### GEORGIA'S MATERNAL, INFANT, EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM ANNUAL REPORT



UNIVERSITY OF GEORGIA Center for Family Research Owens Institute for Behavioral Research

October 1, 2017 – September 30, 2018

#### WHAT IS HOME VISITING?

Evidence-based home visiting programs provide familycentric support services to atrisk pregnant women and families with children up to five years of age.

A trained and certified home visitor partners with an enrolled family, providing education and support during visits provided in the family's home. Visits range from 60 to 90 minutes on a weekly to monthly basis, depending on the program model and the families' needs and progress. Home visiting services include:

- Facilitating education and answering questions around child development and developmental milestones.
- Reinforcing engaged and positive parenting practices.
- Providing screenings for developmental delays, maternal depression, and intimate partner violence.
- Linking families to additional community resources through referrals.
- Encouraging utilization of health care resources, including perinatal and wellchild visits.
- Supporting parents' educational and employment goals.

#### WHAT IS MIECHV?

THE MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM MIECHV is a federal initiative dedicated to expansion of access to evidencebased home visiting in the US and tribal communities and territories. The Georgia Department of Public Health oversees administration of Georgia's MIECHV program, partnering with community-based organizations that provide screening for and direct home visiting services.

MIECHV is administered by the Health **Resources and Services Administration** in close partnership with (HRSA) the Administration for Children and Families (ACF). HRSA is the primary Federal agency for improving access to health care services for people who are uninsured. isolated. or medically vulnerable. ACF is a division of the Department of Health & Human Services that promotes the economic well-being and social of families, children, individuals and communities with partnerships, funding, guidance, training and technical assistance.

Like all of HRSA's Home Visiting Program grantees, Georgia uses evidence-based home visiting models that are proven to improve child health and to be cost effective. Georgia leverages federal funds to implement four models to serve children and families across the state. These models are described on the next page.

#### GEORGIA HOME VISITING PROGRAM

The MIECHV program in Georgia, known as the Georgia Home Visiting Program (GHVP), was established to strengthen Georgia's capacity for addressing the overall health, safety and wellbeing of families and children at-risk through the implementation of Evidence-Based Home Visiting (EBHV) services, enhance coordination of services for at-risk communities and improve identification of comprehensive services. GHVP also supports the supplemental infrastructure necessary for project management, technical assistance and training capacity, evaluation capability, and data and information systems improvements.



Healthy Families Houston home visiting team

The overall goal of GHVP is to improve outcomes for children and families implementing highby quality EBHV as a major service strategy. The GHVP website provides more information about this important work (www.gahomevisiting.org).

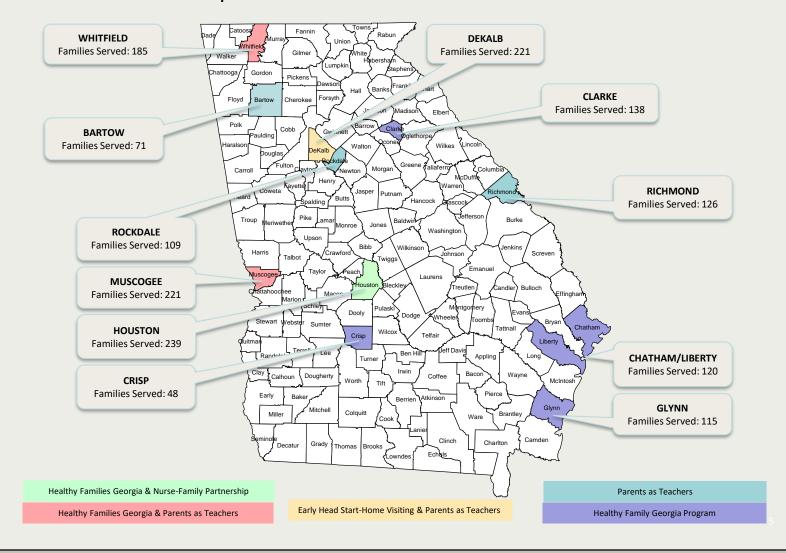
#### GEORGIA'S LEAD IMPLEMENTING AGENCIES

