Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

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September 17, 2012

Senator Earle McCormick
Representative Meredith Strang Burgess
Members of the Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, ME 04333-0100

Dear Senator McCormick, Representative Strang Burgess and Members of the Joint Standing Committee on Health and Human Services:

Attached please find a report about Home Visiting in Maine. It has been written to comply with LD 1504, "A Resolve to Ensure a Strong Start for Maine's Infants and Toddlers by Extending the Reach of High-quality Home Visitation." It highlights the findings from the comprehensive needs assessment that informed the state home visiting plan and explains the goals and outcomes achieved by the state-administered home visiting program.

Please feel free to contact me if you have any questions.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Attachment

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High Quality Home Visiting in Maine

A Report to the
Joint Standing Committee on
Health and Human Services in
accordance with LD 1504, outlining the state plan
for home visiting to serve vulnerable
families in Maine

Submitted by:
The Maine Department of Health and Human Services
September 2012

EXECUTIVE SUMMARY

LD1504, the legislative "*Resolve to Ensure a Strong Start for Maine's Infants and Toddlers by Extending the Reach of High-quality Home Visitation*" requires the Department of Health and Human Services to report on and present a state plan for home visiting. There is one state administered, Health Resources and Service Administration (HRSA) recognized evidence based home visiting model in the state, *Maine Families Home Visiting*.

Maine's comprehensive plan for home visiting has been written, approved by both the U.S. DHHS and the Maine Children's Growth Council and recognized for its cohesion, innovation, efficiency and efficacy. The *Maine Families Home Visiting* program (MFHV) is at the core of the home visiting plan that includes a statewide network of direct service delivery, infrastructure enhancement, collaboration activities with other home-based service providers, and sustainability planning.

Sustainability is a cornerstone to the plan—MFHV requires no time or additional expense for startup, it has multiple levels of accountability, and has a culture of improving practice and efficiencies in the face of declining available revenue. The state plan objectives reflect this approach as the wider home-based services system is examined. Areas of overlap are already being identified and will bring increased focus for programs and populations served by the array of early childhood home-based services in Maine's vulnerable communities.

While preliminary local evaluation data signals taxpayer cost savings from implementing evidence based home visiting, there is still work to be done to quantify opportunities to leverage more federal and private dollars for the state investment in improving childhood outcomes and preventing child abuse and neglect. Maine should evaluate and consider outsourcing of the MFHV program as an option to reduce state administration and overhead. *Maine Families Home Visiting* is an early childhood service delivery model that brings innovation and performance together with supports for a strong and healthy start for our most vulnerable children.

INTRODUCTION

This report has been written to comply with LD 1504, "A Resolve to Ensure a Strong Start for Maine's Infants and Toddlers by Extending the Reach of High-quality Home Visitation" and includes an overview of the state home visiting program and plan submitted to and approved by the US Department of Health and Human Services as required by the Social Security Act, Title V, Section 511 (42 U.S.C. §701) as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148): Maternal, Infant, & Early Childhood Home Visiting (MIECHV). Federal statute expects improved collaboration among home visiting and other home-based and community-based early childhood service systems.

To be eligible for the federal funding, all states had to conduct a comprehensive needs assessment and write a state home visiting plan. Maine's submissions are publicly available at www.mainecgc.org/miechv. This report summarizes the findings that informed the state plan, explains the goals and outcomes achieved by the home visiting program and outlines Maine's plan for High Quality Home Visiting.

Maine Families

HOME VISITING IN MAINE

Home Visiting was formally established in state statute (Title 22, §262) as primary prevention public health strategy to meet the goals of the Department by improving the health and well-being of Maine's young children and their families through a connected network of home visiting providers. In accordance with the federal definition of home visiting as outlined in the Social Security Act, Title V, Section 511(b)(U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010, P.L. 111-148, home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as primary service delivery strategy (excluding programs with infrequent, episodic or supplemental home visiting), and is offered on a voluntary basis to mothers, fathers, families, pregnant women, infants, and children.

In Maine, the state-administered home visiting program, *Maine Families Home Visiting,* meets the federal and national definition for home visiting. *Maine Families Home Visiting* has had in place for several years what the national non-profit multidisciplinary organization, Zero to Three, ® considers "key components of a successful early childhood home visiting system." Partnerships and collaboration are considered critical program components as cited in national literature and the federal home visiting legislation.

