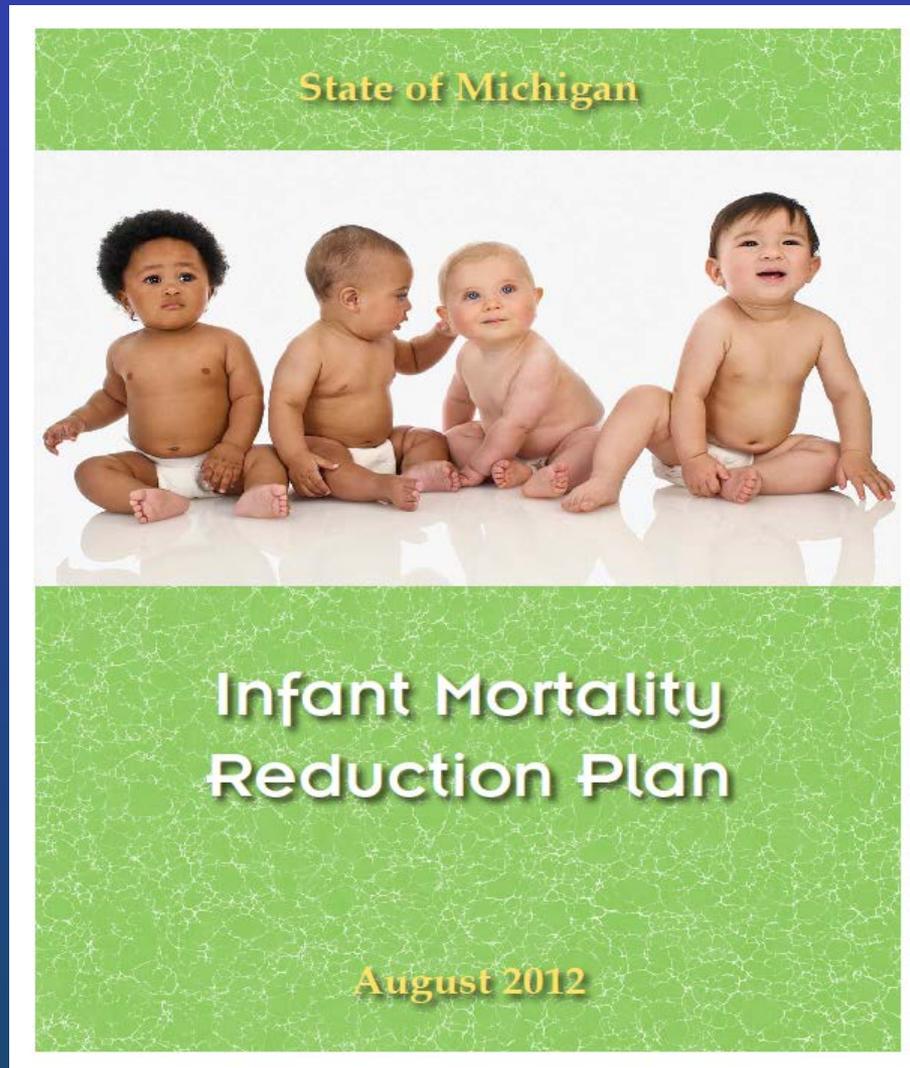


# November 2013 Update



Evidence shows

“Supportive home visiting services improve pregnancy outcomes and positively influence parenting practices”

# Strategy #5

Expand home visitation program to support vulnerable women and infants



# 2012-2013

- Expanded home visitation services in at risk communities and with vulnerable populations through increasing number of both NFP and MIHP providers
- Worked with multiple partners in both the medical and social service delivery communities to improve coordination of services and access to care



# Michigan Home Visiting Initiative

# Michigan Home Visiting Initiative

- Designed to both build the home visiting system and integrate the home visiting system within the Great Start early childhood system.
- Support the use of evidence-based home visiting and ensure that model programs are delivered, with fidelity, to high need populations in a collaborative and cost effective manner.
- MIECHV grant funding was allocated to Michigan starting in 2010. It is a piece of the whole initiative but it is also driving much of the change.