GHVP is managed by the Georgia Department of Public Health (GA-DPH) and provides appropriate home visiting services to eligible families who reside in at-risk communities and represent priority populations in 11 counties in Georgia. Within the 11 counties served, the GA-DPH has contracts with 15 Local Implementing Agencies (LIAs) and utilizes one of the following EBHV models: (1). Early Head Start-Home Visiting (EHS-HV), (2). Healthy Families Georgia (HFG), (3). Parents as Teachers (PAT) and (4). Nurse-Family Partnership (NFP). Details of these models are described later in this report.

In addition, GHVP helps to coordinate necessary services within and outside of home visiting programs to provide support and technical assistance to the LIA staff to address needs of participants, which may include: mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention, child abuse/neglect/ maltreatment, school readiness, employment training and adult education programs.

#### GEORGIA'S LEAD IMPLEMENTING AGENCIES STATEWIDE CAPACITY = 1,287

County	Name of LIA	EBHV Model	Capacity
Bartow	Advocates for Children	PAT	40
Chatham/Liberty	Lutheran Services of Georgia	HFG	120
Clarke	Prevent Child Abuse Athens	HFG	100
Crisp/Dooly	Cordele Housing Authority	HFG	60
DeKalb	New American Pathways	PAT	58
DeKalb	Community Development Institute	EHS-HV	24
DeKalb	Scottdale Early Learning Center	PAT	65
Glynn	Coastal Coalition for Children	HFG	100
Houston	Rainbow House	HFG	80
Houston	Houston County Health Department	NFP	100
Muscogee	University of Georgia	HFG	110
Muscogee	University of Georgia	PAT	90
Richmond	Augusta Partnership for Children	PAT	120
Rockdale	Rockdale County Schools	PAT	80
Whitfield	Family Support Council	PAT	70
Whitfield	Family Support Council	PAT	70



#### Counties and Families Served with MIECHV Funding October 1, 2017 to September 30, 2018

#### EVIDENCE-BASED HOME VISITING MODELS IN GEORGIA

#### Early Head Start - Home Visiting (EHS-HV)

Early Head Start-Home Visiting aims to promote healthy prenatal outcomes and support infant and toddler development, while strengthening families. Eligibility requirements for EHS-HV include low-income pregnant women and families with a child from birth to three years of age, with ten percent of enrollment opportunities provided to families who have a child with disabilities. Program participation includes weekly 90 minute home visits and two socialization activities per month for the entire family.

#### Healthy Families Georgia (HFG)

Healthy Families Georgia focuses on enhancing early, nurturing relationships between children and their primary caregivers as the for foundation life-long, healthy development. Eligibility requirements for HFG include single parents, low-income households, and parents facing challenges, such as a history of abuse, substance use, mental health issues, or domestic violence. Pregnant women and families with a child up to three months of age may enroll, with services provided through the child's fifth birthday. Program participation includes 60 minute home visits every other week throughout pregnancy and weekly from birth to age 6 months. Subsequent visit frequency depends on families' needs and progress over time.

#### EVIDENCE-BASED HOME VISITING MODELS IN GEORGIA

#### Nurse-Family Partnership (NFP)

Nurse-Family Partnership aims to promote healthy pregnancies for low-income, first-time mothers. Mothers are enrolled before their 28th week of pregnancy, with services continuing until the child reaches two years of age. Trained nurses promote mothers' selfefficacy and personal growth and encourage attachment and healthy parenting choices. Program participation includes 60 to 75 minute home visits weekly in the first month of enrollment and for six weeks following birth, every other week from six weeks until the child reaches 20 months of age, and monthly thereafter.