Maine Families Home Visiting works in conjunction with other home-based services, which include supplemental or episodic health or social services delivered in the home. These home-based services, sometimes also referred to as home visits, offer an important resource for families and are provided by key partners committed to the state plan to improve coordination of services to ensure high quality home visits. These partners include:

- *Children's Behavioral Health Services*—contracted community based providers offering behavioral health treatment and services for children and youth with developmental disabilities/delays, intellectual disability (mental retardation), Autism Spectrum Disorders, and mental health disorders.
- *Child Protective Services*—federally-mandated services to support the safety, permanence and well-being of young children who are at risk of or experiencing abuse or neglect. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children.
- *Early Head Start Home-based Option*—Early Head Start programs seek to promote healthy prenatal outcomes for pregnant women, to improve the development of young children, and to promote healthy family functioning. Early Head Start Programs offer three different options and programs may offer one or more to families. The three options are: a home-based option, a center-based option, or a combination option in which families get a set number of home visits and a set number of center-based experiences.
- *Family Literacy*—Coordinated activities between parents and their children that includes training for parents on how to be the primary teacher for their children and full partners in

the education of their children; parent literacy training that leads to economic self-sufficiency; and an age appropriate education to prepare children for success in school and life experiences.

- *Local programs* such as the Passages Program--a home-based high school degree program for young parents (age 14-21) residing in Knox, parts of Lincoln, Waldo and Washington Counties. Graduates receive a private high school diploma approved by the Maine Department of Education.

- *Project LAUNCH Bridging Program* (which builds on the *Maine Families* program for very high risk infants-- The Bridging Program serves families whose infants and young children have a variety of needs, including babies born pre-term, infants treated for medical issues in the Neonatal Intensive Care Unit, infants and young children with high risk factors or medical and developmental issues, as well as parents who need extra support to meet the needs of their child.

- *Public Health Nursing* and the community grantees (Community Health Nursing)—Public Health Nursing (PHN) provides professional nursing services as required by Maine statute and defined as: "assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities" (Maine Public Health Nursing Annual Report FY2010). Services are individual and population-focused, with a goal of disease prevention and health promotion. Public Health Nurses strive to provide care that is family-centered, culturally competent, free of disparities, and focuses on developing client, population and community strengths and resiliency. Public Health Nursing services in Maine are provided in homes, clinics, schools, communities, and other settings.

Figure 1. Home Visiting and Home Based Services in Maine

FINDINGS FROM THE MIECHV ASSESSMENT

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Project funded by the U.S. DHHS Health Resources and Services Administration required states to take steps towards ensuring a cohesive, data-driven and evidence-informed early childhood program. This process began with a formal needs assessment, followed by a clearly articulated and comprehensive state plan to address 34 required federal benchmarks and continuous quality improvement and accountability.

For this 2010 needs assessment, data was mined for a defined set of risk factors and then home visiting resources were evaluated for their effectiveness in addressing those risk factors. To do this, the Maternal and Child Health (Title V) epidemiologists worked with analysts from Hornby Zeller Associates, the *Maine Families Home Visiting* evaluator, to identify under-served and high risk groups. In addition, outreach was conducted with previously competing or disconnected providers serving Maine families. This process also included an examination of public health, social services, and qualitative stakeholder data to identify the most vulnerable communities and the available resources.

Using needs assessments completed by Title V, Head Start, and the Child Abuse Prevention and Treatment Act, as well as other state public health and education statistics, data was extracted for the national set of at risk prenatal, maternal, newborn, or child health indicators. These measures ranged from domestic assaults/intimate partner violence to emergency department visits by children 0-4 years of age to children eligible for free/reduced school lunch program. Other measures included:

1. Percent of births for which prenatal care did not begin in the first trimester
2. Percent of newborn hospital discharge records that include a drug withdrawal syndrome in newborn diagnostic code (ICD-9-CM 779.5)
3. Rate of births to women aged 15-19 years
4. Percent of 18-44 year olds who currently smoke
5. Percent of 18-44 year olds who report that their mental health was not good for 14 or more of the past 30 days
6. Rate of emergency department visits among 0-4 year olds
7. Percent of 18-44 year olds who currently do not have health insurance
8. Percent of children who are eligible for the free/reduced school lunch program
9. Rate of 0-17 year olds who are in the care or custody of the Maine Department of Health and Human Services (DHHS)

After gathering the data, an analysis was conducted that essentially gave each county, regardless of population size, a comparative risk value rather than measurement against the state average.[1] While three areas emerged as predominantly higher risk—Piscataquis, Somerset, and Washington—there was general agreement that all counties could be considered "vulnerable" and could benefit from state level replication of any focused geographical intervention and program enhancement[2], such as training on maternal depression or substance use effects on fetal development.

