



ANNUAL REPORT

2019



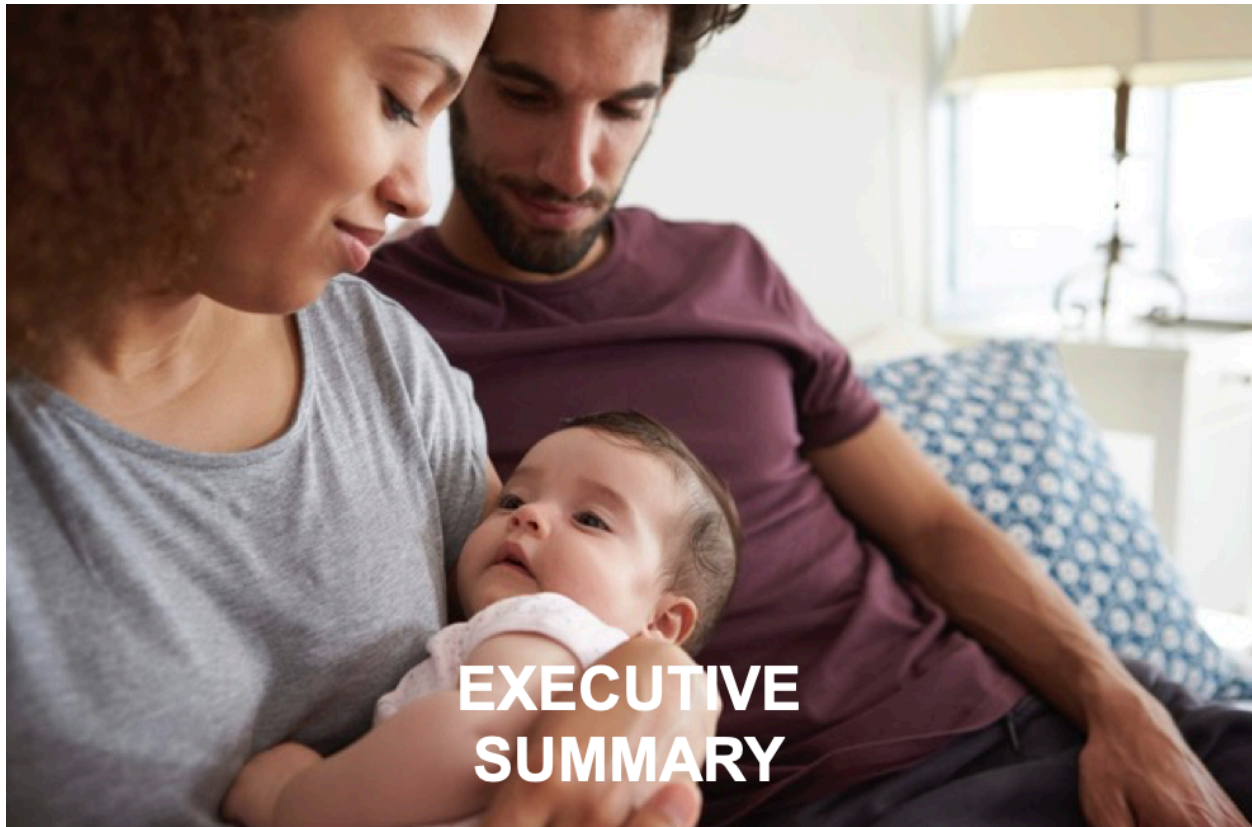
Editor's Note

In late February 2020, as ASTHVI staff began to finalize the 2019 annual report, it was already becoming clear that the world was changing. By mid-March, the novel coronavirus had caused thousands of deaths and widespread shutdowns in Asia and Europe. Home visiting was pivoting to “virtual” home visits as shutdowns expanded in the US. Home visiting staff were straining to care for their own families at home while working around the clock to meet the needs of the children and families they serve. Suddenly, with every moment claimed and the future so clouded, we had little time for, or interest in, looking backward. An annual report felt, frankly, irrelevant.

By June, we have learned (or re-learned) important lessons from COVID-19: Good people and good work will get us through this as well as possible. Health and economic disparities are devastating. Race matters. Systems fail children and families more than they should, but sometimes come through. Communities are stronger than we gave them credit for. Relationships matter. Pause to celebrate whenever you can. Reminding ourselves of the good work we have done gives us the strength to keep going, and to do more than we thought we could.

