Great Start Georgia/ MIECHV Overview

Framework, Services and Programs

9/18/12
Leadership

The Governor’s Office for Children and Families

in collaboration with the

Great Start Georgia Leadership Team
Great Start Georgia

- Name given to Georgia’s Early Childhood System.
- Targets all expectant parents, children birth to age five, and their families.
- Conceptual model has had a long history in Georgia.
- Builds on what we know about the importance of the early years.
Great Start Georgia

- A **vision** for how communities will support families with young children.

- An **approach** that requires collaborative partnerships that serves in a systematic and coordinated way.

- An **initiative** that is unfolding in various stages community by community in Georgia.

- A **framework** that outlines all processes, services and programs needed for the system.
Great Start Georgia (GSG)

**1- Community Outreach** (Identification and Referral)
- Identify Expectant Parents, Children 0-5, and their Families
- Refer Families to Central Intake

**2-Central Intake** (Screening and Linkage)
- Complete Core Screening Instrument
- Score Instrument to Determine Appropriate Services
- Link to Evidence-Based Home Visiting or Other Community Services

**3-Community Programs and Services**

**Evidence-Based Home Visiting**
- Early Head Start - Home Based Option
- Healthy Families America
- Nurse Family Partnership
- Parents as Teachers
- Others as Approved by Federal and State Offices

**Maternal & Childhood Health**
- Prenatal Care & Support
- Family Planning
- C1st, BCW, CMS, WIC
- Primary Health Care
- Nutrition/Physical Fitness
- Immunizations
- Child Development & Social-Emotional Screening
- Mental Health Treatment
- Substance Abuse Treatment
- Military Health Services

**Child Safety**
- Safety/Injury Prevention
- Parenting Programs
- Family Support Services
- Child Protective Services
- Hospital ER

**School Readiness**
- Early Head Start - Center Based
- Head Start
- Early Care & Learning
- Pre-K
- School System

**Community & Family Safety**
- Domestic Violence
- Law Enforcement

**Family Economic Self-Sufficiency**
- Adult Education
- Job Training/Employment
- Temporary Assistance for Needy Families (TANF)
- Food Stamps
- Child Care Subsidies
- Housing
- Military Family Services
- Care Maintenance Organizations-CMOs (Medicaid, Peach Care)

**Target Population:** All expectant parents, children 0-5, and their families.

**Implementation Level:** Community.

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1 Coordinated by Georgia Department of Public Health
2 Coordinated by the Center for Family Research, University of Georgia
Based on idea that everyone can benefit from support at times in their lives.

Provides a welcome for every child, without stigmatizing/labeling.

Emphasizes prevention/early intervention services that are community-based/voluntary.

Engages families as partners, building on their strengths and assets.
Steps to Service

• Community Outreach
  – Establish relationships with community partners
  – Identify expectant parents and families with children birth to five
  – Offer opportunity for parents to participate in Great Start Georgia
  – Refer families to Central Intake

• Community Screening
  – Screen families and link them to Central Intake
  – Offer appropriate services to families
Mission:
Universal support services for all expectant parents and children birth to five and their families.

Goals:
1) Provide current information on topics of interest and relevance to expectant parents and parents of children birth to five.
2) Provide information on community resources relevant to expectant parents and parents of children birth to five.
3) Strengthen the protective factor of concrete connections to promote maternal and infant health for expectant parents and parents of children birth to five.
First Steps services include providing families with a localized community resource guide, referrals to relevant resources and age-appropriate information in at least the following categories:

- Maternal Health
- Newborn/Child Health
- Home and Child Safety
- Community and Family Safety
- School Readiness
- Family Economic Self-sufficiency
A major service strategy within GSG is evidence-based home visiting (EBHV).

