



# New Jersey: 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 Jersey the opportunity to expand evidence-based home visiting services to vulnerable children and families throughout all 21 of its counties. New Jersey is implementing three home visiting models in each county and created a centralized intake system that allows programs to provide a coordinated continuum of services targeted to the unique needs of each family. Moreover, the state's funding model blends MIECHV funds with several other state and federal funding streams, which are administered through separate state agencies. Interdepartmental collaboration and partnerships are essential components in scaling up services to reach more families and building one statewide system of home visiting.

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## Success and innovation

### Statewide centralized intake system

MIECHV funds were utilized to support and expand the state's centralized intake system for home visiting and other services, which will be operating in all 21 counties. The locally driven system utilizes county-based coordinators to provide families with easy access to information, eligibility, assessment, and referrals to family support services. The system includes new screening tools that allow families to be referred to the most appropriate programs and services such as prenatal health care, child health care, home visiting, early intervention, early childhood, and social services. New Jersey's management information system, Single Point of Entry for Client Tracking, or SPECT, helps local central intake sites avoid duplication of services and ensures that the state effectively utilize limited resources. Central intake allows counties to better identify and serve at-risk families, and the home visiting programs can achieve greater capacity by focusing on providing services to families and less time and resources on conducting extensive outreach. This system also helps to connect families with the home visiting model that will best meet their needs, while also streamlining referrals to reduce duplication of services and identify any gaps in services.



## New Jersey MIECHV at a glance

### Total federal MIECHV funding:

\$1.9 million per year in formula grant funds and \$8.7 million in competitive grant funds in fiscal year 2014

### Lead agency:

New Jersey Department of Health, or DOH, and New Jersey Department of Children and Families, or DCF

**Number of communities served:**  
all 21 counties in the state

**MIECHV-funded home visiting models:**  
Healthy Families America, or HFA; Home Instruction for Preschool Youngsters, or HIPPI; Nurse Family Partnership, or NFP; and Parents as Teachers, or PAT

## Oral health training

In the effort to improve child health in New Jersey, state administrators and other key stakeholders have focused on improving access to oral health care for at-risk children. The MIECHV funding was used to train more than 300 home visitors on a variety of oral health issues. The home visitors, in turn, can educate parents and pregnant women on the importance of dental care for young children and help connect families to dental services in their community.

## Collaboration across departments

Due to the state's blended funding model and centralized intake system, New Jersey's administrators recognized the need to create partnerships across departments in order to integrate home visiting with the early childhood and family support services. Through formal interagency agreements among DOH, DCF, DHS, and DOE, state administrators have been able to overcome many bureaucratic challenges and create a structure for communication and collaboration. State administrators credit MIECHV funding with helping to raise the profile of evidence-based home visiting and ensuring its inclusion as a core early childhood service. The state continues to expand its interdepartmental partnerships ensuring stronger connections with child welfare and improving transitions for children from home visiting to high-quality childcare and preschool programs.

## Life course model for coordination of care

New Jersey prioritized the creation of a single coordinated early childhood system to most effectively meet the needs of children and families. While the state built the infrastructure for this system with funding from multiple federal grants—including Early Childhood Comprehensive Systems, Project LAUNCH, and the Race to the Top – Early Learning Challenge—MIECHV funds allowed home visiting to play a more central and integral role in the state's early childhood system. New Jersey is now working to more fully integrate its home visiting programs into this coordinated early childhood and learning system by building linkages to other community services.

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## Challenges

New Jersey chose to implement three different home visiting models in each county in order to create a continuum of services for families with children at different ages and needs. Implementing multiple models and embedding them within the centralized intake system was a challenge, but state administrators felt it was one they have successfully overcome. Finally, creating a continuous quality improvement, or CQI, framework that will allow the programs to be high quality and produce positive outcomes is difficult, but state administrators are confident in the CQI framework they have adopted.

## New Jersey MIECHV at a glance

**Families served:**  
funding provided services for  
6,400 families

**Additional funding  
for home visiting:**  
state funding administered  
through DCF; federal  
Temporary Assistance for  
Needy Families, or TANF,  
funding administered through  
the New Jersey Department  
of Human Services, or DHS;  
and Federal Administration  
for Children and Families, or  
ACF, Title IV funding  
administered through DCF

**Identified risks  
targeted by MIECHV:**  
maternal and child health;  
child development;  
family functioning and  
self-sufficiency; child safety;  
and integrating home  
visiting into a larger early  
learning continuum of  
services in the state

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## Looking ahead

### Strengthen the centralized intake system

The state is working to strengthen collaboration across the many sectors represented in the statewide centralized intake system: home visiting; health; Head Start and Early Head Start; childcare; preschool; education; early intervention; child welfare; and other family support services. The state continues to encourage referral and data-sharing agreements at the local level in order to provide cross-training for providers and identify gaps in referral resources at the community level. The state's next goal is to identify at-risk children and families earlier in the process, with a particular focus on identifying pregnant women for prenatal care and connecting them to services sooner, and assisting with the state's overall goal of improving the health and developmental outcomes for children and families.

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## Additional information

New Jersey's MIECHV program on the Department of Children and Families website:  
<http://www.state.nj.us/dcf/families/early/visitation/>

Source: Interviews with Lakota Kruse, MIECHV project director, New Jersey Department of Health, September 2014; Lenore Scott, Home Visiting program manager, New Jersey Department of Children and Families, September 2014; and Sunday Gustin, administrator, New Jersey Department of Children and Families, September 2014.

“MIECHV has raised the profile and credibility of home visiting as a contributing component of early childhood education.”

– New Jersey 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).