



GEORGIA HOME VISITING PROGRAM

Annual Report

October 2018 - September 2019



GEORGIA DEPARTMENT OF PUBLIC HEALTH



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EXECUTIVE SUMMARY

The Georgia Home Visiting Program (GHVP) Annual Report provides a comprehensive snapshot of evidenced-based home visiting (EBHV) throughout Georgia. This report contains information about the capacity of each local implementing agency (LIA) and provides a glimpse of the demographic breakdown of over 2,000 households that received home visiting services in FY19. We are excited to share success stories from families that have thrived as a result of being engaged in EBHV.

Throughout this report, we look at the program in action, focusing on maternal depression, early language and literacy activities, and developmental referrals.

According to the Centers for Disease Control and Prevention (CDC), 1 in 8 women report symptoms of depression after giving birth and recommends states use existing programs like Healthy Start, Home Visiting, and the Title V Block Grant to address maternal depression. In FY19, GHVP provided specialized training to home visitors, and as a result, experienced an increase from 80% to 91% of mothers screened for depression. Examples include *Mothers and Babies*, an evidenced-based program that has been highlighted as some of the most effective interventions for the prevention of postpartum depression. Home visitors also received training in The Lemonade for Life Program which helps individuals understand how early life experiences have lasting effects on how they interact in relationships.

Home Visitors know that one of the most important things parents can do to get their child ready for school is to read, tell stories, or sing with them – every single day. Following a series of trainings by the Talk with Me Baby™ program, in FY19, 96% of mothers reported incorporating regular early language and literacy activities as part of their everyday parenting.

One of the benefits of Home Visiting are frequent child development checks using the Ages and Stages Questionnaire (ASQ) testing model. From FY18 to FY19, children enrolled in home visiting who screened positive for developmental delay and followed through with a referral in a timely manner increased from 67% to 94%.

This year's report also concentrates heavily on workforce development and the efforts to strengthen the capacity of home visitors. Research shows skills development, opportunities for professional and personal growth are important aspects of employee retention. In FY19, GHVP provided scholarships to home visitors to receive a Child Development Associate (CDA) and hosted over 300 home visiting professionals for the Annual Home Visiting Institute.

As we move forward, GHVP will continue to perform evidenced-based home visits, strengthen partnerships and diversify funding for expanded services, to improve the wellbeing of children, mothers, and families in Georgia.

A MESSAGE FROM...

Maternal and Child Health Director

I am proud of the accomplishments made by the Georgia Home Visiting Program (GHVP) state team, local implementing agencies, and partnering organizations. In 2019, GHVP had notable successes ensuring families were provided with quality services from qualified providers.

With additional federal funding from the Health Resources and Services Administration (HRSA), GHVP expanded home visiting services with the Healthy Start model in Lowndes, Echols, Brooks, and Muscogee counties and provided extensive workforce development. GHVP developed strategies to engage fathers in home visiting and other maternal and child health programs. In addition, the program improved performance and user experience by migrating to a new data management system.

The Georgia Department of Public Health recognizes evidenced-based home visiting as a critical service strategy to promote maternal, infant, and early childhood health, safety, development and strong parent-child relationships. I believe that we must continue to seek opportunities to collaborate with partners and continually evaluate and improve the services that we provide to Georgia's most vulnerable populations.

Please take an opportunity to review the data, strategies, and success stories contained in this report.

Thank you,

Jeannine Galloway, MPH
Maternal and Child Health Director

Home Visiting Program Manager

As you review the 2019 Annual Home Visiting Report, we hope you see the spirit of collaboration and commitment come to life through the series of stories and data highlights illustrating the impact of this work across the state. Through our comprehensive evidenced-based home visiting scope of services; workforce development initiatives, and collective impact approach, GHVP offers renewed optimism that Georgia will lead the way to ensure all children and families can thrive.

I am grateful to be a part of the GHVP team and serve among the men and women dedicated to improving the lives of young children. Thank you for your support as we work to continue strengthening the home visiting workforce, and building healthy communities with the goal of achieving health equity.

Sincerely,

Natasha Petrina Worthy, MSW
Senior Home Visiting Program Manager



GEORGIA HOME VISITING PROGRAM

Georgia has developed a comprehensive, community-based maternal and early childhood system that provides a universal approach to identifying expectant parents, children birth to five, and their families. The state is committed to providing high-quality evidenced-based home visiting (EBHV) in high-risk counties as an essential strategy for strengthening the system of care and addressing the overall health, safety, and well-being of at-risk families to impact child development, school readiness, and positive, supportive parenting practices.