#### Parents as Teachers (PAT)

Parents as Teachers focuses on enhancing parenting knowledge, attitudes, and behaviors, and promoting family well-being to positively impact children's developmental trajectories. Eligibility requirements for PAT include children with special needs, families at risk for child abuse and neglect, low-income families, teen parents, first-time parents, immigrant families, low literate families, and parents with mental health or substance use issues. Families may enroll throughout pregnancy up until their child's 3rd birthday, with services continuing until the child reaches kindergarten entry. Participation includes 60 minute home visits conducted every other week and monthly group connection meetings for parents.

## **Georgia Home Visiting Institute** The Magic of Home Visiting

The seventh annual Georgia Home Visiting Institute (HVI) was held on August 28, 2018 at the Peachtree City Hotel and Conference Center in Peachtree City,. This day of training provided training and networking opportunities for over 300 home visitors, supervisors, community outreach staff and partners from around the state of Georgia.. The event was sponsored by the Georgia Department of Public Health in partnership with United Way of Greater Atlanta. partners committed to strengthening and professionalizing the field of home visiting.



The HVI addresses strategies to improve the quality and effectiveness of home visiting services, with an emphasis on supporting healthy infant/toddler development and parent-child relationships and developing skills necessary for establishing, building and enhancing relationships with families. In the process, home visitors gain an understanding of the complexity and diversity of family relationship, dynamics, and systems while working in partnership with families for the best interest of children. Upon completion of the HVI, participants will emerge with an enhanced understanding that will help them build and sustain strong alliances with families, implement effective home visiting practices, and work effectively with families to support children's development.



Reflective practice is an integral part of the HVI experience with trainers modeling and guiding participants through the process through hands-on, interactive activities to put the "knowledge to practice."

The Professional Development Work Group continued to serve as the HVI planning committee. This group comprises state leaders of Georgia's early childhood home visiting programs and state partners who are committed to strengthening and professionalizing the field of home visiting.

## **Georgia Home Visiting Institute** The Magic of Home Visiting

Workshop topics for this year's Institute included: What Home Visitors Must Know About Breastfeeding (Helping Mothers Choose Breastfeeding, Helping Mothers Initiate Breastfeeding, and Helping Mothers Continue Breastfeeding); Taking Care of YOU: Understanding Secondary Traumatic Stress in Home Visiting; Eat Move Talk for Home Visitors; Back to Basics: Developing a Health and Effective Home Visiting Relationship; Developmental Milestones and Monitoring in Home Visiting (Communicating with Families. Understanding My Role); Engaging and Retaining Substance Involved Families; From Surviving to Thriving: Serving Refugee & Nonnative Families in the United States; Understanding, Engaging and Breaking Through to Success with Homeless Families; and Introduction to Autism Spectrum Disorders.







Evaluations were sent out electronically to attendees after the Institute. The Institute's format, organization and content were well received. On the HVI General Evaluation, the 2018 HVI received a rating of 4.5 on a scale of I to 5 with I being Poor and 5 being Excellent. In addition, data from the 2018 HVI evaluation show 82.2% of participants preferred the opportunity to select three workshops as opposed to two or another format. Of the 311 workshop attendees, 175 submitted completed evaluations, yielding a response rate of 56.3%.

### **Success Stories**

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

Home visiting helps strengthen thousands of families nationwide every year, giving parents the tools and resources they need to create healthy, nurturing environments for their kids. Georgia has seen countless success stories from our work with children and their caregivers. Our programs have helped promote healthy child development, allowed families to become more self-sufficient, and given parents the confidence and support to be the best parents they can be. A great example is Sarah and Marcus.

