Center for American Progress



Wisconsin: Maternal, Infant, and Early Childhood Home Visiting Program

By the Center for Law and Social Policy and the Center for American Progress

February 9, 2015

The federal Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV, provides Wisconsin with the opportunity to expand evidence-based home visiting services to at-risk communities while further embedding home visiting within a local system of early childhood education. The funding is also instrumental in creating the state's home visiting professional development system and provides flexibility to invest in innovative practices that otherwise would not have been possible. Moreover, MIECHV funding allows Wisconsin to erect an infrastructure to more effectively collaborate across departments and support the state's broader early childhood system.

Success and innovation

Professional development

Wisconsin invested MIECHV funds in the creation of a professional development system. Three innovative practices initiated through this effort are:

1. Home Visiting Reflective Practice Project: State administrators institutionalized the use of reflective supervision, a practice that promotes the training of a home visitor through observation of oneself and others. This approach best meets the needs of home visiting supervisors, as well as those of new and experienced home visitors, all of whom demand different professional development objectives. Reflective supervision increased the skills of staff and serves as a model for home visitors to use when interacting with families. Administrators also utilized this approach to improve home visitors' competency to identify mental health concerns for both the parent and child—a primary risk factor that Wisconsin is addressing with MIECHV home visiting efforts.



Wisconsin MIECHV at a glance

Total federal MIECHV funding:

\$1.5 million annually in formula grant funds and \$6.7 million in competitive grant funds total

Lead agency:

Wisconsin Department of Children and Families, or DCF

Number of communities served: 15 counties and 4 tribes

MIECHV-funded

home visiting models: Early Head Start-Home Visiting, or EHS-HV; Healthy Families America, or HFA; Nurse Family Partnership, or NFP; and Parents as Teachers, or PAT

Families served: Cumulatively, Wisconsin has served 1,816 families

- 2. Mentor-Protégé Program, or MPP: MPP is a mentoring model that the state has implemented to improve new or less-developed home visiting sites. Wisconsin identified "mentor" sites as experienced, nationally accredited programs, while "protégé" sites were classified as new sites in need of implementation assistance. Mentor sites work with protégé sites to create a peer-to-peer learning experience to assist less-developed programs with implementing the home visiting models with fidelity and to overcoming common challenges. With limited resources available for training and technical assistance, administrators believe that this process provides the protégé sites with the opportunity to implement programs more quickly and effectively while also enhancing the services provided by both mentor and protégé programs.
- 3. **Communities of Practice, or CoPs:** Wisconsin created CoPs to encourage information sharing and problem solving among home visitors. This unique approach creates an environment where staff members support one another in working towards the goal of implementing evidence-based home visiting models with fidelity. Wisconsin's CoPs are working to create a shared method for providing home visiting services based on best practices. For instance, the CoP in the southeast corridor of the state is working to improve infant mortality and racial disproportionality outcomes, which are prominent risk factors in those communities.

Program-refuser survey

Wisconsin's MIECHV evaluation included a unique survey of families who refused to accept home visiting services. The results of this survey are being analyzed to help administrators and home visiting program staff understand why potential clients chose not to participate in the program. Trends in the results have improved the state's outreach and engagement strategies. Through additional data collection and analysis, state administrators hope to identify any differences between those who choose not to enroll in services and those who do, in order to determine ways to increase enrollment and maintain engagement with services.

Childhood Experiences Survey screening tool

To provide better, more trauma-informed services to children and families, home visitors utilize the Childhood Experiences Survey, or CES, screening tool, a mechanism to identify potentially traumatic childhood events experienced by program participants. Wisconsin is using training and technical assistance to build its capacity to support children and families who have been exposed to trauma. Through an evaluation of the CES screening tool results, the state hopes to determine how programs can tailor services to meet the unique needs of this vulnerable population.

Wisconsin MIECHV at a glance

Additional funding for home visiting: State general funds and Federal Temporary Assistance for Needy Families, or TANF, funds

Identified risks targeted by MIECHV: Maternal and child physical and mental health; school readiness; domestic violence; drug and alcohol abuse; poverty; crime; and child maltreatment

.

Challenges

Many home visiting programs found it difficult to ascertain how many additional families they could successfully serve during the period of rapid expansion. Wisconsin is currently working to determine a target capacity level to help programs identify how they can both serve the greatest number of clients and successfully achieve improved outcomes for children and families. Administrators also stated that additional planning time at the beginning of the grant would have allowed them to collaborate more with each targeted community prior to program implementation. By including local partners in a meaningful planning process, administrators would have been able to avoid inefficiencies and difficulties created by simultaneously providing services and implementing new program standards.

Looking ahead

Locally based, centralized intake systems

Wisconsin's state administrators are currently working at the local level to help communities and tribes create their own localized, centralized intake systems, which will connect families with the home visiting model and community services that best meet their needs. Administrators anticipate that these systems will streamline the referral process, reduce duplication of services, and identify any gaps in services.

Additional information

Wisconsin's MIECHV program on the Wisconsin Department of Children and Families website: http://dcf.wi.gov/children/home visiting needs assessment/default.htm

Wisconsin's MIECHV Needs Assessment: http://dcf.wi.gov/children/home visiting needs assessment/pdf/needs assessment submission.pdf

Wisconsin's MIECHV State Plan: http://dcf.wi.gov/children/home_visiting_needs_ assessment/pdf/home visiting plan.pdf

Source: Interview with Leslie McAllister, home visiting coordinator, Wisconsin Department of Children and Families, October 2014.

"Home visiting is starting to be recognized among state agency leaders and Wisconsin decisionmakers as an effective strategy to improve outcomes for vulnerable families." - Wisconsin home visiting coordinator

This profile was written as part of a larger study to identify how states are using Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, funds to advance state home visiting systems. For a summary report and additional profiles about home visiting, visit clasp.org or americanprogress.org.