

An Orientation to Oregon Home Visiting Early Learning Hubs

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Oregon Early Learning Division

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A bit of history

- Home Visiting is a staple of early childhood services in the state of Oregon
- **Efforts to coordinate the work of many home visiting programs**
- Federal funds to support these efforts available through the Maternal Infant Early Childhood Home Visiting (MIECHV) state grants.
- **In 2010, Oregon began to receive federal funds to focus on building a home visiting system.**

What is a System of Care?

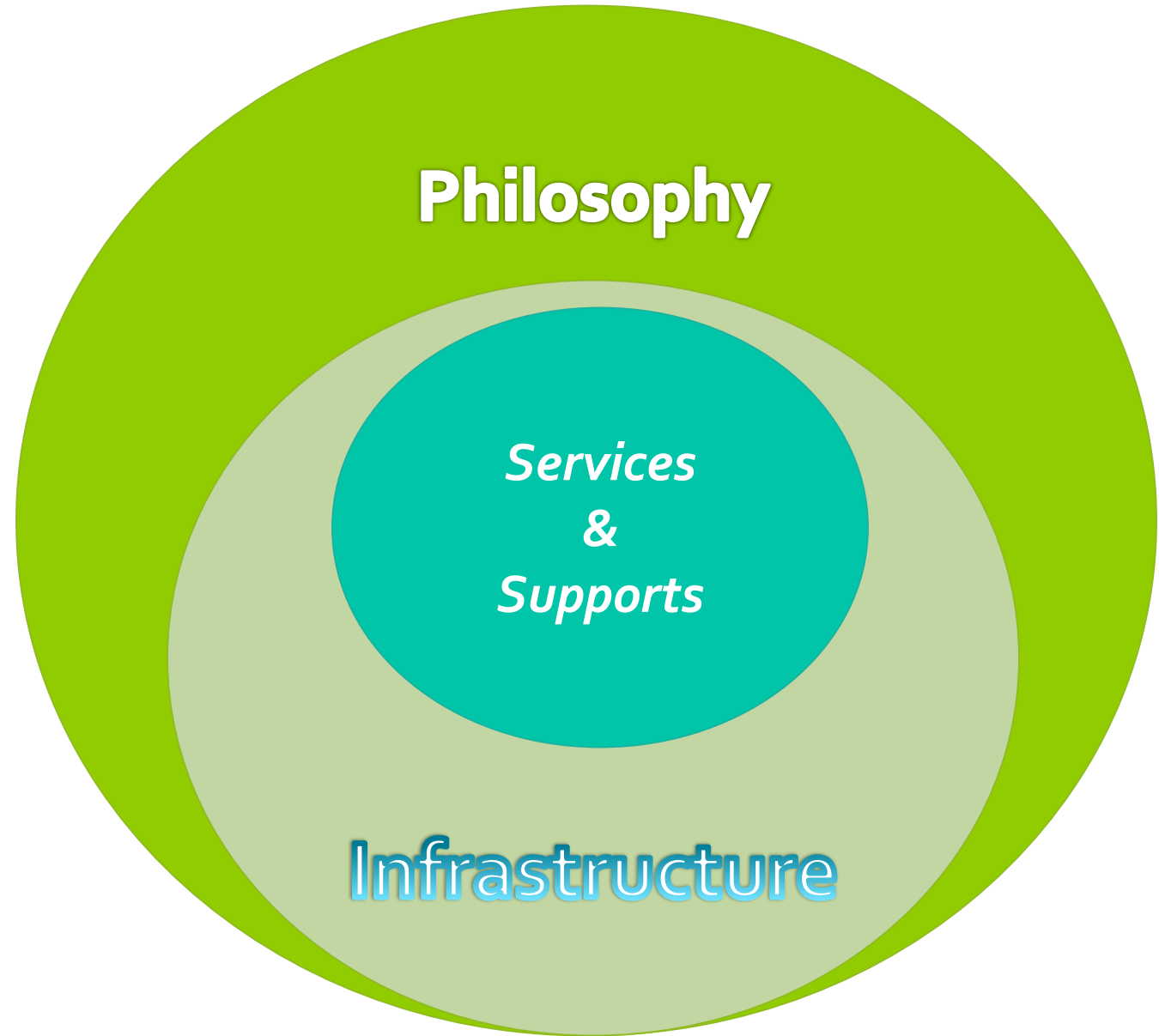
A spectrum of effective, community-based services and supports for children and youth and their families with or at risk for challenges to their health, development, functioning and well-being...

