Maternal Infant Early Childhood Home Visiting (MIECHV) – Formula (X10)
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ANNOTATION: The MIECHV program will provide Indiana resources to continue home visiting in the state and improve health and developmental outcomes for at-risk children and families through the evidence based programs Healthy Families Indiana (HFI) and Nurse-Family Partnership (NFP). As of March 31, 2019, Indiana had 1242 MIECHV-funded families enrolled in home visiting. Clients are often characterized by a combination of risk factors including: mental illness, substance abuse, low educational attainment, history of interpersonal violence, single parenting, and limited access to health care. Home visiting services will address high-risk, low income families in need of services through education, intervention, and referrals to wrap around support services.

GOALS AND OBJECTIVES: Indiana's MIECHV Program vision is to improve health and development outcomes for children and families who are at risk through achievement of the following goals: 1) Provide appropriate home visiting services to women, their infants and families who are low-income and high-risk; 2) Develop a system of statewide coordinated home visiting services that provide appropriate, targeted, and unduplicated services and locally coordinated referrals; 3) Coordinate necessary services outside of home visiting programs to address needs of participants. These goals will be achieved through the following objectives:

Continue program implementation serving at least 1585 new and continuing families.
1.a.ii. By 9/30/21, HFI will serve at least 1035 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, and St. Joseph counties as well as an additional county to be selected following the 2020 Needs Assessment.
1.a.ii. By 9/30/21, NFP will serve at least 550 MIECHV-funded families in Elkhart, LaPorte, Marion, and St. Joseph counties.
Inform organizations in Indiana [that currently serve as a referral source for home visiting programs] regarding referral coordination and expansion of services in order to provide appropriate, targeted, and unduplicated services to all children, mothers, and families who are high-risk throughout Indiana
2.a.i. By 9/30/2021, 100% of facilitated meetings of INHVAB with key representatives from state level social service departments will include an update regarding MIECHV-funded home visiting activities, HMG service implementation updates, and plans for possible expansion beyond MIECHV counties.
Help Me Grow Indiana will contribute to referral coordination for MIECHV-funded families in Indiana with children who screen positive for concern for developmental delay.
3.a.i. By 9/30/2021, home visitors serving MIECHV-funded families will refer 100% of MIECHV-funded families with children who screen positive for concern for developmental delay and are unable to receive an evaluation by early intervention services within 45 days to Help Me Grow Indiana for assistance in navigating referrals and/or activities for family support in the event evaluation by early intervention services is delayed.
3.a.ii. By 9/30/2021, home visitors will refer 100% of MIECHV-funded families with children who screen positive for concern for developmental delay and do not qualify for First Steps to Help Me Grow Indiana.
Help Me Grow Indiana Care Coordinators will provide a feedback loop to home visitors for MIECHV-funded families that are referred to Help Me Grow Indiana.
3.b.i. By 9/30/2021, Help Me Grow Indiana Care Coordinators will provide feedback to home visitors that includes family receipt of services and quality of services received for 100% of families that engaged in Help Me Grow Indiana services, with appropriate data sharing consent.

METHODOLOGY: With these formula funds, HFI and NFP will provide home visiting services to 1585 families in FFY21 in the counties of Elkhart, Lake, LaPorte, Marion, Scott, and St. Joseph. Outcomes for Improved Maternal and Newborn Health, Child Injuries/Abuse/Neglect, School Readiness and Achievement, Domestic Violence, Family Economic Self-Sufficiency, and Referral Coordination will be evaluated quarterly and reported annually. Quality Assurance and Improvement methodologies will ensure voluntary participants receive model adherent services and referrals.