



*Governor's Office for*  
**Children and Families**



# **Great Start Georgia/ MIECHV Overview**

## **Framework, Services and Programs**

**9/18/12**

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*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*



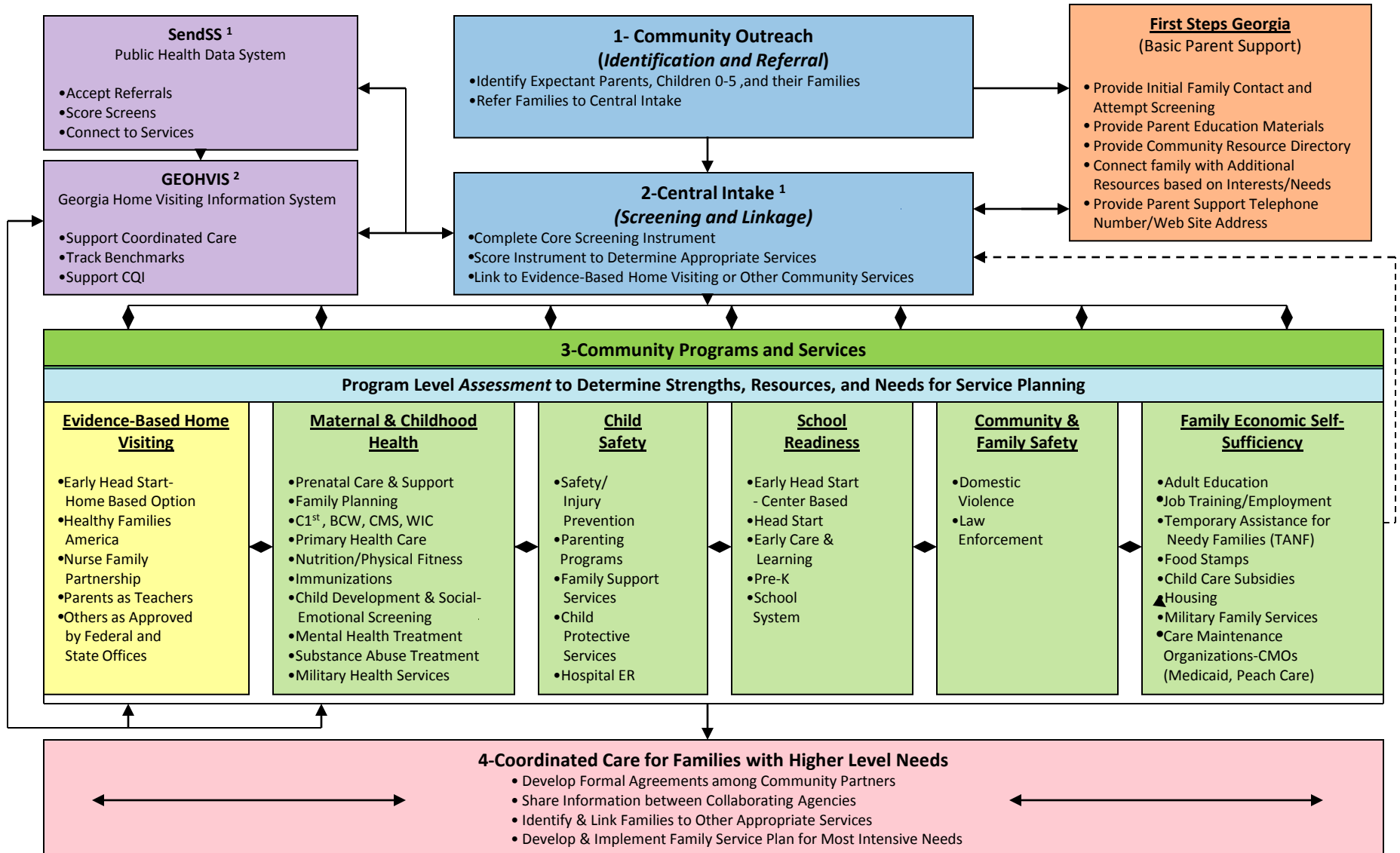
- A vision for how communities will support families with young children.
- An approach that requires collaborative partnerships that serves in a systematic and coordinated way.
- An initiative that is unfolding in various stages community by community in Georgia.
- A framework that outlines all processes, services and programs needed for the system.



