

# Early Childhood Home Visiting Community of Practice Call

February 25<sup>th</sup>, 2016



Ohio Infant Mortality  
Reduction Initiative (OIMRI)



# Agenda

- Welcome and Introductions
- Federal and State Administrative Updates
- Programmatic Updates
- Communication and Engagement Opportunities
- Q&A



# State and Federal Updates

## Federal Updates

- MIECHV
  - Application submitted: NOA expected first week of April
  - Revised HRSA benchmark to be released in March

## State HV Updates

- ODH/HV Reorganization
  - A more efficient and streamlined approach to serve Ohioans;
  - New agency Table of Organization effective 2/7/16;
  - Ohio Infant Mortality Reduction Initiative joins new Early Childhood Home Visiting Section;
  - New Chief of Maternal and Child Health Policy!
    - Sandy Oxley to join ODH 3/7/2016



**Director**  
Richard Hodges

**Medical Director**  
Dr. Mary DiOrio

**Chief of Staff**  
Julie Walburn

**General Counsel**  
Lance Himes

Physician  
Vacant

Physician  
Vacant

**Director of Nursing**  
Alexandria Jones

**Tobacco Promotion**  
Mandy Burkett

**Chronic Disease/  
OCISS/CCCP**  
Barb Pryor

**Oral Health**  
Carrie Farquhar

**Creating Healthy  
Communities**  
Ann Weidenbenner

**Office of Health  
Improvement and  
Wellness**  
Shandie Jenkins

**Office of Health  
Assurance and  
Licensing**  
Dave Holston

**Office of Health  
Preparedness**  
Tamara McBride

**Office of Government  
Affairs**  
Jessie Crews

**Office of  
Human Resources**  
Jaime Erickson

**Office of Financial  
Affairs**  
Anthony Perry (TWL)

**Office of  
Communications**  
Russ Kennedy

**Office of Management  
Information Systems**  
Nate Huskey

**Bureau of Health  
Services**  
Michele Frizzell –  
Assistant Office Chief

**Bureau of Maternal  
and Child Health**  
Vacant

**Bureau of  
Environmental Health  
and Radiation  
Protection**  
Gene Phillips

**Bureau of Long-Term  
Care**  
Lea Blair

**Bureau of Community  
Health Care**  
Drema Phelps

**Bureau of Regulatory  
Enforcement**  
Brian Dean

**Bureau of Licensure  
Operations**  
Debra Walsh (TWL)

**Stakeholder  
Engagement**  
Alexandra Simon

**Bureau of Informatics  
and Data Management**  
Brian Fowler (TWL)

**Bureau of Vital  
Statistics**  
Karen Sorrell

**Bureau of  
Infectious Diseases**  
Sietske de Fijter

**Public Health  
Laboratory**  
Quanta Brown (TWL)

**Legal Services**

**Office of Health  
Policy and  
Performance  
Improvement**  
Brandi Robinson

**Health Equity**  
Chip Allen

**Health Access**  
Amy Bashforth



**Ohio**  
Department of Health

Effective: 2/7/2016



# ODH Early Childhood Home Visiting

- **Creating a Vision** – through collaborative engagement with partners to plan and implement rule, standards, measures, and funding mechanisms that support ODH strategic health priorities.
- **Promoting Positive Outcomes** – by **consistently measuring and reporting** progress toward improving child health and safety, supporting healthy development, reducing family violence, improving maternal and child health, and supporting economic self-sufficiency.
- **Strengthening Statewide Home Visiting Infrastructure** – by improving the quality of the system and continued support of evidenced based programs.



