

BUREAU FOR CHILDREN WITH DEVELOPMENTAL AND SPECIAL HEALTH NEEDS
HELP ME GROW HOME VISITING Technical Assistance Call
January 30, 2014



- October Family Count – 4,595
- November Family Count – 4,603
- December Family Count – 4,609

Draft Rules Posted

Drafted rules for HMG Central Coordination, HMG Early Intervention, and HMG Home Visiting are now posted for your public comment.

Access the rules here: <http://www.odh.ohio.gov/rules/drafts/drafts.aspx>

Or, go to the Ohio Department of Health home page <http://www.odh.ohio.gov/>

And click on Rules (at top of page), then Draft, then 3701-8 (Help Me Grow)

Please review these rules and forms, and provide comments by **Thursday, January 30, 2014.**

Comments must be provided in writing and either delivered to the Ohio Department of Health, Office of the General Counsel (Rules), 246 North High Street, Columbus, Ohio 43215; or sent via e-mail to ODHrules@ODH.ohio.gov. In order to avoid delay or mis-delivery, please specify “HMG RULES COMMENT 2014” in the subject line.

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HV Service Intensity

In the coming months, ODH will be focusing its technical assistance on increasing the service intensity for program participants in an effort to affect retention rates and increase outcomes for the families we serve.

In State Fiscal Year 2013:

- On average, a family was visited 8.23 times (we are analyzing provider level data now)
 - There were a total 64,748 visits among 7,863 families
- 3,786 families exited the program
 - Average length of stay for these families was 10.46 months
- 994 families exited the program from July 1 to September 30, 2013 (SFY14)
 - Average length of stay for these families was 13.59 months

Service intensity and length of involvement are crucial components for successful interventions.

- Intensive services allow home visitors to establish a solid rapport and trust with families, increasing the families' receptiveness to new information.
- Intensive services allow home visitors to meet family needs as they arise.
- Such services may be particularly important at birth when family needs are greatest. Service intensity may be decreased later as parents become more comfortable in their roles.
- Intensive services have been demonstrated to result in the greatest impact on the range and degree of gains made by families.
- Long-term services are necessary because new issues arise for families as children develop and family circumstances change (e.g., marital status, employment).
- Long-term services allow home visitors to help families face these new challenges and to incorporate new knowledge and life skills.
- Social science literature supports the idea of offering intensive home visiting services. Intuitively, regular and consistent visits allow home visitors to establish rapport and trust with families. This base increases family receptiveness to new information. Furthermore, intensive services allow home visitors to become truly supportive of families.

In the "Resources" section of the handout is additional information regarding service intensity and information on research that enforces these concepts.

Incentive Payments



The first quarter incentive payments have been released. You will be receiving these payments through your EBT the week of 2/3/2014. In the coming days you will be receiving an e-mail from your Program Consultant with more information about these payments and the dollar amounts.

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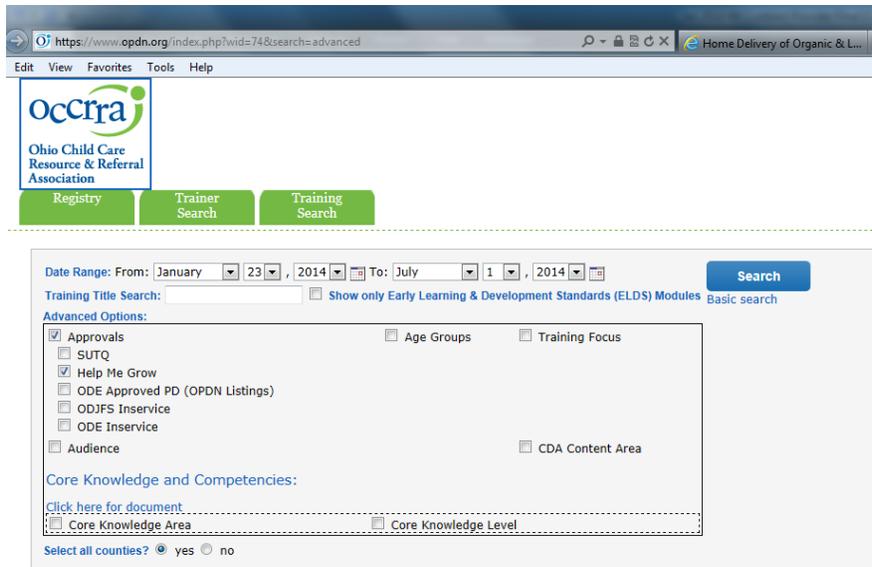
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Professional Development

