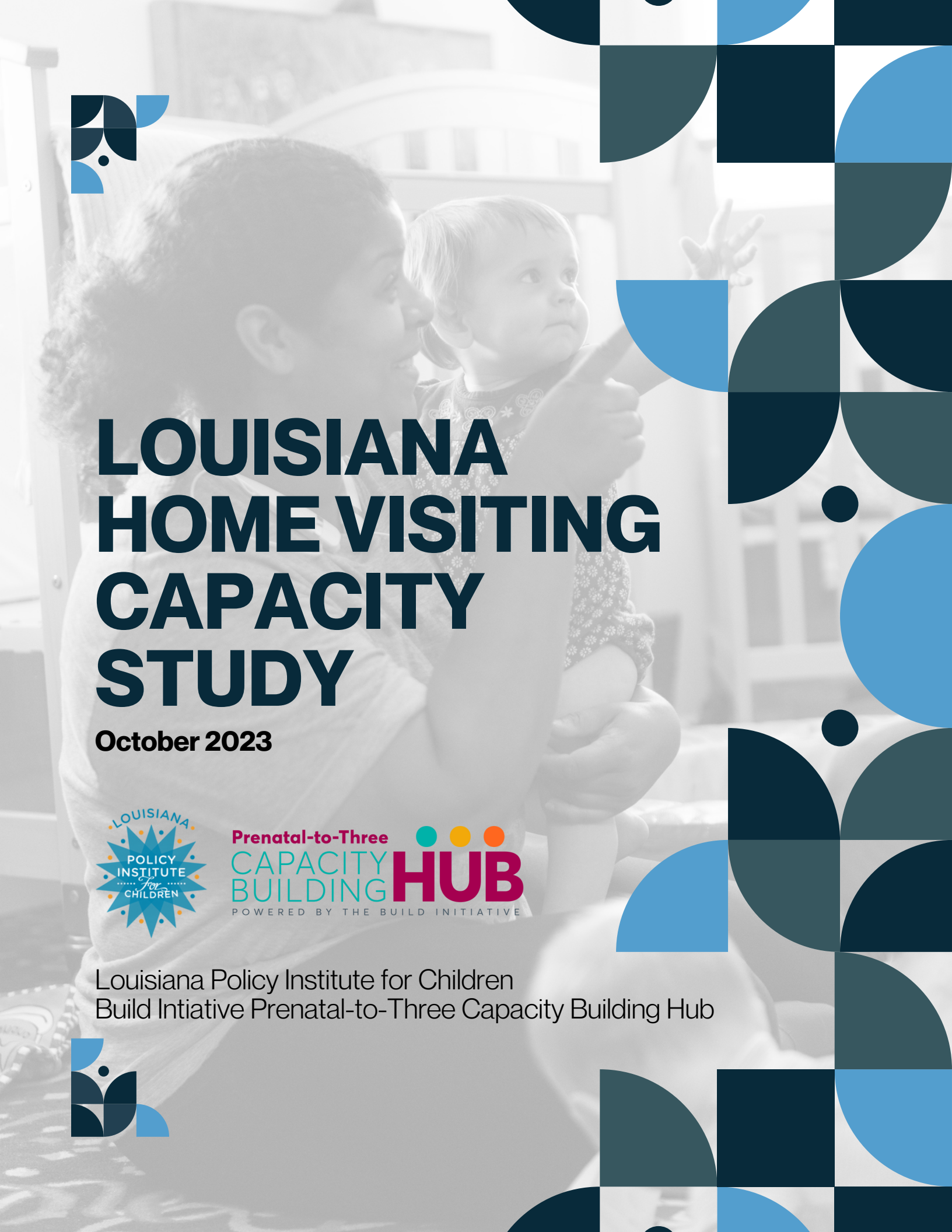

LOUISIANA HOME VISITING CAPACITY STUDY

October 2023

Louisiana Policy Institute for Children
Build Intiative Prenatal-to-Three Capacity Building Hub

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I. PURPOSE AND APPROACH

Home visiting for pregnant and parenting families with young children is a proven, evidence-driven strategy that enhances family and child well-being, supports improved maternal and child health outcomes, and helps families connect to important community services. The purpose of the *Home Visiting Capacity Study* is to document the history of home visiting in Louisiana, summarize current home visiting efforts, and provide information on key elements in moving forward to assure that all families who want to participate in home visiting can do so.

II. SCAN: HOME VISITING BENEFITS AND HISTORY

Home visiting programs provide support to pregnant and parenting families with young children by connecting them with trained professionals who offer guidance on child development, parenting, and accessing community resources, and are designed to support and strengthen the parent-child relationship. These programs typically involve regular visits from a home visitor over a period of several months or years. Research confirms that home visiting programs can bolster positive parenting, improve maternal and child health, and promote child development leading to improved outcomes for both children and their families, including increased school readiness and the prevention of child abuse and neglect.[1,2] Other research has shown that home visiting programs can lead to cost savings for the government through reduced reliance on social services and increased employment and earnings among participating families.[3]

Home visiting programs often begin during pregnancy, or soon after the birth of the child, and work to build on the strengths of young families by providing resources and supports focused on promoting physical, social, and emotional health and ensuring children are ready to thrive in school.[4] By the late 1990s and into the early 2000s, home visiting had become an increasingly popular approach to providing effective parenting education and preventing child abuse and neglect.[5] In 2010, the federal government established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program through passage of the Patient Protection and Affordable Care Act. The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 reauthorized MIECHV and increased the federal investment over five years. The federal government is now committed to $500 million per year in each of the next five federal fiscal years (FY 2023-2027). In addition, there is a newly required 25% state match that will be phased-in starting in FY 2024.[6]

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[1] U.S. Department of Health & Human Services, Administration for Children & Families. (2020). *What is home visiting evidence of effectiveness?* https://go.edc.org/Homvee

[2] Health Resources & Services Administration, Maternal & Child Health Bureau. (n.d.a.). *Home visiting*. https://go.edc.org/HomeVisitingOverview

[3] Kitzman, H., Olds, D. L., Hanks, C., Cole, R., Anson, E., Knudtson, M. D., & Luckey, D. W. (2010). *Effect of nurse home visiting on maternal and child functioning: Results of a randomized trial. Pediatrics*, 126(3), e494-e502.

[4] Health Resources & Services Administration, Maternal & Child Health Bureau. (n.d.a.). *Home visiting*. https://go.edc.org/HomeVisitingOverview

[5] Duffee, J. H., Mendelsohn, A. L., Kuo, A. A., Legano, L. A., & Earls, M. F. (2017, September). Early childhood home visiting. *Pediatrics*, 140(3). https://go.edc.org/Pediatrics

[6] The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 was signed into law on December 30, 2022. The reauthorization doubled MIECHV funding over 5 years, increasing funding to $800 million by FY 2027. In FY 2023, MIECHV is funded at $500 million. This funding is mandatory and not subject to annual appropriations.

MIECHV supports home visiting programs and services that are voluntary for expectant parents or parents with young children from birth to age 5. These home visiting programs are required to prioritize serving families in communities that are at high-risk, defined as families with incomes at or below 100% of the federal poverty guidelines, pregnant teens, families with a history of child neglect or abuse, families with a history of substance misuse, and military families.[7,8]

At the federal level, MIECHV is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). MIECHV requires that each state, or jurisdiction, uses their MIECHV funding towards the implementation of one of 24 evidence-based home visiting models. The Home Visiting Evidence of Effectiveness (HomVEE) review determines which program models meet the U.S. Department of Health and Human Services (HHS) criteria for an "evidence-based early childhood home visiting service delivery model." The review by HomVEE focuses on improved outcomes in at least one of eight domains: [9]

- Maternal health,
- Child health,
- Positive parenting practices,
- Child development and school readiness,
- Reductions in child maltreatment,
- Family economic self-sufficiency,
- Linkages and referrals to community resources and supports, and
- Reductions in juvenile delinquency, family violence, and crime.

