

The Health Resources and Services Administration (HRSA) requires Awardees (State MIECHV Programs) of Maternal Infant and Early Childhood Home Visiting (MIECHV) funds to establish enrollment protocols for the Sub-Recipients or Local Implementing Agencies (LIAs) to use in recruiting and retaining caseloads of eligible families. Specifically, the State MIECHV program must provide guidance on enrollment, dual enrollment, disenrollment and re-enrollment of eligible families<sup>i</sup>.

The Oregon MIECHV Program is funding one to three models of evidence-based home visiting in the 13<sup>ii</sup> at-risk communities identified through the Statewide Needs Assessment. The three evidence-based models include Early Head Start – Home Based (EHS), Healthy Families America (HFA) and Nurse-Family Partnership (NFP). These Protocols are designed to support the LIAs in making enrollment decisions regarding MIECHV caseloads and does not supersede enrollment guidance provided by the evidence-based models. A brief description of the models follows:

**EHS** is a two generational program designed to provide high-quality child and family development services to low-income pregnant women and families with infants and toddlers. Families are eligible to receive services until the child reaches age three. The home-based model uses a combination of home visits and family socializations.

**HFA** is based in the theory that early, nurturing relationships are foundational for life-long, healthy development. Using relationship-based, reflective practices to interact with the family the home visitor promotes positive parent-child relationships and healthy attachment. Families are enrolled prenatally or within three months of birth and end at the child's third birthday.

**NFP** is an evidence-based community health program. Beginning prior to the third trimester a registered nurse regularly visits low-income, first-time mothers to provide care and support for a healthy pregnancy, build the mother's skills in providing competent care to her child and promote improvements in her economic self-sufficiency. The family is eligible for services until the child's second birthday.

The Protocol is organized and will be described in greater detail in the following eight sections.

- I. Common Terms
- II. Description of Eligible Families and Priority Population
- III. Enrollment of Eligible Families
- IV. Dual Enrollment of Eligible Families
- V. Disenrollment of Eligible Families
- VI. Re-Enrollment of Eligible Families
- VII. Maintaining Enrollment of Eligible Families
- VIII. Distinct Populations

## I. Common Terms

***At-Risk Community:*** is a county identified through the state needs assessment as having higher rates of pregnant women and families with young children at risk for poor social-emotional and health outcomes. These counties include: Clatsop, Jackson, Jefferson, Lane, Lincoln, Malheur, Marion, Morrow, Multnomah, Tillamook, Umatilla and Yamhill counties.

***Awardee:*** Sometimes referred to as the Grantee, is the State, Territory or Non-Profit that receives the MIECHV grant funds and is responsible for administering the grant activities in their respective jurisdiction.

***Capacity:*** is the contracted number of MIECHV slots at the LIA.

***MIECHV Caseload:*** is only those families, households or slots contracted and paid for with MIECHV funds.

***Community:*** is a defined geographic area as defined by the MIECHV Awardee. In Oregon, community is used interchangeably with county.

***Disenrollment:*** is the process of closing the enrollment of a family when they are no longer participating in the home visiting program. This could be the result of the family completing the program or discontinuing their engagement for other reasons such as moving out of the area or choosing not to continue.

***Dual Enrollment:*** is when a family is enrolled in more than one home visiting program. This applies to any and all home visiting programs in the community, regardless of evidence base status or funding. MIECHV funds must not be used for dual enrollment.

***Eligible Family:*** as defined in the legislation includes families in the at-risk communities who are low income, pregnant women who have not attained the age of 21, have a history of child abuse and neglect or have had interactions with Child Welfare services, have a history of substance abuse or in need of substance abuse treatment, have users of tobacco products in the home, have children demonstrating developmental delays or disabilities, or Military families (both current and former).

***Enrollment:*** is the process of engaging the family in the voluntary, evidence-based home visiting services that is accompanied by enrollment process and paperwork outlined in Section III.

***Evidence-based Home Visiting:*** is, for the purposes of MIECHV funding, those home visiting models found to meet the criteria by the Home Visiting Evidence of Effectiveness (HomVEE<sup>iii</sup>).