HOW IS THE PROGRAM CURRENTLY FUNDED?

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is the primary funding stream for the GHVP. Other funding streams for Georgia home visiting include the Title V Maternal and Child Health Services Block Grant, and Healthy Start Initiative: Eliminating Disparities in Perinatal Health and State funding.

SCOPE OF SERVICES

Home visitors can evaluate the strengths and weaknesses of a family and provide services that are specific to their needs as identified by the Maternal and Child Health Assessment.

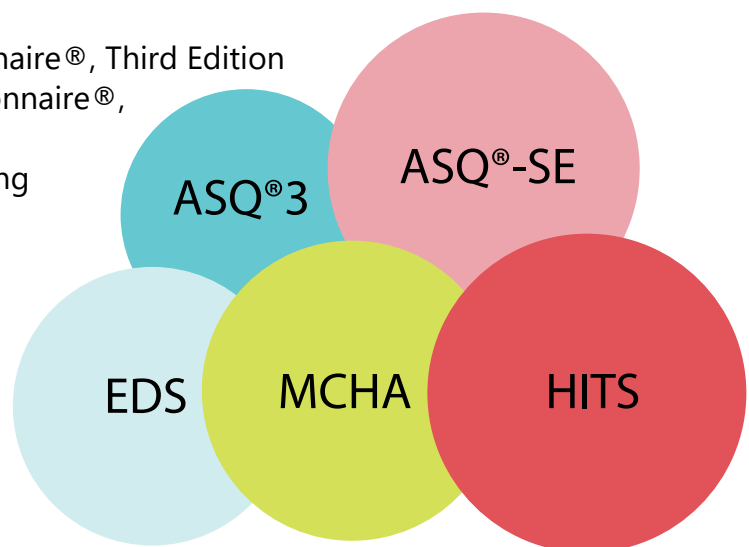
Home visitors also:

- Link families to resources
- Conduct screenings and provide referrals
- Promote early learning in the home
- Teach positive parenting skills

GHVP services are provided by qualified professionals who are certified in research grounded home visiting curriculums.

SCREENING AND ASSESSMENTS

- **ASQ®3** - Ages and Stages Questionnaire®, Third Edition
- **ASQ®-SE** - Ages and Stages Questionnaire®, Social Emotional
- **EDS** - Edinburgh Depression Screening
- **MCHA** - Maternal and Child Health Assessment
- **HITS** - Hurt, Insulted, Threatened with Harm and Screamed, Domestic Violence Screening



GEORGIA EVIDENCED-BASED MODELS

Services are provided by qualified professionals who are certified in evidenced-based home visiting curriculums.

Early Head Start-Home-Based Option (EHS-HBO)



Promotes healthy prenatal outcomes and support infant and toddler development, while strengthening families.

Eligibility: 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: Weekly 90-minute home visits and two socialization activities per month for the entire family.

Healthy Families Georgia (HFG)



Focuses on enhancing early, nurturing relationships between children and their primary caregivers as the foundation for life-long, healthy development.

Eligibility: 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: 60-minute home visits every other week throughout pregnancy and weekly from birth to age six months. Subsequent visit frequency depends on families' needs and progress over time.

Nurse-Family Partnership (NFP)



Promotes 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' self-efficacy and personal growth and encourage attachment and healthy parenting choices.

Eligibility: First-time moms who are pregnant 28 weeks or less, meet income requirements and live in a service area.

Program: 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.

