



# Maternal, Infant, and Early Childhood Home Visiting in Idaho

March 2013

The Purpose of this Newsletter:

- To improve communication between home visiting programs and stakeholders
- To increase awareness about key issues in early childhood and home visiting
- To provide a platform for information sharing among home visiting organizations, professionals, and stakeholders regarding home visiting in Idaho

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## *Idaho MIECHV Program Update*

Spring 2013 promises to be an exciting and full year for the Idaho Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Since program inception in 2010, there has not been a dull moment. Reflecting back on MIECHV program development, the program which began with little foundation or precedence at the Idaho Department of Health and Welfare (IDHW), has grown in strength and credibility through the work of partners at the state and local levels. Because of the commitment of local organizations and dedication of home visiting staff to serve pregnant women, young children and their families with high quality and effective home visiting services, 50 pregnant women, infants, young children and their families were enrolled by September 30, 2012 – just three months after enrollment began. This incredible effort has resulted in more than 500 home visits between August and December 2012 by nine home visitors in the four MIECHV program sites. Families have engaged in a number of group socializations, parenting groups and classes, learning about healthy child development, and have established goals for their children and themselves. Home visitors and supervisors continue to develop partnerships in **communities they serve to connect families to the appropriate resources to meet families' needs and** advance their goals.

The Idaho MIECHV program, like all other state MIECHV programs, is required to develop and implement a robust and detailed continuous quality improvement (CQI) plan to monitor and improve program performance and participant outcomes. The Idaho MIECHV program has begun to solidify its CQI plan, which is materializing into two overarching objectives: 1) improved capacity to utilize data to understand and inform practice, and 2) improved service delivery and improved organizational and infrastructure capacity to support integration of a CQI process into regular business processes and performance improvement activities at the state and local level. Developing and implementing CQI through the MIECHV program will certainly prove informative and useful in the short- and long-term. Changing processes, changing practice, changing behaviors, and challenging the status quo will inevitably provide exciting opportunities for learning. With attention, effort, and continued dedication to improving practice to best serve children and families, this CQI process will yield gains and improvement far greater than initial investments.

Individual Skill Development	Organizational and Infrastructure Development
<p>Goal: Improve individual capacity (skills and knowledge) to understand and use data to inform practice by completion of Data 101 Training.</p> <p>Objective 1: Participants understand types of data and data quality            Objective 2: Participants gain skills in basic statistics for review of individual level change and group level change            Objective 3: Participants gain knowledge of how to present data appropriately, communicate data, and make comparisons</p>	<p>Goal: Improve organizational capacity to integrate CQI processes into regular operations through participation in the CQI Workshop.</p> <p>Objective 1: Participants gain access to and understanding of CQI tools appropriate for use in home visiting practice and program improvement            Objective 2: Participants experience full CQI process through hands-on scenarios and practice            Objective 3: Participants develop plan for integrating CQI into operational practices</p>

*The Idaho Affordable Care Act (ACA) Maternal, Infant, and Early childhood Home Visiting Program (MIECHV) is funded by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau through Grant X02MC23101.*

## *Local Agency Profile*

### Mountain States Early Head Start: Contributed by Chris Gee, MS, Executive Director, Mountain States Early Head Start

Mountain States Early Head Start (MSEHS) is a program of Mountain States Group, Inc. (MSG) in Boise. MSG, established in 1974, currently operates over 20 programs in the areas of healthy children, healthy aging, mental health, public health and policy, rural health, and refugee and economic development services. Early Head Start (EHS) began in 1994 and is an extension of the federal Head Start preschool program, which began in the 1960s. MSEHS was awarded an EHS grant in 1997 and now provides services to 170 pregnant women, infants, and toddlers up to age 36 months in Kootenai, Bonner, and Shoshone Counties in northern Idaho.