As of November 2022, HomVEE had reviewed the available evidence on 56 home visiting models and found that 24 met the HHS criteria for an evidence-based early childhood home visiting service delivery model (see Table 1). Another 32 home visiting models were reviewed that did not meet HHS criteria as evidence-based (see Table 2).[10,11]

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[7] Adelstein, S., Longo, F., & Shakesprere, J. (2019, March). Home visiting for military families: An overview of innovative programs. National Home Visiting Resource Center Innovation Roundup Brief. Arlington, VA: James Bell Associates and Urban Institute. https://go.edc.org/MilitaryFamilies

[8] Health Resources & Services Administration, Maternal & Child Health Bureau. (2020, April). *The Maternal, Infant, and Early Childhood Home Visiting program: Partnering with parents to help children succeed*. https://go.edc.org/ParentBrief

[9] These domains were selected to align with the outcomes specified in the statute authorizing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Social Security Act, Section 511 [42 U.S.C. 711])

[10] Early Childhood Home Visiting Models: Reviewing Evidence of Effectiveness. OPRE Report #2022-284 available at https://www.acf.hhs.gov/opre/report/home-visiting-evidence-effectiveness-review-2022

[11] For a summary of the evidence on models reviewed by HomVEE, please visit the website at https://homvee.acf.hhs.gov/model-search.

Table 1

24 Models Meeting HHS Criteria for Evidence-Based Early Childhood Home Visiting Service Delivery Model (in alphabetical order)

Model	Federal Review Last Updated
Attachment and Biobehavioral Catch-Up (ABC-Infant)	2020
Child First	2011
Early Head Start Home-Based Option (EHS-HBO)	2016
Early Intervention Program for Adolescent Mothers	2011
Early Start (New Zealand)	2014
Family Check-Up® For Children	2021
Family Connects	2014
Family Spirit®	2022
Health Access Nurturing Development Services (HANDS) Program	2015
Healthy Beginnings	2015
Healthy Families America (HFA)®	2020
Healthy Steps (National Evaluation 1996 Protocol)	2011
Home Instruction for Parents of Preschool Youngsters (HIPPY)®	2020
Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)	2022
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	2013
Maternal Infant Health Outreach Worker (MIHOW)®	2022
Maternal Infant Health Program (MIHP)	2019
Minding the Baby® Home Visiting (MTB-HV)	2014
Nurse-Family Partnership (NFP)®	2019
Oklahoma's Community-Based Family Resource and Support (CBFRS) Program	2012
Parents as Teachers (PAT)®	2019
Play and Learning Strategies (PALS) Infant	2019
Promoting First Relationships®—Home Visiting Intervention Model	2021
SafeCare® Augmented	2018

Table 2
32 Models That Do Not Meet HHS Criteria for Evidence-Based (in alphabetical order)

Model	Federal Review Last Updated
Arizona Health Start Program	2022
Child Parent Enrichment Project (CPEP)	2012
Childhood Asthma Prevention Study (CAPS)	2012
Computer-Assisted Motivational Intervention (CAMI)	2012
Early Steps to School Success™—Home Visiting	2019
Even Start-Home Visiting (Birth to Age 5)	2011
Family Connections (Birth to Age 5)	2011
Following Baby Back Home (FBBH)	2022
HealthConnect One's® Community-Based Doula Program	2015
Healthy Start-Home Visiting	2018
Home-Start	2012
HOMEBUILDERS (Birth to Age 5)®	2011
MOM Program	2013
Mothers' Advocates in the Community (MOSAIC)	2013
New Forest Parenting Programme (NFPP)	2022
North Carolina Baby Love Maternal Outreach Workers Program	2012
Nurses for Newborns®	2015
Nurturing Parenting Programs (Birth to Age 5)	2011
Parent-Child Assistance Program (P-CAP)	2016
ParentChild+® Core Model	2019
Philani Outreach Programme	2014
Play and Learning Strategies (PALS)	2019
Pride in Parenting (PIP)	2013
Promoting First Relationships®—Home Visiting Promotion Model	2021
Promoting Parental Skills and Enhancing Attachment in Early Childhood (CAPEDP) Trial	2019
Resource Mothers Program	2011
Resources, Education, and Care in the Home (REACH)	2011
REST Routine	2012
SafeCare®	2018
Seattle-King County Healthy Homes Project	2012
Triple P-Positive Parenting Program®—Variants suitable for home visiting	2019
Video-Feedback Intervention to Promote Positive Parenting-Sensitive Discipline® (VIPP-SD)	2022

III. LOUISIANA HOME VISITING HISTORY AND APPROACH

The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH) has been implementing home visiting for more than 20 years. In the late 1990s, BFH shifted from the Healthy Families America model to the Nurse-Family Partnership (NFP) model,[12] with the establishment of the first LDH-administered teams implementing NFP in the Lafayette and Monroe regions in 1999. BFH has been able to significantly expand home visiting services with federal MIECHV funding, first awarded in 2010, and currently offers evidence-based home visiting services in all 64 parishes in Louisiana. The LDH was awarded $10.3 million to continue to sustain two evidence-based models, NFP and Parents as Teachers (PAT) for state fiscal year (SFY) 2023. Both models meet the HomVEE criteria for evidence of model effectiveness (see Table 1 above).

The BFH has stated goals[13] for the LA MIECHV program, including:

- Improve maternal and child health,
- Prevent child abuse and neglect,
- Encourage positive parenting, and
- Promote child development and school readiness.

In Louisiana, there are four evidence-based models currently being provided: NFP, PAT, Home Instruction for Parents of Preschool Youngsters (HIPPY), and Early Head Start Home Based Option (EHS-HBO), as well as the home visiting services provided by the Healthy Start Program.[14] Though this report only focuses on the evidence-based models provided through the LA MIECHV program (NFP and PAT), it is important to acknowledge that there are other home visiting services available in some areas of the state.[15] NFP and PAT account for approximately 95% of families who participate in evidence-based home visiting in Louisiana.[16,17]

The BFH serves as Louisiana's lead agency for LA MIECHV, offering no-cost, voluntary home visiting services to families with young children. The LA MIECHV program includes two of the nationally recognized, evidence-based home visiting models, Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). Families are matched with registered nurses (NFP) or parent educators (PAT) who provide personalized education, guidance, and support to meet each family's individual needs and empower them to reach their goals.

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12 This implementation predated the naming of the Nurse-Family Partnership, but this nomenclature will be used to here to avoid confusion.

13 Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment**.** Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

14 Although Healthy Start is not an evidence-based home visiting model, the program offers home visiting services in Louisiana. In some states, Healthy Start sites utilize evidence-based models, but it is not a requirement. Healthy Start serves communities with infant mortality rates at least 1.5 times the US national average, with maternal and infant health issues like low birth weight, pre-term delivery, and maternal morbidity and mortality, as well as communities with high rates of poverty, low education, and limited access to care. Louisiana has 4 Healthy Start sites: New Orleans, Gretna, Baton Rouge, and Lafayette. These sites cover Regions 1, 2, and 4.

15 There is one HIPPY site in Region 2 and 27 EHS-HBO sites throughout Louisiana according to the Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment**.** Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute. In addition, the New Orleans Health Department launched Family Connects New Orleans on August 1, 2023, to serve families with newborns up to 12 weeks old residing in Orleans Parish who were born at Ochsner Baptist or Touro Hospital. Also, Child First is offered by DCFS but is not included here as that is an intervention for a specified group of families based on set criteria instead of a primary prevention program which is the focus of this paper.

16 Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment**.** Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

17 Note that the Louisiana Department of Children and Family Services (DCFS) does provide the Child First model in Louisiana. This program is offered to families based on specific criteria including, but not limited to, a family with substance abuse issues, to prevent re-entry into foster care, to a family with a child with psychological or behavioral health needs whose parent/caretaker needs additional support. However, as this is an intervention home visiting program, as opposed to a primary prevention program, it is not included in the breakdown of families receiving home visiting in Louisiana that are documented in this report. DCFS uses Family First Prevention Services Act funding to support the program.

There are 18 home visiting teams in Louisiana as part of the LA MIECHV program; 12 teams implement NFP and six teams implement PAT (see Table 3 for more detail). Most LA MIECHV teams consist of nurse home visitors/parent educators, one Nurse Supervisor, one Assistant Supervisor/Lead Parent Educator, one Administrative Assistant, and one Infant and Early Childhood Mental Health Consultant (IECMHC). LA MIECHV staff are supported by the MIECHV Statewide Leadership Team who report to the Senior Management team in BFH. Several IECMHCs support more than one team and are responsible for providing mental health consultation to home visitors and parent educators. Team Nurse Supervisors report to one of the four Regional Nurse Managers who each support a combination of teams implementing NFP and teams implementing PAT. On an NFP team, each home visitor serves a maximum of 30 families and the Assistant Supervisor serves a maximum of 25 families. On a PAT team, a parent educator serves a maximum of 25 families and the Lead Parent Educator can serve up to 20 families.