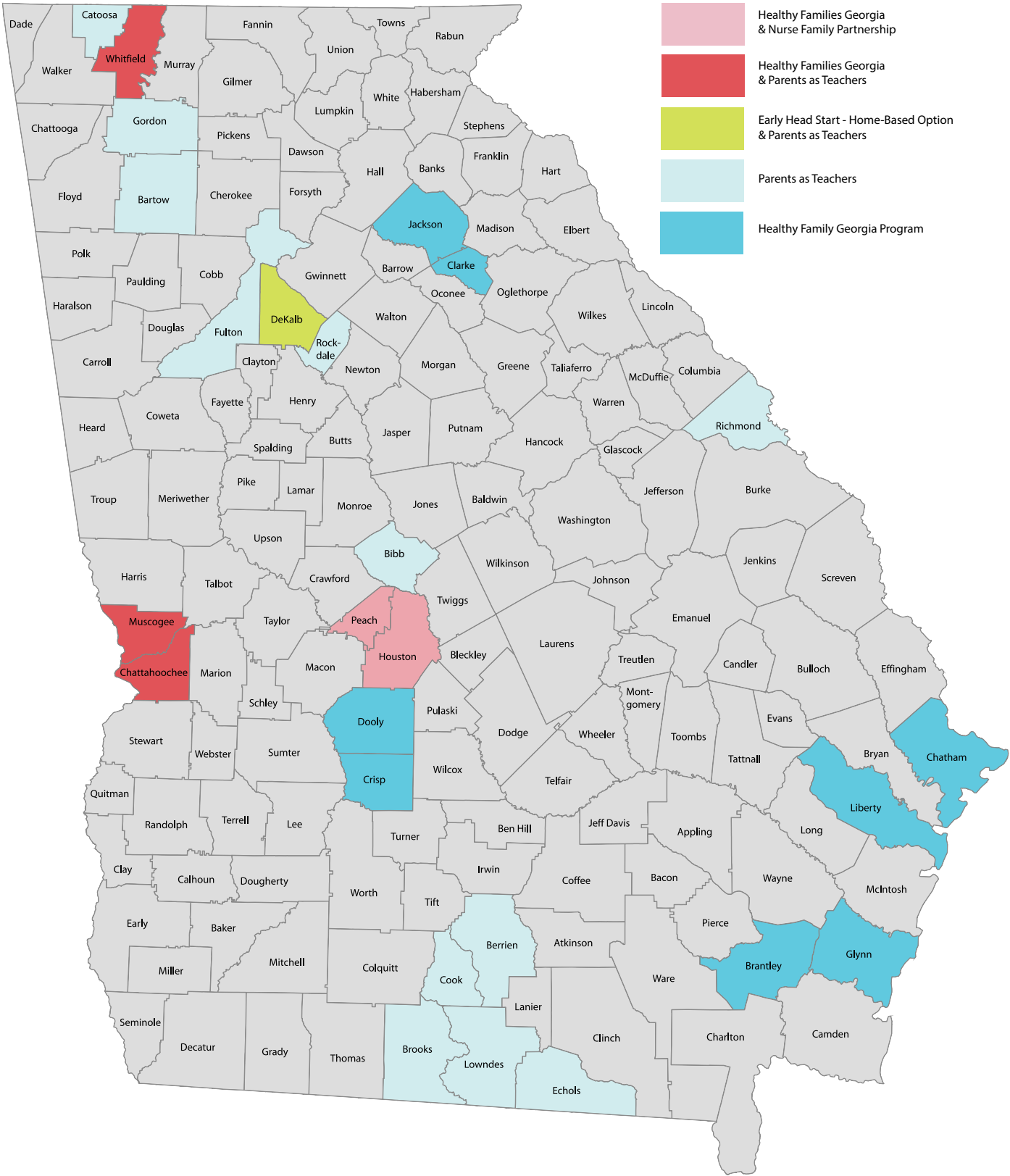
Eligibility: Children with special needs, families at risk for child abuse and neglect, low-income families, teen parents, first-time parents, immigrant families, low literate families, and parents with mental health or substance use issues. Families may enroll throughout pregnancy up until their child's third birthday, with services continuing until the child reaches kindergarten entry.

Program: 60-minute home visits conducted every other week and monthly group connection meetings for parents.

EBHV Model Standards for Services

Program	Point of Entry	Duration of Service	Intensity of Service
EHS-HBO	Pregnancy - Child 3 years	Pregnancy - 3 years	1 visit/wk
HFG	Pregnancy - Child 2 wks/3 months	Pregnancy - 5 years	1 visit/wk - 1 visit/quarter
NFP	Prior to 28th week of 1st Pregnancy	Pregnancy - 2 years	1 visit/wk - 1 visit/2 weeks
PAT	Pregnancy - Child 3 years	Pregnancy - 5 years	1 visit/2 weeks

WHERE IS HOME VISITING IN GEORGIA?