Families may enroll at any time during this period and end participation whenever they wish. To qualify, family income must be at or below 100% of the federal poverty level (FPL) for their family size; however, programs are allowed to enroll a small percentage of children in families over 100% of FPL. All services are free. Early Head Start is not a curriculum but a program offering an array of services for the enrolled child in the areas of child development and school readiness, disability services, health, and nutrition.

**Services are “home based” and include two complementary activities: individualized, weekly home visits and playgroups which** parents and children attend together at the EHS center. Parents are engaged in all parts of the program and in all decisions for their child and family.

Through weekly home visits, expectant mothers and their families are provided information and support to ensure the best possible start in life for the new baby and the parents as they begin parenthood. Each baby and new mother receives a post-partum visit by EHS health staff within two weeks of birth, which includes a discussion to help identify postpartum depression and attachment concerns. Activities focus on the parent-child relationship and healthy social-emotional development—a key factor in school success!

In addition, parents learn about community resources and explore their personal and family strengths and needs, set goals, and develop strategies to achieve these goals. Parents also have opportunities to learn parenting skills, connect with other parents and participate in leadership development and governance activities. Highly qualified staff, ongoing training and support from specialists in the field, federally defined performance standards, and monitoring help ensure quality services. Strong community partnerships also assist families with helpful services. MSEHS is excited to provide services through the MIECHV program and eager to contribute to home visiting evaluation in Idaho.

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## *Partner Agency Profile*

### Access to IDHW funded Substance Use Disorders Treatment Services in Idaho: Contributed by John Kirsch, MA, ACADC Program Specialist, DHW, Bureau of Behavioral Health

Substance Use Disorders (SUD) Treatment Services are funded through the Idaho Department of Health and Welfare, Division of Behavioral Health. Services are delivered via a contract with a management services contractor, Business Psychology Associates (BPA), which manages a statewide network of SUD treatment. Business Psychology Associates Care Management provides phone screening interviews to prospective SUD clients to determine eligibility for access to SUD treatment services. The screening interview considers: financial eligibility, clinical eligibility, and target population eligibility. There are currently nine target populations; however, the target population that appears to most likely be available for the many home visiting clients is Pregnant Women and Women with Dependent Children within 12 months post-partum.

The process of determining eligibility to receive treatment services in IDHW-funded SUD Treatment Network is as follows:

- Complete the screening call with the BPA Care Manager (Phone No.: 800-922-3406),
- Obtain a referral to a Network SUD Treatment Provider for a Comprehensive Assessment, and
- Enter the level of SUD treatment determined by the comprehensive assessment.

Making that first contact to request SUD treatment services is usually a frightening experience and is often the first time that an individual has acknowledged that substance abuse or addiction may be a problem for him or herself. A trusted home visitor may determine it advisable to assist their client in making the contact, mentoring them through the screening process, and assisting them to attend that first SUD appointment.

**Assisting your client to make that first contact may include a visit to a BPA SUD Treatment Agency in your client’s own** community. This can be an icebreaker that allows the prospective client to become more comfortable with the concept of seeking treatment and serves to reduce anxiety prior to making that SUD screening call to the BPA Care Manager. Or, your client may ask you to make the initial call to BPA for them and then stay with them while they go through the screening interview.

To find a list of substance use treatment providers, visit the [program’s web page](#). It may be advisable to call ahead as hours/days of operation may vary.

## Trainings and Educational Opportunities

Below are a few optional upcoming training and educational opportunities locally and nationally that may be of interest to you. Home visiting requires diverse skills to build relationships with families and facilitate participant empowerment and nurturing parenting. The trainings below are cross-discipline and may provide critical skills for home visitors or home-visiting organizations. *Listed trainings are for informational purposes and may not include all available and relevant trainings.*