The LA MIECHV Program has demonstrated important success with regard to capacity and retention, length of enrollment, representative family demographics, and family satisfaction. For example, race and ethnicity of enrolled families are representative of eligible families at the state level, indicating that program access is largely equitable. In addition, families stay enrolled on average for 13 months, thereby exceeding the length of enrollment of one year that current research suggests is necessary for lasting positive outcomes. Furthermore, qualitative research in Louisiana found that MIECHV families expressed a high degree of satisfaction with services and value the supportive relationship with their home visitor. This qualitative research also found that community partners and leaders believe that home visiting services are beneficial to families and provide important support and education. [18]

In 2022, the LA MIECHV program served 3,645 families with 32,754 home visits. Of the families served, 80% (2,930) were enrolled in the NFP model and accounted for 82% of the home visits conducted (27,020), compared to 20% (715) of the families enrolled in PAT accounting for 18% (5,734) of the total visits. At least one LA MIECHV model is available in each of Louisiana's 64 parishes. Fourteen parishes (22%) offer both NFP and PAT, 40 parishes (63%) offer only NFP, and 10 parishes (16%) offer only PAT. NFP is available in all 9 regions, and PAT is available in Regions 1, 6, 7, and 8 (see Table 3 and Figure 1).

[18] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

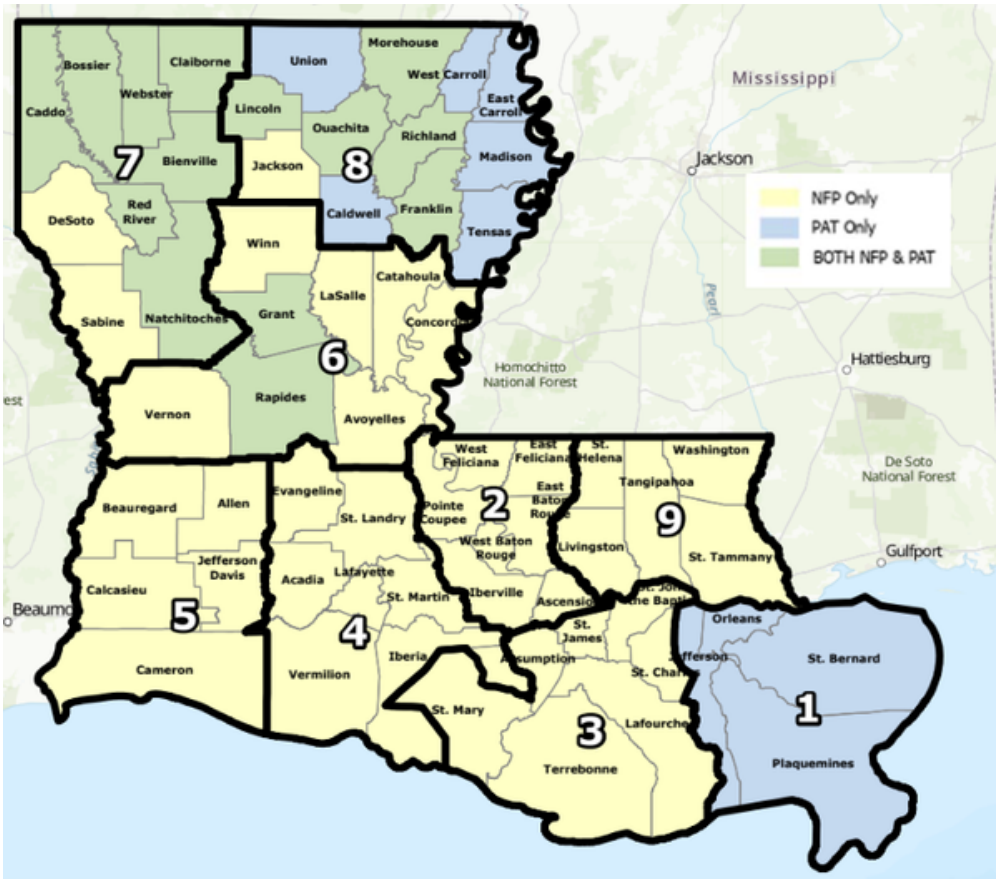
Table 3
LA MIECHV Program by Region[19,20]

Region	Number of Parishes Covered	Model	Number of Teams	Number of NFP Staff	Number of Families Served by NFP	Number of PAT Staff	Number of Families Served by PAT
1	4	PAT	1	--	--	8	67
2	7	NFP	1	8	139	--	--
3	7	NFP	1	6	152	--	--
4	7	NFP	2	11	235	--	--
5	5	NFP	1	7	80	--	--
6	8	NFP, PAT	3	14	262	4	30
7	9	NFP, PAT	4	10	205	8	98
8	12	NFP, PAT	3	5	75	10	138
9	5	NFP	2	12	151	--	--
Statewide	**64**	**NFP, PAT**	**18**	**73**	**1299**	**30**	**333**

19 McNabb, S. (Feb, 2023). LA MIECHV Program presentation and program information provided by BFH staff on 1/27/23.

20 There are several vacancies in both the NFP and PAT programs. These will be discussed later in the report.

Figure 1
Map of LA MIECHV Programs Available by Parish[21]



Teams implementing NFP first began providing services in 1999 in Regions 4 and 8. By 2004, there was at least one team implementing NFP in each region of the state. Teams implementing PAT began providing services in 2013 with one team each in Regions 7 and 8. PAT expanded between 2016 and 2022 with the addition of four more teams, one each in Regions 1, 6, 7, and 8. Given its different enrollment criteria, the expansion of PAT increased LA MIECHV's capacity to reach more families by allowing enrollment after 29 weeks of pregnancy, enrollment for families with multiple children, and enrollment of families where the mother is not the primary caregiver (Table 4).

[21] McNabb, S. (Feb, 2023). LA MIECHV Program presentation and program information provided by BFH staff on 1/27/23.

Table 4
LA MIECHV Program Criteria

	Nurse-Family Partnership	Parents as Teachers
Who is the program for and length of program	Services and supports are provided to first-time mothers and families from pregnancy until the child's second birthday	Services and supports are provided to expectant or parenting families with children 36 months or younger until the child enters kindergarten
Eligibility	Must be eligible for Medicaid, WIC, TANF, or SSI at enrollment Must enroll before 29 weeks of pregnancy	Must be eligible for Medicaid, WIC, TANF, or SSI at enrollment
Parishes served	Available in all parishes except for Caldwell, East Carroll, Jefferson, Madison, Orleans, Plaquemines, St. Bernard, Tensas, Union, and West Carroll	Available in the following parishes: Bienville, Bossier, Caddo, Claiborne, Caldwell, East Carroll, Franklin, Grant, Jefferson, Lincoln, Madison, Morehouse, Natchitoches, Orleans, Plaquemines, Ouachita, Rapides, Red River, Richland, St. Bernard, Tensas, Union, Webster, and West Carroll

IV. CURRENT CAPACITY AND REACH OF THE LA MIECHV PROGRAM

Reach of LA MIECHV

The LA MIECHV program is currently serving families in each region of the state. Participation in program services is voluntary. Table 5 details the total number of families served by LA MIECHV, the total number of births covered by Medicaid, and the total of all births in the state.

Table 5
Estimate of LA MIECHV Reach by Region (2022)[22]

Region	Families Served by LA MIECHV	Number of Births Insured by Medicaid	Percent of Births Insured by Medicaid Served by LA	Total Number of Births	Percent of All Births Served by LA MIECHV
1	136	6,619	2.1%	10,309	1.3%
2	316	4,918	6.4%	8,534	3.7%
3	262	2,971	8.8%	4,415	5.9%
4	431	5,046	8.5%	7,882	5.5%
5	185	2,357	7.8%	3,783	4.9%
6	522	2,533	20.6%	4,195	12.4%
7	732	2,877	25.4%	5,898	12.4%
8	479	2,901	16.5%	4,015	11.9%
9	351	4,238	8.3%	7,358	4.8%
LA	**3,414**	**34,460**	**9.9%**	**56,389**	**6.1%**

As shown in Table 5, LA MIECHV serves approximately one of every ten newborns covered by Medicaid in Louisiana and 6% of all newborns. This ranges from 2% of all births covered by Medicaid in Region 1 to 25% of all births covered by Medicaid in Region 7. Specifically, only 1% of all births in Region 1 receive LA MIECHV services, with Regions 6 and 7 having the most reach at a little more than 12%. (For a breakdown by parish, see Appendix 1).

