

# The Maternal, Infant, and Early Childhood Home Visiting Program



## COVID-19 and MIECHV: Adapting to a Rapidly Changing Environment

## **About the Maternal, Infant, and Early Childhood Home Visiting Program**

The MIECHV Program supports voluntary, evidence-based home visiting for pregnant women and parents with children up to kindergarten entry living in at-risk communities. The MIECHV Program builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. States, territories, and tribal communities receive funding through the MIECHV Program and have the flexibility to select the home visiting service delivery models that best meet their needs. The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).



families during an emergency. Awardees can refer to HRSA's [COVID-19 Maternal and Child Health Bureau Frequently Asked Questions](#) and web page on Important Home Visiting Information During COVID-19 for additional information. Awardees should reach out to their HRSA Project Officers with questions.

As programs transition from face to face visits to using technology to engage families, they are learning how to conduct home visits virtually and how to provide home visits with families that have limited or no access to internet or the platform for a virtual visit. Issues related to conducting home visits included:

- Coping with staffing issues created by home visitors being pulled into COVID-19 response efforts
- Ensuring model fidelity as models adapt to telehealth
- Having limited or no access to internet and other technology by both families and home visitors, especially in rural areas
- Conducting outreach and continuing to enroll families virtually rather than in person
- Engaging families in home visiting content when they are facing challenges related to meeting basic needs and goods, such as formula and accessing transportation
- Managing difficult and sensitive topics for families where privacy and confidentiality may not be possible
- Completing screenings virtually, including what variances can be given for screening timelines, and how to conduct intimate partner violence and depression screenings during virtual or phone visits
- Managing telehealth referrals for families, especially around depression or intimate partner violence

Despite the unprecedented challenges, participants noted how resilient and adaptable both state and LIA staff have been, willing to quickly restructure and try new things. LIAs are working through the challenges they are facing on their own, and then seeking support from awardees where they need it. Data are showing that many sites are continuing to connect with families.

Peer dialogue participants shared successful strategies for moving forward that have evolved in light of the crisis.

- **Thinking about responding to COVID-19 in the larger context of managing change.** The book *Managing Transitions* by William and Susan Bridges helped one state team adjust to change in state structure and suggests communicating openly and honestly.
- **Communicating frequently with LIAs.** Awardees are holding regular check-in calls or office hours, encouraging sharing of tips, and listening carefully for fears, concerns, and needs. Some check-in calls include a focus on mindfulness and compassion.
- **Developing and disseminating resources.** Examples include tip sheets and fillable online forms when printing is unavailable. One awardee has a resource site that is updated weekly.
- **Embracing technology.** Some creative uses of technology have included a Tik-Tok video, virtual bingo game, and a spirit week.
- **Finding ways to continue to reach out to and reach families.** For example, one site is holding a virtual story hour and dropping off family kits with lists of activities at the doorstep of each family. Others have dropped off donations for families at their doorsteps.

- **Focusing on specific challenges.** For instance, one awardee shared that they are holding weekly calls on infant supply shortages and had the state WIC program join a call to answer questions.

## COVID-19 Through the Lens of Equity – What Can MIECHV Programs Do?

Many families enrolled in MIECHV programs are at heightened vulnerability and risk for negative socio-economic and health outcomes resulting from the current pandemic. As the pandemic has unfolded, it has made already existing inequities and health disparities more visible.

The spread of COVID-19 has required community-level measures such as sheltering in place for long periods and social distancing in public spaces to slow down the spread of the virus. Staying at home has meant many MIECHV families are unable to earn money because they work in jobs that are considered non-essential. If they do have the capacity to earn money, families often do not have the luxury of working remotely; having food and medications delivered; avoiding public transportation; and managing chronic conditions without further endangering their lives. For those families who live in inadequate housing situations, keeping social distance from the wage-earner is not only difficult, it is impossible. The crowded nature of their home environment increases the disease risk.

Staying at home under these conditions has increased the challenges MIECHV programs face in providing home visiting services. As families are home together for longer periods of time, there is an increased risk for stressful situations to emerge that may result in higher levels of depression, substance use, intimate partner violence and/or child maltreatment. So, at a time when parents and caregivers need more support, the capacity of home visiting programs to provide the needed support is limited.

Every situation experienced by a MIECHV family may be mirrored by a MIECHV home visitor. Many home visitors cannot afford to miss a single paycheck and may need to apply for unemployment. This global pandemic is forcing organizations, programs, and businesses world-wide to develop contingency or crisis plans. Given what we have learned from this pandemic, home visiting programs are strongly encouraged to consider equity issues as they develop their responses to the changing situation.