Sarah and Marcus began the Parents as Teachers Program in Whitfield County in July of 2015. They met in drug court and were from very dysfunctional families where they did not often receive nurturing and support. When their child was born in 2014, Sarah and Marcus made a conscious choice to give him what they could and when their parent educator showed up and explained the program Sarah and Marcus were quickly on board and have been active in the home visits since the beginning. Their son was born with webbed fingers and the parent educator supported them during the surgeries that their son went through. The parent educator helped by sharing information and types of activities that would increase their son's fine motor skills and help with his recovery. Sarah and Marcus learned about child development and appreciated the advice, information and resources provided by their parent educator. Marcus recently completed his GED and Sarah obtained a CAN license and they recently bought their first home and their son recently started a PreK program. The parent educator will always be a resource for this family as Sarah and Marcus continue to surpass even their own expectations.

Parents as Teachers, Whitfield County



### **Success Stories**

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

Home visiting transforms lives. A knock on the front door can bring parents the support they need to feel empowered to improve their lives and to nurture their young child's healthy development. Read Cindy's testimony in her own words from a keynote address that she provided during a local fundraising event.

"I am the proud mother of two beautiful daughters. I have been a drug addict for the past 15 years. I was placed in a residential substance abuse program. At the time, I was 7 months pregnant with my daughter. I felt like I was alone. I was allowed minimal contact with any outside sources. In May 2017, I gave birth to my beautiful baby girl Leona. She was just a day old when I met Ms. Wanda at the hospital. She came in and asked me some questions about my history and myself. I will admit, at first, I was nervous because I had already lost one child due to my drug abuse. I was open, honest, and figured at this point, whatever good I could do for my baby and me, I was willing to do. I was at home just a short couple of weeks, and then Ms. Tonya came out to start our weekly visits. At the time, due to my living in a rehab program, I wasn't allowed to go home or see family. I was very lonely and tired most of the time. I had to choose some characteristics of what I'd like for my child to have. We have engaged in play activities, as well as, made many homemade toys, which is one of my most favorite things we do. Ms. Tonya and other Healthy Families staff members have been my biggest cheerleaders. I have never felt so much support from someone who was a complete stranger. I was never judged or treated as if I was just another drug addict. My daughter was hospitalized when she was a couple of months old and Ms. Tonya was there and sat with Leona and I. Healthy Families has not only been a resource for parenting for me; they have been a major source of support. Whenever something goes wrong or I'm going through something, Ms. Tonya is one of the first people I call. I always thought I was doomed to be a drug addict and never be a good mother, but now due to the support, motivation, and guidance I've received from Healthy Families. I now feel confident that I will be able to teach my girls what it means to have values and self-worth."



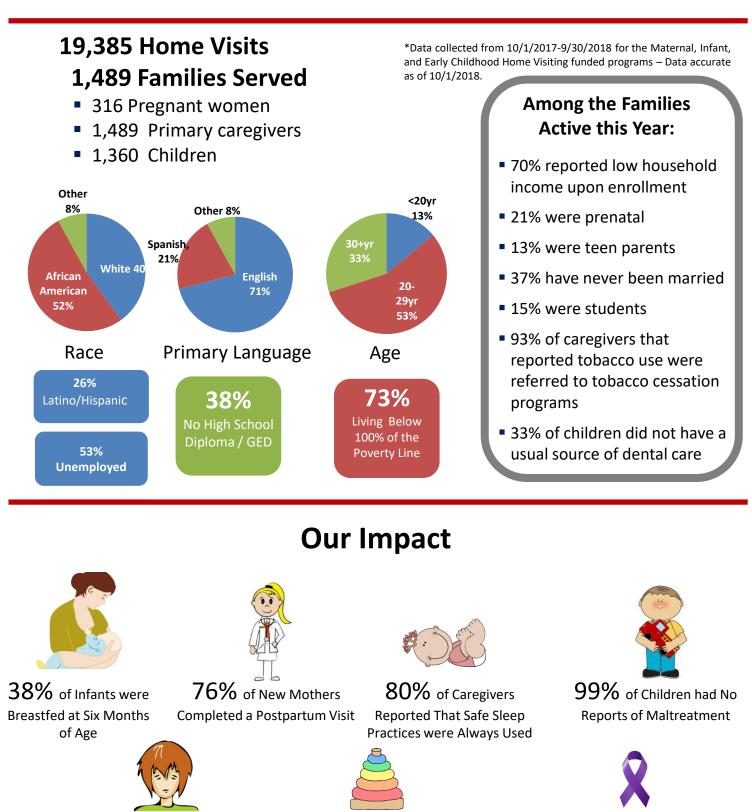
"I appreciate the chance to have someone come into my life when I was alone. I thought my daughter and would not be together today, but because of people like Ms. Tonya and this program. I'm not only a better person, but a great mom. I hope that many more moms have the chance to experience this program and have it be a gift to their life like it has been to mine."

