ANNUAL REPORT

2017

ASTHVI

ASSOCIATION OF STATE AND TRIBAL
HOME VISITING INITIATIVES

EXECUTIVE SUMMARY

The year 2017 was a landmark for the Association of State and Tribal Home Visiting Initiatives (ASTHVI). In our first complete year as a fully independent 501(c)3 nonprofit organization, two-thirds of states and several tribes joined ASTHVI as dues-paying members. We established ourselves as a dynamic, nimble organization that represents the priorities of our members, and reflects them to decision-makers outside our organization. ASTHVI further established itself as a trusted expert resource whose data and perspective is valued and whose partnership is welcomed by policymakers in Congress, the Administration, and others in the field.

More than 40 states and 20 tribal awardees participated in ASTHVI meetings, conference calls, committees and other activities this year. While the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) dominated much of ASTHVI's attention, our activities and focus extended beyond Washington, D.C. and beyond one funding source.

Our 2017 highlights include:

- Completion of a nationwide data systems survey to identify common challenges and concerns, and potential areas of collaboration.

- Creation of a working group, comprised of administrator, model, HRSA and ACF representatives, to make recommendations for an alternative approach to counting the MIECHV caseload and to deliver consensus recommendations to HRSA.

- Creation of a multidisciplinary expert panel to provide high-level guidance for the implementation of a national on-line training system offering professional development in core competencies needed by family support professionals.

- Coordination with a tribal MIECHV awardee to secure an invitation to present at the National Indian Health Board health conference on the value of home visiting in tribal communities and the status of the MIECHV legislation.

- Participation by awardee administrators as expert witnesses in every Congressional hearing and briefing on MIECHV reauthorization.

- Creation of a Rapid Resource Team to provide timely information, analysis and perspective to policymakers working on the MIECHV reauthorization.

- Amelioration of all seven high priority policy concerns identified by administrators in MIECHV reauthorization proposals. All concerns were resolved in bipartisan Senate reauthorization legislation expected to form the basis of final bicameral action.

- Inclusion as a collaborative thought partner in home visiting leadership groups and discussions, including those hosted by HRSA and ACF; the National Alliance of Home Visiting Models; and the Home Visiting Coalition.

Home visitors can help parents support young children at risk of poor health, education or safety outcomes. Currently, only approximately 3% of children and families who could benefit from home visiting are able to enroll.

ASTHVI'S MISSION

The Association of State and Tribal Home Visiting Initiatives (ASTHVI) is a non-partisan, non-advocacy 501(c)3 association of administrators of state, tribal and territorial home visiting programs. Our members work for state health agencies, child welfare agencies, departments of early learning, tribal governments, and non-profit organizations designated to administer home visiting funds on behalf of a tribe or state. While the majority of our members administer funds awarded under MIECHV, others oversee home visiting programs funded by TANF, Medicaid, state Departments of Education, or other sources.

ASTHVI's mission is to support state, tribal and territorial administrators of home visiting initiatives by facilitating peer networking, accelerating exchange of information and best practices, and communicating to policymakers the implications of proposed policies that may impact the effectiveness or efficiency of home visiting in communities across the country. We are a member-driven organization, staffed in Washington DC under the direction of a national Steering Committee of home visiting administrators elected by the membership.

2017 Steering Committee

Carol Brady (FL)
Kristine Campagna (RI)
Claudia Catalano (MA)
Benjamin Hazelton (OR)
Katie Hess (United Indians of All Tribes, WA)
Janet Horras (IA)
Donna Wood (TX)

Why Home Visiting?

Family life is complicated. All parents want a bright and healthy future for their children, but many lack critical resources or knowledge to help make that happen. For parents doing their best to raise children without the benefits of extended family, educational, or financial resources, home visiting can provide stability, advice, and knowledge designed to help them address the key challenges in their lives.

Voluntary home visiting helps parents of young children develop skills and connect to resources necessary to promote well-being, development and learning. It also reduces the need for more costly interventions, such as involvement in the child welfare system. Evidence-based home visiting has been demonstrated to help families and communities improve child health, prevent child abuse, and promote child development and early education.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program represents the federal government's signature investment in evidence-based home visiting. Funded at slightly less than $400 million in 2017, MIECHV supports validated evidence-based home visiting models by awarding grants to states, tribes and territories, and provides community-based services to establish outcomes, data collection, research, innovation, quality improvement and accountability.

