

**Supporting Babies and Families at Home:  
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
Early Head Start Home-Based Model Orientation**

Music

Jennifer Boss: Hello. Welcome to "Supporting Babies and Families at Home," an orientation for those who are implementing the Early Head Start home-based model through the Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV. I'm Jennifer Boss, Director of the Early Head Start National Resource Center, and I'll be your moderator today. We are so pleased to have all of you joining us for this webcast. Our audience includes federal staff and state leads for MIECHV, Head Start and Early Head Start program staff, technical assistance providers, and others who are interested in supporting babies and families through the Early Head Start home-based model.

During today's webcast, you will hear about some of the training and technical assistance available as you implement the Early Head Start home-based model. Specifically, you will learn how the requirements for MIECHV can be met through current implementation of the home-based model; and how to integrate additional work that might be required, such as data collection and reporting to the states. We'll also be discussing MIECHV benchmarks, data collection, and evaluation efforts.

To do that, I have a great group of panelists with me today. First, I'd like to introduce Angie Godfrey, Infant and Toddler Program Specialist at the Office of Head Start. Next, we have David Jones, Home-visiting Program Specialist at the Office of Head Start. Third, I'd like to welcome Damón Manning, Training and Technical Assistance Program Specialist at the Office of Head Start. And last but not least, we have Christina Benjamin from the Early Head Start National Resource Center. Christina is a special liaison to the Office of Head Start. Welcome to all of you.

Before we begin our discussion, I want to call our – our viewers' attention to a few webcast details. First, there's a Viewer's Guide, which we developed for today's webcast. If you haven't had the opportunity to download it, I encourage you to do so now. You can use the link on your browser, which you'll find located under the word "Resources" on the right side of your screen. Also, if you're not able to watch today's webcast in its entirety, an archived version will be posted on the Head Start Early Childhood Learning and Knowledge Center, the ECLKC, where you can view it at any time. The Web address for the ECLKC is on your screen now and in your Viewer's Guide.

Now, it's my pleasure to introduce Yvette Sanchez Fuentes, Director of the Office of Head Start, who will you give you an introduction to the MIECHV program and the Early Head Start home-based model. Yvette?

[Video begins] Hello. I'm Yvette Sanchez Fuentes, Director of the Office of Head Start. Thank you all for joining us today. As you may know, the 2010 Patient Protection and Affordable Care Act allocated

significant funds to states to expand evidence-based home visiting programs in at-risk communities through the establishment of the Maternal, Infant, and Early Childhood Home Visiting Program. This program is intended to assure the effective coordination and delivery of critical health development, early learning, child abuse and neglect prevention, and family support services to children and families who live in at-risk communities. After the passage of the Act, the Department of Health and Human Services commissioned a thorough and transparent review of the home visiting research literature to identify home visiting program models showing evidence of effectiveness. This review, titled "Home Visiting: Evidence of Effectiveness," identified nine evidence-based home visiting models; and we are very proud that the Early Head Start home-based program option was selected as one of these models.

I should note that this doesn't mean that these are the only home visiting models that exist, or that they are the only good models. It means that these are the only models that were identified in the review to have a solid body of research demonstrating their effectiveness as it relates to important outcomes for pregnant women and children ages birth to five. Under the MIECHV program, every state and jurisdiction, as well as tribal communities, had the opportunity to apply for home visiting funds, identifying which evidence-based model or models they would implement. Fifteen states selected the Early Head Start home-based model; and we know that the success of its implementation requires collaboration at the federal, regional, state, and local levels. For this reason, the Office of Head Start has been in regular communication with our federal partners around home visiting. We have also encouraged and supported collaboration between Office of Head Start regional staff and states to ensure the effective coordination and delivery of Early Head Start home-based services to children and families.

In addition, we continue to work closely with MIECHV state home visiting leads, informing them about what the Early Head Start home-based model is, helping them to understand the Office of Head Start's infrastructure for providing technical assistance, and answering questions about the tools that Early Head Start programs use to assess child development in partnership with parents. The Office of Head Start has also played an important role in helping to facilitate communication between the states and the local Early Head Start programs who are MIECHV grantees, and to identify areas where these programs may require additional training.

