

**SUPPORTING THE
MATERNAL, INFANT & EARLY CHILDHOOD
HOME VISITING (MIECHV) PROGRAM:
A NATIONAL MODEL'S PERSPECTIVE**



**BIRTH TO THREE INSTITUTE
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PRESENTERS

- **Christina Benjamin, Special Liaison to the Office of Head Start, Early Head Start National Resource Center**
- **David Jones, Home Visiting Specialist, Office of Head Start**

AGENDA

- ❑ Overview of the MIECHV Program
- ❑ Office of Head Start (OHS) Role in Communication and Facilitation of Technical Assistance
- ❑ Accomplishments and Anticipated Outcomes in EHS Programs Participating in MIECHV
- ❑ Mother and Infant Home Visiting Program Evaluation (MIHOPE) and EHS Programs
- ❑ Questions and Answers
- ❑ Closing Remarks

OBJECTIVES

- To understand the Office of Head Start's role as a model developer and facilitator of technical assistance
- To share accomplishments and provide anticipated outcomes for participants enrolled in the MIECHV program
- To identify successful strategies for effective implementation of the MIECHV program



OVERVIEW OF THE MIECHV PROGRAM

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was authorized by the Affordable Care Act in 2010 to respond to the diverse needs of children and families in communities at-risk.



HRSA & ACF COLLABORATION FOR MIECHV PROGRAM

In collaboration at the Federal level, the Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) through the MIECHV Program:

- Provides an unprecedented opportunity for collaboration and partnership at the Federal, state, tribal and community levels
- Improves the health and development outcomes for at-risk children through evidence-based home visiting programs

PURPOSE OF THE MIECHV PROGRAM

The MIECHV Program is designed to:

- Strengthen and improve the programs and activities carried out under Title V
- Improve coordination of services for at-risk communities
- Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities

Affordable Care Act: Maternal, Infant, and Early Childhood Home Visiting Program by Health Resources and Services Administration, Maternal and Child Health Bureau

<http://www.hrsa.gov/grants/manage/homevisiting>

MIECHV PROGRAM BENCHMARKS



The MIECHV Program measures progress through collecting and analyzing data on six key benchmark areas:

- Improve maternal and newborn health.
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits.
- Improve school readiness and achievement.
- Reduce crime or domestic violence.
- Improve family economic self-sufficiency.
- Improve the coordination and referrals for other community resources and supports.

THE ROLE OF OFFICE OF HEAD START AS THE MODEL DEVELOPER

The Early Head Start Home-Based Program Option was selected as one of the 14 evidence based models for MIECHV.

OHS serves as a model developer for the EHS home-based model.

- Participate in ongoing communication with HRSA and ACF
- Support collaboration among model developers to strengthen home visiting
- Review state plans and provide approval letters for implementing the EHS home-based model
- Facilitate communication and technical assistance through Regional Offices

OFFICE OF HEAD START (OHS) GOAL OF TRAINING AND TECHNICAL ASSISTANCE (T/TA) SYSTEM



To better support program staff in their delivery of quality services to children and families

~ The Head Start Roadmap to Excellence

OHS VISION, MISSION, AND PHILOSOPHY FOR T/TA SYSTEM

■ Our Vision

- *A coordinated system that works together seamlessly to ensure that Head Start and Early Head Start programs have access to high quality information, resources, and materials.*

■ Our Mission

- *To support all Head Start and Early Head Start programs to bring best practices into agency systems and services to promote continuous program improvement.*

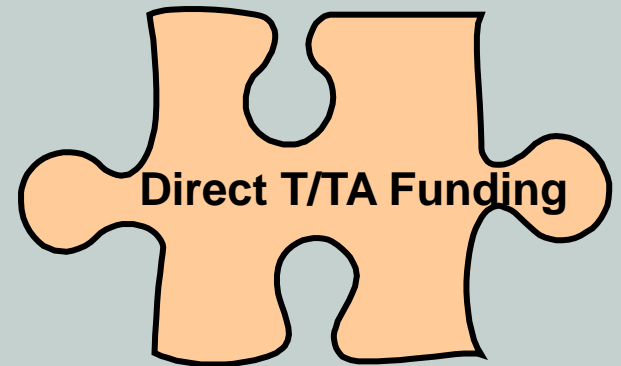
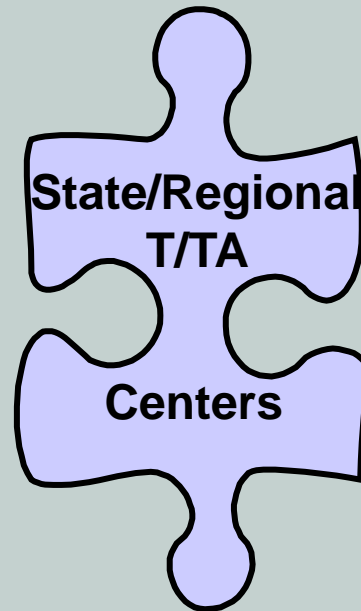
■ Our Philosophy

