
Public Health Nurse Home Visiting

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Social Emotional Metric Learning
Collaborative

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PUBLIC HEALTH DIVISION
Maternal and Child Health Section

What is home visiting?

“Early childhood home visiting is a service delivery strategy that matches expectant parents and caregivers of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist—who guides them through the early stages of raising a family. Services are voluntary, may include caregiver coaching or connecting families to needed services, and provided in the family's home or another location of the family's choice.”

~National Home Visiting Resource Center

Home Visiting Services

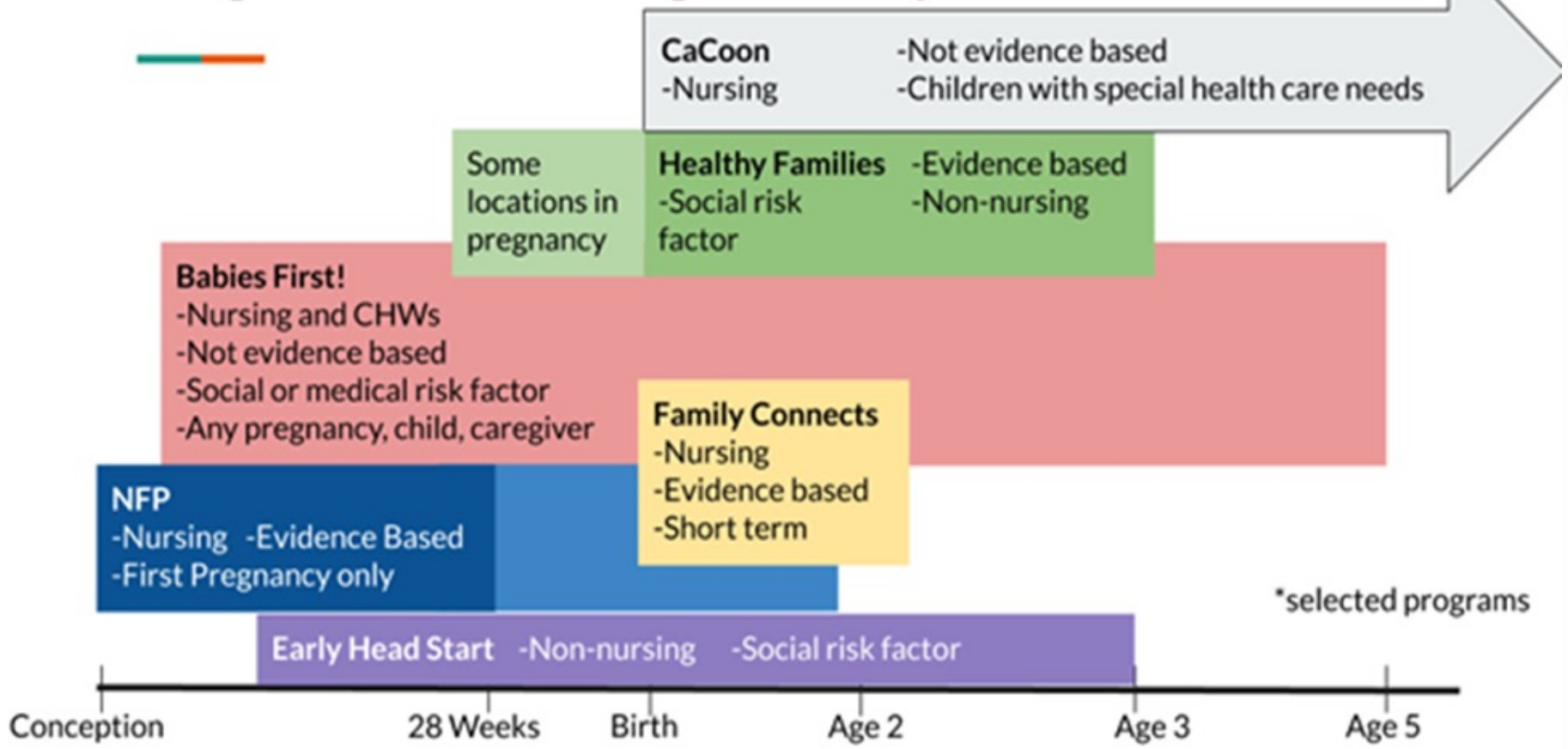
- Gather Information to Individualize Services
- Provide Education and Support
- Make Referrals and Coordinate Services

Social Emotional Health & Home Visiting

- Health during pregnancy
- Early parenting
- Families living circumstances



Oregon's Home Visiting Landscape*



+ Evidence-based according to the Health Resource Service Administration (HRSA)/eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding

Public Health Nurse Home Visiting

- Babies First!, CaCoon, Family Connects, Nurse Family Partnership
- Operated by local public health departments with state public health providing guidelines, technical assistance and training
- Nurse home visitors
- Local program funding may include state general funds, local general funds, federal funds, Medicaid reimbursement

Reaching families

- Referrals
- Community Partnerships
- Coordinated referral systems
- Targeted outreach
- Universal outreach

Screening and assessment

- Ages and Stages Questionnaires (ASQ): Social Emotional (SE)-2
- Parent Child Interaction
 - Validated parent-child interaction assessment tools (e.g., DANCE, Parent Child Relationship Assessment/NCAST, KIPS)
 - Bright Futures Age Specific Observations of Parent Child Interactions

Interventions

- Anticipatory guidance on infant cues, spoiling, child behaviors and responses
- Evidenced based curriculums designed to strengthen attachment and overall parent-child interaction:
 - Circle of security
 - Partnering in Parenting Education (PIPE)
 - Promoting First Relationships
- Referral to a behavioral health provider trained to address parent child interaction
- Support to access treatment of underlying conditions contributing to parent-child interaction interruption such as substance use disorder.

Collaboration with Clinical Partners

- Program requirements
- Referrals/Outreach
- Clinical Champions/Case Conferences
- Shared space
- Shared electronic health records
- Community Advisory Boards

Data

- Routine data collection by home visitors
 - Platforms are program specific
 - Nurse Family Partnership and Family Connects use national model databases
 - Babies First! and CaCoon
- Program evaluation, quality assurance, quality improvement
- Identification of needs (local and state)

Metric Vision and Purpose

Vision

Children from birth to age 5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs.

Purpose

Drive CCOs to address complex system-level factors that impact the services kids and families receive and how they receive them, and for which there may be payment or policy barriers that need to be addressed.

How can CCOs partner with Public Health Nurse Home Visiting programs to promote social emotional health for children?

- Foster relationships with local public health nurse home visiting programs
- Support collaboration between clinical providers/hospitals and public health home visiting programs
- Facilitate home visiting outreach to CCO members
- Establish referral pathways between home visiting programs and behavioral health providers
- Participate in community advisory boards
- Fund public health home visiting programs to support non-reimbursable parts of the programs/innovations in programs
- Promote and support Infant Mental Health Endorsement