In the spirit of those lessons learned, and with immense appreciation for all of the ASTHVI leaders and members who do such impactful work with children and families, we are proud to offer this annual report.

This annual report is dedicated to the memory of Nicky “Tod” Robertson, ASTHVI board member, colleague, and friend.



2019 marked ASTHVI's fifth anniversary. Since ASTHVI's establishment in September 2014, the Association has created a confidential space for home visiting leaders to ask questions, share challenges, exchange strategies, build consensus, and, most importantly, support each other. Through ASTHVI, home visiting administrators have provided input and technical assistance to decisionmakers in Congress and the Administration, reflecting their programmatic experience and helping to shape home visiting policy from Capitol Hill to Rockville and across the country. Our members' collective expertise is recognized, and ASTHVI's partnership is welcomed, throughout the field.

2019 also marked the first calendar year since our founding that the home visiting field was able to focus on program implementation and innovation without the need for a MIECHV extension or reauthorization. ASTHVI took full advantage of that opportunity, kicking off the year with a Congressional briefing lifting up research documenting home visiting outcomes. Panelists highlighted ways in which programs and practices are evolving to improve outcomes for vulnerable children and families, part of ASTHVI's ongoing effort to ensure that policymakers are aware of the rich and deep body of home visiting research. As HRSA and

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ACF tackled new requirements for MIECHV included in the 2018 reauthorization, ASTHVI continued to be a valued source of feedback. ASTHVI members and staff participated in multiple sessions focused on new requirements in the Act, and provided written comments with recommendations. Often, ASTHVI's feedback resulted in alterations to proposed program guidance, helping to make new requirements more workable for states and Tribes.

ASTHVI's collaboration with partners contributed to field-wide advancements in 2019. ASTHVI facilitated the Expert Panel that helped guide the Institute for the Advancement of Family Support Professionals, providing free online training and guidance to home visitors and other family support professionals across the country. Members launched a vital conversation with the National Alliance of Home Visiting Models regarding program advocacy strategies. ASTHVI provided technical assistance to the authors of the Maternal Morbidity and Mortality Act, which would double MIECHV funding by FY 2022, particularly highlighting needs in Tribal communities, the potential impact of program expansion, and the importance of adequate planning and scale-up time. ASTHVI continues to participate in the National Home Visiting Network and to be a partner to the National Alliance of Home Visiting Models.

Prior to the creation of ASTHVI, there was no organization to facilitate the sharing of best practices, development of consensus, and communication of administrators' priorities and perspectives to policymakers and other stakeholders. Five years after its creation, ASTHVI continues to do all that and more. We look forward to continuing this vital work in 2020 and beyond.

2019 highlights include:

- Hosted a congressional staff briefing to share Research for Results: The Power of Home Visiting, a policymaker-friendly white paper presenting the findings of 33 evaluations of home visiting impacts across multiple models, communities, and outcomes.
- Invited by HRSA to participate in national roundtables focused on the development of data exchange standards, and how best to conduct regular and ongoing assessments to demonstrate improvement in MIECHV the six benchmark areas.
- Facilitated and communicated administrator consensus regarding proposed changes to MIECHV data collection standards, the updated fieldwide needs assessment, home visiting budget assistance tool, data exchange standards, improvement measures, and other proposed policy changes, resulting in responsive amendments that will facilitate efficient and effective program administration.

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- Participated in the National Home Visiting Network, including serving on committees on the continuum of services to children and families and the viability of a national association for home visiting staff.
- Facilitated the multidisciplinary expert panel providing high-level guidance for the implementation of the Institute for the Advancement of Family Support Professionals; applied for and secured foundation funding to develop and implement a business and sustainability plan for the Institute.
- Provided technical assistance at the request of the authors of the Maternal Morbidity and Mortality Act, which would increase MIECHV funding to \$800 million per year by FY 2022 and double the Tribal set aside from three to six percent, increasing Tribal funding from the current \$12 million per year to \$48 million.
- Collaborated with the National Alliance of Home Visiting Models on advocacy approaches focused on lifting up home visiting broadly when advocating for a particular model.

The Association of State and Tribal Home Visiting Initiatives is a non-profit, 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 funders.

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 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.