# Great Start Georgia (GSG)

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

**Implementation Level:** Community .



<sup>1</sup> Coordinated by Georgia Department of Public Health

<sup>2</sup> Coordinated by the Center for Family Research, University of Georgia

# *Great Start 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

# *First Steps Georgia*



## **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 Georgia*



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

# *Great Start Georgia EBHV*



- 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

# *GA MIECHV Home Visiting Programs*



- **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

HV Program	Positive Parenting	Maternal Health	Child Health	Reduce CAN	Child Development/ School Readiness	Family Economic Self Sufficiency	Reduce DV	Linkages Referrals
EHS - HBO	X				X	X		
HFG	X	X	X	X	X	X	X	X
NFP	X	X	X	X	X	X	X	
PAT	X				X			

HomVEE website: <http://www.acf.hhs.gov/programs/opre/homvee>

# *EHS Home-Based Model*



- 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 EHS Services*



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

# *Healthy Families Georgia*



- 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



# *Nurse-Family Partnership is ....*



- 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 28<sup>th</sup> 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*



- 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 3<sup>rd</sup> birthday.*
- Sites are affiliated with PAT to ensure model fidelity.

# *Parents as Teachers*



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

# *GSG/MIECHV Services*



## **Great Start Georgia/MIECHV Model Standards for Services**

<b>Program</b>	<b>Point of Entry</b>	<b>Duration of Service</b>	<b>Intensity of Service</b>
<b>EHS-HBO</b>	Pregnancy – child 3 yrs.	Pregnancy – 3 yrs.	1 visit /wk.
<b>HFG</b>	Pregnancy – child 2 wks./3 mos.	Pregnancy – 5 yrs.	1 visit /wk. – 1 visit/qtr.
<b>NFP</b>	Prior to 28 <sup>th</sup> week of 1 <sup>st</sup> pregnancy	Pregnancy – 2 yrs.	1 visit/wk. – 1 visit/2 wks.
<b>PAT</b>	Pregnancy – child 3 yrs.	Pregnancy - 5 yrs.	1 visit/2 wks.

# County HIV Models



Clarke	Healthy Families
Crisp	Healthy Families
DeKalb	Early Head Start-HBO Parents As Teachers
Glynn	Healthy Families
Houston	Nurse Family Partnership
Muscogee	Healthy Families Nurse Family Partnership Parents As Teachers
Whitfield	Healthy Families Parents As Teachers

# *HV Model Websites*



- Early Head Start: [www.ehsnrc.org](http://www.ehsnrc.org)
- Healthy Families America: [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)
- Nurse Family Partnership: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)
- Parents as Teachers: [www.parentsasteachers.org](http://www.parentsasteachers.org)

# *Next Step – Central Intake Training*



<b>Region</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>
<b>Savannah</b>	9/24/12	9:00 am – 4:30 pm	Savannah, GA
<b>Houston/Macon</b>	9/25/12	9:00 am – 4:30 pm	Warner Robins, GA
<b>Columbus</b>	9/26/12	9:00 am – 4:30 pm	Columbus, GA
<b>Metro (DeKalb, Athens, etc.)</b>	9/28/12	9:00 am – 4:30 pm	Lawrenceville GA
<b>Dalton/Rome</b>	10/2/12	9:00 am – 4:30 pm	Dalton, GA

## Trainers:

Lynda Brown, GSG TA and Training Team

Shirley Pearson, Department of Public Health

LaSonya Burton, Department of Public Health



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