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[1] Maine Maternal, Infant, and Early Childhood Comprehensive Needs Assessment, p. 16-39, available online at: http://mainecgc.org/Maine%20MIEC%20HV%20Needs%20Assessment%202010.pdf

[2] Maine State Home Visiting Plan, available online at http://mainecgc.org/Maine%20MIECHV%20Expansion%20Grant%202011.pdf .

A Home Visiting/Home-based Service Array

The next step in the Needs Assessment was to evaluate current strategies to prevent harmful experiences or to support families in the difficult job of parenting. The existing informal network of services provides one home-based provider for every 436 children under the age of five. Many vulnerable families, especially those with needs related to substance use, mental health, co-occurring disorders, and/or family violence, those living in rural areas, and those living in tribal communities are not being reached.

Programmatically, Maine has one state-administered program that meets the criteria for Health Resources and Service Administration (HRSA) evidence-based home visiting models. Maine also has an amalgam of other home-based programs and services that vary by location and scope, funding source, eligibility criteria, staff professional qualifications, length of service parameters, use of evidence based models or care, quality/use of data, and accountability. The table below helps illustrate the variety of programs and services, the range of available programs, and the data analysis challenge when seeking to understand capacity and reach.

Home Visiting Programs Under State Administration	Locations	Number of Full-time Equivalent (FTE) Providers	2010 Families Served
Maine Families Home Visiting	16 counties	100	2455 families (21,050 visits)
Home-based Programs Under State Administration	**Locations**	**FTEs**	**Scope of Service[3]**
Public Health Nursing (Data is limited to services for prenatal, postpartum, parenting, and children birth to age 6)	16 counties	44.5	1850 unduplicated households served (5426 visits in 2010)[3]
Community Health Nurses (Public Health Nursing Grantees)	6 counties	12	3,729 clients (9,607 visits in 2011)[3]
Project LAUNCH Bridging Program (uses *Maine Families* and nursing)	1 county	2	59 families (2010 data)
Home-based Programs Under Federal Administration (no state oversight/governance)	**Locations**	**FTEs**	**2010 Families Served[6]**
Head Start/Early Head Start Home-based Option[4]	9 counties	54	484 slots[6]
Local Administration (no state oversight/governance)	**Locations**	**FTEs**	**2010 Families Served[6]**
Passages	4 counties	3.5	53 young parents

Table 1: The Scope of the Statewide Service Array

[3] Calculating how many were served is different for each home based program—as *visits, encounters* (including phone calls or outreach or clinics) or *households* or *slots* —and numbers from most of these programs cannot be confirmed as unduplicated. More uniform data collection is a planned opportunity to improve the provision of services moving forward.

[4] One Maine Early Head Start grantee subcontracts a portion of its federal home based option funds with the local *Maine Families Home Visiting* program. The Maine Families program delivers home visiting services using its certified home visitors, database, curriculum, quality assurance and positive reputation.

While each program may have a good sense of what service they provide, many other providers, community partners, and even families don't share that knowledge. The lack of clarity about service function and eligibility means that some families may be approached simultaneously by different providers, receive conflicting information, and ultimately reject the offers for any valuable support. Referrals may be made based on expired eligibility criteria or misinterpretation of statute. While some locations have longstanding partnerships with reciprocal referrals, the practice isn't consistent statewide.

Ultimately, a better job must be done with outreach to engage families in need by providing uniform expectations of program content and program quality regardless of where in the state a family lives.

Finally, the programs have very different relationships with governing state agencies—some are funded and administered by the state with performance-based contracts; others are self-governed and use private and federal funds to support their work, while others use state dollars to supplement primary federal grants with little reporting or accountability to state agencies. The state is challenged to exert any monitoring or accountability expectations for programs over which it has no authority.

A Closer Look at *Maine Families Home Visiting*

As noted earlier, *Maine Families Home Visiting* is the only home visiting program administered by the state and is the core of the state home visiting plan. It is important, to understand what the program does, who it serves, and what difference it makes.