2019 Board of Directors

Laurel Aparicio, VA
Julie Becker, CO
Kristine Campagna, RI
Tod Robertson, HI
Lesley Schwartz, IL
Persephone Starks, OK
Marisa Wang, Southcentral Foundation, AK



Mother and Infant Home Visiting Program Evaluation

The legislation that created MIECHV in 2010 mandated a random control study of program outcomes, known as the Mother and Infant Home Visiting Program Evaluation (MIHOPE). While ASTHVI expected MIHOPE results to affirm the effectiveness of home visiting, most studies of this size and scope, across multiple models and outcomes, are not uniformly positive and require appropriate context to best understand and act upon their findings. This expectation was realized in the release of the MIHOPE Implementation and Impact Studies.

ASTHVI began its preparations for the MIHOPE results to be released in 2017. The Association formed a field-wide advisory committee of ASTHVI members, representatives of advocacy organizations, research experts, communications professionals, model developers,

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thought leaders, and officials with experience in evidence-based policy and in large studies of human services programs. Thanks to the assistance of the advisory team, when the MIHOPE Implementation Study was released in November 2018, ASTHVI was ready to respond. With the assistance of partners who worked through the summer and fall of 2018, ASTHVI then followed up with Research for Results: The Power of Home Visiting, a white paper including highlights from 33 recent outcome evaluations covering all six MIECHV benchmarks and a variety of models and geographic areas. ASTHVI is grateful for the significant contributions of partners in the field, without which a project of this scope and size would not have been possible, and for the generosity of the Robert Wood Johnson Foundation and the Heising-Simons Foundation which funded this effort.

To share the white paper and its findings more broadly with policymakers, in January 2019 ASTHVI held a congressional briefing in the House Ways and Means Committee hearing room. The briefing provided an opportunity to share with policymakers the value of home visiting; the unique nature of MIECHV as an evidence-based program; and a sample from the large body of home visiting research.

The panel was moderated by Lenore Scott,



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Assistant Division Director, Office of Early Childhood Services in the New Jersey Department of Children and Families and an ASTHVI Founding Board Member. As Lenore told the audience, “The task that has been given to home visiting is immense: we ask home visitors to develop relationships that support change in some of the most intimate aspects of family life, in order to create better life-long opportunities for parents and their children. And, as you will hear, home visiting does this very well.”



Panelists included:

Danielle, a parent from Iowa who preferred not to have her surname made public, traveled to Washington to share her journey as a parent participating in a Nurse-Family Partnership program in Iowa, which provided her with the coping tools and resources to help break a cycle of abuse and provide a safe home for her child. Danielle shared her personal story about how home visiting program helped her address challenges of post-partum depression and substance use and make a stable home life for herself and her son. “Motherhood can be scary, crazy, and lonely but Nurse-Family Partnership was the light of motherhood for me,” said

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Danielle. “NFP can drastically change the outcomes of new mothers, no matter their background.”

Laurel Aparicio, Executive Director of Early Impact Virginia and ASTHVI board member. Laurel spoke about Virginia’s study examining family engagement in home visiting, comparing first-time mothers to mothers who enrolled in home visiting following the birth of a subsequent child. She emphasized the essential role of research in supporting effective programs, guiding home visiting implementation and policy in an environment of scarce resources. Speaking to the importance of research in home visiting and the work in Virginia, Laurel told attendees, “Home visiting is at the forefront of using data to make smart policy decisions. Research is as much a part of our field as the programs themselves.”



- Ted McCann, Fellow at the Bipartisan Policy Center and former Assistant for Policy to House Speaker Paul Ryan, who provided a political perspective on the strong bipartisan support for home visiting generally, and specifically support for the MIECHV program. McCann highlighted how recent legislation has incorporated the lessons learned from the evidence-based focus of MIECHV to support continuous improvement and wise use of federal dollars.

- Dr. Sarah-Jeanne Salvy, Associate Professor of Medicine at Cedars-Sinai in Los Angeles, who was conducting two research projects in Alabama and in California, focused on using home visiting to deliver interventions that reduce maternal and child obesity. Dr. Salvy discussed the power of the community-tailored and evidence-based approach of MIECHV, speaking to how the Alabama project incorporated lessons learned from the work in California. She emphasized that one size does not fit all when it comes to meeting the needs of communities and families, and that research needs to collect short and long-term data to fully understand impacts and outcomes.

Ten days after the briefing, the MIHOPE Impact Report was released. As with the Implementation study, ASTHVI circulated detailed talking and other materials to home visiting administrators and the broader field. The release of the report during an extended government shutdown prevented it from receiving the national coverage initially anticipated, but ASTHVI has continued to monitor the study impact and prepare for the release of the MIHOPE Cost Study, expected in 2020.