Cindy, age 30

#### Healthy Families Georgia, Clarke County

# Georgia MIECHV Highlights

**2018\* MIECHV Home Visiting Overview** 



80% of Mothers Were Screened for Depression 95% of Children had a Caregiver Read, Tell Stories, or Sing Songs Daily 88% of Caregivers Were Screened for Intimate Partner Violence



Center for Family Research Owens Institute for Behavioral Research UNIVERSITY OF GEORGIA Home visiting promotes maternal and child health, parent-child engagement, and child development and school readiness. Services are targeted to families that are high risk for child abuse and neglect.

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

#### Families Served by Home Visiting 1,581 1.489 1.360 total number of number of newly number of referrals total number of primary caregivers enrolled primary from First Steps<sup>\*</sup> to index children enrolled home visiting caregivers enrolled 3 13% 37% 38% Primary caregivers number of primary primary caregivers primary caregivers with no HS caregivers that were that were teen that have never biological fathers Diploma/GED been married parents 33% 49.3% 70% 50.7% index children who index children with families reported low index children who were male household income at no usual source of were female dental care enrollment 57.4% 42.6% 21.2% 15% enrolled with a child enrolled with a child primary caregivers primary caregivers 1 year or older under 1 year old were women enrolled That were students prenatally 51.8% 26 years 25.9% 57.5% primary caregivers' primary caregivers primary caregivers primary caregivers identified as Black average age at identified as lived with a partner at enrollment or African American Hispanic/Latino enrollment

\*First Steps Georgia is a community-based service that connects families to community resources appropriate for expectant parents and children from birth to five years of age..

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

19,385 total number of home visits completed

Family Engagement by Household							
	Currently receiving services	Completed program	Stopped services before completion	All households			
Number of Households	mber of Households 826 65 471 1,362						

Home Visiting Staff by Program Model						
Home visiting model	Home Visitors	Other home visiting staff <sup>2</sup>				
Early Head Start-Home Visiting	1	2	0			
Healthy Families Georgia <sup>2</sup>	14	33	7			
Nurse-Family Partnership	1	4	1			
Parents as Teachers8283						
Total <sup>4</sup>	24	67	11			

<sup>1</sup>Includes Supervisors, Program Managers and Clinical Supervisors. <sup>2</sup>Other includes First Steps Georgia staff and Family Assessment Workers (FAWs). First Steps Georgia is a community-based service that connects families to community resources appropriate for expectant parents and children from birth to five years of age. FAW is a HFG position, with the main responsibility of completing a more in depth screening called the Parent Survey. Usually the FAW and First Steps roles are completed by one person. <sup>3</sup>Healthy Families Georgia is the name used for Healthy Families America programs in Georgia. <sup>4</sup>Not included in the total are three First Steps Georgia staff, which each serve more than one program in the following counties: DeKalb, Muscogee, and Whitfield..