[22] Data for Calendar Year 2022 provided by Louisiana Department of Health, June 1, 2023.

Referrals to LA MIECHV

As detailed in the *Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment,* eligible families are referred to the LA MIECHV program in several ways. The greatest share of referrals comes from the WIC program (44%), from health care providers in the community (21%), and from LA MIECHV program staff (16%) recruiting in the WIC clinic. In SFY 2018-19, 22% of all families referred to LA MIECHV enrolled. This number increases to 40% if the referred family is successfully contacted by program staff (see Table 6), although over half decline participation, and less than 5% are unable to be served due to language or program capacity. As detailed below, enrollment rates are different between NFP and PAT.[23]

Table 6

Enrollment Disposition of Reached and Eligible Families in SFY 2018-19

Enrollment Outcome	NFP	PAT	Overall
Enrolled	45% (1,477)	27% (306)	40% (1,783)
Declined	52% (1,734)	68% (776)	56% (2,510)
Eligible unable to serve	3% (106)	5% (56)	4% (162)
Total	**3,317**	**1,138**	**4,455**

Length of Time in LA MIECHV

The length of time a family stays enrolled in the home visiting program has a big impact on both the outcomes achieved as well as the capacity of the program to serve other families. Duration of enrollment was examined for all LA MIECHV families who had exited the program during SFY 2018-19. Families stay enrolled in LA MIECHV services for an average of 13 months (Table 7).[24]

[23] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

[24] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

Table 7
Average Duration of NFP and PAT Family Enrollment for Families with an Exit Date in SFY 2018-19

Region	Model	Number of Families	Average Time Enrolled (Years/Months)
1	NFP	178	10 months
1	PAT	73	5.5 months
2	NFP	147	14 months
3	NFP	159	18 months
4	NFP	152	16 months
5	NFP	108	15 months
6	NFP	310	16 months
7	NFP	342	17 months
7	PAT	88	8.5 months
8	NFP	118	17 months
8	PAT	127	13 months
9	NFP	242	14 months
Total NFP (1-9)	NFP	1,756	15 months
Total PAT (1,7,8)	PAT	288	10 months
LA MIECHV Total	**NFP & PAT**	**2,044**	**13 months**

Family Satisfaction

Each year, the LA MIECHV program conducts a client satisfaction survey with families in the NFP and PAT programs. In SFY 2018-19, the survey was completed by 59% of participating families. Results of the survey are provided in Table 8. The family survey also asked about reasons for enrolling in the program and results are provided in Table 9. Finally, Table 10 details responses when families were asked to identify the best reasons for having a home visitor.[25]

Table 8

SFY 2018-19 Family Satisfaction Survey Response (n=1,426)

Family Perceptions of LA MIECHV	Percent of NFP Families That Agree	Percent of PAT Families That Agree	Percent of LA MIECHV Families That Agree
Satisfied or very satisfied with the program	99%	98%	99%
Would recommend program to friends and family	98%	95%	97%
Believe the frequency of visits is just right	85%	81%	83%
Did not find it challenging to make time for home visits	82%	71%	77%
Home Visitors were able to meet their needs	95%	93%	94%

[25] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

Table 9

SFY 2018-19 Family Satisfaction Survey - Family Enrollment Reasons (n=1,426)

Enrollment Reason	Percent of NFP Families That Agree	Percent of PAT Families That Agree	Percent of LA MIECHV Families That Agree
Learn about pregnancy	68%	21%	45%
Learn about parenting	66%	42%	54%
Benefit child health and development	63%	73%	68%
Benefit personal health	31%	14%	23%
Other	5%	2%	4%

Table 10

SFY 2018-19 Family Satisfaction Survey - Best Part of Having a Home Visitor (n=1,426)[26]

Best Part of Having a Home Visitor	Percent of NFP Families That Agree	Percent of PAT Families That Agree	Percent of LA MIECHV Families That Agree
Improve child health and development	41%	49%	45%
Ask questions	58%	34%	46%
Learn about parenting	40%	29%	35%
Have someone to talk to	36%	27%	32%
Improve personal health	23%	19%	21%
Get connected to resources	17%	17%	17%
Learn about pregnancy	37%	13%	25%
Other	4%	4%	4%

Results from the most recent survey in 2021 show similar positive satisfaction with home visiting services. Based on responses from 629 families (536 in NFP and 93 in PAT), 91% were very satisfied and 8% were satisfied with the services. In addition, 98% said they would recommend the program to a friend. The respondents also reported that the program helped the health of their children (85%), their own personal health (82%), and their ability to take care of their children (80%), and improved their relationship with their child (70%). Finally, 88% reported that it is important to stay in the program through graduation.[27]

[26] Note that the survey question was formatted as select all that apply, therefore percentages may total up to more than 100%.

[27] 2021 client satisfaction data provided by the Bureau of Family Health, April 17, 2023.

Home Visiting Workforce

Having appropriately trained and qualified home visiting staff is an essential component of a successful home visiting program. Each of the approved evidence-based models have their own required qualifications for the home visitors. A recent study summarizes the home visiting workforce in the country as having backgrounds in nursing, social work, or education, including early childhood education and special education.[28] Many home visitors have a bachelor's degree or higher (73%), with a range from high school diploma to master's degree. Almost all home visitors are women (99%) and range in age from their early 20s to late 60s. Across the country, more than half identify as white (63%), 13% are African-American or Black, and 16% are Latino, and 2% as Asian.

Staff recruitment and retention are two significant challenges for the LA MIEHCV program, just as they are nationally.[29] These challenges currently impact the capacity of the program while also influencing the length of time families stay engaged as they will often leave if their home visitor departs. Additionally, research shows that families served by more experienced home visitors typically receive more home visits than families with less experienced staff.[30] LA MIECHV has previously reported to HRSA that they have difficulty finding qualified home visitors,[31] and this appears to be the case today as evidenced by the current vacancies on both the NFP and PAT teams (Table 11).

Vacancies in home visitor positions over a long period of time can result in a lack of access to services for families living in a specific area, particularly if the vacancy is the only home visiting position that serves that area. Extended vacancies, or frequent turnover in an area can lead to greater than average family attrition, lost connections with referral sources in that community, and a general reduction in the awareness of the program. To attempt to limit the turnover of home visiting staff, LA MIECHV prioritizes staff well-being and job satisfaction. Toward that end, LA MIECHV endeavors to provide trainings and workshops, and high-quality reflective supervision and infant mental health consultation to address the emotional exhaustion and stress often experienced by home visitors. Furthermore, extra clinical expertise and support is provided with the addition of a Nurse Supervisors on all teams.

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[28] Sandstrom, H., Benatar, S., Peters, R., Genua, D., Coffey, A., Lou, C. et al. (2020). Home Visiting Career Trajectories: Final Report. OPRE Report #2020-11, Washington, DC: Office of Planning, Research, and Evaluation. https://go.edc.org/HVCT

[29] Recruitment and Retention of Home Visitors by Elaine Fitzgerald Lewis, Sara Voelker, Sherrie Rudick, Erica Fields, Kim Elliott, Education Development Center Home Visiting Impacts & Insights Brief Series Vol. 1, Issue 1, 2020. Available at https://www.edc.org/sites/default/files/uploads/HVRecruitRetainBrief.pdf

[30] HRSA. (2015, July). *MIECHV Issue Brief on Family Enrollment and Engagement*. https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/enrollmentandengagement.pdf

[31] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

Table 11

Home Visiting Staff and Current Vacancies – January 2023[32]

Region	Model	Number of Teams	Number of NFP Staff	Number of NFP Vacancies	Number of PAT Staff	Number of PAT Vacancies
1	PAT	1	--	--	8	2
2	NFP	1	8	2	--	--
3	NFP	1	6	0	--	--
4	NFP	2	11	0	--	--
5	NFP	1	7	3	--	--
6	NFP, PAT	3	14	1	4	0
7	NFP, PAT	4	10	2	8	4
8	NFP, PAT	3	5	3	10	2
9	NFP	2	12	5	--	--
Statewide		**18**	**73**	**16**	**30**	**8**

The statewide home visiting needs assessment conducted in 2020 looked at whether there was equitable access to LA MIECHV services across the state. The analysis compared the age and race of the primary caregivers who were enrolled in the LA MIECHV program during 2018 with the age and race of women whose 2018 birth was covered by Medicaid. In that report, NFP data for age and race was limited to newly enrolled families during SFY 2018-19 due to data system limitations. When comparing the age of LA MIEHCV participants to the age of mothers receiving Medicaid giving birth in 2018, the home visiting participant cohort was younger than that of the cohort of women giving birth covered by Medicaid. This fact is likely a result of the NFP program enrollment requirements of being a first-time mother.[33] However, in terms of race, the LA MIECHV serves primary caregivers that are racially representative of the population of women giving birth covered by Medicaid in 2018.

