

Home Visiting Consortium & Other Fun Facts

Mary LaCasse and Dona Ponn
Office of Family and Community Health Services
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Goals of this Presentation

Share information about:

- The Home Visiting Consortium
- Legislation and Data
- Workforce Support

Home Visiting Consortium (HVC)



HVC Mission

To ensure coordination and collaboration between public and private partners in the planning, implementation and sustainability of evidence-based and promising practice home visiting programs in Maryland.

HVC Vision

All vulnerable Maryland families with young children have access to high-quality, well-coordinated home visiting services that are family-centered and results driven.

History of HVC Consortium: 2003-2015



History of HVC Consortium

- 1) Create a home visiting oversight committee;
- 2) Develop a consolidated and unified grant process to fund home visiting;
- 3) Coordinate data collection, monitoring and evaluation, and
- 4) Develop a single point of entry.

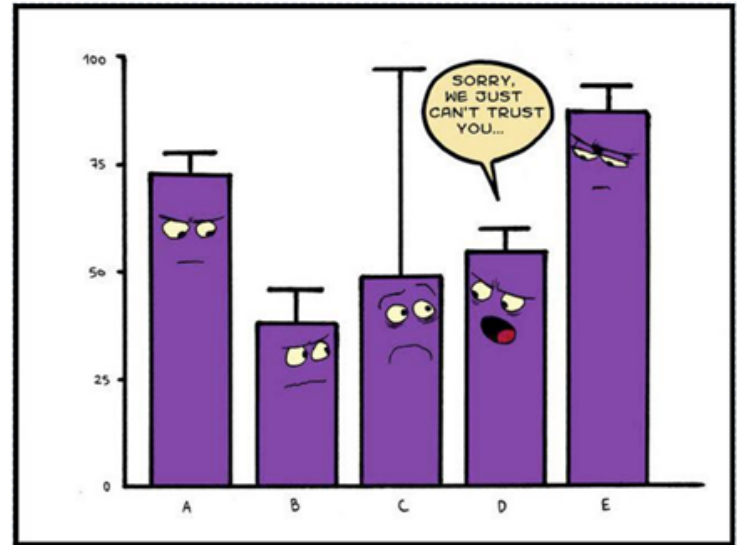
History of HVC cont...

- Structure and function of the Home Visiting Consortium remained the same until 2007;
- Home Visiting Consortium was contracted out to Maryland Family Network beginning in 2008;
- Between 2008 and 2010, Maryland Family Network facilitated quarterly meetings of the Home Visiting Consortium;
- In 2010, the Home Visiting Consortium focused its efforts on the planning and coordination of the Annual Home Visitors Conference.

History of HVC Consortium 2015-Present

With the award of MIECHV funding to the state, the Home Visiting Consortium reconvened in the fall of 2015, with MSDE and MDH as co-facilitators, with the purpose of coordinating home visiting efforts across funding streams and agencies.

Legislation and Data



Maryland Legislation

Home Visiting Accountability Act of 2012

- Aligns Maryland state funding of evidence based home visiting with federal policy
- Requires a biannual report to the Governor on the outcomes related to state funded home visiting