We also oversee the monitoring of the Early Head Start home-based model to ensure that it is implemented with fidelity. This includes conducting reviews of Early Head Start grantees who are participating in the MIECHV program according to the regular monitoring schedule and working with a division of quality assurance to ensure that reviewers who are conducting site visits understand some of the different elements that may be required for those grantees to meet MIECHV state benchmarks. These are just some of the many ways that the Office of Head Start is supporting the MIECHV program to ensure that pregnant women, children, and families who are served through the Early Head Start home-based model receive the very highest level of care and support to ultimately improve their health and development outcomes. Thank you. [Video ends]

Jennifer: Thank you, Yvette, for that great introduction. Clearly, there's been a lot of collaboration going

on to make the MIECHV program a success. Now, I'd like to ask our panelists to give a brief overview of some of the essential elements of the Early Head Start home-based model, because we know that not everyone who's watching today may be familiar with it. Angie, could you please start us off? What is the Early Head Start home-based model?

Angie Godfrey: Thank you, Jennifer. The Early Head Start home-based model is one of the program options that Early Head Start programs can implement. It offers high-quality, culturally competent child development and parent support services that address the needs of families with children ages birth to three. Each child and family enrolled in the Early Head Start home-based option is assigned a home visitor who comes into their home and works with the family and their baby for 90 minutes once a week on a year-round basis. Families also participate in twice-monthly group socializations.

The reason why this is important is that secure, attached relationships with babies and families matter. We know from a strong body of research that – shows that babies come to know the world and understand their place in it through their relationships with their parents and caregivers. When a home visitor builds a strong partnership with parents, then the parents in turn are strengthened to support their child in a positive and healthy way. So, everything we do in Early Head Start is grounded in the developing relationship with the parents, the child, and the home visitor.

Jennifer: Great. Thank you so much, Angie. And while home visitors are building those very important relationships with their families, there are also a number of screenings and developmental assessments that they have to conduct. David, can you talk a little bit about that?

David Jones: Yes. Thank you, Jennifer. Within 45 days of the child's entry into the program, home visitors are required to conduct hearing and vision screenings, as well as developmental screening to identify any potential concerns about a child's developmental functioning. These screenings are referenced in the Head Start Program Performance Standard 1304.20(b): Screening for developmental, sensory, and behavioral concerns. As outlined in that standard, home visitors must work in collaboration with the child's parent to perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Home visitors also must obtain direct guidance from a mental health or child development professional on how to use these findings to address identified needs and make appropriate referrals, if necessary. Home visitors conduct regular assessments over time through their observations of the child, as well as through their ongoing conversations with the family about the child's development and the use of an identified, reliable, valid, and developmentally appropriate assessment tool. Home visitors use this information to help the family identify the goals they have for their child's development and to design an individualized curriculum to help the child meet those goals through everyday experiences at home.

Jennifer: Wonderful. Thank you, David. So a lot of people ask, "What do we mean by curriculum when

we're talking about infants and toddlers?" Christina, would you like to address that?

Christina Benjamin: Sure. The Head Start Program Performance Standards define curriculum as a written plan that includes the goals for children's development and learning, the experiences through which they will achieve these goals, what staff and parents can do to help children achieve these goals, and the materials needed to support the implementation of the curriculum. The curriculum must be based on sound principles of how children grow and learn, and be consistent with the requirements of the Head Start Program Performance Standards.

The home visitor helps the parents implement the individualized curriculum that has been developed through their everyday interactions with the child at home. Sometimes that may mean exploring with the parents how they might use simple objects found in the home, like egg cartons and blocks, to support their children's development; or it may mean helping the parents to support their babies' motor development skills in different ways. Or, they may also help parents to notice how a gentle touch or rocking helps build a close and nurturing relationship with the baby so that the baby feels safe and cared for. We know this is very important for baby's brain development.

Jennifer: Absolutely; yes, it is. Thank you, Christina. So, group socializations are another important aspect of the Early Head Start home-based model. Damón, can you tell us a little bit about socializations?

Damón Manning: Sure, Jennifer. In addition to the home visits, families participate in group socializations. These are offered twice a month and are designed to help support child development by strengthening parent-child relationships and increasing opportunities for peer interactions for both the child and the families. The families come together as a group and further what they have learned about their child's growth and development in a setting with home visitors and other families and staff.

For many families, it's a great opportunity to bond with other parents whose children are going through the same stage, and who might have similar life circumstances. They can support each other and build ties in their community. These group socializations can be particularly helpful for teen parents, who often experience social isolation. It's a chance for them to get to know other teenagers who are also parents and who understand what they're going through in a way that sometimes their other friends can't.

Jennifer: Okay. Thank you. So, we have a great clip from a video about the home-based model, called "Head Start Beginning at Home," that shows both home visits and group socializations. In this clip, we'll see a pair of home visitors in New York who are working with a baby, Nathalie, and her parents, Patricia and Elvis. Let's watch the clip now.

[Video begins] Narrator: Belkis and Miriam have worked together to support Patricia through many challenges since Nathalie's premature birth.