Organized into a **coordinated network** that:

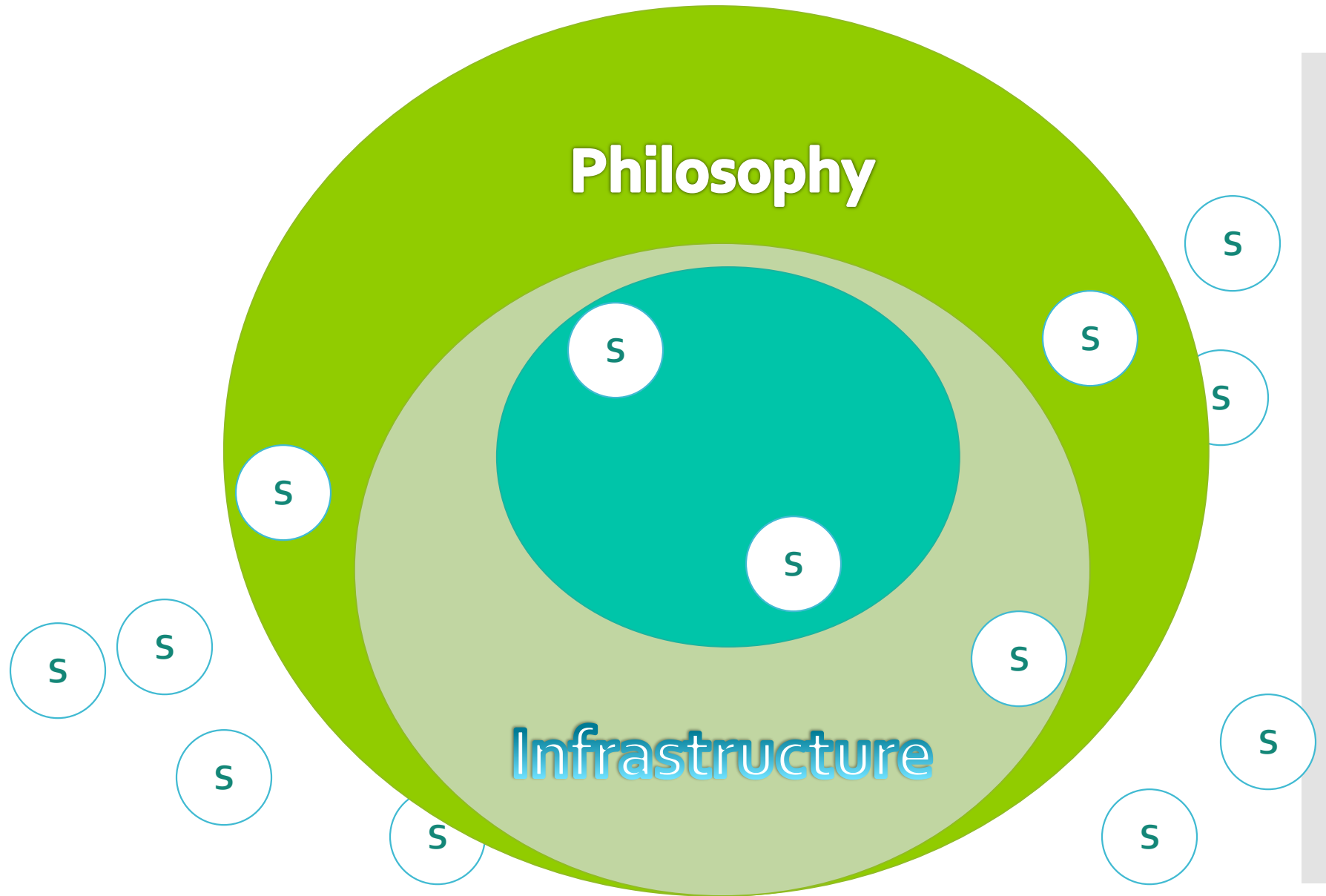
- *builds meaningful partnerships with families and youth, and*
- *addresses their cultural and linguistic needs*

...in order to help them to function better at home, in school, in the community and throughout life.

What does a
System of Care
look like?



Uncoordinated
Categorical
Fragmented
Deficit-based
Limited Access



Why does
this matter
to Hubs?