Please make sure to update your OPR profile with accurate and/or updated information...especially any name or agency changes. ODH uses the data you enter into the OPR to confirm not only your credential but training payments for home visitors.

In addition to the trainings available by ODH there is another excellent resource to locate ongoing professional development opportunities.

Visit www.occrpa.org and click on "Training Search". You can customize your search based on approved credit, county, and other specifications. There are currently 684 workshops that are approved for HMG training credit between today and June 30, 2014.



Safety Tips for Home Visitors



Please refer to attached handouts.

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Save The Date!!
June 2-5, 2014
Ohio Prevention Education and
Early Childhood Conference

The OhioMHAS Office of Prevention and Wellness and the ODH Bureau for Children with Developmental and Special Health Needs is excited to announce that the 25th annual Ohio Prevention and Education Conference (OPEC) is merging with the Ohio Early Childhood Mental Health Conference. This conference will integrate the work of the OhioMHAS Bureaus within the Office of Prevention and Wellness and the work of the ODH Help Me Grow Early Intervention and Home Visiting Programs. The OhioMHAS Bureau of Prevention, the Bureau of Children and Families, and ODH Help Me Grow are working together to build the capacity of Ohio's prevention, early intervention, and home visiting workforce to transform wellness for Ohio's children, families and communities. The merged conference is scheduled for June 2-5, 2014, on the campus of Ohio Wesleyan University. The Third Annual Youth-Led Prevention PSA Contest will again be a part of the event, as well as recognizing this year's Prevention Champion. The conference outline will be coming soon.



Shaken Baby Prevention Efforts

Deaths and injuries from shaken baby syndrome (SBS) can be prevented by helping adults understand normal crying, practice methods to soothe crying babies and learn how to safely relieve the stress of caring for young children.

With consultation from a statewide workgroup of experts, ODH had developing a comprehensive SBS prevention plan based on a best practice model from Mark S. Dias, MD (Pediatrics, April, 2005).

The plan includes educating parents, caregivers, health professionals and the community about the dangers of shaking; the normalcy of infant crying; a variety of soothing and calming techniques for both child and adult; and resources for additional help. Components of the plan will be posted to this site as they are developed.

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The key element of the SBS prevention plan is the presentation of a consistent, strong message to parents by health professionals on repeated occasions: during the pregnancy, at the time of birth and during follow-up medical visits.

Additional opportunities exist for presenting the message to families participating in the Help Me Grow program or seeking child care from licensed centers or certified home providers. After the Teaching Tool is presented by a trusted health professional, parents can be guided to complete a Certificate that affirms their new knowledge and individual plan to safely respond to stressful crying.

Downloadable Shaken Baby Syndrome Education Materials:

- Teaching Tool, required for use by all mandated distributors
- Faceless Teaching Tool
- Notebook Teaching Tool
- Spanish Teaching Tool
- Spanish Notebook Teaching Tool Formal Certificate
- Proclamation Certificate
- Bordered Certificate
- Colorful Certificate
- Spanish Certificate Child Care Verification

<http://www.odh.ohio.gov/odhprograms/cfhs/shaken/baby.aspx>

Resources

Governor's office releases report and interactive map of Ohio nonprofits

The Governor's Office of Faith-Based Initiatives recently released a report, *Mapping Ohio's Compassion*, detailing Ohio's social service activities and financing of the state's nonprofit organizations (NPOs) and houses of worship (HOWs). Read the report and visit the website, complete with an interactive map of nonprofits in the state.