Patricia Caceres: She starts out – she starts turning and that's how she'll get here.

Belkis: I remember the other day she was going around like that.

Patricia: Now she's – she's turning side to side and she pushes herself that way. Come on! Come on!

Belkis: I think it's very beneficial for Nathalie to get home visit because it's a chance to – to work in an environment that both of them feel comfortable in. You'll make it. Come on. There you go! You almost got it. One more. There you go! [Laughter] You remember last week in class when she was going around in circles?

Patricia: Yeah.

Belkis: And that's kind of the way she moved last week, and...

Patricia: Now she's learning how to move sideways. She rocks sideways to reach something out of her grasp.

Belkis: I remember the – when we came one day and you said that she was rolling. And she's – she's keeping more focused. Like, she will give up more easily before.

Patricia: I was 27 weeks pregnant when I had her. She was 1 pound, 13 ounces when she was born. She stayed in a hospital for three months. She was born February. She was let go in May.

[Sounds of adults engaging with baby Nathalie]

Belkis: Have you been practicing floor time at home?

Patricia: With premature children, it's very, very rough road. It's like you got to take – learn how to take it one day at a time.

Belkis: This is the first premature child that I have ever worked with. I've been doing some reading sort of to get knowledge about what is expected, what is the next stage – step that Nathalie's going to be doing. And basically, I just meet Nathalie at the level where she's at and try to take it from there.

Patricia: She's doing this.

Belkis: She is?

Patricia: She's counting fingers to make sure every – all of them are there every morning. One, two, three. That's one thing with Belkis; she's always planning new things for Nathalie. I'm like, "Belkis, I'm not sure she could do it." She's like, "Yeah, yeah; she could do it. Let's do it. Let's do it." She – she helps

me because I'm really afraid of trying new things for her. She gives me confidence to go, "Okay, let's go ahead. Let's do it. She'll be okay." And she's – I trust her. If Belkis says we could try it, I'm like let's try it.

Narrator: The relationship Patricia has built with Belkis and Miriam inspires her to consider new possibilities for her daughter. Together, they set goals to build on Nathalie's emerging skills. The weekly socialization reinforces the work they do on home visits.

Belkis: Who's that? Who's that over there? Who's that girl? We try to put the rattle a little farther; and when she mastered that, well, we'll do something else. But right now, it's focusing on – on having Nathalie reach the rattle and sort of work her way towards the rattle. So, it's intentionally that we do it at home and we do it here.

Patricia: Little by little, yeah. They been helping me recognize and helping me, like, understand everything she's doing. And whatever she's doing, they, like, help me to better it. Like if she's starting to rock, I'm like, okay, put a toy out of her reach, so she can to learn how to rock and reach for it, and learn how to reach for something.

Elvis Caceres: [Speaking in Spanish]

Narrator: Nathalie's father Elvis participates in weekly socializations that support her development, as well as provide social time with other children and parents.

Group: 🎵 [Singing] 🎵

Patricia: It's – it's a great thing. It's the best that could happen, even starting them off so small. Some people say, "Oh, what they going to do? They're just babies. They don't even sit." I'm like, "They do a lot, and they learn a lot."

Belkis: I feel fortunate that I have the opportunity to have such an impact in the family's life. I feel a great responsibility doing it. That's why every day I want to do it the best I can. [Video ends]

Jennifer: So, that clip gives you a glimpse into the kind of work that Early Head Start home visitors do and what home visits and group socializations might look like. But of course, they're all different depending on the community and the individual needs of the child and family. So David, we haven't yet talked about services to pregnant women and expectant families, but these are also an important part of the Early Head Start program. Can you please tell us a little bit about services to pregnant women and expectant families?

David: Yes. Services to pregnant women and expectant families are addressed the Head Start Program Performance Standards 1304.40(c)(1-3). As outlined in the standard, Early Head Start programs that enroll pregnant women must assist them with accessing comprehensive prenatal and postpartum care, offer prenatal education, and provide information about the benefits of breastfeeding. It's up to each

program to decide where these services should take place. Sometimes they take place in the woman's home. For other families, they might take place in a clinic, a family support center, or some other location that suits their family's needs.

Weekly 90-minute home visits are not required for pregnant women and expectant families, as they are for infants and toddlers. Instead, the length and frequency of the visits are based on the family's needs and goals. Pregnant women aren't required to participate in group socialization experiences either, but some Early Head Start programs do invite expectant families who will be transitioning into the home-based program option to attend socialization experiences. Others design group experiences just for expectant families. It's a really nice way for parents to interact with others who are at the same stage of pregnancy, and to get support and advice from other parents and professionals.