- Training: Prenatal and Early Childhood Oral Health training by Dr. Dan Watt of Terry Reilly Health Clinic on April 26<sup>th</sup>, 2013 at 12:30 – 2 pm MT/ 11:30 – 1 pm PT. Trainings will be via video conference at regional Health and Welfare offices. Contact Theresa Pera ([perat@dhw.idaho.gov](mailto:perat@dhw.idaho.gov)) or Lorraine Clayton ([claytonl@dhw.idaho.gov](mailto:claytonl@dhw.idaho.gov)) for more information about the training.
- Dr. Chandra Ghosh Ippen, National Child Traumatic Stress Network, will present “The Ripple Effect: An Integrative Framework for Enhancing Trauma-Informed Practice Across Systems” training on June 14<sup>th</sup>, 2013 in Boise hosted by AIM Early Idaho in partnership with the Idaho MIECHV program, Infant-Toddler Program, Idaho State Department of Education, and other partners. Please visit [www.aimearlyidaho.org](http://www.aimearlyidaho.org) to learn more about the training.

### *Text4Baby:* Contributed by Carol Christiansen, RN, DHW, Maternal and Child Health Program

IDHW is partnering with the National Healthy Mothers, Healthy Babies Coalition to promote text4baby. Text4baby is a free health text messaging service for pregnant and new moms. They receive three free text messages each week on a variety of topics relating to maternal and child health. Topics include immunizations, nutrition, seasonal flu, mental health, birth defects prevention, safe sleep, developmental milestones, car seats, breastfeeding, smoking cessation and much more. Text4baby messages also connect women to prenatal and infant care services and other resources.

Women sign up for the service by texting BABY to 511411 (or BEBE for Spanish) or by visiting [www.text4baby.org](http://www.text4baby.org). The individual **will be asked to enter their baby's due date or date of birth and their zip code. They will then receive the free** text messages, even if they do not have a text plan. The messages are timed to their due date or baby's date of birth, providing timely tips and the latest health information to help them take good care of themselves and their baby. Free promotional materials are available by contacting Carol Christiansen ([christc3@dhw.idaho.gov](mailto:christc3@dhw.idaho.gov)).



### *Visit our Revitalized Web Site*

Check out the refreshed and revitalized Idaho MIECHV program web site at [www.homevisiting.dhw.idaho.gov](http://www.homevisiting.dhw.idaho.gov). The web site includes an interactive map of home visiting programs across Idaho, newsletter sign-up, and a wealth of information about home visiting and the MIECHV program to better serve families, providers, and policy makers.

Idaho Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program

Families Providers Policy Makers

Home visiting is a service provided within the home to parents, grandfathers and/or with young children to support positive parenting, nurturing homes, and child development. Voluntary home-based programs, also called home visiting programs, match parents with trained professionals to provide information and support during pregnancy and through the child's first years (up to five or six). Home visitors help parents learn how to care for their children, understand their child's development, and care for themselves as they develop as a family.

Home visiting programs realize short-term and long-term benefits for families and their communities. Home visiting programs can:

- Decrease the chance of having a low birthweight baby;
- Decrease rates of smoking during and after pregnancy;
- Increase length of time between subsequent pregnancies;
- Improve parent-child bonds;
- Reduce maternal stress and depression;
- Reduce the incidence of child abuse and neglect;
- Increase parental employment by child's first birthday; and
- Decrease welfare use among participants. (Adapted from the Free Center on the States report: *The Case for Home Visiting – Strong Families Start with a Solid Foundation* published in May, 2010)

The Idaho Maternal, Infant, and Early Childhood home visiting (MIECHV) program is supported by a federal grant from the Health Resource and Services Agency (HRSA), US Department of Health and Human Services and is administered by the Idaho Department of Health and Welfare in the Division of Public Health.

Idaho Home Visiting Program

Home Visiting Newsletter

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## *At-A-Glance Spotlight – March of Dimes Worth the Wait Campaign*

[Preterm Birth and Elective Inductions \(Non-Medically Indicated\) Prior to 39 Weeks in Idaho](#): Contributed by Jacquie Watson, Program Manager, Maternal and Child Health Program

IDHW's, Division of Public Health, has joined the partnership between the March of Dimes and the Association for State and Territorial Health Officers (ASTHO) to reduce preterm births and ensure more healthy births in Idaho. As part of this partnership, Idaho has accepted the challenge to reduce the state's preterm birth rate by 8 percent by 2014.