***Family:*** is a term that is used interchangeably with the term household or slot to describe a pregnant woman, a mother, a father, both parents and all children receiving evidence-based home visiting services. Each family or household represents one enrollment slot in

meeting and maintaining the contracted caseload. Additional guidance is provided in Section VIII Distinct Populations.

**Home Visiting:** is a voluntary, home-based and personalized parenting support from pregnancy through the first years of a child's life to enhance developmental, health and safety outcomes. The service teaches parenting skills and models effective techniques, promotes early learning in the home with an emphasis on positive interactions between parents and children and connects families to other services and supports.

**Local Implementing Agency (LIA):** also known as Sub-Recipient, is the home visiting program that delivers the evidence-based home visiting services paid for with MIECHV funds.

**Re-Enrollment:** is the process of re-engaging a family after they have had a separation from a home visiting program due to relocation or a lapse in the family's participation.

**Voluntary:** is the circumstance in which the family has the sole decision whether or not they will participate in an evidence-based home visiting program for which they are eligible. Services are not considered voluntary if they are compulsory, such as those ordered through the Juvenile Court in a Child Welfare case.

## II. Description of Eligible Families

For MIECHV caseloads, eligible families are those families who reside in one of the 13 at-risk communities and who meet eligibility for the model seeking to enroll the family. Further, MIECHV caseloads should be prioritized for families specifically identified in the legislation which include:

1. Low income families;
2. Pregnant women who have not attained the age of 21;
3. Families with a history of child abuse and neglect or have had interactions with Child Welfare services;
4. Families with a history of substance abuse or in need of substance abuse treatment;
5. Families that have users of tobacco products in the home;
6. Families with children demonstrating developmental delays or disabilities; and
7. Military families, both current and former.

**Note:** While it is the expectation that the LIA will prioritize eligible families identified in the authorizing legislation they are prohibited from denying access to a family that would otherwise be eligible under the model.

### III. Enrollment of Eligible Families

Enrollment into one of the three evidence-based, MIECHV-funded home visiting models must be voluntary for the family. When enrolling an eligible family, the LIA should ensure that the family is not already receiving services from another home visiting program in the community, regardless of evidence-base or MIECHV funding.

To enroll a new family in MIECHV, the home visitor downloads the enrollment form from Public Health Division home visiting website, [www.healthoregon.org/homevisiting](http://www.healthoregon.org/homevisiting). After completing the form, the home visitor submits it to the Data Manager. Secure email, secure fax or the United States Postal Service are all compliant with privacy requirements. Secure email is the preferred method of the State MIECHV Program. Upon receipt of the enrollment form the Data Manager will open a file, add the family to the secure data tracking system and then provide the home visitor with a data collection schedule that is specific to that family. The Flow Chart can be found on page 8.

### IV. Dual Enrollment of Eligible Families

LIAs enrolling eligible families into a MIECHV-funded slot are required to assure that the family is not already receiving home visiting from another agency in the community. Serving the same eligible family through more than one MIECHV-funded slot is a violation of the grant terms and a misuse of the federal funds.

In the event an LIA discovers they are enrolling a family that is already enrolled in another home visiting program, the LIA should suspend their enrollment activities immediately and explain to the family the prohibition on dual enrollment. The LIA may want to consider a Release of Information from the family to facilitate a discussion among the home visiting providers as part of making the determination of which home visiting program the family will continue.

The default, unless the family states otherwise, is for the family to remain involved in the original home visiting program and to be disenrolled from the newer program. When there is a question or need for further consideration the home visiting programs will contact the Grant Administrator/State MIECHV Lead for resolution.

**V. Disenrollment of Eligible Families**

Disenrollment of eligible families occurs at program exit. Program exit occurs when (1) a family has successfully completed their home visiting program, (2) the child has reached the maximum age limit, (3) the family has been referred for other services or programs, or (4) the family has disengaged from the home visiting service for whatever reason. The date of program exit is recorded as the date of the last home visit. Exit forms (including the Form 47 Program Exit for HFO and EHS and the NFP Client Discharge form) must be sent securely to the Data Manager within a week of program exit. The family's MIECHV record is checked by the MIECHV Data Manager upon notification of program exit for missing forms or missing data. Missing information will be requested from the LIA.