# Michigan Home Visiting Initiative Activities

- Michigan has received an additional \$14.4 million through a competitive Federal expansion grant for fiscal years 2013 and 2014
  - It is possible to add 625 new families to those already being served by home visiting programs with this funding
- SOM - Home visiting infrastructure grant to be awarded to 3 Prosperity Regions (1-3) to specifically address the needs of rural areas in Michigan. The grants will allow communities to assess needs, develop community leadership, and pursue model identification in preparation, should state funding be available in 2015.

# Michigan Home Visiting Initiative Activities

- Using federal funding, expanding services of evidence-based home visiting programs in high risk communities in Michigan.
- Expanded to an 11<sup>th</sup> community – the City of Pontiac
- Piloted an Exploration tool
  - Tool will help to understand community needs and identify high risk populations; select an EBHV model to address identified needs and gaps.

# Evidence of Effectiveness<sup>1</sup>

Outcome	Healthy Families America	Nurse Family Partnership	Early Head Start	Parents as Teachers	Maternal Infant Health Program <sup>2</sup>
Child Development and School Readiness	X	X	X	X	
Maternal Health	X	X			X
Child Health	X	X			X
Family Economic Self-Sufficiency	X	X	X	X	
Linkages and Referrals	X	X	X		
Positive Parenting Practices	X	X	X	X	
Reductions in Child Maltreatment	X	X		X	
Reductions in Juvenile Delinquency, Family Violence, and Crime	X	X			

1-[http://homvee.acf.hhs.gov/HomVEE\\_Executive\\_Summary\\_2013.pdf](http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf)

2-[http://www.michigan.gov/documents/mdch/MIHP\\_Quasi\\_Exp\\_Eval\\_MSU\\_2013-SummaryReport\\_04-09\\_ver3\\_417097\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Quasi_Exp_Eval_MSU_2013-SummaryReport_04-09_ver3_417097_7.pdf)

# Michigan Home Visiting Initiative Activity

- Which of the models commonly implemented in Michigan have evidence that they impact Infant Mortality
  - Healthy Families America: evidence-based home visiting program working with families at-risk for adverse childhood experiences. Services begin prenatally or right after birth of a baby, are voluntary and long term – can be offered 3 to 5 years after the birth of the baby.
  - Nurse Family Partnership
  - Maternal Infant Health Program

# Michigan Home Visiting Initiative Activities

- The HV Initiative is intended to help serve those populations at highest risk. Using a specific statistical analysis, Michigan has worked with communities to develop outreach plans to those at highest risk.
- MIECHV funds are supporting the use of social media by becoming a supporting partner of Text4Baby
- Pursuing the development of community hubs (a centralized access point) in 5 communities across the state
- Encouraging the participation of the local leadership groups in the community needs assessment, and providing funding to support parent involvement, and activities related to Continuous Quality Improvement

# MIECHV Highlights (cont.)

- Michigan passed Public Act 291 to take effect March 28, 2013. PA 291 ensures that home visiting funding in Michigan supports evidence-based home visiting programs and requires the Departments of Community Health, Education, and Human Services to collaborate and share data.
- CQI – Continuous Quality Improvement projects continue to occur with each of the funded MIECHV sites, as well as with those sites chosen to participate in the national HV research study (MIHOPE)



# Working Together to Ensure Healthier Families

Nurse-Family Partnership



- An evidence-based, community health program
- Transforming lives of vulnerable first-time mothers living in poverty
- Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield  
**up to five dollars in return.**



## Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

## Key Program Components

- First-time, low income, at-risk mothers
- Registered nurses
- Enrolled by 28<sup>th</sup> week in pregnancy
- Intensive services (intensity, duration)
- Client Centered
- Focus on Behavior
- Program fidelity (performance management system)
- Nursing theory and practice at core of original model