# Home Visiting Reorganization

Early Childhood  
Home Visiting

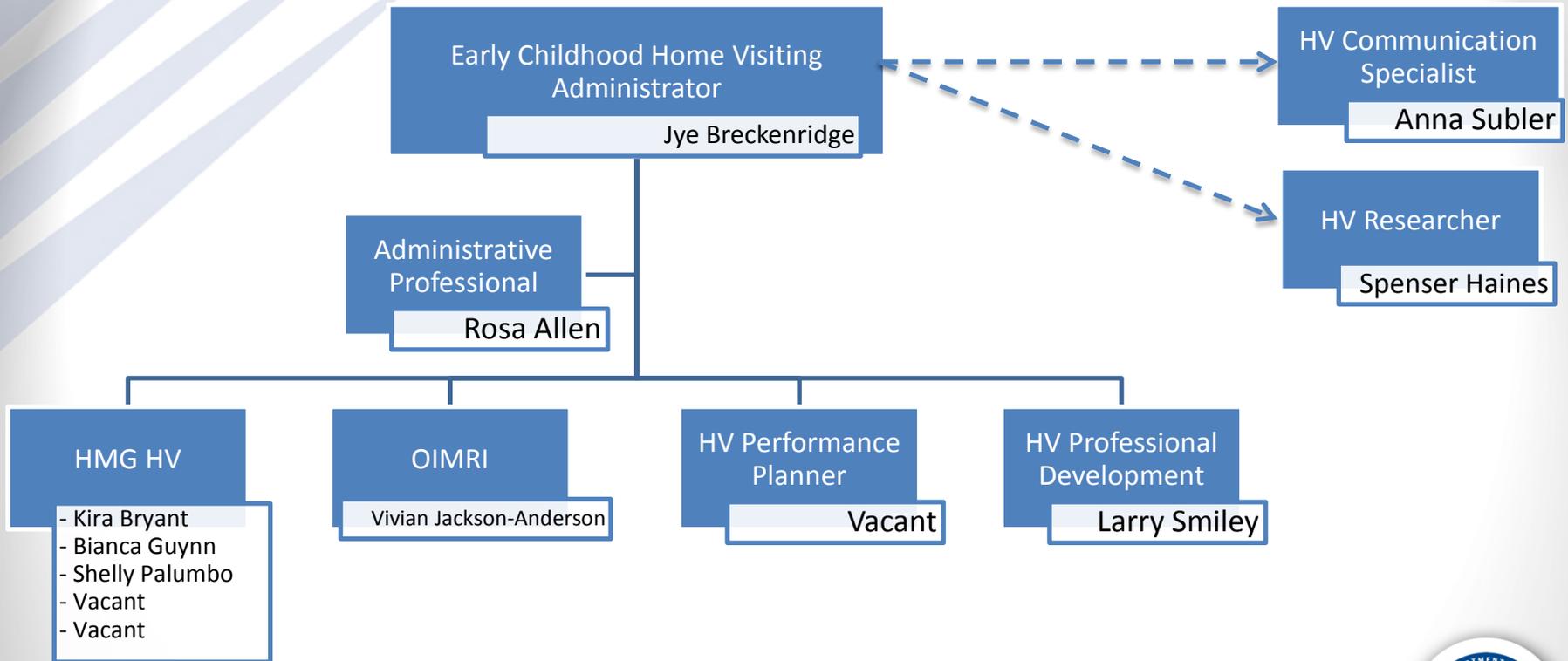
HMG HV

MIECHV

OIMRI



# Early Childhood Home Visiting Structure



# Ohio Statewide Home Visiting Logic Model

## Ohio Home Visiting Vision

A statewide system of high quality, evidence-based home visitation services that will strengthen and support families, while promoting maternal, infant and early childhood health, safety and development.

### Values

Parents are a child's first and most important teacher and home is the most influential learning environment.

- Services that are:
  - ▲ Strengths-based and build protective factors;
  - ▲ Relationship-based and family-focused;
  - ▲ Evidence-based
  - ▲ Culturally competent
- Service agencies that:
  - ▲ Employ well-trained and competent staff;
  - ▲ Engage families as partners;
  - ▲ Use data to drive decision-making;
  - ▲ Engage in continuous quality improvement
- Communities that:
  - ▲ Collaborate and coordinate to provide a seamless network of services and supports;
  - ▲ Recognize the importance of the home visitor in the early childhood system



