

Help Me Grow – Home Visitation Fact Sheet

The Ohio Department of Health (ODH) conducted a thorough review of the Help Me Grow program. ODH officials reviewed the current At Risk program, national home visitation models, and home visitation literature to determine a new set of program goals and components. This review also assisted ODH in revising policies and developing a new implementation plan for Help Me Grow- Home Visitation.

ODH intends to finalize the policies as soon as possible, so that necessary materials will be developed and disseminated to various target audiences before the launch. The program is scheduled to launch on July 1, 2010.

Who:

Home visitors will be assigned between 25 and 45 children for whom they will serve as the primary contact and service provide. Home visitors will be required to hold at least an Associate's degree in a field related to early childhood and be credentialed by ODH within their first year of employment. Credentials are required to be renewed every two years, showing 20 contact training hours during that time in the area of early childhood.

The target population is first-time parents, enrolled prenatally through six months after birth of their first child who have an income not to exceed 200% of the federal poverty level (Medicaid and WIC will be accepted as categorical eligibility for income). Additionally, parents/caregivers of victims under age three of substantiated abuse/neglect or children who have a parent engaged in active military duty under the age of three will be determined eligible.

ODH, the Governor's office, local Help Me Grow (HMG) project directors, home visitation providers, and early childhood advocates have all had varying degrees of direct involvement with the development and implementation work related to the Help Me Grow – Home Visitation model.

What:

ODH began with a thorough review of the current Help Me Grow program including: the At Risk program, national home visitation models, and home visitation literature. These reviews helped ODH determine program goals and components. This review also assisted ODH in revising/writing policies and developing a new implementation plan.

Help Me Grow – Home Visitation will include a parenting education curriculum, initial and ongoing screenings/assessments, need-based referrals, and transitioning children to a development-enhancing program by age three.

When:

ODH began these processes by posting policies Oct. 2, 2009 and is currently finalizing policies and the implementation plan.

ODH intends to finalize the policies as soon as possible, so that necessary materials will be developed and disseminated to various target audiences before the launch. The project is tentatively scheduled to launch on July 1, 2010.

Once the program is launched, it will focus on delivering services in the families' homes. Home visitors must offer at least weekly visits the first four weeks in the program, followed by bi-weekly visits until the child is six months of age, and then no less than monthly visits through the child's third birthday.

Where:

Although home visits are intended to occur in the families' homes, there will also be community interaction at multiple levels: referral sources need to be engaged and educated on the Help Me Grow – Home Visitation program, other service providers need to be contacted and interagency relationships need to be strengthened in all 88 counties. Also ODH will work to enhance the local capacity to effectively implement the program by offering trainings and effective communication.

please see Home Visitation policy highlights for more details

Why:

The Help Me Grow – At Risk program currently provides home visitation and parenting education services to children and their families in all 88 counties. The consistency in how the Help Me Grow – At Risk program is currently implemented locally varies widely and there have not been high-level efforts to determine the effectiveness of the program.

Following the increase in General Revenue Funds (GRF) funds to Help Me Grow, ODH placed an emphasis on revising the home visitation program to ensure that there is level of standardization across all counties. This will allow ODH to route the program design in evidence-based practices/interventions and effectively evaluate the successes of the program as well as the outcomes produced.

ODH, believes home visitation is an effective manner to deliver parenting education, administer screenings and assessments, and support families with their unique needs.

More specifically:

- ODH accepts that healthy pregnancies and child healthy, development, and readiness are core to having healthy infants and toddlers in Ohio
- ODH accepts that parenting confidence and competence, as well as a family's connectedness to their community and level of social support are core to having healthy families in Ohio

How:

Healthy families and infants and toddlers in Ohio are critical to ensure that all children are healthy, happy, and ready to succeed. The Help Me Grow – Home Visitation model establishes four program goals:

1. Increase Healthy Pregnancies
2. Improve Parenting Confidence and Competence
3. Increase Family Connectedness to Community and Social Support
4. Improve Child Health, Development, and Readiness

Four program components will be required to address key outcomes/indicators identified as germane to accomplishing the Help Me Grow – Home Visitation model's program goals:

- Parenting education curriculum
- Screenings and assessments
- Need-based referral / resource linkage
- Child development-enhancing program transition

Program evaluation will be fueled by examining key outcomes/indicators such as:

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- Self report of pregnancy risk factors, prenatal care access & utilization, birth demographics and subsequent pregnancies
- Self report of Mother's smoking behaviors
- Parenting stress
- Parenting Inventory
- Maternal Depression
- HOME or NCAST, Safety Checklist
- Self report of medical home access and utilization, well-child visits, and breastfeeding behaviors
- Parents knowledge of early childhood development
- Prevention of child abuse and neglect
- Family's social support and community connectedness
- Compliance with screenings and assessments
 - o The successful linkage to appropriate providers when issues/concerns are detected

ODH worked with the Governor's office to ensure the program goals are aligned with the larger vision for early childhood programs in Ohio.

ODH reviewed literature and consulted with home visitation providers both locally and nationally to assist in making informed decisions related to program development and subsequent policy proposals. ODH later reviewed all public comment and revised the initial proposed policies to reflect public input.