# Home Visit Overview

## Personal Health

Health Maintenance Practices  
Nutrition and Exercise  
Substance Use  
Mental Health Functioning

## Environmental Health

Home  
Work, School, and  
Neighborhood

## Life Course Development

Family Planning  
Education and Livelihood

## Maternal Role

Mothering Role  
Physical Care  
Behavioral and Emotional  
Care

## Family and Friends

Personal network  
Relationships  
Assistance with Childcare

## Health and Human Services

Service Utilization

"This program saves money. It raises healthy babies and creates better parents. It reduced childhood injuries and unintended pregnancies, increased father involvement and women's employment, reduced use of welfare and food stamps, and increased children's school readiness."

Barack Obama, U.S. Senator  
(now President)





# Michigan NFP Client Demographics



- Nine sites currently operating an NFP
- Approximately 650 women are currently being served
- 2,678 clients have been enrolled in the program since inception
- Almost 1,836 infants have been born to NFP mothers
- Median Age of Michigan Moms enrolled is 19
- 94% of clients were unmarried at program entry
- 82% of clients are Medicaid recipients





- Immunization rates for NFP infants are over 93%
- 41% of moms who entered the program without a diploma or GED have since earned one, and another 28% are working toward obtaining one
- 90% of babies were born full term



Michigan Department of Community Health  
Rosemary Fournier, State Nurse Consultant  
[fournier1@michigan.gov](mailto:fournier1@michigan.gov)

National Service Office  
Nurse-Family Partnership  
1900 Grant Street, Ste 400  
Denver, Colorado 80203

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)



# Maternal Infant Health Program (MIHP)

- Michigan Medicaid Fee for Service home visiting program
- Coordinated, monitored and certified by the Division of Family and Community Health
- Largest home visitation program in the state with 130 MIHPs
- All counties in Michigan have at least one MIHP provider

- Provides home visitation support and care coordination for pregnant women and infants with Medicaid insurance.
- Services are intended to supplement regular prenatal/infant care and to assist healthcare providers in managing the beneficiary's health and wellbeing.

Maternal Services (MSS) Began in 1987  
Infant Services (ISS) Began in 1988  
Redesign of MIHP Began in 2005



# Purpose...

- To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.
- To improve the health and well being of Medicaid eligible pregnant women and infants through a standardized, system-wide process.
- To decrease infant mortality as part of Michigan's strategic plan.

- Education and Preventive services are provided by Registered Nurse and a Licensed Social Worker.
- May also have a Registered Dietitian (requires physician order) and Infant Mental Health Specialist as part of the team.
- Uses evidence based, comprehensive Maternal and Infant Risk Identifiers.
- Determines the maternal or infant risks based on an algorithm designed into the database plus professional observation.

- Standardized trainings, forms, interventions and plan of cares.
- Requires communication with Medicaid Providers and Medicaid Health Plans.
- State wide database for Risk Identifiers and Discharge Summaries

# Who Provides The Services?

- ✓ Local and Regional Public Health
- ✓ Federally Qualified Health Centers
- ✓ Home Health Agencies
- ✓ Hospital Based OB Clinics
- ✓ Tribal Health Centers
- ✓ Private Providers





## What Type of Model Is It?

It is population-based management model, meaning that the health of the entire target population is addressed in addition to the health of individuals within the population.

Standardized, appropriate services are provided based on a beneficiary's needs and risks no matter the location within the state.

# Which Populations Does MIHP Serve?

All Medicaid pregnant women and infants including:

Minorities

Teens

High risk psychosocial and economic

Homeless

Special populations

Rural and urban

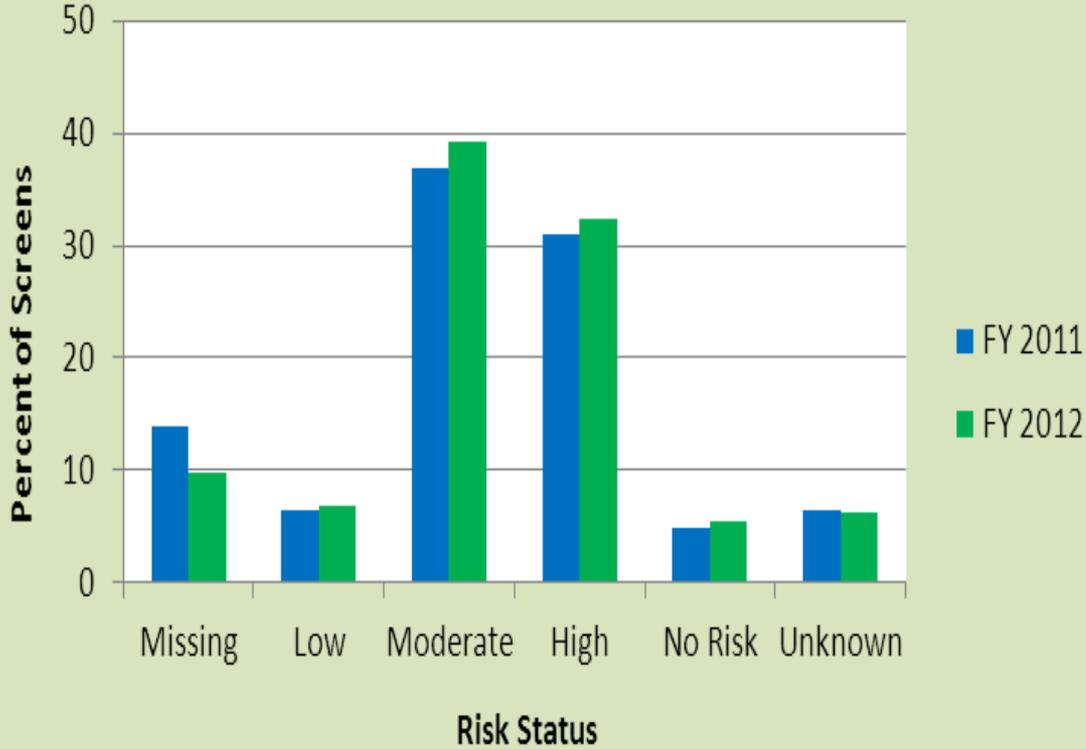


# Risk Domains

- Family Planning
- Prenatal Care
- Food Security
- Nutrition
- Housing
- Transportation
- Social Support
- Smoking/2<sup>nd</sup> Hand Smoke Exposure
- Alcohol Use
- Drug Use
- Stress/Depression/Mental Health
- Domestic Violence
- Chronic Disease (Diabetes, Hypertension, Asthma)
- Infant Safety
- Infant Health Care
- General Infant Development
- Infant Nutrition
- Breastfeeding
- Parenting and Childcare



# Maternal Infant Health Program (MIHP) Maternal Risk Screener: Overall Risk Status



# What Does The Participant Receive?



- Risk Identifier and up to nine visits for mom
- Risk Identifier and up to nine visits for the infant and an additional nine with a physician's order. Substance exposed infants may receive up to 18 additional visits (for a total of 36)
- Assistance with accessing childbirth/parenting education and transportation.

# MSU Quasi-Experimental Study Design

Michigan State University Published Article in American Journal of Preventive Medicine in 2013

Title: Medicaid Home Visitation and Infant Health Care Utilization

- Christian I. Meghea PhD
- Lee Ann Roman, MSN, PhD
- Jennifer E Raffo, MA
- Ma, QI ZHU, MS

Purpose: To assess the effects of MIHP participants on the Maternal and Infant health care utilization.

Method: To look at the differences in health care utilization between MIHP participants and nonparticipants using 2009-2010 Medicaid claims data and administrative data from MDCH.