Extensive research has shown the effectiveness of EBHV in improving outcomes:

- Maternal/Child Health
- Home and Child Safety
- School Readiness
- Family Safety
- Family Economic Self-Sufficiency
- Referrals and linkages to community resources
• Early Head Start – Home-Based (EHS-HBO)

• Healthy Families Georgia (HFG)

• Nurse Family Partnership (NFP)

• Parents as Teachers (PAT)
EBHV Outcomes

MIECHV Favorable Impact Domains

<table>
<thead>
<tr>
<th>HV Program</th>
<th>Positive Parenting</th>
<th>Maternal Health</th>
<th>Child Health</th>
<th>Reduce CAN</th>
<th>Child Development/School Readiness</th>
<th>Family Economic Self Sufficiency</th>
<th>Reduce DV</th>
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HomVEE website: http://www.acf.hhs.gov/programs/opre/homvee
• Provides high-quality, culturally competent child development and parent support services with an emphasis on the role of the parent as the child's first and most important relationship

• The EHS Home-Based Model targets low-income pregnant women and families with children birth to three.

• To be eligible, most families must be at or below the federal poverty level.

• EHS Home-Based Models must make at least 10 percent of their enrollment opportunities available to children with disabilities.
The scope of services in the home-based program option is comprehensive and includes the following:

- Developmental screening, ongoing observation and assessment, and curriculum planning
- Medical, dental, and mental health
- Child development and education
- Family partnerships and goal setting
- Community collaborations to meet additional family needs
• Embraces the vision of Healthy Families America: All children receive nurturing care from their family essential to leading a healthy and productive life.
• Serves expectant and new parents of all socio-economic backgrounds who voluntarily participate in home visitation.
• Families enter from any point prenatally until 2 weeks, or occasionally up to 3 months, after the birth of the baby.
• Home visitation services are intensive and long-term, continuing for up to five years.
• HFG requires intensive training specific to staff role.
• Four HFG sites offer bi-lingual services.
• HFA has a national accreditation process for all HF sites.
HFG strengthens families by:

- Increasing knowledge of parenting and child development with home-based Growing Great Kids™ curriculum that help parents develop a realistic understanding of their child’s capabilities, knowledge of how to stimulate healthy growth and development, and strategies for effective parenting.

- Strengthening parental resilience by providing emotional support and fostering parental problem solving skills.

- Creating social connections by providing a base of support that includes a parent’s network of family, friends and community.

- Providing access to resources with a community resource guide and ongoing referrals that connect parents with services and information to meet their specific needs.
• An evidence-based, community health program, transforming lives of vulnerable first-time mothers

• Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

• Engaging mothers and their families prenatally, prior to 28th week of pregnancy, until the child is two years old
**Nurse-Family Partnership**

**Program Goals**
- Improve pregnancy outcomes
- Improve child health and development
- Improve parents’ economic self-sufficiency

**Key Program Components**
- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity (performance management system)

**Why Nurses?**
- Knowledge, judgment and skills
- High level of trust
- Credibility and perceived authority
- Nursing theory and practice at core of original model
Parents as Teachers Vision: All children will learn, grow and develop to realize their full potential.

Certified parent educators provide information, support and encouragement parents need to help their children develop optimally during the crucial early years of life.

PAT sites provide at least two years of services to families with children between prenatal development and kindergarten entry. Generally, families should be enrolled by the child’s 3rd birthday.

Sites are affiliated with PAT to ensure model fidelity.
The Parents as Teachers Model uses four core components to service children and families:

1. **Home Visits** - each home visit includes:
   - **Parent-Child Interaction**
   - **Family Well-Being**
   - **Development Centered Parenting**

2. **Referrals to Community Resources**

3. **Health and Child Development Screenings**

4. **Group Connections**
<table>
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<tr>
<th>Program</th>
<th>Point of Entry</th>
<th>Duration of Service</th>
<th>Intensity of Service</th>
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<tr>
<td>HFG</td>
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<td>Pregnancy – 5 yrs.</td>
<td>1 visit /wk. – 1 visit/qtr.</td>
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<td>1 visit/wk. – 1 visit/2 wks.</td>
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<td>Whitfield</td>
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• Early Head Start: www.ehsnrc.org

• Healthy Families America: www.healthyfamiliesamerica.org

• Nurse Family Partnership: www.nursefamilypartnership.org

• Parents as Teachers: www.parentsasteachers.org
Next Step – Central Intake Training

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