[32] Data provided by Louisiana Bureau of Family Health as of January 27, 2023.

[33] Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

Current Funding

LA MIECHV uses multiple federal funding streams to support home visiting services. These funding streams include MIECHV, Temporary Assistance for Needy Families (TANF), and Title V. (See Appendix 2 for an overview of federal funding that can support home visiting.) In addition, Louisiana provides state general funds. While these four funding sources comprise the totality of the LA MIECHV program, it is possible to identify specific parishes supported with federal MIECHV funds (36) and the other parishes funded by a blend of state general funds, TANF, and Title V (28). Table 12 details the LA MIECHV budget, and sources of funding, for SFY 2023-24. Note that Louisiana chose to use some of the American Rescue Plan Act dollars[34] for LA MIECHV, however these are time limited federal funds.

Table 12
SFY 2023-24 Funding for LA MIECHV

State General Fund	Federal	Total
$2,600,000	Title V - $4,339,889 MIECHV- $12,192,252 TANF - $2,877,075 ARPA[35] - $1,067,248	$23,076,464

Federal review of the state's Title V Block Grant annual plan included the consideration for the state's Maternal and Child Health program to reduce its financial support for home visiting in order to diversify the portfolio of maternal and child health initiatives. As a result, it is likely that the LA MIECHV budget will see reduced financial support from Title V beginning in SFY 2024-25.

There is an existing maintenance of effort (MOE) required by the federal government to receive the federal MIECHV funding. To meet the MOE requirement, each state must obligate at least as much state general funds as they reported spending on evidence-based home visiting in fiscal year FY 2019 or FY 2021, whichever is less. In Louisiana, this amount is $2.6 million.[36] If the MOE is not met, then the state will not receive the federal MIECHV support.

[34] American Rescue Plan Act of 2021 was special funding provided by Congress to address the Covid pandemic. Louisiana chose to use some of these funds to support LA MIECHV. States must spend their ARPA funds by September 30, 2024.

[35] American Rescue Plan Act of 2021 was special funding provided by Congress to address the COVID pandemic. Louisiana chose to use some of these funds to support LA MICHV. States must spend their ARPA funds by September 30, 2024.

[36] https://www.federalregister.gov/documents/2023/06/23/2023-13357/notice-of-non-federal-funds-reported-by-statejurisdiction-awardees-on-the-maternal-infant-and-early

[37] https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization

V. CURRENT LIMITATIONS OF LA MIECHV

The provision of home visiting services through LA MIECHV is limited to a small percentage of eligible families (Table 5). Some of these limitations are due to the home visiting models used, such as NFP which only serves first-time mothers beginning before the 29th week of pregnancy, while other limitations are the capacity of the LA MIECHV program. Currently, NFP is the largest home visiting program, as 80% of families served by LA MIECHV are receiving this model of service. Other limitations are due to the difficulty in filling staff vacancies and reducing staff turnover (Table 11). Currently, only 10% of newborns covered by Medicaid, and 6% of all newborns, are receiving services from LA MIECHV (Table 5).

Qualitative research from 2020 showed that community members believe there are many families that are unserved who could benefit from home visiting services. This research also found that community partners feel that the home visiting services are a valuable support to families.[38] This finding is supported by feedback from the families served who report positive experiences from the program (Tables 8-10).

Perhaps most importantly, the qualitative research showed that community members felt that the eligibility criteria of NFP, specific to first-time parents, beginning before the 29th week of pregnancy, and of low income, were a barrier to providing support to many families who could benefit.

VI. CONSIDERATIONS FOR EXPANDING HOME VISITING IN LOUISIANA

The current LA MIECHV program serves 6% of families with babies in the state (Table 5). Planning to expand the capacity of the program to serve more families should be considered through a lens of both the number of families to be served (program expansion) and building a comprehensive system (systems approach) to help ensure the quality and integrity of the services delivered.

As noted above, community members felt positively about their engagement with home visiting, and that the eligibility criteria of NFP, specifically around first-time parents during pregnancy, and income level, were a barrier to providing support to many families who could benefit.

With many challenges facing Louisiana's children, ranging from a lack of access to resources to poor maternal and child health outcomes, strong deliberation for expanding the eligibility criteria, especially beyond the income limitation, should be considered at this time.

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38 Maternal, Infant, and Early Childhood Home Visiting Program 2020 Statewide Needs Assessment. Louisiana Department of Health, Bureau of Family Health with support from the Louisiana Public Health Institute.

Program Expansion

Across the country, there are states and municipalities that are pursuing a universal approach to home visiting so that all families are offered at least a few home visits after the birth of a child. Family Connects International (FCI), one of the 24 models that meets the HHS criteria for an evidence-based early childhood home visiting service, is the model most often being used to achieve this goal. (More information about FCI is provided in Box 1.) Examples of state and city efforts to provide universal home visiting using FCI are provided below.[39]

Box 1
Overview of Family Connects International

Family Connects International (FCI) is a home visiting program that uses nurses to serve all families with newborns in a defined service area. The mission of FCI is, "Strengthening connections for families with newborns and linking them directly to supportive community care resources." The model includes one to three home visits usually between two and 12 weeks post-partum. The home visiting nurse will usually conduct a physical health assessment of the mother and newborn at the first visit as well as screen for potential risk factors associated with the mother's and infant's health and well-being, and provide guidance on topics including infant feeding and sleeping. The program recommends mental health, social, or medical services, as needed, as part of a whole-person approach. The program was originally piloted in Durham, NC, before being renamed Family Connects International. As of 2022, FCI is an independent nonprofit.[40]

39 Note that the New Orleans Health Department launched Family Connects New Orleans on August 1, 2023, to serve families with newborns up to 12 weeks old residing in Orleans Parish who were born at Ochsner Baptist or Touro Hospital.

40 See https://familyconnects.org for additional information.




Oregon

Overview: Oregon's MIECHV program currently uses three models to serve families in 13 of the 36 counties in the state. The models being used are Nurse-Family Partnership, Healthy Families America, and Early Head Start Home-Based Option. As of 2020, between 8% and 18% of eligible families are being served.[41]

Family Connects Oregon is an expansion of Oregon's home visiting services. The program intends to be universal, thereby offering this nurse home visiting program to all families with a newborn in Oregon. This program is a voluntary, opt-in one, and no family will be required to participate. Family Connects Oregon will be able to refer families to the other more intensive home visiting models in the state, as well as to other community-based services, including medical services (obstetricians and primary care providers, pediatricians, and family practice physicians) or social services (child care, mental health, housing agencies, and lactation support), among others.

Legislation: In 2019, Oregon passed legislation mandating the availability of this universal program for all families of newborns. This legislation also required that health insurance plans in the state cover this service. In 2022, Oregon passed additional legislation requiring that health insurance plans reimburse the full cost of the program. As of January 1, 2023, reimbursement rates are set at $1,192 per case (including up to three home visits) with an additional $190.72 for additional newborns (e.g. twins, triplets).[42] Rates will be revised effective July 1, 2023, and will be in effect through June 30, 2025. (A link to the state's administrative rules is available in the footnotes.)[43]

Current Status: Family Connects Oregon is currently being phased-in in four communities across nine counties. In those counties, families will be offered the program based on the hospital where the baby is delivered.[44] In FY 2021, Oregon conducted 12,428 home visits in 1,079 households.[45]

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[41] Oregon Statewide Maternal, Infant & Early Childhood Home Visiting Program 2020 Needs Assessment at https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/MIECHV/Documents/MIECHV%202020%20Final%20Needs%20Assessment%20Approved.pdf.

[42] See https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/Documents/FCO_Status_Update20220930.pdf.

[43] https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=5722.

[44] From Katherine Stoehr (New Jersey), Cate Wilcox (Oregon), Ashley McAuliffe (Connecticut), and Deborah Poerio (Connecticut), Universally Available Newborn Nurse Home Visitation in Connecticut, New Jersey and Oregon, presentation at the National PN-3 System Building Meeting, September 2022.

[45] See https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/or.pdf.