Charting the Post-Reauthorization Course Together

The MIECHV reauthorization in the 2018 Bipartisan Budget Act included requirements for the development of data exchange standards for information required to be electronically exchanged between the MIECHV state agency and other agencies within the state, regular and ongoing assessments to ensure awardees are demonstrating improvement in four of the six benchmark areas. ASTHVI participated in two national roundtables hosted by HRSA and ACF and focused on collecting input from stakeholders.

The national data interoperability roundtable in March included ASTHVI members Karen Harbert (MO), Andrea Mayo (TX), and Angela Miller (TN). The meeting helped elevate the intricacies of home visiting programs and convey the challenges and opportunities identified by the ASTHVI Data Committee days earlier in a preparatory call. When HRSA and ACF scheduled five regional listening sessions as follow-up, ASTHVI members were briefed on the initial call and on discussions at early round tables so that they were able to continue the conversation and help move the discussion forward.

In April, Kristine Campagna (RI), Benjamin Hazelton (OR), Angela Miller (TN), Lesley Schwartz (IL), and Marisa Wang (Southcentral Foundation, AK) attended the improvement measures roundtable focused on discussing a newly released HRSA strawman. As with the data exchange roundtable, the Data Committee held a call before the meeting to discuss the strawman so that ASTHVI participants could attend the meeting prepared with questions,

comments and recommendations from their peers. After the roundtable, HRSA requested a call with the ASTHVI Data Committee to brainstorm approaches that would fulfill the legislative requirement and be workable for grantees. With the help of ASTHVI's feedback provided on this call and in a round of written comments, the final HRSA guidance takes into account the many factors that can contribute to statistical variations. As recommended, it included additional consideration for systems outcome measures that are less sensitive to change from home visiting services alone. Additionally, the final guidance allows awardees to present context for, and background behind, yearly variations, providing grantees the opportunity to provide quantifiable justification for not meeting the improvement requirements prior to being placed on a corrective action plan. ACF incorporated virtually all of ASTHVI's recommendations in its final guidance to Tribal MIECHV awardees. ASTHVI is grateful for HRSA's and ACF's openness to continued outreach throughout their development process.



Maternal Morbidity and Mortality Act

Following the effort required to reauthorize MIECHV in 2018, the field expected that there would be limited Congressional activity focused on home visiting in 2019. That outlook changed in May, when the Ways and Means Committee held a hearing on Overcoming Racial Disparities and Social Determinants in the Maternal Mortality Crisis. Members of Congress from both sides of the aisle highlighted home visiting as an important approach to help improve maternal and child outcomes, and recommended expanding home visiting as part of a comprehensive strategy to address maternal mortality and morbidity.

Following the hearing, ASTHVI was asked to provide technical assistance on language expanding MIECHV. ASTHVI shared perspectives from state and Tribal administrators, and in particular, conveyed the needs of Tribal communities and awardees. The Home Visiting to Reduce Maternal Mortality and Morbidity Act (HR 4768) was introduced by Chairman Danny Davis (D-IL) in October. The legislation provided for a 50% increase MIECHV funding, to \$600 million/year, in federal fiscal year 2021, and doubled current funding, to \$800 million per year, in FY 2022. The Act also doubled the Tribal set aside, from three to six percent, increasing Tribal funding from the current \$12 million per year to \$48 million by FY 2022. HR 4768 passed the House on December 12 as part of the Elijah E. Cummings Lower Drug Costs Now Act, a prescription drug bill (HR 3). In December, a bipartisan package was introduced in the Senate that included a provision that would extend MIECHV reauthorization by two years without adding additional funding or changing the Tribal set aside. The Home Visiting

Coalition has been working on a Senate companion to Congressman Davis’s bill, an effort that has been overtaken by the COVID relief response. ASTHVI, which does not lobby and does not endorse legislation, continues to provide technical assistance to Congressional offices upon request.



Data Committee

ASTHVI’s longest-standing committee continued to be our most active in 2019. The Data Committee kicked off the year by reviewing final revisions to MIECHV quarterly data collection standards, drawing to an end an almost year-long conversation. Data Committee feedback was reflected in several important changes to the initial proposal, including but not limited to a more workable deadline for quarterly data submission; simplification of staff recruitment, retention, and vacancy tables; and elimination of the collection of potentially identifiable family data from place-based services.