GEORGIA'S LOCAL IMPLEMENTING AGENCIES

County	FS	Name of LIA	Model	FundS	CAP
Bartow	57	Advocates for Children	PAT	MIECHV	40
Bibb	97	United Way of Central Georgia	PAT	Title V	80
Catoosa	11	Communities in Schools of Catoosa	PAT	CANP	18
Chatham/Liberty	115	Lutheran Services of Georgia	HFG	MIECHV	120
Clarke/Jackson	156	Prevent Child Abuse Athens	HFG	MIECHV	100
Crisp/Dooly	52	Cordele Housing Authority	HFG	MIECHV	60
DeKalb	195	New American Pathways	PAT	MIECHV	58
		Community Development Institute	EHS-HBO	MIECHV	24
		Scottdale Early Learning Center	PAT	MIECHV	65
Fulton	60	Fulton County Board of Health	PAT	DPH	40
Glynn/Brantley	111	Coastal Coalition for Children	HFG	MIECHV	100
			HFG	CANP	40
Gordon	87	Family Resource Center Gordon	PAT	Title V	45
Houston/Peach	245	Rainbow House	HFG	MIECHV	80
		Houston County Health Department	NFP	MIECHV	100
Lowndes/Echols/ Cooke/Berrien/ Brooks	121	Lowndes Commission on Children/Youth	PAT	Title V	80
		South Health District	PAT	DPH	30
Muscogee/ Chattahoochee	182	Universty of Georgia	HFG	MIECHV	110
		University of Georgia	PAT	MIECHV	90
Richmond	136	Augusta Partnership for Children	PAT	MIECHV	120
Rockdale	105	Rockdale County Schools	PAT	MIECHV	80
Whitfield	181	Family Support Council	PAT	MIECHV	70
		Family Support Council	PAT	MIECHV	70

Table Header Definition: County (LIA service area); FS (number of families served); Name of LIA (program that runs the LIA in that area); Model (evidence-based model used); FundS (funding source); CAP (capacity)



PERFORMANCE MEASURES

The following performance measures are mandated by the Health Resources and Services Administration, which oversees the federal 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 all home visiting programs in Georgia from 10/1/2018 to 9/30/2019 that are funded by the Georgia Department of Public Health.

- 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.
- 69% of primary caregivers were specifically assessed for their parent-child 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.

HOME VISITING SUCCESS STORIES

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 nurture the healthy development of their children. This story of a DeKalb County mother and her twins shows what can happen when a mother gets the support she needs to thrive!



Upon initial enrollment to the Scottdale Parents as Teachers (PAT) Program, Mom had two rambunctious twin toddlers! Mom and Dad were residing in the U.S. on a student visa from a small village in Mumbai, India and had very little knowledge of child development and early childhood resources. The parents shared that their children cried all day, constantly fought with each other and had very little social interactions outside of their home. The stay-at-home Mom was at her wits end and frustrated, shared with her Parent Educator that she was so tired all the time and wanted help.

With mom's permission (and gratitude!) I immediately enrolled the children into our PAT services and discussed how the services would work. I also followed up a referral

for Babies Can't Wait (BCW) and ensured that the children had been referred for suspected developmental delays. BCW eventually began along with our continued services. As time went on, Mom has been able to successfully attend weekly story time at the local library, participate in group connections, found support from other moms in her community to reduce her feeling of isolation, take the twins to the grocery store without fear of the children acting out, and Mom has been able to join the local gym for exercise!

Now when I arrive for visits, not only is Mom happy and smiling, but she shares only positive things that the girls are doing. I can visibly see the girls' "graffiti" on the walls, and they can wait to look at the new books they checked out of the library. The girls are using more language and able to verbally express their wants and needs with much more understanding. This is truly a success in the 12 months the girls have been enrolled in PAT services. Because of their success and progress, I have recommended the girls for all day Early Head Start services and Mom has decided to take classes at the local Goodwill to obtain her Child Development Associate (CDA) certification, so that she can work with other children and moms who experience the same difficulties that she used to feel. I am so proud that PAT was able to help this family succeed!

Parents as Teachers
Scottdale Early Learning

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 children. 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 Shavon and her twins, Kai and Keiden.

Often when a woman becomes a mother, her dreams are deferred. Shavon gave birth to her twins - 15 years after her oldest daughter, and knew her career path would be centered on her boys Kai and Keiden. From the moment she was enrolled in Parents as Teachers, Shavon Walls set an ambitious goal to become a Peer Breastfeeding Counselor.

As a passionate breastfeeding advocate, Shavon was determined to change her career path. She traveled to different states to complete the required training for the position. Shavon has accomplished her goal and is a Fulton County Board of Health employee and employed as a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Peer Breastfeeding Counselor.



Shavon truly blossomed from the support and encouragement she received as a PAT parent to a colleague who is serving PAT parents. Additionally, Shavon's twins are child actors and were recently filmed in two major box office movies *Bad Boys for Life* and *Like a Boss*. Shavon's story is inspirational, motivational and phenomenal!