New and Continuing Program Participants Served by MIECHV Home Visitors						
ParticipantsNumber newly enrolledNumber continuing during the reporting periodTotal						
Pregnant women	273	43	316			
Female caregivers	479	690	1,169			
Male caregivers	3	1	4			
All adults/ households	755	734	1,489			
Female index children	317	372	689			
Male index children	index children 298 373 671					
All index children	615	745	1,360			

Adult Participants by Age at Enrollment						
Age	Pregnant women	Female caregivers	Male caregivers	All adults		
≤ 17 years old	34	46	0	80		
18 to 19 years old	49	68	0	117		
20 to 21 years old	48	114	1	163		
22 to 24 years old	56	180	0	236		
25 to 29 years old	66	329	1	396		
30 to 34 years old	43	236	0	279		
35 to 44 years old	20	179	1	200		
45 to 54 years old	0	12	0	12		
55 to 64 years old	0	4	1	5		
≥ 65 years old	0	1	0	1		
All adults	316	1,169	4	1,489		

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

Index Children by Age at Enrollment								
Age	FemaleMaleAllindex childrenindex childrenindex children							
< 1 year old	400	380	780					
1 to 2 years old	234	237	471					
3 to 4 years old	55	54	109					
All index children6426611,360								

Primary Language Spoken at Home							
	English Spanish Other* Unknown/ Did not report All index						
All index children	966 281 108 5 1,360						

Participants by Ethnicity						
Participants	Hispanic or Latino					
Pregnant women	38	277	1	316		
Female caregivers	346	819	4	1,169		
Male caregivers	2	2	0	4		
All adults	386	1098	5	1,489		
Female index children	182	502	5	689		
Male index children	197	470	4	671		
All index children	379	972	9	1,360		

\*Other includes: Amharic, Arabic, Burmese, Chinese, Indian, Kinyarwanda, Mandinka, Nepali, Swahili and Turkish.

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

Participants by Race								
Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	More than one race	Unknown/ Did not report	Total
Pregnant women	0	8	226	0	71	2	9	316
Female caregivers	0	80	544	2	504	23	16	1169
Male caregivers	0	0	2	0	2	0	0	4
All adults	0	88	772	2	577	25	25	1489
Female index children	28	41	330	0	265	17	8	689
Male index children	10	42	321	0	261	24	13	671
All index children	38	83	651	0	526	41	21	1360

Adult Participants by Marital Status at Enrollment						
Adult participants	Never married*	Married	Never married, but living together with a partner	Separated/ Divorced/ Widowed	Total	
Pregnant women	174	49	82	11	316	
Female caregivers	382	458	265	64	1,169	
Male caregivers	2	2	0	0	4	
All adults	558	509	347	75	1,489	

\*Excluding not married, but living together with a partner.

Adult Participants by Educational Status at Enrollment						
Adult participants	Student/ TraineeNot a student/ TraineeUnknown/ Did not report					
Pregnant women	61	237	18	316		
Female caregivers	154	985	30	1,169		
Male caregivers1304						
All adults	216	1225	48	1,489		

Adult Participants by Educational Attainment at Enrollment									
Adult participants	Less than high school diploma	High school diploma/ GED*	Some college/ Training	Technical training or certification	Associate's degree	Bachelor's degree or higher	Other	Unknown/ Did not report	Total
Pregnant women	101	98	67	13	12	16	0	9	316
Female caregivers	464	297	205	51	44	79	6	23	1,169
Male caregivers	3	0	0	1	0	0	0	0	4
All adults	568	395	272	65	56	95	6	32	1,489



Adult Participants by Employment Status							
Adult participants	Employed full-time	Employed part-time	Not employed	Unknown/ Did not report	Total		
Pregnant women	76	51	185	4	316		
Female caregivers	351	209	597	12	1169		
Male caregivers	0	0	4	0	4		
All adults	427	260	786	16	1,489		

Household Income in Relation to Federal Poverty Guidelines								
	50% and under	51 to 100%	101 to 133%	134 to 200%	201 to 300%	> 300%	Unknown/ Did not report	All households
All households	587	500	182	142	42	33	3	1,489

