despite conditions in some states and tribes limiting participation (including program budgets, state and tribal policies regarding organizational memberships, and administrator turnover or logistics) we exceeded this estimate. Membership goals for 2017 include engaging more tribal administrators, and more administrators of funds beyond MIECHV, in the organization.

### **Building and Enhancing State and Tribal Leadership in Home Visiting**

One of ASTHVI's most important responsibilities, and most significant opportunities to impact the field of home visiting, is to offer expert feedback from state perspectives to inform national implementation of federal home visiting. For example, a series of 2016 administrative changes at HRSA altered the way states will collect data on performance and outcomes measures for the families they serve. ASTHVI worked with data specialists in member states to gather input on the effects these changes would have on the reporting burden facing home visitors, the accuracy of data collected, and the comparability of data sets across states. Synthesizing this information into one document, ASTHVI sent clear and comprehensive feedback to HRSA on behalf of all its members. This feedback on Form 2 and Form 4 elicited additional guidance to states, which in turn informed data systems upgrades and home visitor training agendas in preparation for the new constructs. ASTHVI also collected and disseminated individual state plans at every stage of HRSA's approval process to aid members navigating tight timeframes and heavy workloads. Finally, ASTHVI's committee of data specialists produced feedback, on behalf of the association, on the new requirements proposed for the FY 2017 formula funding applications.

The reauthorization of MIECHV before the expiration of its authorization in September 2017 is a high priority for ASTHVI. While some states and tribes provide additional resources and support for home visiting services, the MIECHV program represents a national foundation for quality, data, professional development, and direct services to children and families in every state and tribe that receives it. ASTHVI does not lobby and does not make requests of or recommendations to Congress or the Administration. ASTHVI does provide policymakers with factual information about home visiting in states and communities, and it develops and conveys administrators' consensus regarding the likely implications and impacts of proposed policy changes on states and tribes. We believe that our information, shared with policymakers in both political parties, on both sides of the Capitol and both ends of Pennsylvania Avenue, supports development of policies that improve efficiency and effectiveness of public programs



and results in improved outcomes for children, families, local communities, and our nation as a whole.

ASTHVI was created partly out of the need for an organization that could provide state-based information in response to Congressional requests during the prior reauthorization of MIECHV. For example, at one point during prior reauthorization discussions, Congressional staff believed that there was no real need to pass MIECHV legislation before the law expired, because states and tribes would still have a small amount of funding to continue programs. One of the first actions of the newly-formed ASTHVI Steering Committee was to send a letter to the relevant committee Chairmen and Ranking Members explaining the need for funding stability, predictability, and time to plan, and the impact on programs of a failure to reauthorize MIECHV on time. Mindful of this role, ASTHVI applied for and received a \$20,000 grant from the Home Visiting Coalition to create a rapid resource team of state administrators who could help to provide real-time feedback and information to Congressional staff through the reauthorization process. A portion of these funds were used to staff the RRT in 2016.

### **ASTHVI Committees and Co-Chairs**

#### **Data Committee:**

Angela Miller, Epidemiologist  
Tennessee Department of Health

Lesley Schwartz, Manager of Program Evaluation  
Illinois Governor's Office of Early Childhood Development

#### **Future of Home Visiting Committee:**

Benjamin Hazelton, Home Visiting Policy and Systems Director  
Oregon Health Authority

Leslie McAllister, Home Visiting Coordinator  
Wisconsin Department of Children and Families



ASTHVI's contributions to the field of home visiting were acknowledged by a wide range of stakeholders. Additional activities undertaken in 2016 include, but are not limited to:

- ASTHVI welcomed HRSA and ACF leadership to speak with state and tribal administrators at its national meetings, and provided direct input on program policy and implementation in meetings, conversations, and written communications.
- ASTHVI hosted a day-long convening on professional development in August with Dr. David Willis of HRSA and Dr. Linda Smith of ACF to develop a vision for professional development across states, tribes and models that support family service workers, managers and supervisors. Consensus from these discussions helped to inform professional development initiatives in the field, including highlighting the need for input by administrators into professional development efforts to ensure that they respond to state, tribal and local needs. As a result of ASTHVI's engagement in these discussions, ASTHVI has been invited to support the HRSA-funded innovation grant submitted by the states of Iowa and Virginia by facilitating the Expert Panel advisory board for the Institute for the Advancement of Family Support Professionals in 2017.
- As Congress prepares to reauthorize MIECHV in September 2017, it has coordinated with ASTHVI to gather information from state and tribal administrators. Bipartisan panels representing the House and Senate authorizing committees presented their perspectives on reauthorization at ASTHVI's national meetings, and solicited state and tribal input and reactions to proposed policy options and draft legislation. Through ASTHVI, Tennessee MIECHV director (and founding ASTHVI Steering Committee member) Loraine Lucinski was invited by the House Ways and Means committee to present at the Committee's staff briefing in November.
- ASTHVI has also been included as a Steering Committee member for the national Home Visiting Coalition, acting in a non-advocacy capacity to ensure that state administrators' views are consulted in policy development.
- ASTHVI is also facilitating state and tribal administrator input into major initiatives with important implications for the field of home visiting, including the forthcoming home visiting yearbook and a new professional development institute for the home visiting field.



### **Looking Forward: Plans and Priorities**

ASTHVI anticipates maintaining its position as a leader in the home visiting field, both in Washington, D.C. and beyond. With our internal leadership, organization and finances on track for stability in 2017, our priority is to provide state- and tribal-based information to policymakers to inform a MIECHV reauthorization that meets the needs of states and communities for predictable, reliable funding and planning processes. The 2016 grant from the Home Visiting Coalition to support the development of a cadre of an expert rapid resource team, responding to questions posed by Congressional Committees, will continue into 2017 and expand ASTHVI's capacity to respond timely to staff inquiries as the deadline for reauthorization approaches.

ASTHVI members stated the need for nationally recognized core competencies for home visiting staff, coordinators, and administrators/leaders across multiple family service models and programs. Several states have done work locally or regionally to partner with institutions of higher education and many states have invested MIECHV resources to develop training tools that may be duplicated in other states or regions. ASTHVI members made a compelling case for a national approach to promoting professional development that improves outcomes for children and families, makes more efficient use of scarce resources, and can be linked to recognition and salaries within the field. ASTHVI looks forward to continuing its leadership on immediate issues facing the field of home visiting, such as reauthorization of MIECHV, while also collaborating to address the field's medium and longer-term needs.



***What did members have to say about ASTHVI in 2016?***

“One of the values of this meeting is that it is one of the few places to get to this level of cross-state sharing and collaboration.”

“The opportunity to build relationships and work together really helps create a national network.”

“This is the best opportunity to get an up to date snapshot of the national landscape of home visiting.”

“This meeting validated our work and sent us out encouraged, energized, and empowered.”

“ASTHVI’s political update was the most meaningful information I heard over three days of other meetings!”

“Each segment of the agenda was useful. The most rewarding and productive was the group discussions with the models.”