Welcome & overview
Please type questions in the question box
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
The webinar will be recorded and posted on the MCH/MIECHV Steering Committee page.
Role of the MCH/MIECHV Steering Committee

Provide guidance to ODH and HPIO on:

• MCH priority areas and measures
• MIECHV findings for home visiting and substance use disorder services
• MCH/MIECHV and SHA/SHIP alignment
• Opportunities to collaborate
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Today’s agenda

• Welcome & Overview
• Background & Context
• MCH needs assessment updates
• MIECHV needs assessment updates
• MIECHV regional forums
• Next steps
Meeting objectives

Steering Committee members will be:
• Aware of updates to the MCH needs assessment
• Familiar with preliminary key findings from the MIECHV assessment
• Aware of future work on the MIECHV assessment
Ohio Department of Health and the Health Policy Institute of Ohio will have feedback from Steering Committee members on:

• MIECHV needs assessment preliminary key findings
• Home visiting regional forum discussion questions
Background & context

Dyane Gogan Turner
Chief, Bureau of Maternal, Child and Family Health
Ohio Department of Health
Brief recap

MCH & MIECHV Needs Assessments and timelines
MCH Block Grant (Title V)

1. Conduct five-year needs assessment
2. Identify priority areas and performance measures
3. Develop five-year state action plan
MCH populations
MCH Block Grant 5-Year Action Plan

Top MCH priority needs

Performance objectives and measures
- National outcome measures (NOMs)
- National performance measures (NPMs)
- State performance measures (SPMs)
- State outcome measures (SOMs)

Program strategies
Evidence-informed strategy measures (ESMs)
• Gather updated information on community needs
• Ensure MIECHV programs are implemented in areas of high need
## MIECHV Needs Assessment Update Components

<table>
<thead>
<tr>
<th>Identify communities with concentrated risk</th>
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<tr>
<td>- Examine key indicators related to infant mortality and child health including poverty, crime, unemployment and child maltreatment</td>
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<th>Assess quality and capacity of early childhood home visiting services</th>
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<td>- Number and types of programs and individuals/families served</td>
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MIECHV Needs Assessment update components

Identify communities with concentrated risk
- Examine key indicators related to infant mortality and child health including poverty, crime, unemployment and child maltreatment

Assess quality and capacity of early childhood home visiting services
- Number and types of programs and individuals/families served
- Gaps in early childhood home visitation
- Extent to which programs are meeting needs of eligible families

Assess state’s capacity to provide substance abuse treatment and counseling services

Identify opportunities for coordination and collaboration with federal requirements
MCH and MIECHV federal timeline

- **2015 MCH Five-Year Needs Assessment**
  - July 15, 2015

- **Provide annual MCH updates**
  - 2015 to 2020

- **2020 MCH Five-Year Needs Assessment**
  - July 15, 2020

- **MIECHV Formula Notice of Funding Opportunity**
  - FY2021

- **2020 MIECHV Needs Assessment update**
  - Oct. 1, 2020
MCH needs assessment update

Laura Rooney
Health Improvement Planner
Office of Performance and Innovation
Ohio Department of Health
MCH Title V Needs Assessment

• Population priorities based upon data analysis and stakeholder feedback

• Five-Year Action Plan including strategies, performance measures and population metrics will be developed to address the priorities
MCH Needs Assessment

Maternal and Women’s Health
• Decrease risk factors contributing to maternal morbidity
• Increase mental health support for women of reproductive age
• Decrease risk factors associated with preterm births

Infant and Perinatal Health
Support healthy pregnancies and improve infant outcomes
MCH Needs Assessment

**Child Health**
Improve nutrition, physical activity and overall wellness of children

**Children with Special Health Care Needs**
Increase prevalence of children with special health care needs receiving integrated, physical, behavioral, developmental and mental health services
MCH Needs Assessment

Adolescent Health

- Increase developmental approaches and improve systems to reduce adolescent and young adult suicide rates
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance abuse
MCH Needs Assessment

Cross-cutting
Each population domain will include strategies to:

• Prevent and mitigate the effects of adverse childhood experiences
• Improve community and social conditions and reduce environmental hazards that impact infant and child health outcomes
MCH Needs Assessment