**VI. Re-Enrollment of Eligible Families**

There are circumstances in which a family might be re-enrolled in a MIECHV-funded LIA. These include (1) program exit from one MIECHV-funded model for the purposes of enrolling in another, (2) an eligible family that had previously disengaged from their evidence-based home visiting services and is voluntarily choosing to re-engage and (3) an eligible family who has relocated to another MIECHV-funded community and would like to continue their participation in voluntary, evidence-based home visiting.

When a family is choosing to change from one evidence-based model to another, whether the result of an unplanned dual enrollment or on the families own volition, the disenrollment from the first LIA must be complete before the MIECHV Program is able to open a new enrollment at the receiving LIA. The protocols for Disenrollment and Enrollment in the previous sections should be utilized.

If a previously enrolled MIECHV family was disenrolled due to lack of engagement wants to re-engage with the same LIA or another LIA in the community, they should be prioritized for Re-Enrollment to the extent the LIA is able to make this a priority.

**VII. Maintaining Enrollment of Eligible Families**

All LIAs are required by contract to maintain a minimum of 85% of their MIECHV caseload. Due to the small caseloads for some of the LIAs maintenance of this minimum will typically be considered the average over the previous six months; however, in any given month where the caseload falls below the 85% the LIA may be contacted by the Contract Administrator/State MIECHV Lead for an explanation of the low enrollment and what actions are being taken to address the deficit.

## VIII. Distinct Populations

### *Children with multiple service needs:*

Home visiting services are not intended to address every service need of every family. In fact, a core measure with the MIECHV funding has been referral and connection to other services for needs a family might present. At the same time there are other service providers who use the home and other informal settings to engage a family, such as Early Intervention (EI). Another example might be a family who has a child with special healthcare needs. In these circumstances it is likely that the other home-based services are augmenting, not duplicating the voluntary home visiting.

Special consideration should be given any time that a family is engaged in multiple service systems, whether home-based or not, to assure coordination of services and supports. LIAs are encouraged to contact the Grant Administrator/State MIECHV Lead if they are uncertain as to whether two services would be considered dual enrollment as described in Section IV. Under no circumstances should a family be enrolled in more than one MIECHV-funded service slot at one time.

### *Children who enter Child Welfare:*

Reduction of child maltreatment is a central objective of voluntary, evidence-based home visiting services. Still, some families will become involved with the Child Welfare system. Keeping in mind the fact that one of the foundations of evidence-based home visiting is that the service is voluntary, and MIECHV-funded home visiting services **must** be voluntary, there may be circumstances where the LIA could maintain a child welfare involved family on their caseload as long as the following conditions are met:

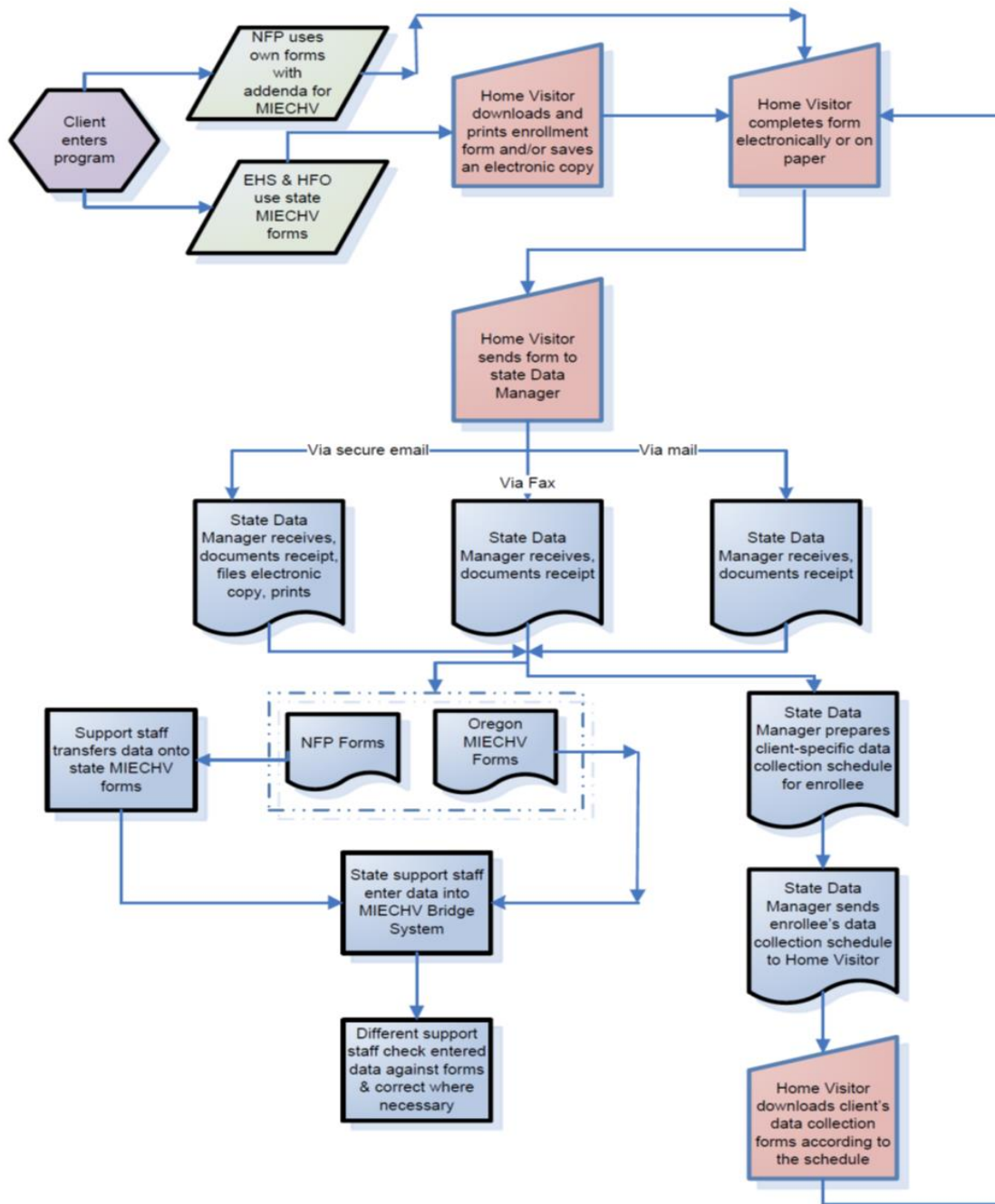
- The Child Welfare case plan is return to parent.
- The home visiting services are not ordered by the court.
- The home visitor is not in the position of performing the functions of a Safety Service Provider.
- The home visitor and LIA has confirmed with the family that they would like to voluntarily continue the service.
- The home visitor and LIA should assure that there is effective communication with the Child Welfare Caseworker to assure supportive and coordinated services to the family.

The Oregon MIECHV Program accepts that children in foster care are categorically eligible for EHS and Head Start. However, the Oregon MIECHV Program does not support using these grant

funds to enroll new families who are child welfare involved prior to enrollment in home visiting. This determination is based in the legislative intent and definition of eligible families. This position does not affect other slots in the LIA that are financed with other funds.

If a family in a MIECHV-funded slot becomes involved with Child Welfare, and the LIA elects to maintain the family on their MIECHV caseload, the home visitor/LIA should contact the Grant Administrator/State MIECHV Lead to review and verify that the required conditions are met. The enrolled parent (typically the biological parent) remains the MIECHV index parent. The foster parent should not be made the index parent. The exception to this would be if the Child Welfare case plan is changed from return to parent by the Juvenile Court and the foster parent/current caregiver is named as the lifetime placement as either the permanent guardian or adoptive resource.

When an LIA chooses to, and is approved for, continuing a family in a MIECHV-funded slot after they become child welfare involved, the family/household/slot is the constellation of the pregnant woman, mother, father, both parents and all children associated with family prior to the child welfare involvement. The home visitor and LIA should assure that there is a plan in place to minimize missing data. In the exception noted above, the foster parent(s) become the identified caregiver(s) in the family/household/slot.



<sup>i</sup> HRSA-16-172

<sup>ii</sup> Clatsop, Jackson, Jefferson, Klamath, Lane, Lincoln, Malheur, Marion, Morrow, Multnomah, Tillamook, Umatilla and Yamhill

<sup>iii</sup> <https://homvee.acf.hhs.gov/>