<http://www.ohiocompassionmap.org/>

Zero To Three/MIECHV TACC Webinar

"Is There an App for That? Strengthening Family Engagement with Technology."

For those that did not have the opportunity to attend, a link is provided below to play the audio recording of the webinar. You may also share it with others who were unable to attend. The final webinar archive will be posted on our here:

<http://mchb.hrsa.gov/programs/homevisiting/ta/index.html>

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Free \$5 Gift Card for Eligible Fatherhood Survey Participants

Harvard School of Public Health is conducting a study to understand the challenges & opportunities for including fathers in research on child health. This study focuses entirely on fathers.

Be sure to share with the fathers you work with! After determining their eligibility, he will be directed to a 10-minute online survey. He will be compensated for his time with a \$5 gift card.

Visit one of the following links to see if you dads qualify:

- **Survey link for laptops & computers:** <http://www.surveymoz.com/s3/1510923/The-Harvard-School-of-Public-Health-What-About-Dads-Blank-fields>
 - **Survey link for hand held devices:** <http://www.surveymoz.com/s3/1515577/The-Harvard-School-of-Public-Health-What-About-Dads-mobile>
-

CQI for Public Health: The Fundamentals

This on-line self-study course introduces the principles of quality improvement and methods for problem-solving, provides details on the application of the Continuous Quality Improvement process, and identifies how to use a team to improve a process in an organization.

It consists of three modules that provide the basics of quality improvement in public health. Other Modules provide training in the quality improvement tools.

Target Audience The target audience for this course is anyone interested in quality improvement in public health.

Date, Time, and Location This three module course is designed as a self-study, self-paced course.

Course fee There is no cost to take this course.

Registration To register for this course, go to <https://www.cphplearn.org>, the Center for Public Health Practice (CPHP) Learning Content Management System (LCMS). Enter your username and password, or if you are a first-time user, select Create Account and enter your profile information. TRAIN users may want to use the same username and password for both TRAIN and the LCMS. Click on Course Catalog, click on View beside CQI: The Fundamentals. Scroll to the bottom of the page and click on LCMS Registration. Once the registration process is complete, you will receive a confirmation email containing additional instructions.

To have your registration also appear in your TRAIN transcript, you will need to stay logged into the CPHP LCMS, click on My Training, click on view beside CQI:The Fundamentals scroll to the bottom of the page, and click on TRAIN Registration.

<http://cph.osu.edu/practice/cqi-public-health-fundamentals>

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Ohio Early Care & Education Conference

SPARK! *Passion, Purpose & Performance*

Mark your calendar for

April 10-12, 2014

Greater Columbus Convention Center, Columbus, OH

Registration is now open!

**Early bird rates only
available thru January!**

Registration closes March 14th

NEW! High school student rates!

**Click here for all the conference
details & to register TODAY!**

**Conference Exhibitor Showcase
is filling fast, but we still have
a spot for you !**

Click here for details & to register.

Student Poster Proposal

Submission open until Feb. 7th

Click here for details & to submit.

For more information:

<http://www.oeaeyc.org/events/ohio-aeyc-website/event-summary-940a280cd48c4c7a95384f2f5e17335c.aspx>

Many of the sessions at this conference provide ongoing HMG training credit.

Service Intensity Supporting Literature

Successful programs provide comprehensive and intensive services.

Schorr (1987) provides examples of intervention programs with quantified results. Among these, the most successful programs provide comprehensive and intensive services. The problems facing families at risk for abuse or neglect are so complex that, “fragments of services – a few classes in parent education, a one-visit evaluation at a mental health center, or a hurried encounter with an unfamiliar and overburdened physician – are often so inadequate that they can be a waste of precious resources.” (p.368)

Offer services intensively (i.e., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long term (i.e., three to five years). Early intensive family support can significantly improve long-range family functioning. Seitz et al. (1985) discuss a ten-year follow-up comparing families who received a family support intervention with a control group. Family support was provided from the mother's pregnancy until 30 months after birth. Results indicated “early, intensive family support intervention has significant potential for improving long-range family functioning in at least certain kinds of impoverished families.” (p. 386)