Jennifer: Great. Thank you, David. So now we have a clip to share of a teen mom talking about the services she received when she was pregnant, and what a difference those services made to her. Let's take a look at that now.

[Video begins] Teen Mom: And my mom had heard of Discovery, and we came over here, and I applied and got in and just fell in love with the program – fell in love with the program. It was – it was amazing. I – I knew, like, nothing about pregnancy. Absolutely nothing. I mean, I was – I was – let's see, I was 15. I almost turned 16 at that point and knew absolutely nothing. And all of a sudden, I had somebody who knew, like, everything, that was there to help and guide me and give me information through every step of my pregnancy.

It was like – they had a little packet of papers just stuffed full of information: what I should be eating; how much I should be eating [Laughter]; my baby's development at that time, which was really, really interesting to – to know what was developing. And – and the – the visits with Amy; she would always ask at the beginning and end if I had any questions or anything like that. And if she didn't have the information at that time, our next meeting she'd have, like, a book filled with information on it. And that was – that was amazing. [Video ends]

Jennifer: I just love that clip because it really shows you what an impact Early Head Start can have on the lives of expectant families. So now that we've gone over some of the essential elements of the Early Head Start program, I'd like to turn our conversation to some of the data collection and reporting requirements for Early Head Start programs who are participating in MIECHV. Christina, can you please talk a little bit about that?

Christina: Sure. The states are required to show improved outcomes for pregnant women and children who are served through the MIECHV program. Therefore, Early Head Start grantees who are receiving the MIECHV funding are required to collect data to help the state to measure progress towards their goals in the state benchmark plan. The reason why the data collection is so important is that it demonstrates the impact of evidence-based home visiting programs on at-risk pregnant women and children in terms of improving their health outcomes and school readiness and reducing child abuse and

neglect. We know from the clip that we just saw – the teen mom – that the Early Head Start program makes a real difference in the lives of at-risk families, and this data collection is a way of backing up those kinds of anecdotal reports with solid evidence.

Jennifer: Wonderful, Christina. And so how does the MIECHV data collection relate to the data that Early Head Start grantees are already required to collect for the Head Start Program Information Report, the PIR? Angie, would you like to address this?

Angie: Sure, Jennifer, I would. For the MIECHV state leads who are watching today, and others who are not familiar with Head Start, the Program Information Report provides comprehensive data on the children and families served by Head Start and Early Head Start programs nationwide. The PIR is compiled for use at the federal, regional, state, and local levels. And all Head Start and Early Head Start grantees are required to submit PIR data on an annual basis.

Early Head Start programs who are participating in MIECHV are still required to complete the PIR, but they must also collect and report on additional data based on requirements from their state, which funds the MIECHV Early Head Start home-based model. Some of the data states require will be the same data that grantees have already collected for the PIR; some will be additional data that is needed to measure progress toward meeting the MIECHV state benchmark plan. In March, we released a fact sheet with information about data collection. Programs who have questions may wish to refer to it. It's included as part of the resources of the Viewer's Guide for this webcast.

Jennifer: Great, Angie; thank you.

Angie: Sure.

Jennifer: So Christina, I know that some states have made concerted efforts to coordinate with Early Head Start grantees and reduce the data collection burden. Can you please share what they've done?

Christina: Sure. In some states, an integrated database has been developed to reduce data collection burden on home visitors. The home visitor is able to enter data into their local program's database and then have it transferred automatically into the statewide system; that way, the home visitor doesn't have to enter the information twice. Other states are still in the process of working with the various evidence-based home visiting models to develop a unified database system to capture key information that home visitors collect from families.

Jennifer: Okay, thank you. So – and there are a number of opportunities for Early Head Start grantees who are implementing the home-based program to get involved in the national MIECHV evaluation as well; is that correct?

Christina: Yes, that's right. The Early Head Start home-based model was selected as one of four models to be evaluated at the national level, because it's being implemented in more than 10 states. If your



state is selected to participate in the national evaluation, you may be contacted by one of the MIECHV national evaluators to get involved. Early Head Start grantees who are participating in the MIECHV program are not required to take part in the national evaluation, but it's a great opportunity to play an important role in demonstrating the effectiveness of the model and its impact on children and families.

Jennifer: Thank you, Christina. And viewers should know that all of the data collection efforts that we've touched on here will be discussed further in an upcoming webinar. Information on the date of that webinar will be going out soon. Now, let's move on to our next topic: Training and Technical Assistance. Damón, can you please describe what kinds of training and technical assistance are available to the Early Head Start programs who are participating in MIECHV?