The *Maine Families Home Visiting* Program works in partnership with expectant parents and parents of babies and toddlers to ensure safe home environments, promote healthy growth and development for babies and young children, and provide key connections to needed services. *Maine Families Home Visiting* is an evidence-based program providing focused services in response to an individualized needs assessment and is offered in families' homes. Professional home visitors support expectant parents to have a healthy pregnancy and access prenatal care. Parents of newborns are supported in their adjustment to parenthood and information is provided related to critical areas such as prevention of shaken baby syndrome, SIDS/suffocation and unintended injuries. Beyond the newborn period, ongoing educational and support services are provided to the most vulnerable families at an intensity reflecting the families' needs, with a special focus on highest risk babies who are drug-affected or exposed to violence.

Maine Families is affiliated with Parents As Teachers, a national evidence-based model. Maine Families services are provided by 12 contracted health, educational and community agencies, and home visiting program sites are available in every county in Maine. These programs employ more than 100 trained professionals.

In State Fiscal Year 2011, more than 2,375 new and adolescent families were served based on family identified needs. The families who received home visits were largely young (46% under age 23 at their child's birth), single or partnering (60%) and likely to be facing economic challenges (over 37% of the families had incomes under $10,000 for the year).

MAINE FAMILIES RESULTS

Maine Families has documented multiple positive outcomes for participants related to physical and emotional health, school readiness, reducing the risk for child abuse/neglect and promoting family self-sufficiency. From the annual independent evaluation report, these positive outcomes include:

Prenatal Care

- 94 percent of expectant mothers received adequate prenatal care, compared to 85 percent statewide.

Protecting Children from Violence, Abuse and Neglect

- 1 percent of children in the program were victims of substantiated abuse or neglect, (1.8 percent statewide (Maine rate 1.8%)

Developmental Screening and Intervention

- Trained professionals support parents in encouraging their child's development. Children are regularly screened for developmental delays. Seven percent of children were identified with possible delays and provided supports to help address those delays early before more costly remediation is needed in school.

Preventing Unintended Pregnancy

- Results from State Fiscal Year 2010 show a 29 percent increase in families using methods to prevent unplanned pregnancy from the time of their enrollment compared to most recent data.

Health Care for Children

- 93 percent of children had up to date immunizations (72.3 percent statewide)
- 99.8 percent of children had an identified Primary Care Provider (PCP)
- 97.3 percent of children had health insurance
- 68 percent of children without insurance have access to a PCP)
- 93 percent were up to date with well-child check-ups.

Home Safety

- **Home safety** improved across all measures, with the largest impacts in fire prevention (23 percent), outdoor safety (38 percent) and car safety (27 percent).

Tobacco Use and Secondhand Smoke

- 68 percent of the children who were exposed to second-hand smoke are no longer exposed or had reduced exposure, reducing their risk of developing respiratory and other related health issues.

Increasing Family Self-Sufficiency

- Maine Families staff made more than 23,000 referrals on behalf of families in State Fiscal Year 2010. Nearly all enrolled families had adequate food and heat in their homes, facilitated in part by referrals of assistance to those in need.

Caregiver and Child Relationships

- 92 percent of families surveyed expressed a great to moderate increase in their confidence in parenting. Additionally, 63 percent said their child greatly benefits from participation in the program.

LEGISLATIVE AUTHORIZATION

- State funded community- based home visiting was piloted originally in 1994 and expanded across the state in 2000 with the availability of funding from the Tobacco Settlement Funds.
- 2007: Title 22, §262: Home visiting
- 2010: Social Security Act, Title V, Section 511 (42 U.S.C. §701) as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148): Maternal, Infant, & Early Childhood Home Visiting (funded by the Health Resources Services Administration, Maternal and Child Health Bureau)
- 2011: Ch. 77, LD 1504, *Resolve, to Ensure a Strong Start for Maine's Infants and Toddlers by Extending the Reach of High Quality Home Visitation*