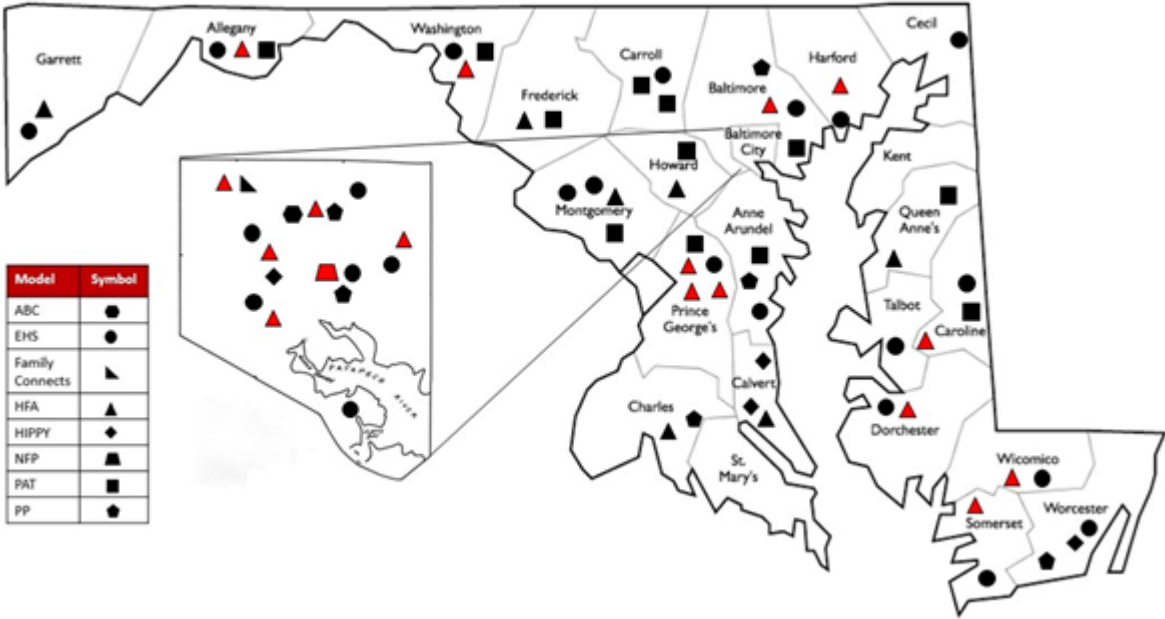
Maryland Legislation

In March of 2014, standardized reporting measures were adopted by the Children's Cabinet to evaluate home visiting. The standardized measures were grouped into five domains:

Governor's Report

Domain	Standardized Measures
Child Health	% of enrolled children receiving well-child visits per American Academy of Pediatrics recommendations.
Maternal Mental Health	% of enrolled mothers screened for mental health; % of enrolled mothers referred to mental health services; % of referred mothers who have received supplemental mental health services; % of enrolled mothers who score over the clinical cut-point for parenting stress according to the Parenting Stress Index or other appropriate tool.
Typical Child Development	% of enrolled children whose development is scored as “typical” according to the Ages and Stages Questionnaires; % of enrolled children scored as “typical” according to the Ages and Stages Questionnaires-Social Emotional.
Children’s Special Needs	% of enrolled children referred to Part C/Early Intervention and Part B services for special needs.
Relationships	% of mothers with an increase in parenting behavior and improved parent-child relationship; % of mothers who were screened for intimate partner violence; % of mothers who screened positive for Intimate Partner Violence; % of mothers who completed safety plans within 24 hours of screening.

MD Home Visiting Programs



Governor's Report

Measure	FY 2017 Home Visiting Program Sites Reporting	FY 2015 Home Visiting Program Sites Reporting
Number of program sites reporting	58	46
Jurisdictions represented	24	23
Number of women served	4,602	3,535
Number of "other" Primary Care Givers served*	109	157
Number of children served	3,947	3,493

Governor's Report cont.

Program Model	FY 2017 Number of Known Program Sites	FY 2017 Number Reporting	FY 2015 Number of Known Program Sites	FY 2015 Number Reporting
Early Head Start (EHS)	27	11	25	8
Healthy Families America (HFA)	28	28	27	25
Home Instruction for Parents of Preschool Youngsters (HIPPY)	3	3	4	2
Nurse Family Partnership (NFP)	1	1	1	1
Parents as Teachers (PAT)	14	13	13	9
Other*	10	2	0	**1
TOTAL #	83	58	70	46
% Reporting	70%		66%	

*Other pertains to both evidence-based and promising practice programs that operate in individual localities

**One program in FY 2015 reported data but did not identify the program or jurisdiction



MARYLAND
Department of Health

FY 2017 Maryland Home Visiting Data Survey Results



58 Home Visiting Sites Reporting

Representing all 24 of Maryland's jurisdictions



4,602 Women/Families Served

3,947 Children 0-5 Served

Child Health Measures



95% of children up-to-date with most recent well-child visit



74% of children screened for child development, 72% for social emotional development



14% of children suspected of developmental delay, 4% suspected of social emotional delay



5% of all children served receive IDEA Part B or C services

Maternal Health Measures



73% of women screened for maternal depression



92% of women screened for substance use



85% of women screened for high parenting stress

Family Relationship Measures



72% of women have improved parent-child relationships



94% of women screened for intimate partner violence

Babies born healthy, family bonds strong and supportive, families are connected to essential community resources and children enter school ready to learn



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Workforce Support



Home Visitor Training Certificate Program

Seven-day comprehensive training.

Topics include: 1) effective communication and motivating families, 2) healthy relationships and domestic violence, 3) parenting and child development, 4) mental health, 5) substance use and 6) cultural sensitivity.



Continuous Quality Improvement (CQI)

A continuous and ongoing effort to achieve measureable improvements in quality

- Topics: referral to enrollment, family retention, depression screening, family caseloads, and assessments of safe sleep, among others.
- Since rolling out CQI to all MIECHV sites, we have seen great improvement in the topics above. Home visitors and supervisors use the CQI process as a measure of improvement for areas specific to their programs.
- In fiscal year 2018, sites will focus specifically on family retention and data collection issues as well as topics of their choice.

Contact information

Mary LaCasse
Chief, Home Visiting and Family Services
410-767-6753
mary.lacasse@maryland.gov

Dona Ponn
Program Coordinator, MIECHV
410-767-6715
dona.ponn@maryland.gov