Funding: State general funds are used to support state level infrastructure (staff), contracts, local start-up funding, and the Medicaid match; Medicaid is used to reimburse for medical services and targeted case management for Medicaid recipients; and commercial health insurance plans reimburse a bundled case rate inclusive of all costs for implementing the model (approximately $1,100-$1,300 per family). Both Medicaid and commercial health insurance treats the newborn as the client.[46]

New Jersey

Overview: The state administered home visiting program in New Jersey serves over 5,000 families of infants and young children with three models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. In addition, the Home Instruction to Parents of Preschool Youngsters (HIPPY) program is available in one county.

Legislation: In 2021, New Jersey passed legislation mandating that the state establish a statewide, voluntary, and universal, newborn home nurse visitation program. This program is required to include a home visit by a nurse within two weeks post-partum with the potential for up to two more home visits during the child's first three months of life. The legislation also sets out the rules for Medicaid, certain commercial insurers, and the NJ State Health Benefits plan to cover these home visiting services.

Current Status: Expansion to a universal program is currently in the planning phase based on the legislation passed in 2021 with the actual launch date still to be determined.[47] In FY 2021, New Jersey conducted 72,990 home visits in 5,520 households.[48] At the time of this report's preparation, New Jersey was bidding out the program and had issued an RFP with an underlying funding amount of nearly $45 million. Costs included are: FCI Academy/ Preparation for Service; funding to support nurse recruiting, initial medical supplies for nurses, and laptop and cell phone purchases; FCI Training; supplemental operating costs for the initial ramp-up period; support for program operations based on estimated families served; supplemental translation support; supplemental funding in counties with exceptionally high populations of low English proficiency; and Salesforce licenses.

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46 From Katherine Stoehr (New Jersey), Cate Wilcox (Oregon), Ashley McAuliffe (Connecticut), and Deborah Poerio (Connecticut), Universally Available Newborn Nurse Home Visitation in Connecticut, New Jersey and Oregon, presentation at the National PN-3 System Building Meeting, September 2022.

47 From Katherine Stoehr (New Jersey), Cate Wilcox (Oregon), Ashley McAuliffe (Connecticut), and Deborah Poerio (Connecticut), Universally Available Newborn Nurse Home Visitation in Connecticut, New Jersey and Oregon, presentation at the National PN-3 System Building Meeting, September 2022.

48 See https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/nj.pdf

Funding: Federal MIECHV funding and state general funds are used for infrastructure, evaluation, and information technology.[49] The legislature appropriated $2.75 million in 2021 to support implementation of the universal program. New Jersey is currently developing a cost-per-visit with a possible rate consideration of $460 per visit. The cost is designed to cover the home visiting nurse, the nurse supervisor, a program support specialist, supplies, mileage reimbursement, and indirect costs, etc.[50]

Tulsa, Oklahoma

Since 2017, the city of Tulsa has been offering Family Connects services as part of its overall Birth through Eight Strategy for Tulsa (BEST) at a birthing hospital with a high concentration of births to women with insurance through Medicaid. The program was originally funded solely through private philanthropy, but now receives some public money through MIECHV. Current costs are about $530 per visit. Almost 90% of the birthing mothers offered the program have opted to participate, and the program operators believe that several factors contribute to this high level of program acceptance. First, Family Connects is administered by an organization that also has a hospital-based program that provides in-hospital parenting support services for new parents. Known as Bright Beginnings, this program is a hospital-based education approach with nurses visiting seven days a week and providing education at the bedside about talking, reading, and singing with the baby, as well as about prevention of shaken baby syndrome. The Bright Beginnings nurse makes the referral to Family Connects. Second, the potential clients are offered incentives from a local convenience store in the form of a gift card. In addition, they are given diapers at each Family Connects visit along with a "brain box" of toys and cards to support parent-infant interaction and relationship building.

The program has expanded to a second hospital in Tulsa that has a different insurance mix for those giving birth—about 50% commercial insurance and 50% Medicaid—and is the largest birthing hospital in the city. At this hospital, the acceptance rate is not as high, only around 70%. Program leaders are learning that a different approach to incentives is needed as some families are more interested in lactation support and bonding rather than addressing basic material needs.

Tulsa also offers some other home visiting models. If a family is in the Nurse-Family Partnership program, they are not offered Family Connects services. However, if the city learns that a family is already in the Healthy Start program, they do offer Family Connects as they have concluded that these are not duplicative or overlapping services. Finally, there are good connections to local pediatricians participating in Heathy Steps, and the program may receive post-partum referrals for visits to families from the pediatricians. These are accepted and included in Family Connects.

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49 Personal communication with Lenore Scott on 3/14/2023.

50 From Katherine Stoehr (New Jersey), Cate Wilcox (Oregon), Ashley McAuliffe (Connecticut), and Deborah Poerio (Connecticut), Universally Available Newborn Nurse Home Visitation in Connecticut, New Jersey and Oregon, presentation at the National PN-3 System Building Meeting, September 2022.

Connecticut

Connecticut is developing a universal approach to home visiting that combines nurse-offered home visiting with FCI that also includes community health worker (CHW) support. This work is in a pilot phase.

In the state's first such multiagency collaboration, the Office of Early Childhood (OEC), with commissioners from five state agencies including the Departments of Social Services (DSS), Children and Families (DCF), and Public Health (DPH), and the Office of Health Strategy (OHS), unified to support the unique integration of a universal nurse home visiting program with the CHW program, referred to as Family Bridge. Led by OEC as a pilot program and anticipated to expand statewide, this innovative approach was intended to address the physical and social determinants of health that have adversely impacted maternal/newborn health exacerbated by Covid-19, and to address health disparities related to systemic racism.

OEC issued a request for proposals in 2022 and identified an entity to establish the pilot program. Program funding to support the initial four years of the pilot program consists of $14 million from a CDC grant, ARPA funds through OEC, and Preschool Development Grant B-5 funding through OEC. Currently the nursing services provided through universal nurse home visiting are reimbursable through Medicaid. The CT Home Visiting Program and CHW program are currently working with DSS to acquire reimbursement through Medicaid for programs which will also include additional home visitation models such as: NFP, Parents as Teachers, Healthy Families America, and Child First.[51]

COMPREHENSIVE HOME VISITING SYSTEMS APPROACH

When considering any expansion of home visiting services in the state, it is important to pay attention to how a comprehensive system would be supported. Only working to expand services, without expanding infrastructure to support those services, will result in a weakened program with limited quality due to challenges to recruit and retain staff, train staff, evaluate outcomes, monitor the services, etc. Both Prenatal-to-5 Fiscal Strategies and the Build Initiative,[52] have put forth a model of system components that are needed to ensure a high quality, sustainable, and effective home visiting program in any community or state. The components of this comprehensive home visiting system are:

1. Shared Leadership, Governance, and Administration
2. Assessment and Planning
3. Financing Strategies and Funding Mechanisms
4. Professional Development, Training, and Technical Assistance
5. Monitoring and Accountability

States that are working to expand home visiting services are struggling to build each of these needed components. Fortunately, there are examples from states that are implementing specific components of a comprehensive system, highlighted below.

[51] Personal communication with Lenore Scott on 3/14/2023.

[52] As mentioned earlier, Child First is provided in Louisiana through DCFS.

Shared Leadership, Governance, and Administration

In some states, leadership, oversight, and management of home visiting occurs at both the state and local levels. However, within the context of a larger early childhood system, it is important to establish a vision for home visiting as well as the accompanying goals and activities. Since state and local government may be involved, it is important to have clear communication and strong collaboration between state and local leaders. Critical governance decisions need to be made in terms of the administration of state funds and the federal MIECHV funds. In addition, adherence to funding requirements and any state legislation must be maintained. Knowledge gained across different models can be coordinated at the state level thereby maximizing quality improvement strategies that support all program models.

North Carolina has a rich history of local control due to their Smart Start collaborations that started in 1993. Smart Start is a county level, public/private partnership and is present in each of North Carolina's 100 counties. These partnerships were started to improve outcomes by giving more control to local communities. To ensure that home visiting resources are equitably and sufficiently available throughout the state, and that parents are aware of available services, the state created a Home Visiting and Parenting Education (HVPE) System Action Plan to achieve a shared vision between the state and the local efforts. The HVPE System Action Plan calls for better coordination across state funders and across programs to build and maintain a system that remediates racial and economic inequities through equitable access points, quality, and distribution of services.[53]

Assessment and Planning

Proper planning is critical to ensure that all funders, models, communities, and other stakeholder interests are represented. This planning is more important when multiple home visiting models are being used as there are often different eligibility criteria, and programs want to be careful not to duplicate services as resources are finite. Building and maintaining appropriate data systems, and use of needs assessments, will help identify existing service gaps and help plan for appropriate growth or expansion.