Many home visiting programs have replaced in person visits with virtual home visiting. This may further exacerbate the disparities faced by families that may not have the tools for telehealth technology such as computers, tablets, and smart phones. These families might live in rural areas, tribal nations, territories, and in other communities with limited bandwidth for internet access. As MIECHV programs focus on finding alternative ways of providing home visiting services, there is an opportunity to explore creative solutions for working with families in difficult to reach and vulnerable communities. For example, telephone companies might donate phones to families; or LIAs might work with libraries or community centers to set up Wi-Fi hotspots. Programs can look for ways of leveraging resources such as exploring public/private partnerships, or reviewing and establishing procedures that may allow some flexibilities to LIAs as allowable within MIECHV funding guidelines. Programs might also consider using this time to review existing policies and procedures, including those related to recruitment and enrollment, to make sure they don't exacerbate disparities. Programs should also consider examining policies and procedures, such as subrecipient monitoring plans, in order to allow temporary flexibility on the use of MIECHV funds for authorized activities during the COVID-19 public health emergency.

## TA Supports Available through HV-ImpACT and HV-PM/CQI

HV-ImpACT and HV-PM/CQI recognize the many competing demands on MIECHV state and territory awardees and want to remind you about TA supports that are available during this COVID-19 public health emergency. If you need information and resources or would like to connect to one of your peers, please reach out to your regional TA Specialist. Both HV-ImpACT and HV-PM/CQI have collected information on a variety of COVID-19 related topics, along with some resources developed by awardees that we are able to share.

HV-ImpACT is also offering a series of peer sharing dialogue sessions around a variety of topics related to providing home visiting services amid the COVID-19 pandemic. Each session will be offered twice, with the second session of each specifically dedicated to the Pacific Territories and Hawaii.

- On May 14<sup>th</sup> (repeated on May 19<sup>th</sup>), the peer dialogue will focus on successful state and local responses to help meet families' basic needs.
- The May 28<sup>th</sup> (repeated on June 2<sup>nd</sup>) session will focus on MIECHV awardees supporting LIAs to conduct virtual home visits, This session provide awardees with an opportunity to share ongoing challenges, strategies, and bright spots.
- The topic for the June 11<sup>th</sup> (repeated on June 16<sup>th</sup>) peer dialogue is screening.

All sessions will also provide opportunities to explore inequities heightened by COVID. See the upcoming events section of this resource for topics, times and dates.

Please also visit HRSA's [COVID-19 Maternal and Child Health Bureau Frequently Asked Questions](#), and the MIECHV Program web page on Important Home Visiting Information During COVID-19 for additional technical assistance resources. Please continue to check these pages for updates and contact your Project Officer directly with any questions.

## What Home Visiting Partners Are Doing and Learning

Many other organizations involved with the MIECHV Program and with the larger home visiting community are compiling information, developing materials, and sharing resources related to the pandemic. This article shares updates from key partners.

### The Rapid Response Virtual Home Visiting Project

The Rapid Response Virtual Home Visiting Project is a national project focused on rapid development and mobilization of resources that support home visiting. The numerous national partners involved in this project are thinking of long- term availability and accessibility of these resources.

Engagement is coordinated and led by the Rapid Response Home Visiting Steering Team and driven by guidance and input from model teams, content development teams, private and public funders, and an advisory team that brings together national entities that represent many elements of home visiting.

Content development includes using interactive video conferencing and telecommunication to deliver visits; conducting other model activities virtually including coaching, information sharing, goal setting,

resourcing supports for families; conducting screenings for child development, depression, and intimate partner violence; and hosting virtual group connections. The content will reflect considerations for rural settings, tribal communities, and the immigrant population.

The project will provide access to materials at no cost, hold weekly webinars on Wednesdays at 3:00 PM Eastern, and provide resources on virtual interactions with families and best practices in telehealth. All are available at [instituefsp.org](http://instituefsp.org). Reach the project at [rapidresponse@nationalalliancehvmodels.org](mailto:rapidresponse@nationalalliancehvmodels.org).

The project's first webinar took place on April 8<sup>th</sup> and focused on a protective factors frame on virtual home visiting; the second webinar took place on April 15<sup>th</sup> and focused on screening in virtual contexts. An chat about the Ages and Stages Questionnaire (ASQ) was held on April 22<sup>nd</sup>. A webinar on enrollment and consent was conducted on April 29<sup>th</sup>. The May 6<sup>th</sup> webinar was about virtual supervision. These are recorded and available for viewing at the [institute's website](#).

### **The Home Visiting Applied Research Collaborative (HARC)**

The Home Visiting Applied Research Collaborative (HARC) is a national research and development platform to advance early home visiting through cross-sector research. HARC maintains a practice-based research network of several hundred local home visiting programs, state and local networks, and home visiting researchers. Early in the COVID-19 pandemic, HARC fielded a brief survey of home visiting programs to gauge how programs were adjusting services to meet social distancing guidelines and to meet the increasing needs of families. The survey was administered to HARC network members and also disseminated through partners such as the National Home Visiting Resource Center, home visiting models, the Association of State and Tribal Home Visiting Initiatives (ASTHVI), and the Ounce of Prevention Communities of Practice.

Within six days (April 3-9, 2020), 1312 local programs implementing over 30 different models responded to the survey. Programs were located in every state, the District of Columbia and several tribal communities. Overall, 40% of the local programs received MIECHV Program funding. Most served communities with varied population densities. Of the respondents, 48% had catchment areas that included urban centers; 46% suburban communities; 63% rural areas; and 4% frontier areas.