Home Visiting System Governance

- **Design Team**
- **Steering Committee**

Oregon Home Visiting Steering Committee*

*as of 11/26/2013

- Cate Wilcox, OHA, Public Health, Maternal and Child Health—Co-Chair
- Christa Rude, ELD, Head Start Collaboration Director—Co-Chair
- Cigdem Bytnar , Family Representative
- Christy Cox, Ford Family Foundation
- Dana Hargunani, OHA Child Health Director
- Jada Rupley, ELD, Early Learning Systems Director
- Dawn Woods, ODE, Office of Child Care
- Kathryn Broderick, OHA, Public Health, Assessment and Evaluation
- Stacy Lake, DHS, Child Welfare
- Chuck Nyby, DHS, Child Welfare
- Marilyn Hartzell, OHSU, IDD/OCCYSHN
- Nancy Johnson-Dorn, ODE, Early Intervention
- Shelly Barnes, Family Representative
- Amy Baker, OHA, Addictions and Mental Health Division
- Patrice Clevenger, Confederated Tribes of Siletz Indians
- TBD, Yellowhawk Tribal Member

- Benjamin Hazelton—MIECHV staff

Joint Policy Committee
Early Learning Council/Oregon Health Policy Board

Health System Transformation

Coordinated Care Model

- 16 CCOs
- Global Budget
- Accountability to Outcomes
- Local Flexibility

17 incentive metrics:
e.g. developmental screening

Home Visiting System

MIECHV Grants

- Statewide System Development
- Expand services in 13 Counties
- Workforce Development

Early Learning System Transformation

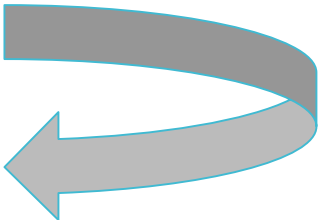
Community-based Coordination

- Up to 16 Hubs
- Connections to 5+ partners
- Accountability to Outcomes
- Local Flexibility

Metrics:
e.g. developmental screening

Developmental Screening

- ECCS Grant*
- RTT-ELC Grant*
- SIM Grant*



Formula Grant: \$1.4M annually for 5 years
(2010-2015, 1 year extension)

Development Grant: \$3.3M annually for 2 years
(2011-2013, 1 year extension)

Expansion Grant: \$7.2M annually for 2 years
(2013-2015, 1 year extension)

Early Head Start

Early Head Start (EHS) targets low-income pregnant women and families with children from birth through age 3, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The program provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services provided in family child care homes). The focus of this report is on the home-based service option. EHS home-based services include weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics.

Program Model Overview:

<http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=8&mid=2>

Healthy Families Oregon (HFO)

Healthy Families Oregon (HFO) goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness. Local HFO programs select the target population they plan to serve and offer hour-long home visits at least weekly until children are 6 months old, with the possibility for less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between 3 and 5 years old. In addition, many HFO sites offer parent support groups and father involvement programs. Sites can also develop activities to meet the needs of their specific communities and target populations.

Program Model Overview:

<http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=10&mid=2>

Nurse Family Partnership

Nurse-Family Partnership (NFP) NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development. It serves first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health registered nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns 2 years old.

Program Model Overview:

<http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=14&mid=2>

13 Oregon
MIECHV
Counties

- Clatsop
- Jackson
- Jefferson
- Klamath
- Lane
- Lincoln
- Malheur
- Marion
- Morrow
- Multnomah
- Tillamook
- Umatilla
- Yamhill

www.healthoregon.org/homevisiting

Oregon Home Visiting Areas of Focus

- **Focus of Work:**
 - Systems development in service areas that include the 13 MIECHV qualified counties
 - Universal Screening Tool
 - Home Visiting Database
 - Workforce Development
 - Parent Leadership Development
 - Program Support
 - Early Head Start
 - Healthy Families Oregon
 - Nurse Family Partnership
- 36 measures of program success

Oregon MIECHV Measures

- Improved Maternal and Newborn Health
- Child Injuries, child Abuse, Neglect, or Maltreatment, and Reduction of Emergency Department Visits
- Improvements in School Readiness and Achievement
- Domestic Violence
- Family Economic Self-Sufficiency
- Coordination and Referrals for Other Community Resources and Supports

What can you do as an Early Learning Hub?

- Reach out to home visiting providers in your service area to learn more about the services they offer and how they are working together to develop the home visiting system of care
- Offer support and assistance to home visiting providers in the form of meeting space, facilitation of agreement and/or other types of hands on activities
- **Celebrate the strengths of the progress providers in your community are making**
- Promote a culture of continuous quality improvement activities across the home visiting system of care

Further Information

<http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HomeVisiting/miechv/Pages/index.aspx>

Further
questions?

- Contact **Lisa Sutter** at the Early Learning Division lisa.sutter@state.or.us for more information about **how home visiting connects with early childhood comprehensive systems**
- Contact **Benjamin Hazelton** at the Oregon Health Authority for more information about the **MIECHV project** benjamin.hazelton@state.or.us
- Learn more about the **System of Care Framework** from **Cate Drinan** at Portland State University cdrinan@pdx.edu

Thank you!

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