Parents as Teachers
Fulton County Board of Health

WORKFORCE DEVELOPMENT


Recruiting and retaining high-quality staff is key to the mission and work of home visiting and essential to providing continuity of care to families. Many home visitors find their work interesting and rewarding, valuing the relationships they develop with families, and feeling a sense of accomplishment as they support the growth of families. The Georgia Home Visiting Program implemented statewide professional development initiatives to promote consistency across LIAs.

Home Visiting Institute (HVI)

Each year Georgia provides home visiting professionals an opportunity to participate in the HVI, a one-day statewide conference specifically organized for Georgia's home visitors, supervisors, community outreach, and family support staff. The HVI host over 300 participants and address strategies to improve the quality and effectiveness of home visiting services. The emphasis is on supporting healthy infant/toddler development, parent-child relationships, and developing skills necessary for establishing, building, and enhancing relationships with families.

Professional Development System (PDS)

The GHVP partnered with Department of Early Care and Learning (DECAL) to expand the existing Professional Development System (PDS) by creating a training repository for home visitors. Home visitors can create a professional development profile on the DECAL PDS website and upload all training and certifications. The home visitor portal allows users the opportunity to search and take relevant training in the existing DECAL PDS library.



Institute for the Advancement of Family Support Professionals

The PDS system provides a link to the Institute for the Advancement of Family Support Professionals website for additional training modules tailored to home visitors. The Institute offers home visitors engaging online modules specifically formulated for the professional growth and development of home visiting staff. This system was developed through the Iowa Department of Public Health and Virginia Department of Health as co-leads for their MIECHV Innovation Award.

Child Development Associate (CDA)

The GHVP established scholarships that provided support for home visitors striving to earn the Home Visiting Child Development Associate (CDA) Credential. The CDA is one of the most widely recognized credentials in early childhood education and integral in the advancement of early childhood education professionals. The Home Visiting CDA Credential was developed using competency standards that focus on increasing family resiliency and increasing safer environments for children.

University of Georgia Center for Family Research (UGA/CFR)

The UGA/ CFR team employs technical assistance and training leads for the Parents as Teachers and Healthy Families America (HFA) models. These leads provide monthly meetings with the models' program managers and supervisors to deliver updates from the model's national offices, performance measures review, Georgia's Home Visiting Information System (GEOHVIS) training, and professional development opportunities.

COLLECTIVE IMPACT

Community Action Network (CAN)

The Community Action Network (CAN) is an initiative of Healthy Start Programs which works to improve the health of the Georgia families through a collective impact framework. This alliance includes community partners, health and social service agencies, community residents, educational institutions, and other stakeholders. Partners meet regularly to identify community needs and strategies for addressing those needs.



GEORGIA HOME VISITING PROGRAM

*Data collected from 10/1/2018-9/30/2019 for Georgia Home Visiting programs including all funding sources – Data accurate as of 1/8/2020.

Home Visits

24,610

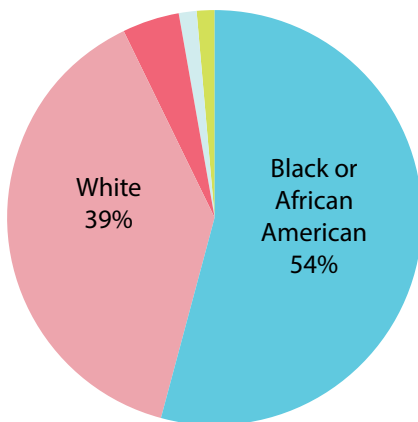
Households

2,066

Children

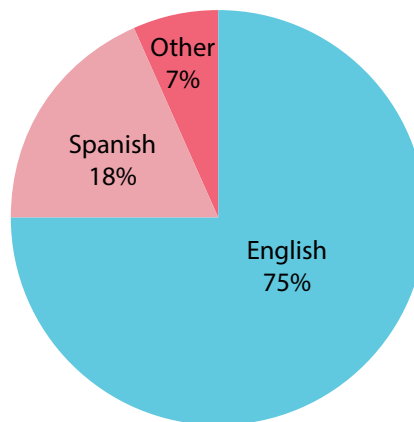
1,927

Race

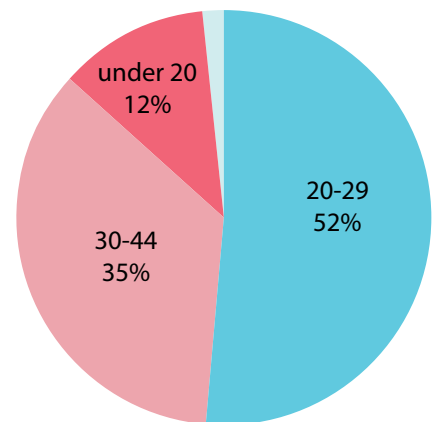


Asian (4%)
< one race (1%)
unknown (1%)