The results demonstrated that local programs are adapting quickly. The [report](#) makes clear local programs' resilience in transitioning from in-person, in-home visits to other modalities, especially interactive video conferencing, as an adaptation to social distancing. Key survey results include:

- Nearly all local programs (91%) were subject to social distancing requirements. As a result, almost all local programs (88%) were required by their implementing agency to stop in-person, in-home visits completely.
- Local programs quickly switched to other delivery modes for making home visits. They reported that they are frequently using the telephone (71%); interactive video conferencing (64%), and text messaging (23%).
- Local programs also faced changes in how they carry out supervision, and manage staff. Faced with restrictions in carrying out office-based operations, 16% of programs reported having no supervision, while 76% reported supervision over a digital platform and 62% reported

supervision over the phone. Half of the programs noted not being able to hire new staff because of the crisis and many reported reductions of workforce.

- The rapid switch to interactive video conferencing for many programs was not without challenges. Programs reported issues related to hardware and technical capacity for families. Both home visitors and families are facing difficulties with lack of childcare and increased family demands. There were also some concerns about maintaining confidentiality and privacy.

Despite challenges, local programs demonstrated great resiliency in adapting their services to continue to serve families that are more in need than ever. State leaders and federal staff are using the results of the survey to plan guidance for programs.

HARC plans to conduct more research on how programs and communities are continuing to adapt and overcome challenges. Over 75% of survey respondents expressed interest in continued participation in this work. HARC is eager to hear ideas and questions for future studies from stakeholder groups. Please visit [www.hvresearch.org](http://www.hvresearch.org) for more information on how to contact our Coordinating Center.

### **The Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE)**

Since the start of the COVID-19 pandemic, the [Center of of Excellence on Infant & Early Childhood Mental Health Consultation](#) (CoE for IECMHC) team has been in direct contact with IECMHC programs and early childhood mental health system leaders to learn how states and local programs are responding to COVID-19; launched a COVID-19 connection portal to provide space for program leaders, clinicians, advocates, family members and educators to ask questions, send information/resources, or request technical assistance specific to the pandemic; and will host open conversations and affinity groups to support consultants and consultation program leaders in the field. A dedicated website for COVID-19 response can be found [here](#).

We strongly believe that IECMH Consultants are uniquely positioned to be leaders and supporters in this crisis. Consultants come to this work with a strong foundational knowledge of mental health, trauma, attachment, and child development and can offer this knowledge to programs and system leaders. Some possible strategies for how consultants can support programs include:

- Provide virtual trainings (live or pre-recorded)
- Conduct check ins with staff and directors
- Lead virtual staff wellness activities or share this information virtually
- Share mindfulness resources and stress reduction techniques for parents, caregivers, and early childhood professionals
- Reach out to other child serving agencies, such as child welfare, which might begin to see increases in workloads and overwhelmed caseworker.

The bottom line is no mental health consultation program is operating “normally” right now. **Everyone needs to pivot to meet the needs of communities and partners.** We want mental health consultants and consultation programs to be utilized and recognized as the incredible resources they are. Technology

should be used to the fullest extent possible. A mental health consultant's unique qualifications can be used to support those on the front lines of this crisis.

This pandemic will be impacting our nation for months and years to come. IECMHC is able to be responsive during all phases: crisis response, stabilization, and recovery. The [CoE for IECMHC website](#) and efforts will be ongoing and responsive as the crisis unfolds.

## Resources

### **COMING SOON! The MIECHV Awardee Learning Library – the MALL!**

Look for an announcement in the next few weeks about the launch of the MALL, the new online platform that will enable MIECHV awardees, TA providers, and federal staff to upload and share resources.

The resources below are related to COVID-19 and home visiting.

- [COVID-19 MIECHV Frequently Asked Questions](#) from HRSA
- [States Modify Home Visiting Services in Response to COVID-19](#) -- This report from Zero to Three tracks various steps states have taken to support home visiting programs during the pandemic.
- [COVID-19's Early Impact on Home Visiting](#) – From the Home Visiting Applied Research Center, a first report of results from a national survey of local home visiting programs
- [Research brief on home visitor mental health](#) and [brief on using technology in home visiting](#) from the National Home Visiting Resource Center
- [Telehealth Service in Infant Mental Health Home Visiting](#) provides tips on offering emotional support, developmental guidance and reflective practice that may be helpful to home visitors.
- [During the COVID-19 Pandemic, Telehealth Can Help Connect Home Visiting Services to Families](#) from Child Trends includes guidance from several models on use of telehealth for home visits.
- [Online course from the Arkansas Home Visiting Network – Supporting Virtual Home Visits during the COVID 19 crisis](#) - This online "course" is a place where home visiting professionals and their support team members can collaborate to help with adjusting to virtual home visiting.
- [Virtual service delivery webinar recording, Readiness Reflection Tool](#)  
[Troubleshooting technology tips, Supervisor Guide, Resource Guide](#) From the Rapid Response-Virtual Home Visiting Collaborative