The Data Committee then turned its attention to the two aforementioned program requirements being actively addressed by HRSA: the development of state interagency data exchange standards, and the initiation of regular and ongoing assessments to ensure the demonstration of improvement in four of the six benchmark areas. The Data Committee also reviewed and submitted comments to OMB on proposed grants management common data standards; prepared members for regional data exchange standards listening sessions; and held discussions with members to share local data challenges and opportunities. This group’s expert feedback has made it a valued source of expert input for home visiting partners and federal agencies.

Data Committee Membership

Heather Johnson, AL, Co-Chair
Kasondra Kugler, WA, Co-Chair
Angela Miller, TN, Co-Chair
Ginny Zawistowski, MN, Co-Chair
 Laura Alfani, WA
 Goodwill Apiyo, DC
 Jared Barton, IA
 Sarah Bowman, RI
 Anita Brown, GA
 Greer Cook, NC
 Ramona Danielson, ND
 Jessica Diedling, LA
 Jacqueline Farber, IL
 Vinetta Freeman, DC
 Jess Goldberg, MA
 Karen Harbert, MO
 Benjamin Hazelton, OR
 Julia Heany, MI
 Sarah Hernandez, IA
 Jeremy Heyer, HI
 Carrie Higgins, IN
 Thomas Hinds, WI
 Virginia Holland, FL
 Karen Jenkins, IL
 Susan Manning, MA
 Andrea Mayo, TX
 Bala Venkata Subbarao Mutyala, IL
 Morgan Paine, VT
 Robin Pleau, CA
 Drew Riley, OR
 Lesley Schwartz, IL
 Christine Silva, MA
 Davida Singleton, TN
 Martha Skiles, WA
 Carla Snodgrass, TN
 Nichole Sturmfels, CA
 Amber Viitanen, CO
 Teresa Vollen, WA
 Kimberly Vuong, NC
 Erin Whitham, ME
 Mary Anne Wilson, IL



Institute for the Advancement of Family Support Professionals

Improving professional development opportunities for home visitors is an important priority for ASTHVI and its members. Since 2017, ASTHVI has supported the Institute for the Advancement of Family Support Professionals by facilitating the Institute's Expert Panel, or advisory board. The role of the Expert Panel 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 the field; that training most needed by the field is prioritized; and that training has national and multi-cultural relevance, usefulness, and applicability. The Panel is made up of home visiting administrators, national model representatives, and national experts in child health and mental health, parent engagement, and adult education.

In 2019, the Institute advanced the on-line Career Compass and National Certification Exam, two key components of IAFSP and the Panel's professional development vision. Following a pre-assessment, the Career Compass creates an individualized learning map, guiding users to training modules that cover the competency areas that need further development prior to taking the National Certification Exam. The exam covers all areas identified by the National Core Competency Framework. By the end of 2019, about 4,000 users across all 50 states had registered for the Institute.

At an in-person meeting in July, the Expert Panel reviewed another set of national core competencies, this time focused on supervisors. The Institute plans to use the National Family Support Supervisor Competency Framework to guide the development of new training modules and the creation of a career compass specifically for supervisors. Panelists also made recommendations for the Institute's future sustainability, including strategies for attracting new users and funders. Generous funding was provided by the Heising-Simons Foundation to support the work of the Expert Panel.

Before wrapping up its work in August, the Expert Panel validated the need for additional development work to support the Institute over the future. In response to the Panel's recommendations, ASTHVI was invited to apply for a Heising-Simons Foundation grant to work with the Institute leadership team to develop and implement a business plan that will support the Institute in achieving long-term sustainability. ASTHVI is grateful to the Heising-Simons Foundation for its continued support for the Institute, and looks forward to embarking on Institute sustainability work in 2020.



Working Groups

In addition to our standing committees, ASTHVI organizes working groups to tackle specific and time-sensitive issues. In certain cases, ASTHVI may invite partner organizations or others who are not ASTHVI members to participate on these working groups. The most active working groups of 2019 were:

Tribal Grantee Working Group

This working group is open to all Tribal administrators of home visiting services and is focused on addressing the unique needs of Tribal grantees. This year, the working group met several times to discuss proposed changes to Form 1 (Demographic and Service Utilization Data) and draft assessment of improvement guidance for Tribal grantees. ASTHVI comments on Form 1 resulted in a direct response from ACF addressing the questions and recommendations raised by the working group. The working group has also met to discuss Washington DC updates and emerging issues. All members of Tribal MIECHV Grantee teams are welcome to participate in this working group. Consistent with the group's request, we have not named individual participants.