Damón: Yes, I can, Jennifer. These Early Head Start programs are already connected to the existing Head Start T/TA system that consists of three components: the state training and technical assistance centers; the National Centers; and direct T/TA funding to grantees. The state training and technical assistance centers have early childhood education specialists who are available to support local programs in their work to improve school readiness outcomes for children. We also have a cadre in each center that has specific background in infant/toddler development, as well as Early Head Start programming. There are also grantee specialists who are deployed by the Office of Head Start's regional offices to assist programs with needs identified through monitoring, the PIR, or other data sources indicating current or potential risks for a program.

Then, there are the six National Centers that function as a team to provide Head Start and Early Head Start grantees with practical resources and information. These six centers are the National Center on Cultural and Linguistic Responsiveness; the National Center for Health; the National Center on Parent, Family, and Community Engagement; the National Center on Program Management and Fiscal Operations; the National Center on Quality Teaching and Learning; and of course, the Early Head Start National Resource Center, which is responsible for today's webcast. The centers communicate best practices, provide content-rich, useable, practical resources and information to grantees, and provide training at regional and national meetings.

In addition, Head Start and Early Head Start grantees receive direct TA funding to use according to their own TA plans. They can use these funds to purchase services and materials that are not available to them through the state TA systems or our six National Centers. For more information and assistance, programs should contact their OHS program specialist or technical liaison in their regional office.

Jennifer: Great. Thank you, Damón.

Damón: Welcome.

Jennifer: So, how can other entities in the states who have questions about the Early Head Start home-based model obtain guidance and support regarding the Head Start training and technical assistance system? David, can you please talk a little bit about that?

David: Organizations within the states that have global questions regarding the Early Head Start home-based model should feel free to reach out to the staff at the Office of Head Start, specifically me, Angie, and Christina. Our role is to serve as facilitators. We can help connect you to the Head Start regional office in your area, or to other technical assistance systems within the Office of Head Start. Our contact information can be found in the Viewer's Guide for this webcast.

Jennifer: Okay. And what are some of the reasons why an MIECHV state lead might contact you?

David: Well, states who are implementing an Early Head Start home-based model might have a number of technical assistance needs. For example, a state MIECHV lead may be looking for technical assistance around reflective supervision. In that situation, we could contact the Head Start regional program manager to help connect them with individuals in their region who have expertise in that area. Or, we might reach out to another technical assistance provider, such as an early childhood education specialist, who could offer some ideas for how reflective supervision can be done in the context of the Early Head Start home-based model. In addition, a lot of our communication with MIECHV state leads has been about benchmark and data collection alignment, and how to implement the Early Head Start home-based model with fidelity, particularly the degree to which our motto can be enhanced, while still maintaining fidelity.

Jennifer: Okay. So, thank you for that. Before we move on to our next topic, I'd like to show a brief clip about reflective supervision since, as you said, David, this is an area of technical assistance that often comes up. Last year, the Early Head Start National Resource Center worked with WestEd's Program for Infant and Toddler Care to offer training institutes for home visitors and their supervisors, and reflective supervision was a big topic of conversation. We asked Ron Lally at WestEd to talk about what he heard in those training institutes and about the need for reflective supervision. Let's watch that clip now.

[Video begins] Ron Lally: This year we – we trained about 700 people in four trainings around the country on – on the home-based option in Early Head Start. These were all people relatively new to – to home-based. And what we did was we had them come together for a week each time, and it was intensive experience for them and it was – it was quite powerful.

One of the things that comes up consistently and – and we had it in every single training, was the issue of balance with regard to trauma, issues of – of violence and neglect. And – and people were wrestling with: "How much should I do as an individual to be able to meet all of the needs of the – of the families? And how can I know when it's – I'm out of my depth and I need to transfer this family through referral to somebody else to do this service?" That came up a lot.

Another thing that came up had to do with emotions – the emotions of the family members and the emotions of the home visitors. What do they do with the fact that they're really angry at this mother because of the way that they perceive the – the child as being treated in the moment? Or, what do they do with their fear? And there was a lot of conversations about the importance of reflective supervision

and being able not to just talk about how is the child developing, but also to talk about: "How am I feeling about it? How do I handle these feelings? How do I deal with the feelings of the – of the parents?"

Home visitors were asking – begging for more time for reflection. They wanted to be able to meet with other home visitors and hear what they had to say; and they also wanted to have their – their cases dealt with in a way where a supervisor or their peers could decide, "Well, you know, you're running against – up against a brick wall there. Maybe go this direction. Or, this is a case that's in need of a referral." [Video ends]

Jennifer: Hmm. Important information there. What are your thoughts, David, on that clip?

