IDEAS ACTION RESULTS

Tribal Home Visiting

An Issue Brief

The Bipartisan Policy Center would like to thank the Heising-Simons Foundation for their generous support of this work.

EARLY CHILDHOOD

March 2021

Home Visiting

Home visiting provides support for families and children from birth through kindergarten. The federal Maternal Infant and Early Childhood Home Visiting program, or MIECHV, focuses on providing home visiting services for lowincome parents, single parents, and individuals who may qualify based on other risk factors such as living in communities suffering from poor infant health outcomes. Support is provided by a range of professionals including nurses, educators, therapists, and social workers and is intended to improve social, emotional, and physical health outcomes. These professionals also have the capacity to refer parents and their children to other services as needed. According to federal law, 75% of annual funding is set aside to support home visiting program models that have compelling evidence proving their effectiveness, and 25% of annual funds can be used to implement other models that may be under evaluation but have the potential to be effective.¹ Federal funds are also set aside to ensure grant recipients have access to technical assistance to implement and evaluate their home visiting models and assistance to make the models more culturally relevant to the target community, if desired by the recipients.²

Home visiting has proven successful at providing the additional help parents and children need— in particular, it has been shown to decrease potential child abuse and neglect, support early child development, and improve parenting.³ Studies have found a return on investment of \$1.80 to \$5.70 for every dollar spent on home visiting through benefits to both the participants and society at large, such as reduced child emergency room visits and higher employment rates and tax revenue.^{4,5} Across all home visiting programs, pregnant participants are more likely to access prenatal care and carry their babies to term.⁶ Home visiting programs also educate parents about child development, resulting in improvements in their children's early language and cognitive development and later, their academic achievement in grades one through three. Home visiting professionals can provide participants with guidance on setting goals towards financial self-sufficiency. With this support, compared to those without home visiting, parents in home visiting have higher monthly incomes and are more likely to be employed or be enrolled in school.

TRIBAL HOME VISITING, A SNAPSHOT:

There are 339,400 American Indian/ Alaska Native (AI/AN) families who could have benefitted from this program. Limited funding ensured that only 4,177 families or 1.23% were served in 2019.8 The benefits of home visiting extend to tribes. Tribal Home Visiting, or THV, is a part of the MIECHV program. According to a 2015 U.S. Health and Human Services report to Congress, THV grantees saw improvement in measures of prenatal care and a reduction in child injuries, abuse, neglect, and emergency room visits. For parents there was a 92% improvement on measures of parental emotional well-being or parental stress; an 85% increase in rates of children and families with health insurance; and a 77% improvement in family economic selfsufficiency.⁷

To achieve such compelling results, THV employs a multifaceted

approach to safeguard the wellbeing of participating families and children. For example, caregivers enrolled in home visiting were consistently screened for depression and substance abuse. Among the children served under this program, 95% received all the American Academy of Pediatrics-recommended immunizations during the reporting period and 92% with positive screens for developmental delays received a timely referral for services and a follow up. Overall,

In fiscal year 2019, all 50 states received funding for home visiting whereas only 4% of all tribes were served. children enrolled in THV received 88% of the AAP-recommended number of well-child visits to ensure their healthy physical development.

LEGISLATIVE BACKGROUND[°]

MIECHV was originally created by the Patient Protection and Affordable Care Act under section 511 of the Social Security Act. Administered by the Department of Health and Human Services, Administration for Children and Families, and Health Resources and Services Administration, the program receives mandatory funding at \$400 million annually through FY2022. While funds are distributed to states and territories based on a formula, tribes receive the grant via a competitive application process.

The law arbitrarily sets aside 3% of the annual funding for tribes, totaling \$12 million. Consequently, only a small number of tribes can be served despite the clear benefits of the program for American Indian and Alaska Native families and children. In FY2019, while all 50 states received funding for home visiting, only 23 of the 574 federally recognized tribes in the United States, or 4%, were served by THV.¹⁰

RECOMMENDATIONS:

- Conduct a Government Accountability Office (GAO) study to examine the benefits of THV and provide an estimate for the cost of full implementation of home visiting for tribal nations to inform reauthorization.
- Until the results of the GAO report are published, implement an increase of \$50 million in funding for THV to expand the service to at least 100 tribes, total.

Endnotes

- Congressional Research Service. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Background and Funding." November 2018. Available at: <u>https://fas.org/sgp/crs/misc/R43930.pdf</u>.
- 2 U.S. Department of Health and Human Services. Maternal, Infant, and Early Childhood Home Visiting Orientation Guide. Health Resources & Services Administration, Maternal and Child Health. February 2020. Available at: <u>https://mchb.hrsa.gov/sites/</u> <u>default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/miechv-orientation-guide.pdf</u>.
- 3 Congressional Research Service. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Background and Funding." November 2018. Available at: <u>https://fas.org/sgp/crs/misc/R43930.pdf</u>.
- 4 The Pew Center on the States. "Policy Framework to Strengthen Home Visiting Programs." November 2011. Available at: <u>https://www.pewtrusts.org/~/media/legacy/</u> <u>uploadedfiles/pcs_assets/2011/HomeVisitingmodelpolicyframeworkpdf.pdf?la=en</u>.
- 5 Lynn A. Karoly, Peter W. Greenwood, Susan S. Everingham, Jill Houbé, M. Rebecca Kilburn, C. Peter Rydell, Matthew Sanders, and James Chiesa. Investing In Our Children: What We Know And Don't Know About The Costs And Benefits Of Early Childhood Interventions. Washington, D.C.: Rand Corporation, 1998. Available at: https://www.rand.org/content/dam/rand/pubs/monograph_reports/1998/MR898.pdf.
- 6 National Home Visiting Resource Center. "Home Visiting Primer." James Bell Associates and the Urban Institute, 2018. Available at: <u>https://www.nhvrc.org/wp-content/</u> <u>uploads/NHVRC_Primer_FINAL.pdf</u>
- 7 U.S. Department of Health and Human Services. Rep. Tribal Maternal, Infant, And Early Childhood Home Visiting: A Report To Congress. Washington, D.C., 2015. Available at: <u>https://www.acf.hhs.gov/sites/default/files/occ/thv_report_to_congress_executive_summary_2015_0.pdf</u>.
- 8 National Home Visiting Resource Center. "State and Tribal Profiles." 2019. Available at: Tribal-Led Organizations 2019 - National Home Visiting Resource Center (nhvrc.org).
- 9 Congressional Research Service. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Background and Funding." November 2018. Available at: <u>https://fas.org/sgp/crs/misc/R43930.pdf</u>.
- 10 U.S. Department of Health and Human Services. "Home Visiting." Health Resources & Services Administration Maternal and Child Health. 2020. Available at: <u>https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview</u>.



Learn more about Bipartisan Policy Center's Early Childhood Initiative at:

bipartisanpolicy.org/early-childhood