HISTORY OF HOME VISITING

- **1993** Healthy Start Task Force convened to examine Hawaii's model for Child Abuse and Neglect prevention which led to recommendation that the state pilot three Healthy Families (HF) sites.
- **1995** Legislation was passed to develop and fund three Healthy Families sites.
- **1997** Maine funded (using General Funds) six HF sites that were located in six counties. That same year, a Task Force to Study Strategies to Support Parents as Children's First Teachers (later known as the Task Force on Early Childhood) was legislatively convened to examine home visiting programming as a vehicle to improve child outcomes.
- **1998** Task Force issued the first report to the Maine Governor's Children's Cabinet recommending expansion of home visiting services.
- **1999** Task Force issued the second report to the Children's Cabinet which became the basis of legislation to create a system of home visitation using the three models – Parents are Teachers, Too (PATT), Parents As Teachers (PAT) and Healthy Families (HF). That same year, Legislation passed creating the Fund for Healthy Maine (tobacco settlement dollars) with home visiting selected as one of the eight funding focus areas.
- **2000** Programs were expanded statewide to include sites in all 16 counties.
- **2006** Children's Cabinet met with Dr. T. Berry Brazelton regarding implementing Touchpoints ® in Maine. The Touchpoints training team was established; the home visiting system was trained and adopted the Touchpoints approach to practice.
- **2007** State leaders in home visiting sites examined the growing body of national literature and came to consensus on best practices. Maine Home Visiting Standards of Practice were developed and implemented as part of performance based contracting.
- **2008** Maine adopted affiliation with PAT as the national model required of all sites. The Maine PAT training team was developed and all staff became Certified Parent Educators.
- **2009** *Maine Families Home Visiting* was highlighted in the Early Childhood Special Edition of the *Maine Policy Review* (Vol. 18, No.1)
- **2010** Home visiting sites established a common identity and became "*Maine Families*".
- **2011** A Legislative Resolve was signed by the Governor to ensure ongoing state support of home visiting. The State was then able to apply for and be awarded competitive funding to expand *Maine Families Home Visiting* services and improve collaboration with other early childhood home-based programming.

PUBLIC SUPPORT

As described above, there have been steps taken by the State for more than a decade to have a cohesive and accountable network of home visiting programs in Maine. These were supported financially using both general fund and special revenue from the tobacco settlement, known in Maine as the Fund for Healthy Maine (FHM).

Summary of Public Funding

In reviewing the summary of financing of home visiting in recent years, it is important to note that because of the history of performance-based contracting and the strengthened network of programs, *Maine Families Home Visiting* has been able to serve increasing numbers of families despite decreasing available funds.

	SFY'08	SFY'09	SFY'10	SFY'11	SFY'12	SFY'13
State General Fund					$1,500,000[a]	$1,500,000
Other Special Revenue (FHM)	$5,378,750	$5,022,914	$5,064,553	$4,924,134[b]	$2,653,383	$0
Federal Funds			$500,000[c]	$180,701[c]	$1,000,000[c] $3,500,000[d] $2,199,733[e]	$1,000,000[c] $4,712,500[d] $2,263,872[e]
Total	$5,378,750	$5,022,914	$5,564,553	$5,104,835	$10,853,116	$9,476,372

[a] *Includes $500,000 savings reduction effective January 2012*

[b] *Federal Expansion funds for the Maternal, Infant, and Early Childhood Home Visiting program were accessible because the state was able to leverage both General Fund and Special Revenue (FHM) and build on its existing program*

[c] *Formula based grant awarded to all states based on population and poverty level. FY 10 includes funding for the MIECHV Needs Assessment.*

[d] *Four Year Competitive Expansion Grant award allowable for direct services (includes set-aside for tribal home visiting).*

[e] *Four Year Competitive Expansion Grant award allowable for non-direct services, including Fetal Alcohol Spectrum Disorder/Drug Affected Baby Coordinator at the Office of Substance Abuse, federally required evaluation, staffing, collaboration, and sustainability activities.*

INFRASTRUCTURE

Maine Families is the core of statewide home visiting services, with trained staff in every county. To effectively administer this program, the State has implemented rigorous Standards of Practice and guidelines include:

- Eligibility, enrollment, and the Perinatal Service Period
- Initiation of Services (referrals, prenatal outreach, Participation Agreement)

- Home Visiting (Frequency/Intensity, Areas of Focus, Visit Management, Service Coordination)
- Supervision
- Staff Qualifications and Training
- Records, Evaluation and Data Collection
- Collaboration

Quality assurance and technical assistance are provided by an in-state team led by the Maine Families State Coordinator. All *Maine Families Home Visiting* programs share a single web-based data collection system that allows for statewide evaluation and continuous quality improvement. These strategies help to ensure model fidelity, consistency and coordination of home visiting statewide.