Stakeholder engagement
5-Year Action Plan development and implementation will include involvement from stakeholders

Alignment
Due to the integrated needs assessment process, priorities align with the State Health Improvement Plan
MIECHV needs assessment update
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Of Ohio’s 88 counties, 27 were identified as at-risk communities for the purposes of the MIECHV Needs Assessment update.
Identification of at-risk counties

Simplified method developed by Health Resources Services Administration (HRSA)
Identification of at-risk counties

• Compares county-level data across 13 indicators separated into five domains that reflect need for home visiting:
  • Socioeconomic status – poverty, unemployment, high school completion/attendance and income inequality
  • Adverse perinatal outcomes – including preterm birth and low birth weight
  • Substance use disorder – including alcohol, marijuana, illicit drugs and pain relievers
  • Crime – including crime reports and juvenile arrests
  • Child maltreatment – rate of child maltreatment
Socioeconomic status
(16 counties at risk) (2017)

Adverse perinatal outcomes

Source: HPIO analysis of data provided by the Health Resources and Services Administration.
Substance use disorder*
(26 counties at risk)(2014-2016)

Crime
(21 counties at risk)(2016)

Source: HPIO analysis of data provided by the Health Resources and Services Administration.

*This map was developed using additional substance use disorder metrics. Data for the additional substance use disorder metrics is more recent (pooled years 2014-2016) than data provided in the draft Supplemental Information Request (SIR) (pooled year 2012-2014).
Child maltreatment
(12 counties at risk)(2016)

Source: HPIO analysis of data provided by the Health Resources and Services Administration.
At-risk counties*
(27 counties at risk)

Source: HPIO analysis of data provided by the Health Resources and Services Administration.

*Counties with outcomes that are at least one standard deviation worse than the mean for all Ohio counties for at least 50% of indicators in a domain are considered at-risk for that domain. Counties deemed at-risk in 2 or more domains are considered at-risk using the simplified method as outlined in the draft SIR.
Key Finding 2

Most of Ohio’s at-risk communities are Appalachian counties, followed by Ohio’s most populous urban counties.
Ohio’s at-risk communities
CY 2017

Key
- Appalachian (16 counties)
- Urban (8 counties)
- Rural non-Appalachian (2 counties)
- Suburban (1 county)
Key Finding 3

There were eight counties identified as at-risk communities that did not receive MIECHV funding in 2019.
Ohio’s at-risk communities and counties receiving MIECHV funding in CY 2019

Source: At-risk counties derived from HPIO analysis of data provided by the Health Resources and Services Administration; MIECHV funding data from the Ohio Department of Health
Key finding 4

Based on HRSA data, 84,000 Ohio families were estimated to need home visiting services in CY 2017.
Estimate of families in need of home visiting (2017)

HRSA estimate based on following criteria:

• Number of families with children under the age of 6 living below 100% of the poverty line + pregnant women proxy

AND

Belong to one or more of the following at-risk sub-populations:

• Mothers with low education (high school diploma or less)
• Young mothers under the age of 21
• Families with an infant (child under the age of 1)
Estimated number of families in need of home visiting

Source: Health Resources and Services Administration analysis of 2017 American Community Survey data
Key Finding 5

There are six Home Visiting Evidence of Effectiveness (HomVEE)-designated models operating in Ohio:
• Early Head Start – Home-Based Option
• Healthy Families America (HFA)
• Home Instruction for Parents of Preschool Youngsters (HIPPY)
• Nurse-Family Partnership (NFP)
• Parents as Teachers (PAT)
• SafeCare Augmented
Additional home visiting programs in Ohio

- Moms and Babies First
- Pathways Community HUBs
- Ohio Equity Institute (OEI) community-based home visiting programs funded through Ohio Medicaid (includes some HomVEE-designated models)
- SPARK
- Healthy Start (five Ohio awardees in 2019)
- Home visiting funded through Medicaid managed care plans and private insurers
- Early Intervention (Help Me Grow Part C)*

