



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

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

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The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program provides Kentucky with the opportunity to expand its unique statewide home visiting model to at-risk populations that would otherwise not have received services. This home visiting program was already embedded within the state's early childhood system, and MIECHV funding allows agencies to forge partnerships with new stakeholders and strengthen existing relationships. Moreover, state administrators utilize the funds to more fully integrate home visiting within early childhood systems of care in targeted communities.

Success and innovation

Expanding services within a statewide infrastructure

MIECHV funds allowed state administrators to expand services quickly to a greater number of families through the statewide home visiting program. The Health Access Nurturing Development Services, or HANDS, program is a state-created program built from the best practices of Healthy Families America, or HFA. HANDS was created in 2000 and serves 10,000 families annually in every county in Kentucky. The existing state infrastructure included a statewide data-collection system and a robust training process for home visitors. Because HANDS has been a well-known and popular program among the public and within the Kentucky state government, stakeholders were excited to use MIECHV as an opportunity to expand services and further amplify the impact of the HANDS program in improving maternal and child outcomes.



Kentucky MIECHV at a glance

Total federal MIECHV funding:

\$1.6 million per year in formula grant funds and \$9 million total in competitive grant funds

Lead agency:

Kentucky Department for Public Health, or DPH, Cabinet for Health and Family Services

Number of communities served:

78 counties

MIECHV-funded home visiting models:

Healthy Families America, or HFA, implemented through Health Access Nurturing Development Services, or HANDS

Families served:

funding provides services for over 3,000 families

In-home depression treatment

HANDS provides perinatal depression screening for expectant and new moms. Previous data had shown that home visitors would often refer mothers suffering from depression to the county mental health department, but a majority of the referred clients never received services or did not follow up due to the stigma associated with mental illness. State administrators chose to implement the Moving Beyond Depression, or MBD, program, which offers in-home cognitive-behavioral therapy. The program was developed by the Cincinnati Children's Hospital Medical Center and is an evidence-based approach that integrates depression treatment into ongoing home visiting programs. With these services now delivered to the mothers in the home, MBD alleviates much of the stigma regarding mental health care and provides convenient access to depression treatment for mothers.

Expansion to multigravida families

Prior to MIECHV, eligibility for the HANDS program was limited to expectant and first-time parents of children prenatal through age 2. Through the statewide needs assessment, state administrators and stakeholders identified a gap in services for at-risk multigravida families, or families with more than one child. MIECHV funding provided Kentucky with resources to expand services to fill this gap and reach more vulnerable children and families using the HFA/HANDS program.

Challenges

In spite of Kentucky's existing home visiting infrastructure, administrators stated that effective communication has been an ongoing challenge. When the state received the MIECHV funding, DPH worked to inform county health departments about MIECHV and the opportunity to expand services in the state. Administrators instituted monthly calls with the staff implementing the program across the state in order to share best practices, ensure alignment with policies and procedures, and resolve barriers to implementation.

Kentucky MIECHV at a glance

Additional funding for home visiting:

Tobacco Master Settlement Agreement funds and state general funds

Identified risks targeted by MIECHV:

positive child health and development; healthy pregnancies; safe and healthy homes; and family self-sufficiency

Looking ahead

Improving the early childhood systems of care

Kentucky recognized MIECHV funding as an opportunity to direct resources towards the creation of early childhood systems of care within high-risk communities. The state's goal is to integrate HANDS more fully into a coordinated early learning system, which includes linking programs with other community resources. Targeted counties are working to strengthen integration by ensuring all partners are involved in identifying families appropriate for home visiting services, creating standardized intake forms to identify families' needs, and improving referrals to community-based service providers. HANDS administrators also work at the state level with the Early Childhood Advisory Council, or ECAC, and other partners and advocates in order to ensure communication and collaboration among all stakeholders.

Additional information

Kentucky's MIECHV program on the Department for Public Health website: http://chfs.ky.gov/dph/mch/ecd/hands.htm

For questions regarding Kentucky's Needs Assessment or State Plan, please contact M. Susan Burgan at Martha.burgan@ky.gov or Kylen Smith at Kylen.smith@ky.gov

Source: Interviews with M. Susan Burgan, MIECHV grant administrator, Department for Public Health, Cabinet for Health and Family Services, November 2014; Brenda English, HANDS program administrator, Department for Public Health, Cabinet for Health and Family Services, November 2014; Ruth Shepherd, director, Division of Maternal and Child Health, Department for Public Health Cabinet for Health and Family Services, November 2014; and Kylen Smith, HANDS program administrator, Department for Public Health, Cabinet for Health and Family Services, November 2014.

"HANDS has long recognized the need to serve overburdened families who already had a child and to bring in home services to mothers with perinatal depression. The MIFCHV funds have allowed us to expand the program to meet many of those needs."

- Kentucky state administrator

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 american progress.org.