MIECHV Reauthorization

MIECHV was last reauthorized for two years in 2015, shortly after ASTHVI was created. While the one- and two-year extensions were needed and appreciated, short-term authorizations create significant challenges for administration of programs that may work with families for as long as three years. Home visiting stakeholders, including ASTHVI, began working in 2016 to help inform policymakers about the impact of MIECHV funding and services in anticipation of reauthorization in 2017. ASTHVI does not lobby, and our administrators were recognized by partner organizations and policymakers as a vital source of expert, non-partisan, non-advocacy information. A grantee administrator was included as a witness in every Congressional hearing or briefing on reauthorization, and ASTHVI was regularly consulted regarding the impact of policy options on states and tribes. With the support of a grant from the Home

Visiting Coalition, ASTHVI created a Rapid Resource Team (RRT) of home visiting administrators from a cross-section of states who agreed to meet regularly to provide background on the potential impact of legislative proposals and respond to requests for data.

When the first reauthorization proposal was introduced in the summer of 2017, ASTHVI responded quickly. Within 48 hours of release of the proposal, three different ASTHVI committees representing dozens of states and tribes had met by phone to review the legislation, analyze its provisions, and discuss the potential impact on MIECHV grantees and home visiting programs more broadly. ASTHVI was the first national organization to prepare and share a detailed analysis of the legislation, identifying sections of the bill that administrators felt would have a positive impact as well as those that caused concern. Two proposals in particular were seen by ASTHVI members as potentially damaging to home visiting in some states and tribes: the creation of a "third tier" of evidence for evidence-based models and the imposition of a dollar-for-dollar match requirement. Detailed information provided by awardees to ASTHVI, and by ASTHVI to partner organizations and to Capitol Hill, was instrumental in helping home visiting stakeholders and policymakers appreciate the unintended consequences of these requirements.

Rapid Resource Team

Laura Alfani (WA)
Carol Brady (FL)
Jye Breckenridge (OH)
Andrew Dietz (PA)
Jeannine Galloway (GA)
Benjamin Hazelton (OR)
Janet Horras (IA)
Sam Lee (UT)
Lesley Schwartz (IL)
Lenore Scott (NJ)
Donna Wood (TX)

Throughout the legislative process, ASTHVI emphasized its members' consensus that communities and families are best served by a five year MIECHV extension, at nothing less than current funding levels. After much hard work by many stakeholder organizations in Washington and around the country, many of the policy provisions that caused concern were addressed in the reauthorization legislation that passed the House of Representatives (H.R. 2824). The remaining provisions identified by ASTHVI members as problematic were resolved in the bipartisan Grassley-Menendez reauthorization bill (S. 1829) in the Senate. Although the legislation was not completed before the end of the year, ASTHVI remains hopeful that a five-year reauthorization that supports continued growth of home visiting will be approved early in 2018.

Data Committee

ASTHVI's Data Committee remains one of its most active. One of its priorities this year was to survey ASTHVI members regarding their data systems, challenges and needs, updating a survey first conducted two years ago in an effort to identify common issues and the potential for collaborative solutions.

The Data Committee also took the lead on a significant ASTHVI project, responding to new guidance from HRSA regarding how to count the MIECHV caseload. There is more to counting the number of families impacted by MIECHV than meets the eye, and HRSA's revised policy created significant problems for multiple states. A discussion group was created specifically to focus on this issue and generate a detailed analysis of the issues generated for some awardees by the new policy. As a result of the group's work, implementation of the new caseload count was temporarily

suspended for states for which it was most problematic. ASTHVI was invited to create a working group that included ASTHVI members, model representatives, and HRSA staff. The group worked through multiple alternative approaches and developed a consensus recommendation to deliver to HRSA.

Data Committee

Angela Miller (TN), Co-Chair
Lesley Schwartz (IL), Co-Chair
Praveena Ambari (MO)
Anita Brown (GA)
John Burley (VT)
Ramona Danielson (ND)
Karen Harbert (MO)
Benjamin Hazelton (OR)
Carrie Higgins (IN)
Michelle Hill (PA)
Thomas Hinds (WI)
Virginia Holland (FL)
Sally Kerschner (VT)
Susan Manning (MA)
Stacey McKeever (IL)
Lari Peterson (OR)
Sarita Rogers (MA)
Christine Silva (MA)
Beth Stieferman (MO)
Mary Ann West (IN)
Mary Ann Wilson (IL)

ASTHVI Caseload Count Discussion Group

Benjamin Hazelton (OR), Chairman
Laura Alfani (WA)
Eric Bellamy (SC)
Mary Beth Cox (VA)
Ramona Danielson (ND)
Judy King (WA)
Kasondra Kugler (WA)
Elizabeth Kushman (Intertribal Council of MI)
Angela Miller (TN)
Riley Peters (WA)
Lesley Schwartz (IL)
Christine Silva (MA)
Cynthia Smith (IN)
Tony Troop (NC)
Angela Ward (WY)
Mary Ann West (IN)

