

HOME VISITATION PROGRAMS IN NEVADA

WHAT IS HOME VISITING? WHAT ARE THE GOALS?

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) is a voluntary program offered to at-risk pregnant women, mothers, fathers, and caregivers of infants and young children up to five years of age. It was created as part of the [Patient Protection and Affordable Care Act](#) (ACA) in 2010 (111th Congress). Federal funding is provided to the states, largely through the United States Department of Health and Human Services Health Resources and Services Administration (HRSA) MIECHV grant.¹

Through several community partners, known as Local Implementing Agencies, trained professionals and paraprofessionals visit these families in their homes. Services are designed to improve maternal and newborn health, improve school readiness, and reduce child injuries, neglect, and abuse.³

To qualify, families must meet one of the following eligibility requirements:

- Have low income, typically no more than 200 percent of the federal poverty level;
- Be a pregnant woman under 21 years of age;
- Have a history of child abuse or neglect or have had interactions with child welfare services;
- Have a history of substance abuse or need substance abuse treatment;
- Use tobacco products in the home;
- Have, or have had, children with low student achievement;
- Have children with developmental delays or disabilities; and
- Are in families that include one or more individuals serving or who have formerly served in the armed forces, including families with a member who has had multiple deployments outside the United States.³

HOW ARE AT-RISK COMMUNITIES AND POTENTIAL BENEFICIARIES OF THESE SERVICES IDENTIFIED?

Beginning in 2010, needs assessments have been conducted every five years by the Division of Public and Behavioral Health (DPBH) within Nevada's Department of Health and Human Services (DHHS) as required by federal mandates. The 2020 needs assessment is currently in progress.

These needs assessments look at several factors, including:

- Socioeconomic status (poverty, unemployment, high school completion, income inequality);
- Adverse perinatal outcome (preterm birth and low birth weight);
- Substance use disorders (prevalence rate of alcohol, marijuana, illicit drugs, and pain relievers);
- Crime (crime reports and juvenile arrest rates); and
- Child maltreatment rates (victims aged <1-17 per 1,000 children).³

WHAT PROGRAMS ALREADY EXIST IN NEVADA THAT PROVIDE HOME VISITING SERVICES?

The DPBH provides home visiting services to at-risk communities in eight counties: Carson City, Washoe, Elko, Lyon, Storey, Mineral, Nye and Clark. There are several evidence-based models for home visiting programs and services. In order to be considered “evidence-based,” a model must show favorable, statistically significant impacts on the measured outcome domains.⁴ The format and structure of each program varies,³ though the overall goals remain the same. The evidence-based models utilized in Nevada include:

- Nurse-Family Partnership;
- Early Head Start Home Based Option;
- Home Instruction for Parents of Preschool Youngsters; and
- Parents as Teachers.²

Specific topics that may be addressed during home visits include domestic violence, breastfeeding support, maternal mental health, children’s mental health, reproductive life planning, substance abuse prevention, and others.³

HOW DOES THE STATE USE IDENTIFIED RISK FACTORS TO PROVIDE RESOURCES TO THOSE THAT NEED THEM MOST?

The DPBH conducts a statistical analysis on the data from its needs assessment to determine which counties are at highest risk.

WHAT DATA HAS BEEN COLLECTED ON FAMILIES THAT HAVE RECEIVED SERVICES IN NEVADA?

As of 2019, DPBH had collected the following key demographic data on the families receiving services:

- Race and ethnicity:
 - Multilingual families make up 23 percent of all families served, with primary languages listed as Spanish, Hungarian, Chinese, Ewe, Tigrinya, Yapese, Hindi, and Tamil.
 - Data indicates 40 percent of families served are Hispanic.
- Insurance status:
 - 60 percent of MIECHV families are enrolled in Nevada Medicaid.
 - 14 percent are listed as uninsured, with cost and documentation noted as the primary barrier.
- Socioeconomic status:
 - 68 percent of families served are at or below 100 percent of the 2018 Federal Poverty Level (very low income).
 - 94 percent are at or below 250 percent of the 2018 Federal Poverty Level (low income).

- Employment and Education:
 - 40 percent of enrollees have less than a high school diploma upon enrollment.
 - 78 percent are unemployed.³

The HRSA requires that data be collected in six benchmark areas (totaling 19 constructs), to measure program success rates. Nevada's implementing agencies collect this data monthly, report to HRSA quarterly, and complete a comprehensive report annually. Nevada showed an improvement or remained steady in every measurement in the 2018 Discretionary Grant Information System.³

LOOKING AHEAD

Assembly Bill 430, which passed in the 80th Session of the Nevada Legislature in 2019, requires the Legislative Committee on Child Welfare and Juvenile Justice (Nevada Revised Statutes 218E.705) to conduct an interim study on home visitation, including many of the elements noted here. Recommendations from that study are expected to be released in fall 2020, prior to the 2021 Session.

The DPBH is considering the possibility of expanding home visiting services in the future by using federal funds allocated under the Family First Prevention Services Act (115th Congress), which is intended for in-home services to prevent placement in foster care.

If budgetary conditions allow, Nevada may consider expanding its programs using state funds, as some other state such as Oregon have done.^{2,3}

ENDNOTES

¹State of Nevada Department of Health and Human Services, "Home Visiting Program" Legislative Brief. November 9, 2018. http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Images/Nevada%20Home%20Visiting%20Legislative%20Brief,%202019.pdf.

²McDaniel, Candice. *Study on Home Visiting Program*. State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health. December 2019. <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/14387>.

³State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health, "Assembly Bill 430", memo. <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/14386>.

⁴Home Visiting Evidence of Effectiveness Review: Executive Summary. September 2019; updated December 2019. https://homvee.acf.hhs.gov/sites/default/files/2020-02/homevee_effectiveness_executive_summary_dec_2019.pdf.