* Early Intervention (EI) involves services provided to parents of children under age 3 with disabilities or developmental delays. EI services are available in all 88 counties, and there are no income restrictions.
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* Shading and an asterisk indicate a HomVEE-designated evidence-based model
**Counties received MIECHV funding in CY 2019
An estimated 15.2% of families in need of home visiting services in Ohio’s at-risk communities received services through Ohio Department of Health (ODH)-administered home visiting and other HomVEE-designated home visiting programs.
At-risk counties with the **highest and lowest estimated percent of need met** through Ohio’s HomVEE-designated home visiting programs

<table>
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<tr>
<th>highest estimated percentage of need met</th>
<th>lowest estimated percentage of need met</th>
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<tr>
<td>Guernsey (90.2%)</td>
<td>Franklin (6.8%)</td>
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<td>Vinton (78.0%)</td>
<td>Ross (7.5%)</td>
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<td>Coshocton (59.7%)</td>
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<td>Adams (58.2%)</td>
<td>Jackson (8.2%)</td>
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<td>Pike (51.4%)</td>
<td>Muskingum (9.0%)</td>
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**Notes:**
- Data years vary
- Analysis does not include the number of families served through HIPPY in Hamilton County
Key Finding 7
Ohio’s executive and legislative branches of government have provided strong policy and fiscal support for home visiting services.
Recommendations of the Governor’s Advisory Committee on Home Visitation

March 2019

Other considerations

• More recent data
• Continuous improvement to OCHIDS, data tracking
• Work that has happened since Sept. 2019 based on the Governor’s Advisory Committee on Home Visitation recommendations
Additional input needed

- Capacity and readiness
- Staffing
- Community resources
- Challenges (related to increasing capacity)
Key Finding 8

There are multiple opportunities for Ohio to coordinate and collaborate on MIECHV and other federal needs assessments, including:

- Convening a single Steering Committee with multi-agency and multi-sectoral representation
- Collaborating on qualitative data collection
- Improving data sharing among state agencies
- Developing a cross-agency data warehouse
Discussion
Discussion

• Which of these preliminary key findings stands out as most important?
• Is there anything we should consider exploring further?
MIECHV regional forums

Alicia Leatherman
Administrator, Early Childhood Home Visiting & Maternal and Infant Wellness Programs
Ohio Department of Health
Regional Home Visiting Meetings
Changes to the Regions

- Effective March 1
- Responsibility for the continuum of HV services in a region
  - Improves alignment
  - Improves understanding of differences and strengths of each model
  - Allows for smaller geographic area of focus
Regional Meetings

• Held in April in the 6 Regions
• Purpose: MIECHV Needs Assessment
  o Community readiness for implementing or expanding evidence-based home visiting, including gaps in:
    • Staffing
    • Community resources
    • Eligibility, models, etc.
  o Additional barriers faced by home visiting programs
• Discuss Ideas for Rule Changes
## Save the Dates

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<thead>
<tr>
<th>Region #1 - Northwest Ohio</th>
<th>Region #4 - Northeast Ohio</th>
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<td>Region #5 - East Central Ohio</td>
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MIECHV regional forum discussion questions
Capacity and readiness

1. These are the early childhood home visiting programs we are aware of and the home visiting model(s) they use (if applicable). Are there others?

2. To what extent are existing home visiting programs meeting the needs of families in your county? (e.g., groups of children or families not adequately served, wait lists)

3. To what extent does current funding support capacity for home visiting providers in your county?

4. Other than funding, what additional barriers to home visiting are impacting capacity to serve additional families in your county?
5. Do you experience problems with staff turnover or retention? If so, why?

6. Given the relevant Governor’s Advisory Committee recommendations, what additional reasons are there for why home visiting programs in your area have trouble finding qualified candidates?
7. To what extent are adequate health and social services and family supports targeted to pregnant women and families with young children available and accessible in your area to refer families in need of such services? Where are there gaps?

8. Describe the extent of collaboration between/among home visiting programs in your county/region and/or with other early childhood programs in your county/region.
Additional challenges

9. What additional barriers or challenges do you face in delivering home visiting services?

(e.g., geographical/transportation challenges, family engagement and retention, state or local-level policy barriers, etc.)
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Discussion

What revisions/modifications to the questions would you suggest to ensure we are capturing home visiting provider capacity and readiness?
Next steps

MIECHV regional forums in April

Upcoming MCH/MIECHV Steering Committee meeting: early May