Oregon is doing this type of planning as the state has multiple models of home visiting; state law requires that Medicaid and commercial health insurance reimburses for the home visiting services; and the state is introducing universally available home visiting to all families with newborns. The universal aspects of the home visiting system, using Family Connects Oregon, involves community system development through local hubs that work to build capacity to coordinate and engage families in the home visiting services. Oregon's Early Learning Council recently established a state-level home visiting committee to further enhance the work and to ensure a strong plan with equally effective implementation.

53 More information is available at https://www.smartstart.org/home-visiting-parental-education-system-building/

Financing Strategies and Funding Mechanisms

A home visiting system large enough to have a meaningful population-level impact requires financing and funding beyond the federal MIECHV dollars. Therefore, a variety of stable sources of funds are needed but it is important to coordinate these different funding streams to streamline administrative requirements. Furthermore, it is imperative that these funds are used in an efficient and coordinated manner to best support local implementation.

Washington has used an innovate funding approach that includes MIECHV, Temporary Assistance for Needy Families, state marijuana revenues, and state general funds, along with private dollars, to create what is known as a Home Visiting Services Account (HVSA). All programs funded by the HVSA are accountable to a set of performance measures, known as Aligned Measures. The HVSA was established by the Washington State Legislature in 2010. The HVSA has grown from funding four grantees serving 120 children to 36 grantees serving 2,000 children statewide.[54]

Professional Development, Training, and Technical Assistance

The home-visiting system should maintain a highly skilled and well-trained home-visiting workforce across all models being implemented. Training, technical assistance, and professional development coordinated at the state level can be responsive to, and informed by, knowledge gained from ongoing data collection, evaluation, and quality improvement efforts.

Illinois built a multi-model training center to provide the training for both Parents as Teachers and Healthy Families America. Housed at a non-profit partner, Start Early, they provide all of the required training as well as technical assistance on program implementation and coaching for individual staff and teams. This effort is supported by a blend of public investments in home visiting.[55]

[54] For additional information, see https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/hvsa.

[55] For additional information, see https://www.startearly.org/where-we-work/illinois/professional-learning-network/.

Monitoring and Accountability

It is important to maintain fidelity to the home visiting model being used to help ensure service quality and the program outcomes. However, there needs to be attention to minimizing the administrative burden imposed by the models while maintaining adherence to program standards. This result can be achieved by creating crosswalks of the standards of the different models to identify any similarities and/or differences in accountability requirements. Furthermore, shared monitoring and reporting structures may be possible.

As **New Mexico** was planning and designing its system, it used population-level data to identify the need for additional home-visiting models to meet the diverse needs of families. As a result, New Mexico used federal relief dollars to add more models to its state system. As these federal relief dollars are time-limited, New Mexico plans to use increased state funding to replace the additional federal relief dollars.

VII. NEXT STEPS

Louisiana's current state-coordinated home visiting services, LA MIECHV, are serving approximately 6.1% of families with a newborn child.

The first question to be addressed is whether there is the intention to serve a higher percentage of families. If so, then there is a need to set a target goal for the percentage to be served. Any goal to serve a larger percentage of newborns will take time to achieve due to the additional workforce, training, and funding, that are needed. As a result, a phased-in approach to expansion may make the most sense. The following are some key decisions that should be considered when exploring expansion of LA MIECHV. (There may be some additional home visiting programs in the state but these are not accounted for in this report, but they will only minimally increase the total number of families served.)

Universal vs. Targeted Approach

The current LA MIECHV programs serves families that meet specific eligibility criteria, primarily low-income families as defined by their enrollment in Medicaid, WIC, or TANF (see Table 4). Therefore, a decision is needed to determine if the goal is to serve a higher percentage of families that are low income by this existing definition, or if the eligibility criteria should be expanded. This expansion may mean increasing the income threshold for eligibility or even choosing a universal approach, providing home visiting to all families with a newborn child. Most states or municipalities that are currently expanding home visiting services are pursuing this universal approach, and some examples have been provided.

If choosing to pursue a universal approach, a decision needs to be made concerning the intensity/amount of home visiting to be provided. Almost all the current universal approaches being pursued are using FCI as it provides one to three home visits between two and 12 weeks after birth at an approximate cost of $1,300-1,500 per family. However, there are other HomVEE evidence-based models that can be considered that utilize a broader eligibility criteria (e.g., Play and Learning Strategies Infant, Promoting First Relationships, and Safe Care) and they offer between 10 and 18 home visits.

Financial projections for providing a universal model, using FCI, are provided in Table 13. Choosing a different universal model with more home visits than FCI would cost more than the projections provided in Table 13.

Table 13

Cost Projections for Providing Universal Home Visiting to All Newborn Babies in Louisiana using Family Connects[56]

Region	Total Number of Births	Families Served by MIECHV	Total Number of Unserved Families	Additional Families Served (60% Acceptance Rate)	Projected Cost
1	10,309	136	10,173	6,104	$9,156,000
2	8,534	316	8,218	4,931	$7,396,500
3	4,415	262	4,153	2,492	$3,738,000
4	7,882	431	7,451	4,471	$6,706,500
5	3,783	185	3,598	2,159	$3,238,500
6	4,195	522	3,673	2,204	$3,306,000
7	5,898	732	5,166	3,100	$4,650,000
8	4,015	479	3,536	2,122	$3,183,000
9	7,358	351	7,007	4,204	$6,306,000
Total	**56,389**	**3,414**	**52,975**	**31,785**	**$47,680,500**

Funding

Any expansion of LA MIECHV services will require additional funding. LA MIECHV has a current budget of $23 million (see Table 12). However, this budget includes $3.8 million in ARPA funds that will not be reoccurring, and $3.38 million in Title V funds that will be reduced in subsequent fiscal years. Therefore, just to maintain the LA MIECHV program into the future will require additional funding to sustain the program at current levels (serving 10% of births covered by Medicaid and 6% of all births).

56 Based on feedback and research from other states implementing FCI, it is projected that the percentage of families choosing to accept the home visiting services would be 60%. A cost of $1,500 per family was used for the projection to account for training and infrastructure needs.

States that are currently establishing a universal home visiting system are looking to Medicaid and commercial insurance to supplement the federal MIECHV funding that they receive. (Other federal funding may be used for home visiting, as outlined in Appendix 2, but we note that these streams are not likely to fully finance a program that can be made available to all pregnant and parenting families with young children who want to engage.) Projections for the cost of building an FCI universal home visiting program in Louisiana are in excess of $47 million based upon an acceptance rate of 60% (Table 13). This projection can be used as a guide as other models are considered that may have higher costs and/or different acceptance rates.

Infrastructure

Any service expansion of LA MIECHV needs to be supported with the appropriate infrastructure as outlined in the Comprehensive Home Visiting Systems Approach section of this report. While funding is addressed above, appropriate infrastructure includes governance, assessment, monitoring, and professional development/training. Each of these infrastructure areas are needed to ensure that high-quality home visiting services are provided that efficiently use the available financial resources. Perhaps most critical will be professional development and training as attracting and retaining the home visiting workforce will likely prove to be the biggest challenge for any service expansion. For example, FCI utilizes nurses yet LA MIECHV has experienced great difficulty in hiring nurses for NFP, which also uses nurses.

VIII. CONCLUSION

Louisiana has provided home visiting to targeted families for over 30 years. However, the current home visiting services through LA MIECHV only reach approximately 6% of families with newborns. Home visiting is seen as one of the most successful interventions to improve outcomes for both the child and the family. Some states are pursuing a universal approach to home visiting so that all families who choose to receive the service can have greater support. Expanding home visiting in Louisiana to provide greater support to all families who want it should be strongly considered.