Data were analyzed between October 2011 and 2013

# RESULTS

- ✓ Pregnant MIHP participants had higher odds of receiving any prenatal care. (OR 2.94,  $p < 0.05$ ) (95%CI)
- ✓ Women enrolled in MIHP during pregnancy had higher odds of scoring adequate on the Kotelchuck index. (OR 1.06,  $p < 0.05$ ) (95%CI)
- ✓ Infants participating in MIHP had higher odds of receiving any well child visits over the first year of life compared to matched nonparticipant infants. (OR- 1.70,  $p < (0.05)$  (95%CI)
- ✓ Infants had higher odds of receiving appropriate number of well child visits over the first year of life (OR 1.47,  $p(0.05)$  (95%CI)

## Next Publication...

A Statewide Medicaid Enhanced Prenatal Care Program: Impact on Birth Outcomes. *JAMA Pediatrics*, 2013.

A quasi-experimental design was used to assess the effects of MIHP on maternal and infant healthcare utilization and health outcomes. Specifically: matched comparison group methodology was used to compare the outcomes of MIHP participants with a matched group of non-participants.



# MIHP

## Maternal Infant Health Program

Where can I get more information about MIHPs in my area?

### For information:

Go to the Michigan Department of Community Health web page at [www.michigan.gov/mihp](http://www.michigan.gov/mihp)



MDCH is an Equal Opportunity Employer, Services and Programs Provider.

DCH-1417 (07-12) Previous versions obsolete.

# MIHP

## Maternal Infant Health Program



Information for Medical and Social Service Professionals

# MIHP

Maternal Infant Health Program

A program that helps women take care of themselves and their babies.

MIHP is a program for women covered by Medicaid during pregnancy and up to 60 days after birth, and infants covered by Medicaid. Formerly known as Maternal Support Services/Infant Support Services (MSS/ISS), MIHP provides social support, information, and care coordination services to promote healthy pregnancies, good birth outcomes, and healthy infant development.

MIHP programs are certified, monitored, and funded by the Michigan Department of Community Health and are intended to supplement regular prenatal and infant care by medical providers (doctors, nurse midwives, nurse practitioners and physician assistants).

How can MIHP assist me in providing the best possible care for my pregnant and infant Medicaid patients?

MIHP providers are multidisciplinary teams of qualified nurses, social workers, dietitians and infant mental health specialists (if available) who will:

1. Conduct a comprehensive risk assessment across multiple domains, including health risks, smoking, alcohol use, drug use, stress, depression and mental health, social support, abuse/violence, basic needs, breastfeeding, infant development, and infant health and safety.
2. Develop a care plan for your patient, based on your input and the risk assessment results.
3. Communicate with you about your patient's status.
4. Follow-up with your patient through home or clinic visits.
5. Provide care coordination for your patient, including referrals to community services.
6. Provide your patient with access to transportation to medical appointments, WIC, substance abuse treatment, childbirth and parenting education classes.
7. Provide educational interventions for your patient.



How can my staff and I encourage our patients to enroll in MIHP?

You could emphasize that if your patient enrolls, she will have:

- Access to FREE transportation to medical appointments, WIC, and childbirth or parent education classes.
- An experienced health professional who will:
  - Answer her questions about being pregnant.
  - Answer her questions about caring for her infant.
  - Help her get food or a place to live.
  - Help her learn about eating nutritious foods.
  - Help her with any health problems that could affect her pregnancy, such as diabetes, asthma, high blood pressure, depression or anxiety.
  - Help her make any health changes that she decides to make, such as quitting or cutting down on smoking, alcohol or drugs.
  - Help her if she's concerned about an abusive/violent person in her life.
  - Answer her questions about family planning (birth control).
  - Connect her with different community services, such as childbirth education classes or baby pantries that give out baby items for free.

[www.Michigan.gov/mihp](http://www.Michigan.gov/mihp)

Rose Mary Asman

[asmanr@Michigan.gov](mailto:asmanr@Michigan.gov)

Joni Idzkowski Detwiler

[detwilerj@Michigan.gov](mailto:detwilerj@Michigan.gov)

Ingrid Davis

[davisi1@Michigan.gov](mailto:davisi1@Michigan.gov)

# Discussion