Language



Age



45 or older (1%)

MORE THAN
2/3
REPORTED
LOW HOUSEHOLD
INCOME
UPON ENROLLMENT

A LITTLE OVER
20%
OF CHILDREN
DID NOT HAVE
A USUAL SOURCE OF
DENTAL CARE



PRENATAL
ENROLLED



TEEN PARENT
ENROLLED

86% of caregivers that reported tobacco use were referred to tobacco cessation programs

PROGRAM IN ACTION

Maternal Depression

80% TO 91%
MATERNAL DEPRESSION SCREENING

From *October 2018 to September 2019*, the percentage of primary caregivers enrolled in home visiting who were screened for depression within three months of enrollment increased from 80% to 91%. Just prior to fall 2018, approximately 50% of MIECHV funded home visitors were trained to deliver the Mothers and Babies curriculum directly with families and we believe that this training led to the increase in screening and referrals for depression. **Mothers and Babies is an evidence-based program that has been highlighted as one of the most effective interventions for the prevention of postpartum depression.** It is guided by cognitive behavioral therapy and attachment theory that reduces stress and promotes healthy mood management. The program focuses on tools and support for pregnant and new moms to help manage stress, promotion of healthy bonding with baby, promotion of healthy communication and social support and techniques and activities to help babies learn.

Early Language and Literacy Activities:

Home Visitors know that **one of the most important things parents can do to get their child ready for school is to read, tell stories, or sing with them – every single day.** In Georgia, home visitors have the advantage of being trained to use techniques that offer simple and effective strategies for helping parents make early brain development a part of their everyday parenting. The training certainly paid off in 2019 when 96% of mothers in Georgia's home visiting program reported that their infants or children were read to, told stories, or sang with daily.





PROGRAM IN ACTION

Completed Developmental Referrals

Home Visiting provides a safety net for Georgia's most vulnerable citizens. One of the most important ways this happens is that home visitors check in with parents on their child's development through frequent administrations of the Ages and Stages Questionnaire (ASQ). When home visitors administer the ASQ with families, they learn reliable accurate, developmental information for children to pinpoint developmental progress and catch delays in young children in the home. When a home visitor can detect a potential delay in a child, it paves the way for meaningful next steps in learning, intervention, or monitoring. From FY18 to FY19, the percentage of **children enrolled in home visiting who screened positive for developmental delay and followed through with a referral in a timely manner increased from 67% to 94%.**

In addition, home visitors ask parents at each home visit about whether they have any concerns regarding their child's development, behavior, or learning. In 2019, the data showed that these developmental check-ins occurred in 100% of postpartum home visits. Many of these check-in's lead to discussions between home visitors and mothers about ways of supporting their child's development and encourage new skills in fun ways. Sometimes the concerns would lead to a referral to Children's 1st and Babies Can't Wait (BCW), Georgia's early intervention programs. Research has shown that early intervention is key – and the coordinated efforts with Georgia's Home Visiting programs can positively change the trajectory of a child's development in critical ways.

ACKNOWLEDGEMENTS AND REFERENCES

Publication of this report was made possible by the coordinated efforts of the Georgia Department of Public Health (DPH) and the Center for Family Research (CFR) at the University of Georgia. GHVP has continued to thrive and provide quality services to families as outlined in this annual report, thanks to the unwavering dedication of our home visitors, whose significant contributions to the support and education of Georgia families is immeasurable.

GHVP would like to recognize CFR's contributions of data collection and analysis. DPH contracts with CFR to support Georgia's First Steps and Home Visiting programs. CFR assisted with the design of the Georgia Home Visiting Information System (GEOHVIS) to facilitate standardized collection of benchmark data to monitor program effectiveness.

Data source:

"Georgia Home Visiting Program. (2019). Performance measures, standard requirements [Data file]. ETO. <https://secure.etosoftware.com>"

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X10MC32185. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

