

MIECHV NEWSLETTER APRIL 28 2016

UPCOMING EVENTS

You can still register for the 2016 Oregon Parent Educators Conference on May 16th. Learn more by going to: health.oregonstate.edu/opew

The Kick Off event for the Infant Mental Health Endorsement (IMH-E) will be June 16th at the Broadway Commons in Salem, 1300 Broadway Street NE, Salem



THE NEW FORMULA AWARD

The Oregon MIECHV program has received our Notice of Award (NOA) for fiscal year 2016 Formula funding in the full amount requested. As previously shared, this \$8.4 million award will preserve nearly all home visiting services created by the original Formula grant, the Development grant and the Expansion grant for an additional year. In addition to home visiting services, these funds will maintain support to local communities in developing their respective home visiting networks as part of the comprehensive early childhood system, sustain and build on investments in professional development for the home visiting workforce and provide support for Continuous Quality Improvement (CQI) activities.

Effectively, this brings all of the MIECHV-funded home visiting and the core supports for those services into one grant. Additionally, it puts all of the home visiting services in the same funding cycle. This means those of you delivering home visiting services no longer have to remember which grant funds what part of your caseload. It will be one grant and is budgeted for funding until September 30, 2018. That said, you probably noticed the word “nearly” above. Since making the application there have been adjustments to cost-per-family that we want to honor; however, this also creates a potential shortfall to full funding. We are committed to doing what we can to support the full case load if at all possible and will simultaneously plan with communities how we might make minor adjustments to caseload with natural program completion and attrition.

You might also recall that the new Formula funding placed a 25% limitation on state infrastructure which includes our staffing. In combination with the reduction of limited duration employment in the Health Authority, two of the three Home Visiting Consultants will not be continuing with the MIECHV team after mid-May of this year. Annette Dieker has accepted a position with FamilyCare and Jeanni Dunagan will be working for HealthShare, both local CCOs. Their last days will be May 10th and 13th respectively. Both have used their passion, talent and skills to support Local Implementing Agencies (LIAs) in fulfilling MIECHV grant requirements with an eye to model fidelity. We will miss their collaborative spirits, thank

them for their contributions to the grant successes and wish them well in their next adventures. Cynthia Ikata, the State Nurse Consultant for NFP, will remain an employee of the Maternal & Child Health (MCH) Section. This is an expectation of the national model and her position is not funded by the MIECHV grant. In addition, we will soon interview for both the Workforce Development and CQI Coordinator positions to provide grant support. Model fidelity support for both EHS and HFA should be sought from your respective offices.

These past five years has been a bit of a wild, but jubilant ride. We have greatly appreciated your partnership on this journey. Since Oregon received the first Formula funding we have expanded Early Head Start enrollment by 185 families, Healthy Families America enrollment by 312 families and Nurse-Family Partnership by 357 families. On any given day, Oregon has capacity to provide an additional 854 families access to evidence-based home visiting than we did prior to MIECHV. Over the period of funding you, the LIAs, have served 1,609 and continue to reach more. This has been supported by your partnerships with other home visiting providers, services and supports in your local community by



efforts to coordinate service entry and referral. Thanks to all of the MIECHV-funded LIAs for your hard work in making this all possible. We simply could not have done this without you. We appreciate you and look forward to our continued partnership.

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COMPETITIVE FUNDING ANNOUNCEMENT

The Health Resources and Services Administration (HRSA) recently released the Funding Opportunity Announcement (FOA) for competitive funds in fiscal year 2016 (HRSA-16-025). There are approximately ten awards of up to \$2 million each. Only Grantees that are currently awarded a Formula grant are eligible to apply and eligible Grantees can partner to receive an award of up to \$4 million. The FOA explains that this funding is for innovation that strengthens and improves the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services and does not provide funds to expand home visiting service delivery. The priority areas for innovation include:

- Recruitment, engagement and retention of eligible families
- Development and retention of a trained, highly skilled workforce
- Coordination of MIECHV-funded services with other community services, and
- Implementation of effective CQI processes in MIECHV-funded home visiting programs

In the previous communication on March 11th it was reported that the new Formula funding comes with a requirement to implement policies and procedures regarding Reflective Supervision for MIECHV-funded home visiting. In support of this expectation, as well as strengthening practice among the broader home visiting and early childhood workforce, the Oregon MIECHV program is developing a joint application with the three other states in our federal region that is focused on standards of and capacity for professional development that includes reflective practice and trauma informed practices. Development of regional training and technical assistance capacity will facilitate our ability to leverage national expertise and allow population centers to share local resource, regardless of which side of a state border your program resides. Using this approach, the Region believes we can improve the development and retention of a quality workforce that will feel supported in their work to retain eligible families.

The application is due May 17th and Washington State is taking the role of lead applicant. We will share additional details as they are available.

NEW BENCHMARK MEASURES

The Health Resources and Service Administration (HRSA) has released the new benchmark measures and they are included in the table below. The six benchmarks are written into the law authorizing MIECHV and cannot be changed unless the law itself is changed; however, the measures under the benchmarks are flexible. Working with PEW and the Association of State and Tribal Home Visiting Initiatives (ASTHVI), HRSA intentionally focused on the key indicators of success in each benchmark area. In doing so, they were able to reduce the number of measures from 36 to 19.

The Oregon MIECHV staff has participated in both of the federally sponsored technical assistance calls and is assessing changes at the program level as part of our work to deliver guidance and support to MIECHV-funded home visiting LIAs for a successful implementation October 1, 2016. Expect to hear more about this support very soon.

BENCHMARK TABLE

Benchmark	Maternal and Newborn Health
Measures	<ol style="list-style-type: none"> 1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. 2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age. 3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). 4. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule. 5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. 6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to tobacco cessation counseling services within three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	<ol style="list-style-type: none"> 7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. 8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting. 9. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	<ol style="list-style-type: none"> 10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. 11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories and/or sang songs with their child daily, every day. 12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. 13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	<ol style="list-style-type: none"> 14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	<ol style="list-style-type: none"> 15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. 16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	<ol style="list-style-type: none"> 17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. 18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. 19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV (measured using a validated tool) who receive referral information to IPV resources.

MORE INFORMATION

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PUBLIC HEALTH DIVISION
Maternal and Child Health