Although Idaho fairs better than the nation on preterm birth, there is still work to be done. In 2009, Idaho's preterm birth rate was 10.1 percent of live births compared with the national rate of 12.2 percent. An 8 percent reduction by 2014 would result in approximately 200 fewer preterm births statewide<sup>1</sup>. The Division has begun work with the local March of Dimes chapter on the *Healthy Babies are Worth the Wait* campaign to encourage pregnant women and healthcare providers to wait until labor occurs naturally or until 39 completed weeks of gestation before elective delivery.

According to the March of Dimes, there is an alarming trend of an increasing number of births being scheduled early for non-medical reasons. Nationally, the reported rate of labor induction has more than doubled since 1990, from 9.5 percent to 23.2 percent in 2009<sup>2</sup>. In Idaho, during the past 20 years (from 1990 to 2010):

- The induction of labor rate more than doubled from 11.1 percent to 27.7 percent;
- The percent of babies born prior to 39 weeks gestation increased by 39 percent, from 25.6 percent to 35.6 percent; and
- The cesarean rate increased by 31 percent, from 18.9 percent of deliveries to 24.7 percent<sup>3</sup>.

Idaho birth data indicate approximately 8 percent of births delivered prior to 39 completed weeks of gestation were induced without medical or obstetric indication. Further analysis on the infant's location of birth revealed that the non-medically indicated induction rate prior to 39 weeks gestation for frontier counties (14.6 percent) was nearly double that of urban counties (7.7 percent). When compared with rural counties, frontier counties still had a rate 1.7 times higher for non-medically indicated induction prior to 39 weeks (8.4 percent compared with 14.6 percent)<sup>3</sup>. Some research indicates that women living in rural and frontier areas may undergo elective deliveries to plan for long travel distances or mitigate the risk of winter travel<sup>4</sup>. As the Idaho Division of Public Health and March of Dimes work together on this effort, special attention will be focused on families and providers in frontier areas.

*Note: Hospital discharge data are not available at the state level. Analysis of birth certificate data using an algorithm was used as a proxy measure for non-medically indicated inductions prior to 39 weeks. Medical and obstetric indication include births that were not small for gestational age and in which the mother did not have pre-pregnancy or gestational diabetes, pre-pregnancy or gestational hypertension, previous preterm or poor pregnancy, premature rupture of the membranes, augmentation of labor, clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38^{\circ} \text{C}$  ( $100.4^{\circ} \text{F}$ ), and the baby was not born with anencephaly, meningomyelocele, spina bifida, cyanotic congenital heart disease, congenital diaphragmatic hernia, omphalocele, gastroschisis, limb reduction defect, cleft lip with or without cleft palate, cleft palate alone, Down syndrome, suspected chromosomal disorder, or hypospadias.*

### References:

- <sup>1</sup> March of Dimes. Perinatal Data Center, Preterm Births by State, 2009 and 2014 Target Rates, March 2012.
- <sup>2</sup> National Center for Health Statistics. Vital Statistics Reports, Volume 60, Number 1, Births: Final Data for 2009. Published on November 3, 2011, accessed on August 5, 2012.
- <sup>3</sup> Idaho Bureau of Vital Records and Health Statistics. 2008-2010 Idaho Birth Data, Resident Births, 2012.
- <sup>4</sup> Kornelsen, J. & Grzybowski, S. (2010). The reality of resistance: The experiences of rural parturient women. *The Journal of Midwifery and Women's Health*, 51(4), 260-265.

*We welcome feedback, comments, and suggestions.*

**We'd love to hear from you!**  
Do you have a story you want to share about a local home visiting program?

Do you have a question related to home visiting you would like answered?

Is there a topic you would like to see this newsletter address?

Other suggestions for the newsletter?

Send your items to  
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