ABSTRACT

Maternal Infant Early Childhood Home Visiting (MIECHV) – Formula (X10) Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204-3021 Project Director: Cassondra Kinderman, Home Visiting Program Manager Phone: 317-234-8173 Email: CKinderman@isdh.IN.gov

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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, 2020, Indiana had 1,333 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 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 1546 new and continuing families

- By 9/30/22, HFI will serve 996 MIECHV-funded families in Elkhart, Lake, LaPorte, Marion, Scott, and St. Joseph counties as well as potentially additional county(ies) to be determined by the 2020 Needs Assessment.
- ✓ By 9/30/22, NFP will serve 550 MIECHV-funded families in Elkhart, LaPorte, Marion, and St. Joseph counties .

Inform organizations in Indiana regarding referral coordination and expansion of home visiting services.

By 9/30/22, 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 updates, and plans for possible expansion beyond MIECHV counties.

Collect and report on referral sources IN to home visiting services (that provide MIECHV-funded home visiting) by category of referral source.

✓ By 9/30/2022, Indiana will identify the referral source by category for at least 50% of referrals that become MIECHV-funded families.

Increase the number of referrals to additional services beyond home visiting when a participant need is identified for tobacco cessation, developmental services, mental healthcare, or intimate partner violence.

- ✓ By 9/30/2022, Indiana will increase the number of referrals to appropriate Tobacco Cessation services to 70%.
- ✓ By 9/30/2022, Indiana will increase the number of referrals to appropriate services for participants who screen
 positive for intimate partner violence to 70%.

Identify the reasons services were not received for referrals that do not result in receipt of service.

- ✓ By 9/30/2022, home visitors will record the reason services were not received for at least 25% of referrals that did not result in receipt of service for primary caregivers with a positive depression screen.
- ✓ By 9/30/2022, home visitors will record the reason services were not received for at least 25% of referrals that did not result in receipt of service for children with a positive screen for developmental delay.

METHODOLOGY: With these formula funds, HFI and NFP will provide home visiting services to 1546 families in FFY22 serving 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.