David: Well, you know, Ron touched upon a lot. I mean, the things that resonated for me were anger, trauma, and just a need for reflective supervision, which is different from reflective practice. You know, reflective practice creates reflective practitioners, and reflective supervision helps them get there. This is complex work. Home visitors must remember that they are not expected to do this alone. They are working within the context of a supportive team.

Jennifer: Absolutely. Thank you, David. And Angie, will reflective supervision be implemented as part of the Early Head Start MIECHV model?

Angie: Yes. Reflective supervision, as it's a part of the work that we do with Early Head Start programs, is also a part of the work that the states will be doing with MIECHV-funded programs. Each state selected evidence-based models to implement and then worked with model developers to ensure that the models would be implemented with fidelity. As we engage with states around their state plans and benchmarks, we asked them to provide a description of how they would support reflective supervision for home visitors.

I – I love the piece in Ron's clip when he talked about how important it is for a home visitor to talk to a supervisor, to talk to others, within a structure to find out: "Is this something I can do, or does the family need more?" And that's – that's a continuous element of programs that – that provide home visiting and of a need that home visitors have. And one of the strengths of the Early Head Start home-based model is a program structure that provides supports to home visitors.

Just like he was saying, home visitors need space to work with families. They also need space and a place – a trusting place to talk about issues that come up around the work. The program structure is very important because home visitors work with families with many risk factors, and that can be a very stressful situation. So, the goal of reflective supervision is to provide support to staff, particularly home visitors in continuing their work with families.

Jennifer: Okay. Thank you. As you said, it's very complex work. And I want to point out that there's a great webcast that we produced on reflective supervision that's available on the ECLKC for those who'd

like to learn more about it. So now let's move on to our next topic, which is monitoring. And I know that the Office of Head Start gets a lot of questions about this, so David, could you please describe the monitoring process for Early Head Start grantees who are participating in the MIECHV program?

David: Yes. As Yvette said in her introduction, the Office of Head Start oversees a monitoring of the Early Head Start home-based model to ensure that Early Head Start grantees are implementing it according to the Head Start Program Performance Standards. So, this includes conducting reviews of the grantees who are participating in a MIECHV program according to their regular monitoring schedule. Federal reviewers are really focused on the Head Start Program Performance Standards and ensuring program fidelity.

In addition, the Office of Head Start will be working with the Division of Quality Assurance to make sure that reviewers who conduct the visits understand the differences between what an Early Head Start grantee is required to do for all of their children and families versus some of the additional things they might need to do as part of their requirements for the MIECHV program. In addition to the webinar on data collection that Jennifer mentioned earlier, there will also be an upcoming webinar focused on monitoring. More information on this webinar will be available soon.

Jennifer: Okay. Thank you. Christina, what are some of the resources that are available about the Early Head Start home-based model that MIECHV grantees and others can access?

Christina: There are several resources available on the ECLKC. For example, there's a Web page created specifically for the home-based model. It has background information on the model, as well as links to relevant Head Start Program Performance Standards, the Head Start Home Visitor Handbook and Supervisor's Manual, and webcasts and webinars that have been conducted on home-based services. This information is available for anyone to access; not just Early Head Start grantees, but others involved in the MIECHV program, or anyone who is interested in learning more about the home-based model.

The ECLKC also has links to the six National Centers, which Damón mentioned previously. All of these National Centers have great resources online that can assist folks who are implementing the Early Head Start home-based model. For example, the Early Head Start National Resource Center and the National Center for Parent, Family, and Community Engagement recently collaborated on a webcast on engaging teen parents in programs. That's a wonderful online resource that anyone can access; and programs might want to use it as part of their staff training.

Jennifer: Okay, lots of good information there. Thank you, Christina. So before this webcast, we invited viewers to send in their questions, and I'd like to give you all a chance to answer them now. So, we've been receiving questions from both MIECHV state leads as well as Early Head Start grantees who are participating in the MIECHV program. So, let's get to the questions now. So, our first question is: "Will we be reporting statistics for the MIECHV program with our regularly – regular Early Head Start data on the PIR for the 2011-2012 year?" Angie, can you answer that one?

Angie: Yes, we will. We know right now that slots that are funded – children that are funded through MIECHV will be – will be counted as part of the total enrollment. And, there's a team at the Office of Head Start that works on the PIR and that adapts, tweaks questions to make sure that we're getting the most relevant information to the services. One of the folks from that team sits on our infant/toddler team to help us discuss the kinds of data collection that our programs will need to report for MIECHV, and to help us continue to try to align them. So, yes; definitely. We know for enrollment, but as we move forward, we're hoping to do more and more alignment to support the efforts of staff and to avoid the duplication of effort around data collection.