Professional Development Institute Expert Panel

The success of any home visiting program is dependent upon a knowledgeable, well-supported and effective workforce. Professional development and advancement of the field is something that Janet Horras, Home Visitation Program Director for the Iowa Department of Public Health, has been thinking about for a long time. When Janet became a founding Steering Committee member of ASTHVI in 2015, new opportunities opened to partner with colleagues from around the country to create a system of professional development that is applicable across models and across state lines, as a consistent training baseline. One outcome of that work is the award to Iowa and Virginia of a HRSA innovation grant to develop the on-line Institute for the Advancement of Family Support Professionals (IAFSP), a free, accessible set of training modules to develop competencies needed by family support professionals. As Janet says, "If it were not for ASTHVI, we would not have an Iowa and Virginia innovation project or a free, on-line national Institute. I would never have had the opportunity to get to know Laurel (Aparicio, of Virginia), let alone create a relationship strong enough to have this type of partnership. It is truly amazing, the connections that are happening all across the nation because of ASTHVI."

The IAFSP is developing an overall framework of core competencies and an on-line system for training and credentialing of home visiting staff and leaders. Software will help family support professionals evaluate the core competencies they have already mastered, and direct them to training that will promote further development of needed skills. ASTHVI was invited to join the implementation team and to establish an Expert Panel as a "board of directors" for the project. The Expert Panel's role is to provide high level, strategic guidance that ensures that the products of the IAFSP meet the needs of states, tribes, home visiting models and a the field; that high priority strands of training most needed by the field are developed first; and that the training that is offered has national and multi-cultural relevance, usefulness, and applicability. Half of the Expert Panel members are state and tribal administrators; four were nominated by the Model Alliance to represent the national models. In addition, national experts in child health and mental health, support for children with disabilities and their families, parent engagement, and adult education were recruited as members. Generous funding was provided to ASTHVI by the Heising-Simons Foundation to support staffing of the Expert Panel and underwrite travel and other costs associated with the Panel's work.

LOOKING AHEAD

Until the MIECHV reauthorization is complete, it will remain a concern and a focus for ASTHVI, its members and partners. ASTHVI's work for 2018 will include outreach to additional tribes and states that are not yet ASTHVI members; working with HRSA and ACF on issues related to the implementation of the new legislation; providing additional information and resources to home visiting administrators working with funding sources other than MIECHV; and working with partners to further the development of a "network of networks" that facilitates communication, collaboration, and acceleration within the field.

2018

ASTHVI will serve as the lead on two major collaborative projects in 2018. The Expert Panel will hold its first of two in-person meetings in February, tackling implementation questions and thinking about the long-term vision for what the Institute could offer the field in a version 2.0, 3.0 or even 4.0.

Also in 2018, a new Evaluation Committee will embark on an initiative to highlight the breadth of research and innovation that is ongoing in the field of home visiting. While much attention will be focused on the release of the Mother and Infant Home Visiting Program Evaluation (MIHOPE) study results at the end of the year, the scope of home visiting evaluation, learning, and continuous improvement goes far beyond this large randomized control trial. Working with partner organizations, ASTHVI plans to identify and summarize, in vignettes that elevate details of significance to policymakers and the general public, 20-30 recent studies of home visiting and innovations. A range of evidence-based models, research methods, areas of innovation and geographic regions will be included to provide a better understanding of dynamic, ongoing activities to develop enhancements and innovations that respond to local needs and improve the ability of home visiting to support children and families nation-wide.

AND BEYOND

Feedback Form Comments
ASTHVI National Meetings 2017

"What part of the meeting was most useful to me? Wow – everything! Honestly, the best MIECHV-related meeting I've ever been to. Packed, productive, powerful."

"Great balance of information from HRSA, TA, peers, policy leaders alike."

"As usual, the opportunity to share/discuss implementation of the grant activities is what I value most. The different ideas and approaches, problem solving."

"I love the legislative update, the opportunity to freely network with colleagues doing the same work, and everything else!"

"It's great to address common problems related to federal issues and implementation. It was also great to hear of the work that other states are doing. Often, states are not aware of the projects in different regions."

"I loved the networking. I learned a lot from others. I was also really pleased to get the legislative update and will definitely be sharing that information with my team on Monday morning!"

"We get information here that we cannot get elsewhere. Our input is valued, solicited, and actually used! Open, honest dialogue is a rare thing."

"I would absolutely recommend ASTHVI membership to other administrators. Why? Because if you've ever had a question about the workings of MIECHV that you just couldn't get answered…find an ASTHVI member and you'll find a way to get to the bottom of it."

ASTHVI

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