Maine's state plan builds on recommendations drawn from national research. According to reports submitted to the Robert Wood Johnson Foundation (RWJF) by the Parents as Teachers National Center and their independent evaluator, SRI: PAT is most effective when it is part of an umbrella of social services.[5]

LOCAL CONDITIONS AND CAPACITIES

In addition to Maine's established infrastructure and public support, local capacity to implement the Home Visiting State Plan supports success for the following reasons:

Community needs: The Parents as Teachers Curriculum is designed specifically to support communities with the needs like those identified in Maine—including poverty, high rates of high school dropout, child maltreatment, domestic violence, and substance abuse.

Provider buy-in: PAT was selected because it is a nationally recognized evidence based model that most program sites were already partially invested in. Maine providers preferred PAT because it is well regarded as a strength-based program, offers a respect-based approach to parenting and is a good fit for Maine communities and with existing programs' philosophies.

Family satisfaction: Families consistently report high levels of satisfaction with the program. In the 2010 Maine Families Family survey, 97 percent of the responding families reported they are very satisfied with their home visitor; 97 percent said their home visitor was very well trained; 99 percent reported their home visitor understood their needs and treated them very well; and nearly 100 percent indicated that their home visitor was respectful of their culture or background.

Self-reported family outcomes: The vast majority of surveyed families report positive impacts resulting from their participation in the *Maine Families* program. In the 2010 survey, 92 percent of responding families reported a "moderate to great" increase in their confidence as a parent; and 95 percent reported a "moderate to great" benefit to their children resulting from program participation.

Fit with Maine goals: Maine's programmatic goals are constructed to match those of the selected evidence-based program model, *Parents as Teachers*. These overarching goals are: a) Provide early detection of developmental delays and health issues; b) Increase parent knowledge

[5] http://www.rwjf.org/pr/product.jsp?id=16688

of early childhood development and improve parenting practices; c) Increase children's school readiness and school success; and d) Prevent child abuse and neglect. As described above, evaluation of the *Maine Families* program already demonstrates promising progress toward achieving these goals.

Fit with Maine theoretical framework: Maine Families home visitors share research-based information and utilize evidence-based practices by partnering, facilitating, and reflecting with families. Home visitors use the PAT Foundational Curriculum in culturally sensitive ways to deliver services that emphasize a) Parent-child interaction; b) Development-centered parenting; and c) Family well-being. In addition, Maine Families follows these Core Values:

- The early years of a child's life are critical for optimal development and provide the foundation for success in school and in life.
- Parents are their children's first and most influential teachers.
- Established and emerging research is the foundation of the curriculum, training, materials and services.
- All young children and their families deserve opportunities to succeed, regardless of any demographic, geographic, or economic considerations.
- An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families.

Home visiting is grounded in relationships—between parent and child, between family and home visitor—and not all programs approach families with the belief that all parents want the best for their child. The state home visiting plan seeks to address those policy and practice gaps in service.

Finally, governance of the program at the state level models the collaboration we seek locally. The MFHV program operates out of the Department of Health and Human Services' Office of Child and Family Services (OCFS), through a collaborative agreement with the Maine Center for Disease Control (CDC). This administrative structure, formally established in an interagency agreement, further helps to promote collaboration and coordination of services.

STATE PLAN FOR HOME VISITING

IDENTIFY THE GAPS

While Maine already has a solid statewide network of *Maine Families Home Visiting* sites implementing PAT and following rigorous standards of practice, the state has identified the following needs or gaps:

1. Many eligible families are not being reached (including those with needs related to substance abuse, mental health, co-occurring disorders, and/or family violence, those in rural areas, and those living in tribal communities).
2. Many participants need enhanced services "linking" them to additional supports. This need is especially urgent for families who are facing challenges with substance abuse, mental health, co-occurring disorders, and/or family violence.
3. Maine Families sites statewide were not yet able to collect and report data in accordance with the federal Benchmark requirements.
4. Increased state-level systems of collaboration are needed to ensure coordinated, non-duplicative early childhood services that include home visiting as a sustainable and integral component.

