



# New York: 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 New York with the resources to expand its evidence-based home visiting initiatives. Since the state had an existing system of home visiting before MIECHV, the majority of funds are directed to the local programs implementing the home visiting models. Additionally, funds support added staff capacity, technical assistance infrastructure, data management and evaluation, and activities to incorporate home visiting within existing public health initiatives across the state.

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## Success and innovation

### Establishing a Center of Excellence

In New York, administrators use MIECHV funds to support the creation of a Maternal and Infant Health Center of Excellence. The Center of Excellence will provide the infrastructure through which the New York State Department of Health, or NYSDOH, can offer trainings, technical assistance, data systems management, evaluation, and continuous quality improvement, or CQI, support. Implementation of the Center of Excellence is currently underway and is expected to be functional by early 2015.

### Focusing continuous quality improvement activities on program retention

New York's needs assessment identified client retention and staff retention as a barrier to achieving outcomes for children and families. Client retention can be difficult for many reasons, including families dealing with multiple health and social issues such as economic insecurity, substance abuse, domestic violence, or mental health. Staff turnover has also posed an obstacle and can affect client retention. To address this issue, administrators are using CQI initiatives to identify barriers to retention and develop solutions to support clients. Administrators plan to work through the Center of Excellence to provide trainings and technical assistance specifically related to recruitment and retention of both clients and staff.



## New York MIECHV at a glance

**Total federal  
MIECHV funding:**  
\$5.6 million in formula  
grant funds

**Lead agency:**  
New York State Department  
of Health, or NYSDOH

**Number of  
communities served:**  
10 communities in 6 counties

**MIECHV-funded  
home visiting models:**  
Nurse Family Partnership, or  
NFP, and Healthy Families  
America/New York,  
or HFA/HFNY

**Families served:**  
2,400 families served annually

## Marketing to public health providers

New York used MIECHV funds to develop educational resources that MIECHV programs can use for outreach to health care and social service agencies. These materials describe what home visiting is and how it can complement the services they provide. These resources were designed to inform providers working with pregnant and postpartum women and families about home visiting programs and how home visiting could assist families through the early years of the child's life. This strategy has also been an innovative way to promote collaboration across the models and engage prenatal care providers and social service agencies in the process of outreach and referral.

## Text4baby

Administrators used MIECHV funds to promote Text4baby, a text messaging service for expectant and new mothers that sends regular messages to pregnant and postpartum women in order to assist with aspects of their pregnancies and the first year of their baby's life. MIECHV funds are being used to incorporate messages about home visiting into this service and have increased participation in the Text4baby services across the state.

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## Challenges

Administrators in New York were challenged by the quick implementation time frame. The process of scaling up local programs while maintaining fidelity to the national models, as well as the contract and procurement processes, required significant planning and resources. New York also identified the coordination of data collection and reporting across multiple models as a challenge. Those models previously operating in New York before MIECHV found that the modifications required in the collection and reporting processes and the information technology systems were challenging to undertake.

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## Looking ahead

### Increase and integrate services

New York applied for a future competitive grant, and administrators hope to utilize the additional funding—should they be awarded the grant—to scale-up the MIECHV program in the state. They plan to better integrate the MIECHV-funded home visiting programs into the existing infrastructure of home visiting.

## New York MIECHV at a glance

### **Additional funding for home visiting:**

\$23 million in state appropriations to the New York State Office of Children and Family Services for Healthy Families New York, or HFNY, \$2 million in Temporary Assistance for Needy Families, or TANF, funds for NFP, and Medicaid Targeted Case Management reimbursement for NFP

### **Identified risks targeted by MIECHV:**

maternal and newborn health; child abuse and neglect; school readiness; domestic violence; substance abuse; mental health; family economic security; and healthy child development

## Develop more constructive working partnerships

NYSDOH partners with the Office of Children and Family Services; Office of Mental Health; Office for the Prevention of Domestic Violence; Office of Alcoholism and Substance Abuse Services; Council on Children and Families; the Early Childhood Advisory Council; a statewide Home Visiting Workgroup and other home visiting stakeholders. Moving forward, MIECHV administrators plan to increase collaboration with these partners to improve outreach, screening, referral, follow-up, and ongoing service delivery to high-risk women and families and to successfully implement MIECHV.

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## Additional information

New York's MIECHV program on the New York State's Department of Health website: [https://www.health.ny.gov/community/infants\\_children/maternal\\_infant\\_early\\_child\\_home\\_visit/](https://www.health.ny.gov/community/infants_children/maternal_infant_early_child_home_visit/)

New York's MIECHV Needs Assessment: [https://www.health.ny.gov/community/infants\\_children/maternal\\_infant\\_early\\_child\\_home\\_visit/docs/needs\\_assessment.pdf](https://www.health.ny.gov/community/infants_children/maternal_infant_early_child_home_visit/docs/needs_assessment.pdf)

New York's MIECHV State Plan: [https://www.health.ny.gov/community/infants\\_children/maternal\\_infant\\_early\\_child\\_home\\_visit/docs/miechv\\_updated\\_state\\_plan\\_2.pdf](https://www.health.ny.gov/community/infants_children/maternal_infant_early_child_home_visit/docs/miechv_updated_state_plan_2.pdf)

Source: Interviews with Michael Acosta, associate director; Fran Mazzariello, MIECHV program manager, October 2014; and Erica Stupp, data manager, at Community Perinatal Health Unit, Bureau of Women, Infant and Adolescent Health, New York State Department of Health, October 2014.

“MIECHV allowed us to reach more high risk women with home visiting and other needed services, and played an important role in improving collaboration and coordination across maternal and infant health and early childhood services.”  
– New York 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](http://clasp.org) or [americanprogress.org](http://americanprogress.org).