- *Every Head Start and Early Head Start program deserves access to the same level of high quality T/TA to produce the best possible outcomes for children and families. T/TA should be timely, relevant, reflect best practice, data-driven, and systematic.*

OHS T/TA GUIDING PRINCIPLES

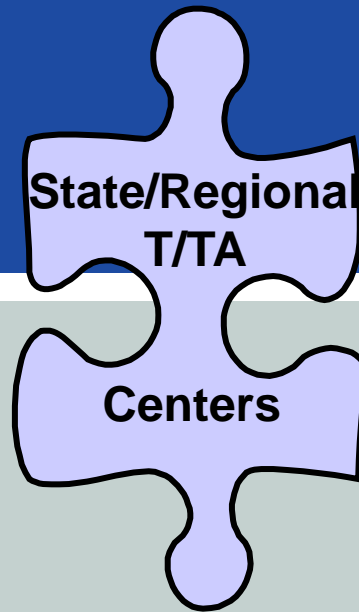
- Easily and logically **ACCESSIBLE & USABLE**
- **CAPACITY-BUILDING & SUSTAINABLE** support and practices
- **CULTURALLY & LINGUISTICALLY RESPONSIVE** practices
- **EVIDENCE-BASED** materials and approach
- Incorporates & promotes **BEST PRACTICES**
- **TIMELY & RELEVANT** guidance, support, activities, and materials
- **RESPECTFUL & PROFESSIONAL** processes and service delivery
- **COMPREHENSIVE** approach
- Promotes **SCHOOL READINESS**

THREE COMPONENTS



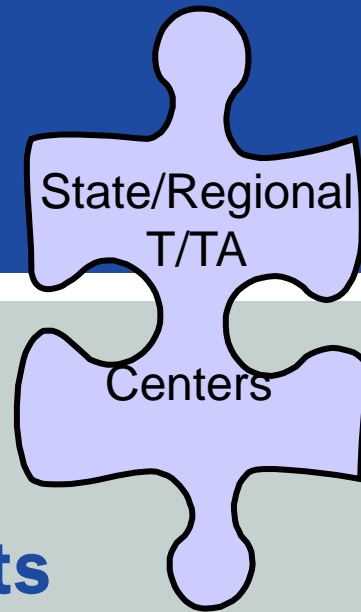


- Communicate “best practices” to the field
- Provide content-rich, usable and practical resources & information to T/TA specialists, grantees and other early educators
- Provide training at regional & national meetings and institutes
- Offer ongoing guidance and support to T/TA Center staff



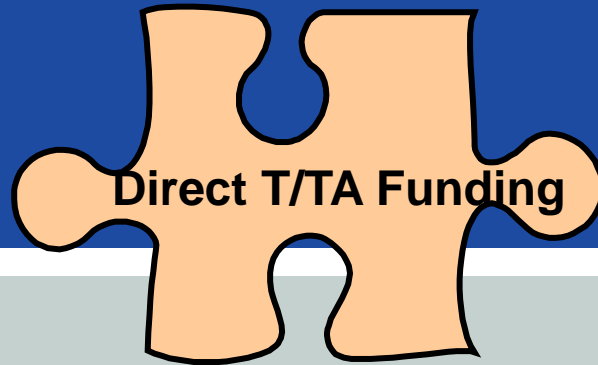
ECE Specialists

- Provide T/TA on School Readiness
- Provide T/TA supporting Career Development
- Work Collaboratively with other early educators in the State
- Provide T/TA related to Parent and Family Engagement



Grantee Specialists

- **Deployed by Regional Office (RO) based upon areas of concern or risk**
 - **Monitoring Findings**
 - **Program Information Report (PIR), Risk Management Monitoring (RMM), or Audit Findings**
 - **Other needs based upon data reviewed by RO**



- **50% of T/TA funding goes directly to grantees**
- **Grantees are encouraged to use T/TA dollars strategically**
 - **Maximize the use of free or low-cost services and resources available through T/TA specialists, special initiatives, and partnerships**
 - **Use T/TA dollars to secure high quality, individualized services and resources not available through the T/TA System**

HOW DOES IT ALL WORK?