ADDRESS THE GAPS

The state plan, in the MIECHV federal grant submission, was approved to expand and enhance the *Maine Families Home Visiting* program using newly-awarded four years of federal funding by:

1. Reaching greater numbers of eligible families (including: those with needs related to substance abuse, mental health, co-occurring, and/or family violence, those in rural areas, and those living in tribal communities) by increasing Maine Families staffing (trained home visitors)
2. Implementing a statewide approach to enhancing the PAT model that includes the following elements:
    a) Increasing Maine Families staffing and travel budget to provide greater frequency of visits to families who need services;
    b) Providing increased training opportunities and clinical support and supervision for Maine Families home visitors to better prepare them for engaging and assisting families with substance abuse, mental health, co-occurring, and/or family violence issues; and
    c) Strengthening local "linking" efforts to build coordination and collaboration among service providers by offering assistance from consultant/facilitators, supporting local staff time, and supporting shared multidisciplinary training opportunities.
3. Developing and maintaining statewide and local level data collection, reporting, and analysis according to federal benchmark requirements in collaboration with the independent, contracted MFHV evaluator.
4. Identifying areas of service overlap to bring clear focus for services and populations served by all of the home-based services statewide while strengthening the long-term sustainability of Maine's home visiting system.

MONITOR THE BENEFIT

Through these processes, the following outcomes are anticipated:

1. More eligible families will be reached with home visiting.
2. Vulnerable families will be better "linked" to needed services:
    a. More families will be able to receive frequency of visits that match their needs.
    b. Home visiting staff will be better prepared to engage and assist families with substance abuse, mental health, co-occurring, and/or family violence issues.
    c. Stronger coordination and collaboration among local service providers will ensure that more families receive needed services.
3. Statewide and local level data collection, reporting, and analysis will align with federal Benchmark requirements.
4. Maine will have a more coordinated continuum of early childhood services that includes long-term sustainability of Maine's home visiting system.

Maine DHHS is confident that the above results will contribute to measurable health and wellness outcomes for Maine Families participants, including progress in the MIECHV Benchmark categories of:

i) Improved Maternal and Newborn Health;
ii) Reduction of Child Injuries, Child Abuse, Neglect, or Maltreatment;
iii) Improved School Readiness and Achievement (including improvements in positive parenting practices); and
iv) Reduction of Domestic Violence.

GOAL AND OBJECTIVES

The goal of Maine's home visiting plan is a sustainable, accountable, evidence-based, statewide home visiting program that results in improved maternal, infant and child health; reduced child maltreatment and injuries; improved school readiness and achievement; positive parenting practices; and reduced and prevented domestic violence.

Objective 1: Increase capacity to serve vulnerable families in at-risk communities building on a network of home visiting and home based programs statewide.

Objective 2: Increase collaboration, formalized agreements, and shared tools/systems among local agencies to better serve vulnerable families.

Objective 3: Collect and analyze data to inform and improve practice.

Objective 4: Identify and address areas to maximize limited resources with other home visiting or home-based programs, including professional development, data collection, and referrals.

THE WORK PLAN/NEXT STEPS

The Department has developed a plan for home visiting that leverages federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant funds with state general funds and special revenue.

In line with the federal home visiting legislation, this plan not only speaks to the need for direct service by maximizing existing evidence based home visiting resources but also addresses the need to coordinate home visiting with other home-based services both locally and among multiple agencies within Maine's Department of Health and Human Services: Maine Center for Disease Control (CDC) (Title V, Public Health Nursing), Office of Child and Family Services (Head Start, Child Care, Child Welfare), Office of Substance Abuse, Office of Maine Care Services, Office of Minority Health, and Office of Information Technology, as well as the Maine Department of Education.

Maine's Home Visiting State Plan has been constructed around four key activities: Direct Service Delivery, Infrastructure Support, Community Collaboration and Sustainability.

- **Direct service** activities include increasing home visiting capacity to serve more vulnerable families and to implement the enhanced (and approved) PAT model.

- **Infrastructure** activities include evaluation, data collection and analysis/benchmark reporting, professional development, continuous quality improvement and technical assistance.

- **Community collaboration** activities are structured to meet the intent of the federal legislation, which includes involving stakeholders in facilitated dialogue and workgroups to address systems issues related to serving young children and their families.

- **Sustainability** activities address ongoing financing of home visiting from multiple angles at the onset of the project: building public will with effective social marketing (already well-

developed by the state early childhood advisory council), capitalizing on technical assistance to identify effective state and local match of federal dollars, and continuing constant quality assurance to identify inefficiencies and cost savings that drain direct service budgets of all home visiting and home-based programs.

SUMMARY

Maine has a home visiting program that monitors outcomes, assures quality and fidelity to an evidence based model, and aligns state and federal funding with a single set of benchmarks for performance with contracted community providers. Work is underway to improve the coordination of the state's home visiting program with other home based services and should result in increased clarity of roles and functions, reduction of service duplication, shared efficiencies with infrastructure components, and improved outcomes for children and families.