Family First Working Group

The Family First Working Group was started following member requests to discuss the Family First Prevention Services Act and its implications for the home visiting field. This landmark legislation provides additional funding opportunities for evidence-based home visiting programs while increasing field awareness. Members of the working group met several times in late 2019 to share state and local challenges and solutions with peers, and to respond to a HRSA request to identify areas of the legislation where grantees would benefit from additional guidance.

Family First Working Group Members

Benjamin Hazelton, OR
Co-Chair
Angela Ward, WY
Co-Chair

Laura Alfani, WA
Jenny Baldwin, TX
Memory Bowman, DC
Terri Enters, WI
Kaci Gaub-Bruno, MT
Kristi Hart, NH
Jeanne Holifield, Southcentral
Foundation, AK
Courtney Jiles, WA
Tiffany Kostelec, MI
Tracie Kress, MI
Leslie Lee, MT
Allison Parish, FL
Lesley Schwartz, IL
Lenore Scott, NJ
Erin Whitham, ME
Christy Wright, DE

Home Visiting Budget Assistance Tool Working Group

The Home Visiting Budget Assistance Tool was drafted by HRSA as a budget aid. This working group responded to a public comment request with detailed comments on overall design and specific sections. Following the submission of comments, the working group was invited to join a call with HRSA and James Bell Associates for further discussions in preparation for an upcoming pilot study with one MIECHV state agency.

HV-BAT Working Group Members

Laura Alfani, WA
Claudia Catalano, MA
Darline Duncan, MA
Terri Enters, WI
Kaci Gaub-Bruno, MT
Silvana Hackett, MT
Benjamin Hazelton, OR
Heather Herring, IN
Carrie Higgins, IN
Courtney Jiles, WA
Kasondra Kugler, WA
Leslie Lee, MT
Meredith Martinez, MN
Monya Newmyer, FL
Lesley Schwartz, IL
Sandra Valverde, CA

2019

It isn't possible, nor is it helpful, to attempt to list everything that ASTHVI accomplished in 2019. In addition to the highlights offered above, ASTHVI continues to serve as an active member of the Home Visiting Network, working to make the benefits of home visiting available to all families. ASTHVI has assisted in re-constituting the National Home Visiting Coalition, developing organizational structure and documents to clarify roles among members and providing technical assistance to inform Coalition activities. ASTHVI works as a liaison for MIECHV implementing agencies with the National Alliance of Home Visiting Models, and coordinates with model leads on national policy issues and priorities. ASTHVI staff – and members – provide technical assistance on an ongoing basis, to members and non-members alike. None of this would be possible without the expert contributions of our members and the dedicated leadership of our board, for which we are deeply grateful.

AND BEYOND

What did members say about ASTHVI in 2019?

"Membership gains us access to an amazing resource of peers as well as a safe place to voice concerns with an understanding that those concerns will be respectfully shared with those who can act."

"The discussion and idea sharing and actual action that comes out of these meetings makes membership very attractive."

"ASTHVI brings the group cutting edge information about the home visiting field, politically and elsewhere."

"The relationship building that took place at this meeting was unlike any home visiting conference I've been to."

"ASTHVI provides a safe environment to be heard and a collective voice on behalf of MIECHV grantees to provide feedback."

"I love the opportunity to share with peers. I think the meetings strike the perfect balance between structure and flexibility. They are well organized and allow plenty of time for discussion and sharing."

"It's good to get to learn from other sites and it's validating to hear that other places face similar challenges."

"This is a great way to meet peers, hear about new activities/information, and put a face to the many people we hear about and communicate with."

"It's always helpful to run things by other states/teams and helps move us from problem-focused to solution-focused."

"ASTHVI membership offers an opportunity to build and sustain relationships – to steal shamelessly and share seamlessly."

In Memoriam Tod Robertson

The Board and staff of the Association of State and Tribal Home Visiting Initiatives honor the memory of our colleague and friend Tod Robertson. Tod was a valued member of our ASTHVI family, sharing his positive attitude and calming presence wherever he went. Over the course of his more than thirty years of professional human services experience, Tod spent time at every level of the home visiting field, working as a home visitor, home visiting program director, executive director of a home visiting provider organization, and Hawaii state-wide home visiting network coordinator and evidence-based home visiting project director. We are grateful, personally and professionally, to have had the opportunity to work with Tod as a member of ASTHVI and a member of the ASTHVI Board.



Tod Robertson, with Lesley Schwartz and Marisa Wang, following their election to the ASTHVI Board of Directors in fall 2018.