Priority Population Characteristics							
Yes No Did not Total report							
Low income household	1,047	439	3	1,489			
Household contains a participant who is pregnant and < 21 years old	105	1,384	0	1,489			





Adult Participants by Housing Status							
Adult participants	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement	Total not homeless	
Pregnant women	22	152	19	105	9	307	
Female caregivers	215	644	74	195	8	1136	
Male caregivers	0	2	1	1	0	4	
All adults	237	798	94	301	17	1447	

Homeless Adult Participants							
Adult participants	Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Homeless and living in an emergency or transitional shelter Some other arrangement				
Pregnant women	1	4	4	9			
Female caregivers	8	12	13	33			
Male caregivers	0	0	0	0			
All adults	9	16	17	42			

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

Participants by Type of Health Insurance Coverage								
Participants	No insurance coverage	Medicaid or CHIP*	Tri-Care	Private or other	Unknown/ Did not report	Total		
Pregnant women	28	223	5	41	19	316		
Female caregivers	368	470	16	245	70	1,169		
Male caregivers	2	2	0	0	0	4		
All adults	398	695	21	286	89	1,489		
Female index children	22	569	9	52	37	689		
Male index children	12	576	12	36	35	671		
All index children	34	1145	21	88	72	1,360		

Index Children by Usual Source of Care								
Index children	Doctor's/ Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Other	None	Unknown/ Did not report	Total
Female index children	672	1	1	3	0	3	9	689
Male index children	651	0	0	4	1	3	12	671
All index children	1,323	1	1	7	1	6	21	1,360

\*CHIP = Children's health Insurance Program.

### **Performance Measures**

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018

The following Performance Measures are mandated by the Health Resources and Services Administration, which oversees the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. The Performance Measures are intended to help tell the story of home visiting in Georgia and nationwide. The data shown below are only for MIECHV-funded home visiting in Georgia from 10/1/17 to 9/30/18. For the specific definitions used to calculate each indicator, please contact Michelle Lanier at the Center for Family Research at the University of Georgia at *mlanier@uga.edu*.



**9%** of women enrolled prenatally delivered preterm.



**38%** of mothers were breastfeeding their child at 6 months.



80% of primary caregivers were screened for depression.



81% of children received their last well child visit.

76% of mothers received a postpartum visit within 8 weeks of delivery.



**93%** of primary caregivers who used tobacco products at enrollment received a referral to cessation services.



**80%** of primary caregivers consistently practiced safe sleep methods with their infants.



**3%** of enrolled children had an injury related emergency department visit.



**1%** of children had an investigated case of maltreatment following enrollment.

## **Performance Measures**

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program October 1, 2017 to September 30, 2018



**69%** of primary caregivers were specifically assessed for their parentchild interactions.



**95%** of children had someone who read or sang to them daily.



**78%** of children received an on-time screening for developmental delays.



**100%** of visits included asking primary caregivers if they had any concerns about their child's development, behavior, or learning.



**88%** of primary caregivers were screened for intimate partner violence within 6 months of enrollment.

**27%** of primary caregivers who enrolled without a high school degree or GED subsequently enrolled in an educational program.





**65%** of primary caregivers had continuous health insurance coverage for at least 6 months of the year.



**29%** of primary caregivers referred due to a positive screen for depression received mental health services.



67% of children referred due to a positive screen for developmental delays received services in a timely manner.



**79%** of primary caregivers who screened positive for intimate partner violence received referral information to appropriate community resources.