To realize the most significant weekly gains, weekly home visits are recommended. A comparison of families involved in weekly, bi-weekly and monthly home visits in Jamaica by Powell and Grantham-McGregor (1989) reveals that weekly visits produced the most positive outcomes while monthly visits had no discernable impact. As visiting increased, both the range of outcomes and degree of gains broadened. Though Olds and his colleagues (1986) did not specifically assign families to different amounts of home visitation services and compare their outcomes, they do report that gains from the Elmira program were directly related to the number of visits received by the family.

Frequency or intensity of home visits is a strong predictor of whether participants will benefit from intervention. A comparison of 14 child abuse prevention programs offering a range of services noted that weekly contact with the program produced the greatest reductions in parental potential to engage in physical abuse. (Daro, Jones, and McCurdy, 1993)

Services must be provided at least once or twice a week for a period of at least two years to effectively prevent child abuse. Daro, Jones, and McCurdy (1993) evaluated 14 child abuse and neglect prevention programs in Philadelphia. “Effectively preventing child abuse requires an intensive level of service contact. These data [from the 14 programs] suggest services be provided, on average, at least once or twice a week,” (p.40) from birth to around age two. The most rapid development occurs in the first two years in a child's life. This period is critical to a child's physical, social, and emotional development and is also the time when parenting patterns are established. As parents become more confident and children's needs become less complex, the frequency of visits should naturally decrease.

Families receiving more intervention demonstrate greater benefits.

According to Gomby et al. (1993), experimental data do not suggest a preferred duration and intensity for home visiting.² However, quasi-experimental data and correlational studies show, “that weekly visits are better than monthly, or that generally, families that receive more of an intervention

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demonstrate greater benefits” (Gomby et al., 1993, p. 12) Although the precise intensity and duration are not stated, more rather than less is considered most helpful.

Intensive services have the most consistent relationship with positive outcomes. In reviewing findings from family-centered, home-based service programs, Frankel (1988) learned that intensive services may be more effective, regardless of the type of services. The results of an evaluation of 14 child abuse and neglect prevention programs in Philadelphia (Daro, Jones, and McCurdy, 1993) concur. In terms of cognitive development, greater participation in the Infant Health and Development Program (IHDP) resulted in more benefits for children. (Ramey et al., 1992)

It is logical to extend services until children reach school age. There is no experimental evidence regarding the optimal duration of home visiting services. However, Brazelton (1992), a nationally recognized pediatrician, puts forth an argument that supports the logic of extending services until children reach school age. Brazelton discusses “touchpoints.” Touchpoints, which are universal, are those predictable times that occur just before a surge of rapid growth in any line of development – motor, cognitive, or emotional – when, for a short time, the child's behavior falls apart. Parents can no longer rely on past accomplishments. The child often regresses in several areas and becomes difficult to understand. Parents lose their own balance and become alarmed. (pp. xvixviii) Examples of touchpoints include the newborn individual, newborn parents, three weeks, six to eight weeks, four months, seven months, etc. During these times children develop rapidly. Touchpoints offer an opportunity for parents to understand their child and the behavioral mechanisms that lead to troublesome behavior. “A caring professional can use such times to reach into the family system, offer support, and prevent future problems.” (p. xviii) Brazelton’s touchpoints only cover developments to age three, however there are touchpoints later as children develop play relationships and enter school. When children enter school, evolving support networks allow for the gradual decrease of home visitor services.

Successful home visitor programs provide comprehensive and intensive services.

Early intensive family support can significantly improve long-range family functioning. There is also evidence that when visitors offer more frequent intensive services there is a greater impact on functioning and services are more effective. To capture these effects, services should be provided at least weekly for a period of several years. There is inherent logic to extending services beyond this period in order to help families deal with stresses they may encounter later as their children continue to develop.

Q&A

Next Call: Thursday February 27, 2014 at 9:00AM. Call topics will include: administrative and implementation updates; and family plan goal development.

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