HEAD START MANAGEMENT AND PROGRAM SERVICES

- Program Governance
- Management Systems
- Fiscal Integrity
- ERSEA
- Child Health & Safety
- Family and Community Engagement
- Child Development and Education

DIRECT, INDIVIDUALIZED SUPPORT

■ ECE Specialists

■ Grantee Specialists

■ Direct T/TA Funding

❖ Program Governance

❖ Management Systems

❖ Fiscal Integrity

❖ ERSEA

❖ Child Health & Safety

❖ Family and Community Engagement

❖ Child Development and Education

MATERIALS & RESOURCES



- **EHSNRC**
- **Quality Teaching & Learning**
- **Parent, Family & Community Engagement**
- **Program Management & Fiscal Operations**
- **Cultural & Linguistic Responsiveness**
- **Health**

- ❖ **Program Governance**
- ❖ **Management Systems**
- ❖ **Fiscal Integrity**
- ❖ **ERSEA**
- ❖ **Child Health & Safety**
- ❖ **Family and Community Engagement**
- ❖ **Child Development and Education**

TRAINING



- **ECE Specialists**
- **Grantee Specialists**
- **Direct T/TA Funding**

- **Program Governance**
- **Management Systems**
- **Fiscal Integrity**
- **ERSEA**
- **Child Health & Safety**
- **Family and Community Engagement**
- **Child Development and Education**

THREE COMPONENTS IN ACTION



WORKING TOGETHER



HEAD START PROGRAM PERFORMANCE STANDARDS: 1306.33

- Model Fidelity
- HSPPS Clarification
- HSPPS Interpretation for State Lead Agency
- Home Visitation Supports/Resources



IMPLEMENTATION SUPPORT SITE VISITS

- Facilitate within state meeting @ Regional Office with
 - MIECHV State Lead
 - Regional Point of Contact
 - Program Director
 - T/TA Staff
 - Collaborative Partners
- Assess Changes in T/TA Needs
- Discuss Implementation
 - Successes
 - Concerns
- Monitoring
- Best Practice Recommendations



CENTRAL OFFICE TRAINING AND TECHNICAL ASSISTANCE SUPPORTS

- **Regional Point of Contacts (RPOC's)**
 - **Role Clarification**
 - **Monthly Check-In**
 - **Quarterly Calls**
 - **Interface with other Regional staff**
- **Program Specialist**
- **Head Start State Collaboration Directors**
- **State Lead Agency Designee**

ACCOMPLISHMENTS

- Over 30 EHS programs participating in MIECHV across 15 states
- In the FY 2013, over 1,000 children and families were enrolled in EHS programs through the MIECHV program



ANTICIPATED OUTCOMES

Children and Families

- Improvements in maternal and child health outcomes
- Enhancing school readiness and family engagement

Home Visitors, Supervisors of Home Visitors, and EHS Programs

- Enhanced understanding of data collection and analysis
- More reflective supervision
- Increased collaboration with community partners

MOTHER AND INFANT HOME VISITING PROGRAM EVALUATION (MIHOPE)

MIHOPE is a large scale evaluation of the effectiveness of MIECHV home visiting programs

Goals of MIHOPE:

- Assess effectiveness of home visiting on parent and child outcomes
- Examine how home visiting operates at the local and state levels
- Assess potential of home visiting to affect health care system and reduce costs

To enroll in MIHOPE, families must be expecting a baby or have an infant up to 6 months of age.

- 18 EHS program sites are participating in 8 states



SUCCESSFUL STRATEGIES FOR IMPLEMENTING MIECHV



- Communicate with all stakeholders about goals and expectations of MIECHV
- Align policies, procedures, and systems with MIECHV goals and benchmarks
- Provide ongoing reflective supervision and support to home visitors
- Recognize and document successes and challenges to MIECHV implementation

QUESTIONS AND ANSWERS



THANK YOU!



Contact Information

- Christina Benjamin (Christina.Benjamin@acf.hhs.gov)
- David Jones (David.Jones@acf.hhs.gov)