#### Georgia's Home Visiting Program State Leads: GA Dept of Public Health Home Visiting Team

The Georgia Department of Public Health has an internal Home Visiting Team that provides administration and oversight of the Maternal, Infant and early Childhood Home Visiting (MIECHV) and non-MIECHV programs. This team includes:



Twanna Nelson Home Visiting Director



Natasha Worthy Home Visiting Program Manager



Mark Ervin Project Manager



Katrina Brantley Community Relations Manager



Sherrita Sumerour Project LAUNCH Coordinator



Mitzi Fears Innovation Community Relations Coordinator



Wykinia Hamblin Fatherhood Involvement Coordinator

### Georgia's Home Visiting Program State Leads: Technical Assistance and Quality (TAQ) Team

Sara Jane Blackman Parents as Teachers State Lead





Anita Brown CFR Associate Director TAQ Contract Lead



Tracey Hickey GEOHVIS Data System TA/Training Lead

Paige Ferrell Healthy Families Georgia State Lead



Jessica Gurnow Parents as Teachers Technical Assistance and Training Coordinator



Center for Family Research Owens Institute for Behavioral Research UNIVERSITY OF GEORGIA

Georgia Home Visiting Program Technical Assistance and Quality (TAQ) Team



Nicole Copeland First Steps Georgia State Lead

Michelle Lanier

TAQ Director



**Jina Tollett** GEOHVIS Data System Administrator

The Georgia Department of Public Health contracts with the Center for Family Research at the University of Georgia to provide support to Georgia's First Steps and Home Visiting programs. The TAQ provides technical assistance, training, data system maintenance, performance monitoring, continuous quality improvement and evaluation with the goal of helping programs do what they do best: provide high quality services to Georgia's families.

## **Technical Assistance and Quality Team**

In cooperation with national model trainers, the Technical Assistance and Quality (TAQ) Team provided a total of 80 in-person and webinar-based trainings to the Georgia's home visiting network from October 1, 2017 to September 30, 2018.

Training	N = 80
Georgia Home Visiting Institute	I
Safe Sleep Training	3
First Steps Georgia <sup>1</sup> Advanced Training	l
First Steps Georgia <sup>1</sup> Monthly Training	12
First Steps Georgia <sup>1</sup> New Provider Training	10
Healthy Families America <sup>2</sup> Best Practices Standards Training	3
Healthy Families America <sup>2</sup> Accreditation Planning Training	5
Healthy Families America <sup>2</sup> Integrated Strategies for Home Visitors Supervisors Training	I
Healthy Families America <sup>2</sup> Integrated Strategies for Home Visitors Training	I
Healthy Families America <sup>2</sup> Parent Survey Community Outreach Supervisor Training	2
Healthy Families America <sup>2</sup> Parent Survey Community Outreach Training	I
Healthy Families Georgia <sup>2</sup> Advanced Training	I
Healthy Families Georgia <sup>2</sup> Best Practice Standards Session	12
Healthy Families Georgia <sup>2</sup> Growing Great Kids Curriculum Training	2
Performance Measure Check In for Healthy Families Georgia <sup>2</sup>	2
CQI <sup>3</sup> Training for Healthy Families Georgia <sup>2</sup> : Family Engagement	I
Georgia Parents as Teachers Institute	I
Parents as Teachers National Center Foundational 2 Training	I
Penelope Data System Training	5
Georgia Parents as Teachers ASQ-3 and ASQ:SE-2 Training <sup>4</sup>	I
Georgia Parents as Teachers Foundational and Model Implementation Training	3
Georgia Parents as Teachers Life Skills Progression Instrument Training	I
Georgia Parents as Teachers Regional Trainings	4
CQI <sup>3</sup> Training for Georgia Parents as Teachers: Family Engagement	l
Performance Measure Check In for Georgia Parents as Teachers	2
Safe Sleep Training	3

<sup>1</sup> First Steps Georgia is a community-based service that connects families with young children to community resources. <sup>2</sup> In Georgia, Healthy Families America model-based programs are referred to as Healthy Families Georgia. <sup>3</sup>CQI = Continuous Quality Improvement. <sup>4</sup>ASQ-3 = Ages & Stages Questionnaire, 3rd edition, used to screen for developmental delays; ASQ:SE-2 = Ages & Stages Questionnaire: Social & Emotional, 2nd edition, used to screen for social and emotional delays.