### Goals (Outputs)

- Build State Infrastructure:
  - ▲ Develop, communicate and build support for a common vision for HV across systems
  - ▲ Promote the implementation of evidence-based and promising HV practices
  - ▲ Develop statewide core competencies and professional development for home visitors
  - ▲ Ensure training and technical assistance is available through state and national sources for local infrastructure building and program development
  - ▲ Develop a universal set of outcomes for participants across HV programs
  - ▲ Develop monitoring, accountability and continuous quality improvement systems for all HV programs
- Build Local Infrastructure
  - ▲ Translate statewide vision into local priorities
  - ▲ Convene or participate in local collaborative groups to coordinate HV and other early childhood initiatives
  - ▲ Maintain a central intake and referral systems for easier access to services
  - ▲ Engage in detailed local assessments to determine community needs and gaps
  - ▲ Build upon existing high-quality family support services in the community
  - ▲ Identify competent implementing agencies with a strong presence in the community
- Deliver Evidenced-Based HV services to at-risk families
  - ▲ Identify, engage, enroll and retain families
  - ▲ Provide HV services with fidelity to the program model and consistent with our vision and values
  - ▲ Provide referrals and ensure family needs are met
  - ▲ Deliver screenings to parents and children to identify potential needs
  - ▲ Collect data on families served by the HV program to ensure positive outcomes for those participating
  - ▲ Use data to drive continuous quality improvement and expansion of services



Output	Short-Term	Intermediate	Long-Term
Build State Infrastructure	Shared vision and priorities for HV system are established  Evidence-based and promising practices are clearly defined  All stakeholders actively participate in planning and implementation activities	HV programs and outcomes are aligned across systems  A highly-skilled and competent HV workforce is developed  HV system reflects the needs and priorities of stakeholders	HV resources are used effectively and efficiently
Build Local Infrastructure	Local communities are familiar with and support HV  HV models selected align with local needs and meet federal requirements  Local agencies that receive funds are prepared to implement HV models with fidelity	State and local partners have a shared understanding of HV  Gaps in available services in high need communities are addressed  HV workforce demonstrates core competencies	HV programs across the state are of the highest quality and are well-coordinated
Deliver Evidenced-Based HV services to at-risk families	Families are connected to needed services and social supports  Targeted families are enrolled and retained in HV programs that meet their needs  HV programs are delivered with fidelity  Local programs collect implementation and outcomes data for CQI	Families receive well-coordinated services that align with their needs  Enrolled families demonstrate improvements in: <ul style="list-style-type: none"> <li>▲ Prenatal, maternal and newborn health</li> <li>▲ Parenting skills and knowledge of child development</li> <li>▲ Maintaining a safe and stable home environment</li> </ul>	Reductions in crime and domestic violence  Improvements in family self-sufficiency/ stability  Improvements in health and development: <ul style="list-style-type: none"> <li>▲ Prevention of injuries &amp; maltreatment</li> <li>▲ Prevention of substance abuse/ dependency</li> <li>▲ All developmental domains for children</li> <li>▲ School readiness &amp; achievement</li> </ul>

### Resources (Inputs)

- Funding and Staff
  - ▲ Federal MIECHV grant funding
  - ▲ Federal ECCS grant support
  - ▲ Lead state agency staff and resources
  - ▲ Researchers and evaluators
  - ▲ Professional development staff and opportunities
- Partners
  - ▲ State agencies
  - ▲ Professional development providers
  - ▲ Stakeholder and advocacy groups
- Service Providers
  - ▲ Community-based home visitation implementing agencies, current and new
  - ▲ National model program developers



# ODH Early Childhood Home Visiting

## Potential Strategic Priorities for SFY17

- Revised Performance/Benchmark Plan that supports ODH strategic health initiatives: (Safe Sleep, ACE data, etc.)
- Revamped data collection system;
- Continued evaluation of funding model/streams (leveraging Medicaid);
- Statewide transition to a Trauma Informed approach;
- Further integration of Toxic Stress training;
- Core Competencies for Home Visitors and Supervisors;
- Strategic Training Plan;
- Community of Practice SharePoint for enhanced collaboration



# Program/Communication Updates

- **Program Updates – Shelly Palumbo, HV Consultant**
  - Submission of training hours
  - April due date for quarterly expenditure reports.
- **Communication – Anna Subler, ODH Public Affairs**
  - March is national: Social Work Month, Nutrition Month, Poison Control Month;
  - Seeking HV families for ODH produced engagement video for the website;
  - Zika Virus Update: Contact ODH Public Affairs with potential questions
    - travel ban
    - virus and pregnant women/babies
    - when to seek treatment
  - HV Listserv: Sign up on the website!



# Questions/Contact Information



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Home Visiting Administrator

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