Jennifer: Right. Thanks, Angie. So, our next question is: "Our current Early Head Start cost per child is higher than what our state allows for MIECHV grantees. We would love to expand our program and have a large waiting list. Some of the other home visiting models don't require anywhere near the level of staff time, visits, reporting, etc. that Early Head Start does. What can we do?" David?

David: Well, I think what separates the Early Head Start model from some of the other models is that we're fairly comprehensive. And so when we talk about comprehensive services, we're talking about the weekly home visits, we're talking about socializations. I mean, even – if necessary, if families are in crisis, we would actually visit them more than once a week. And, you know, that requires – I mean, there's a cost associated with that. So, I think for programs, you know, that are interested in implementing our model, they need to work within their states and try to figure out, you know, how they could do this in the way that we're expecting them to do it.

Jennifer: Okay. Anyone else want to add to that?

Angie: Well, I – I – I think it's important to note also, in having discussions, that our services – the primary cost for services are comprehensive. That it is home visiting services, but there are many requirements through the Head Start Performance Standards for comprehensive services. And I think that it's important to be able to talk about what it is that we do and – when you're talking about how that can be funded.

Jennifer: Okay.

David: Yeah, you just made me remember. I think that separates us from some of the other models, I think, in the degree to which, you know, we – we know that it's fairly comprehensive what we're asking programs to do. And so, in order to do that effectively, there's going to be the associated costs.

Jennifer: Effectively and with quality, yes. Okay. Thank you. So, the next question is: "What is an – what is an example of a state's MIECHV benchmark measure?" Christina, can you give an example of that?

Christina: Sure. So, under the improved maternal and newborn health outcome benchmark measure, there is a measure for prenatal care. Some of the states, the way in which they are measuring prenatal care is based on the number of medical visits a pregnant woman has after enrollment in the MIECHV

program. So, that would be one example.

Jennifer: Okay. Alright. That's a good example. Anyone else want to add to that?

Damón: No.

Jennifer: Okay. Well, let's go to the next question. "Can our Early Head Start program contact the National Centers directly if we have training and technical assistance needs?" Damón, that's a question for you.

Damón: [Laughter] Well, thank you, Jennifer. Actually, there are a variety of ways in which the National Centers communicate directly with grantees. First, what we have is that programs are always encouraged to visit the Early Childhood Learning and Knowledge Center, what we've referred to as the ECLKC. There, the National Centers actually share materials and resources with grantees that they can access as they look at different areas of their program that they would like support in or to explore further to improve and strengthen.

Next, the National Centers are also available to actually present and train at regional and national trainings, as well. And then finally, grantees can contact the National Centers through their toll free numbers as well as their email addresses. And those they can also find on the ECLKC on their respective landing pages. We know that the TA system is a very complex system and it has many different facets. And so, with that, we want to encourage programs to always contact their program specialists or technical liaison in the regional offices at OHS to get more information in terms of what they can actually provide. So, that's it.

Jennifer: Okay. So the regional offices are the first place where programs should go?

Damón: Is a good place for them to start, yes. That's correct.

Jennifer: Okay. Thank you. Anyone else want to add to that? I think that was a nice comprehensive answer. Thank you, Damón.

Damón: You're welcome.

Jennifer: Okay. So then our last question is: "Can the Early Head Start home-based model be adapted?" I'm going to throw that out there. David, it's landing in front of you. [Laughter]

David: No, it can't be adapted. One of the things that we discussed earlier was the possibility of enhancing the model. You know, staff within the Office of Head Start sort of are constantly looking at quality improvement and innovation. And I think, you know, sometimes the – the popular belief is that we place a tremendous amount of expectations on the program to deliver high quality services. Well, you know, it's sort of a bilateral process, because we're sort of looking at things from the vantage point

of what can we do to ensure that programs are delivering the right services and the way in which it is going to have the greatest outcome and impact on families.

So, you know, we're always looking at innovative ways to support that. And right now, there's six university partnerships with Early Head Start programs where researchers are looking at toxic stress. And what's interesting about that is, you know, they're going to be collecting some – some biological data on – on – on participants, and that's going to give us some real information about how we can help parents understand how to buffer their children from toxic stress. So, that's going to then translate into home – home visitors being a little bit more effective in terms of their approach and strategies around communicating with parents, helping parents identify and understand toxic stress and the impacts it can have on your children. So, these are the type of innovations that we're always sort of thinking about. So as we're sort of asking programs to do more, we're also doing more on our end.