The state's current financial situation underscores the need to leverage a stronger public private partnership. One bold strategy would be to study outsourcing the program to an entity such as the state's Children's Trust Fund. Doing so could potentially leverage more sorely needed federal and private dollars for our state investment in preventing child abuse and neglect. As importantly, it may result in cost savings for the state from such things as reduced state administrative burden with fewer contracts, and may further demonstrate that public-private partnerships can yield successful, transparent and accountable programs that make a positive difference in the lives of Maine families.

The Maine Department of Health and Human Services is committed to building a stronger and more seamless system of maternal, infant, and early childhood home-based services in Maine. Today more than ever, it is essential to clarify service delivery roles and define how different programs can work together for healthier children and healthier families.

APPENDIX A: *MAINE FAMILIES HOME VISITING* PROGRAMS

Maine Families Androscoggin County

Maine Families Androscoggin County
Advocates for Children
Mailing address: P.O. Box 3316
Auburn, Maine 04212-3316
Street address: B Street Community Center, 7 Birch St, Ste 204
Lewiston, Maine
Contact Person: Gillian Roy 783-3990
Email: groy@advocatesforchildren.net
Service Area: Entire Androscoggin County

Maine Families Aroostook County

Aroostook Council for Healthy Families
37 Bangor Street, Suite 7
Houlton, Maine 04730
Contact Person: Danielle Langley 532-7405
Email: dlangley@pioneercable.net
Service Area: Entire Aroostook County, Patten (Penobscot County) and Danforth (Washington County)

Maine Families Oxford County

Community Concepts, Inc.
4 Market Square, P.O. Box 278
South Paris, Maine 04281
Contact Person: Melissa Wakefield
Email: mwakefield@community-concepts.org 739-6376
Service Area: Entire Oxford County

Maine Families Washington County

Down East Community Hospital
RR1 Box 11
Machias, Maine 04654
Contact Person: Jane Brissette 255-0438
Email: jbrissette@dech.org
Service Area: Entire Washington County (except Danforth)

Maine Families Hancock County

Downeast Health Services, Inc.
52 Christian Ridge Road
Ellsworth, Maine 04605
Contact Person: Cathy Jacobs 667-5304 (x-225)
Email: cjacobs@downeasthealth.org
Service Area: Entire Hancock County

Maine Families Franklin County

Franklin County Children's Task Force
113 Church Street
Farmington, ME 04938
Contact Person: Renee Blanchet 778-6960
Email: rblanchet@fcctf.org
Service Area: Entire Franklin County

Maine Families York County

H. D. Goodall Hospital
25 June Street
Sanford, Maine 04073
Contact Person: Elizabeth Johnson 490-7329
Email: bjohnson@goodallhospital.org
Service Area: Entire York County

Maine Families Kennebec/Somerset Counties

Kennebec Valley Community Action Program
97 Water Street
Waterville, Maine 04901
Contact Person: Lanelle Freeman 859-1577
Email: lanellef@kvcap.org
Service Area: Entire Kennebec and Somerset Counties

Maine Families Knox/Lincoln/Sagadahoc Counties

Teen and Young Parent Program
231 B Park Street,
Rockland, Maine 04841
Contact Person: Caryn Drapkin 594-1980
Email: caryn.drapkin@maine.edu
Collaborators/Subcontractors: University of Maine Cooperative Extension
Service Area: Entire Knox, Lincoln and Sagadahoc Counties

Maine Families Penobscot/Piscataquis Counties

Penquis Community Action Program
262 Harlow Street
P.O. Box 1162
Bangor, Maine 04402-1162
Contact Person: Mary Lynn Hersey 973-3579
Email: mhersey@penquis.org
Service Area: Entire Penobscot and Piscataquis Counties

Maine Families Waldo County

University of Maine Cooperative Extension
992 Waterville Road
Waldo, Maine 04915
Contact Person: Wesley Neff 342-5971
Email: wesley.neff@maine.edu
Service Area: Entire Waldo County

Maine Families Cumberland County

Youth Alternatives Ingraham
50 Lydia Lane
South Portland, ME 04106
874-1175
Contact Person: Kimberly Morrell, LMSW-CC
Email: kmorrell@yimaine.org 523-5015
Collaborators/Subcontractors: City of Portland Health & Human Services Dept., Public Health Division
Service Area: Cumberland County