Appendix 1: Louisiana MIECHV Reach by Parish 2022

Estimate of LA MIECHV Reach by Parish (Calendar Year 2022)[57]

Parish	Region	Families Served by LA MIECHV	Number of Births Insured by Medicaid	Percent of Medicaid Births Served by LA MIECHV	Total Number of Births	Percent of All Births Served by LA MIECHV
Acadia	4	34	580	5.9%	872	3.9%
Allen	5	18	210	8.6%	294	6.1%
Ascension	2	29	727	4.0%	1,686	1.7%
Assumption	3	9	114	7.9%	168	5.4%
Avoyelles	6	66	381	17.3%	486	13.6%
Beauregard	5	27	274	9.9%	491	5.5%
Bienville	7	23	88	26.1%	137	16.8%
Bossier	7	97	619	15.7%	1,699	5.7%
Caddo	7	359	1,371	26.2%	2,797	12.8%
Calcasieu	5	121	1,556	7.8%	2,520	4.8%
Caldwell	8	9	72	12.5%	95	9.5%
Cameron	5	1	31	3.2%	54	1.9%
Catahoula	6	15	30	50.0%	85	17.6%
Claiborne	7	23	95	24.2%	124	18.5%
Concordia	6	15	72	20.8%	235	6.4%
DeSoto	7	17	172	9.9%	346	4.9%
East Baton Rouge	2	228	3,479	6.6%	5,602	4.1%
East Carroll	8	10	52	19.2%	60	16.7%
East Feliciana	2	6	117	5.1%	206	2.9%
Evangeline	4	30	300	10.0%	401	7.5%
Franklin	8	49	177	27.7%	248	19.8%
Grant	6	31	167	18.6%	251	12.4%
Iberia	4	0	678	0.0%	882	0.0%
Iberville	2	85	237	35.9%	359	23.7%
Jackson	8	17	100	17.0%	141	12.1%
Jefferson	1	55	3,592	1.5%	5,407	1.0%
Jefferson Davis	5	26	286	9.1%	424	6.1%
La Salle	6	116	89	130.3%	155	74.8%
Lafayette	4	80	1,768	4.5%	3,284	2.4%
Lafourche	3	29	689	4.2%	1,123	2.6%

[57] Data for Calendar Year 2022 provided by Louisiana Department of Health, June 1, 2023.

Parish	Region	Families Served by LA MIECHV	Number of Births Insured by Medicaid	Percent of Medicaid Births Served by LA MIECHV	Total Number of Births	Percent of All Births Served by LA MIECHV
Lincoln	8	54	331	16.3%	520	10.4%
Livingston	9	66	955	6.9%	1,890	3.5%
Madison	8	12	115	10.4%	123	9.8%
Morehouse	8	86	200	43.0%	249	34.5%
Natchitoches	6	99	318	31.1%	440	22.5%
Orleans	1	59	2,520	2.3%	4,043	1.5%
Ouachita	8	155	1,407	11.0%	1,955	7.9%
Plaquemines	1	2	116	1.7%	263	0.8%
Pointe Coupee	2	5	144	3.5%	251	2.0%
Rapides	6	266	1,085	24.5%	1,575	16.9%
Red River	7	26	70	37.1%	95	27.4%
Richland	8	52	179	29.1%	246	21.1%
Sabine	7	23	166	13.9%	248	9.3%
St. Bernard	1	17	391	4.3%	596	2.9%
St. Charles	3	20	262	7.6%	544	3.7%
St. Helena	9	10	59	16.9%	85	11.8%
St. James	3	4	123	3.3%	229	1.7%
St. John the Baptist	3	26	338	7.7%	460	5.7%
St. Landry	4	140	821	17.1%	1,063	13.2%
St. Martin	4	29	413	7.0%	656	4.4%
St. Mary	3	40	519	7.7%	620	6.5%
St. Tammany	9	127	1,416	9.0%	2,882	4.4%
Tangipahoa	9	100	1,330	7.5%	1,914	5.2%
Tensas	8	3	21	14.3%	39	7.7%
Terrebonne	3	81	926	8.7%	1,271	6.4%
Union	8	19	166	11.4%	233	8.2%
Vermilion	4	23	486	4.7%	724	3.2%
Vernon	6	53	292	18.2%	839	6.3%
Washington	9	47	478	9.8%	587	8.0%
Webster	7	68	296	23.0%	452	15.0%
West Baton Rouge	2	11	169	6.5%	342	3.2%
West Carroll	8	8	81	9.9%	106	7.5%
West Feliciana	2	2	45	4.4%	88	2.3%
Winn	6	25	99	25.3%	129	19.4%
No Address	NA	31	0	NA	0	NA
Total	**NA**	**3,414**	**34,460**	**9.9%**	**56,389**	**6.1%**

Appendix 2: Federal Funding Streams That Can Support Home Visiting

There are multiple federal funding streams that states can potentially use to support home visiting programs. Some are explicitly intended to support home visiting while others allow the flexibility to be utilized for such programs. The following is a description of these federal funding programs.

Maternal, Infant and Early Childhood Home Visiting Program – known as MIECHV, this stream is the largest source of federal funds dedicated to supporting home visiting programs. In 2010, the federal government established this program through passage of the Patient Protection and Affordable Care Act. The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 reauthorized MIECHV and increased the federal investment over five years, increasing base grants approximately 25%. The federal government has now committed $500 million per year in each of the next five federal fiscal years (FY 2023-2027), increasing to $800 million in FY 2027 (more than double the FY 2022 appropriation). In addition, there is a newly required 25% state match that will be phased-in starting in FY 2024.

Temporary Assistance for Needy Families – known as TANF, provides funds to states for a range of services that address economic disadvantage and child poverty. States have broad flexibility in how to use their TANF funds and to define eligibility criteria and benefit amounts. At the federal level, TANF has four defined purposes:

1. Provide assistance to needy families so that children can be cared for in their own homes;
2. Reduce the dependency of needy parents by promoting job preparation, work, and marriage;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies; and,
4. Encourage the formation and maintenance of two-parent families.

States must require a minimum work participation standard as well as a time limit on benefits not to exceed 60 months.

Social Services Block Grant – known as SSBG, states have great flexibility to use these funds for a range of goals from promoting self-sufficiency to preventing child abuse and neglect. Each state determines the services to be provided, eligibility, and the distribution of funds within certain broadly defined federal parameters.

Community-Based Child Abuse Prevention Grants – the purpose of this funding is to support community-based programs in preventing child abuse and neglect. This funding emphasizes the use of evidence-based programs for home visiting, parenting, family resource centers, respite and crisis care, and other family support programs. These grants are a part of the Child Abuse Prevention and Treatment Act (CAPTA) last reauthorized in 2010 and amended several times, most recently in 2019.

Title IV-B of the Social Security Act – states receive these funds to protect and promote the well-being of children who are at risk of, or have been victims of, child maltreatment. Services supported through this funding are targeted to prevent children from being removed from their home due to maltreatment, to provide family support, family preservation, time-limited reunification, and adoption promotion.

Title IV-E of the Social Security Act – also known as Family First Prevention Services Act, is designed to help states keep children from entering foster care. The flexibility of these funds allows states to provide services including mental health, substance use, counseling, and other in-home parent skill-based programs, including evidence-based home visiting programs.

Title V Maternal and Child Health Block Grant Program – known as Title V, these funds support state efforts to improve the health and well-being of women, particularly mothers, children (including those with special health needs), and families. States have flexibility in how these funds are used to support a wide range of activities, including evidence-based home visiting programs.

Medicaid – provides health coverage to low-income adults, children, women who are pregnant, and certain individuals with disabilities. As home visiting programs promote positive health and well-being, some states finance part of their home visiting programs using Medicaid or Children's Health Insurance Program (CHIP). CHIP can support home visiting services through the program's Health Services Initiatives (HSIs). These HSIs are designed to improve the health of a broad population, even beyond Medicaid or CHIP eligible children. As of 2019, there are 71 approved HSIs in 24 states with at least three states that include home visiting services.[58,59] However, a challenge of using Medicaid is the difficulty integrating home visiting services into a managed care structure. Furthermore, Medicaid coverage and payment rates often fail to cover the full cost of providing home visiting services.

Services that are covered by Medicaid vary by state. Targeted case management services are the most commonly billed service by home visiting programs. Many evidence-based home visiting programs utilize non-medical professionals or paraprofessionals as home visitors. States have a great deal of flexibility to define the requirements to be a Medicaid-eligible provider. However, the process for amending a state Medicaid plan depends on each state and often proves challenging. The Nurse-Family Partnership was a Medicaid funded program in Louisiana for many years before that ended in 2013.

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58 See States Use CHIP Health Services Initiatives to Support Home Visiting Programs available at https://nashp.org/states-use-chip-health-services-initiatives-to-support-home-visiting-programs/

59 For the most current 50-state analysis of the use of Medicaid and/or CHIP to support home visiting services, including what federal authorities and/or benefit categories are used, populations eligible for services, and covered services, see National Academy for State Health Policy report, 5/1/23, available at https://nashp.org/medicaid-reimbursement-for-home-visiting-services/

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