Jennifer: So enhancing the program, not necessarily adapting it. Angie, did you want to add to that?

Angie: I just want to agree with David, and especially agree with what he said about enhancing the model. As a federal to local funded program, we encourage Head Start programs to meet the needs of families within their community. As – and as part of the funding, we know that there are many program standards – we hear about that all the time from programs – but there's also a framework that allows them to make decisions at the local level. So, it is more enhancements that we're looking at. We're trying very hard to ensure that our standards – we're aware when our standards are aligning with the state benchmarks and the state requirements, and that we work with them and support programs as they meet those requirements.

An example that I use is screening for maternal depression. Certainly in the work that our home visitors and programs do with both pregnant women and with families of very young children, is to talk about depression and to see where families are. Many of our programs use a screening tool for maternal depression, but they're not required to, and not all programs do. So, working with MIECHV, we're able to say, yes, that's fine, that they have – that you're requiring maternal depression, but we need to make sure you're providing training for how to use the tool, how to implement it, how to report out, and how to get families to referrals and other services in the community, which aligns perfectly with what our programs do. So...

Jennifer: Great. So, those are all of the questions that we have time for. I'd like to take this opportunity to thank all of our panelists for joining me in the studio today – Angie and David and Damón and Christina – and Yvette Sanchez Fuentes for giving our federal welcome. And of course, I'd like to thank all of you for taking the time to join us today. As we close out, we want to share with you a few last clips of some of our colleagues discussing the value of the Early Head Start home-based program option.

[Video begins] Home Visitor 1: I've always said that home visiting is kind of the secret part of Head Start, because it's – it's such a quiet service. Going into somebody's home is so private and intimate, and it takes such a high level of acceptance to really allow somebody to come in and not feel like you're being

judged or that somebody's in there to inspect how you're living or how you're raising your children. And so, that opportunity, and the fact that we have such a great team of home visitors and can make families feel welcome and make families feel like none of those things are an issue, is really amazing.

And the relationships that you – you know, that you know are happening between kiddos and their home visitor, and parents and their home visitor, last forever. We have families that transition out of our program that still come back to us as a resource in the community long after their kiddos turn age of three. It's really, for me, refreshing that we have an option that is totally based on relationships between parents and their home visitor; and that relationship-based model is what Early Head Start is all about. And so, when you look at the family and the relationship that they have, and the empowerment that they get from an educator that comes into their home and really provides an opportunity for the family to take the lead and – and decide what the next home visit's going to be about, and answer the questions that they have and empower them to be the very best parents that they can be is – is a gift. And home visiting in Early Head Start is – is – that's what it means to me. It's just that great opportunity.

Home Visitor 2: We've had families that we've offered center-based to and basically have said no, they don't want to leave home-based. And we ourselves were surprised because we have other families that are just dying to get in. We've had families we've transferred to – to center-based that want to go back into the home. And so, we tried to really analyze that and say, "What's going on here? What about it, more than just the work, is really letting them feel like this is something that they want for themselves?" And I think it's just the – the fact of the relationship. Coming into your home, the – the natural feel of it, the way they can learn how to – that their home is a learning environment, that they can use the things that they bring to the table to also help their child.

It's like a partnership. We try to let them know that – what they're – that they're the first teachers; that what they're doing in the home, we just try and enhance it. And so, it makes them feel like they're the teacher as well, like – and it brings the other family members to get involved in it, as well. I think that's something that sometimes in center-based can get a little lost. But when you have, especially working with immigrant communities, whole families – different generations living together, you know, grandma's seeing what's going on, dad is seeing what's going on. And so, the mom is not on her own trying to say, "I have these new ideas. I have these new ways of thinking of – ways to, you know, play with the baby." And the – the other family members listen to it, too, because, you know, a child is raised, we think, by a village. So in the home-based, you can reach the entire family, I think, in a really broader way.

Home Visitor 3: I think that it's both a privilege and an honor to go into a family's home every single week. And families – every family that I've ever met in the history of my experience in the Early Head Start program has wanted to do the very best for either their unborn baby, their infant, or their toddler. And for a variety of life circumstances, they lack the resources in order to achieve those maximum outcomes. So, I think that it's really critical to address those challenges, that we keep the lens and the focus upon that perspective that every parent wants – wants what's best for their infant and their



toddler and their unborn baby; and that these services – that the Early Head Start home visitation model can serve as a beacon of hope for those families to move to the next level of parenting. And it's truly those aspects, as they are all woven together, that lead to future school success for – for those very young children. [Video ends]

[Music]