



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

November 2012

The Purpose of this Newsletter:

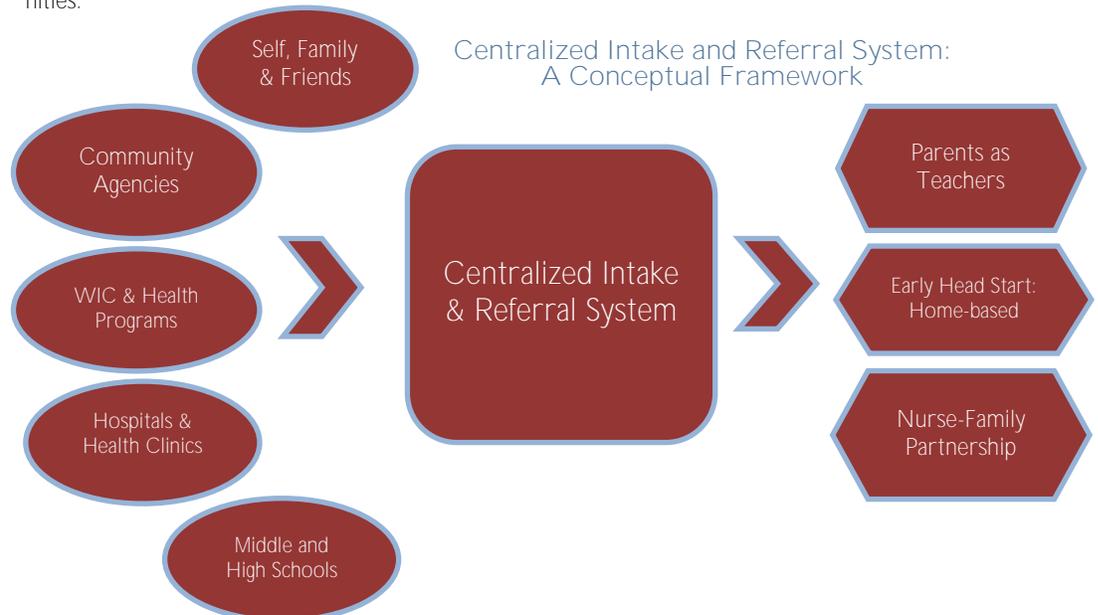
- To improve communication between home visiting programs and stakeholders
- To increase awareness about key issues in early childhood and home visiting
- To provide a platform for information sharing among home visiting organizations, professionals, and stakeholders regarding home visiting in Idaho

## Home Visiting for Young Families Alliance

The MIECHV program has contracted with three agencies to deliver evidence-based home visiting to pregnant women, infants, young children and their families in Kootenai and Shoshone counties. Mountain States Early Head Start will enroll 11 young children or pregnant women in Shoshone County to add to their robust program in Kootenai and Bonner counties. Panhandle Health District will enroll 50 first-time, low-income pregnant women residing in Kootenai or Shoshone counties to participate in Nurse-Family Partnership. **St. Vincent de Paul's ICARE Parents as Teachers program will enroll 30 - 40 families with children under the age of five residing in Kootenai or Shoshone counties.** These three agencies in North Idaho have come together to foster a collaborative they have called the "Home Visiting for Young Families Alliance." Together, leaders from these agencies have developed and strengthened partnerships between their agencies to enhance coordination between service delivery providers. One of the many activities of the Home Visiting for Young Families Alliance is to develop a centralized referral and intake system for the home visiting programs serving Kootenai and Shoshone counties. The Home Visiting for Young Families Alliance is developing and refining a process for the centralized intake and referral system to be implemented by December 2012. A centralized intake and referral system will benefit families, referring agencies, and the agencies providing home visiting services by:

- Acting as a single point of entry to services
- Identifying the program best suited to meet family needs
- Increasing uniformity and streamlining processes
- Reducing possible duplication of services
- Maximizing use of home visiting programs
- Promoting collaboration

Developing a centralized intake and referral system is not without challenge. These agencies must take a risk to change current processes and practices, devote time and energy to developing and monitoring the process, and collaborate in new and creative ways. Despite these challenges, these agencies are working together to advance home visiting with the purpose of better serving children and families in their communities.



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## Meet the BSU Evaluation Team



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### *Local Agency Profile*

#### Community Council of Idaho: Early Head Start

The Community Council of Idaho, Inc. (formerly the Idaho Migrant Council) was formally incorporated as a private, non-profit organization in November 1971, and since has operated many state and federal programs for the Latino community, farmworkers, and other low-income families and individuals across the state. **Its mission is known throughout the community: “preserving families and renewing lives.”** With more than 400 staff, Community Council of Idaho (CC) is one of the largest non-profit organizations in Idaho. CC Idaho provides families with resources and opportunities in education, housing, health, and employment while improving their cultural, social, and economic status through services such as workforce preparation, health services, and education. Recently, the CC of Idaho added home visiting to its repertoire of other services through the Idaho MIECHV program. Two home visitors have begun enrolling children and will serve 18 children in families residing in Twin Falls and Jerome counties in the Early Head Start Home-based program.

The CC Idaho operates four distinct programs serving communities from Weiser to Roberts, Idaho. These programs are:

- Two Community Family Clinics that provide health services on a sliding fee scale;
- Five Community Resource Centers that provide emergency food boxes, utilities assistance, and clothing vouchers;
- Five Employment and Training offices offering services in direct job placement, on-the-job training, and institutional/job skills training;
- 11 Migrant and Seasonal Head Start centers providing comprehensive education, health, nutrition, and parent involvement services to children (zero to five years old) of agricultural workers and their families.

Programs are sustained through funding from various federal awards, grants, and donations. The Migrant Seasonal Head Start Program and the Community Family Clinics are funded through the U.S. Department of Health and Human Services. Employment and training services are funded by the U.S. Department of Labor, through the National Farmworker Jobs Program. Housing is funded through USDA Rural Development. The agency also depends on community donations to help support programs. In addition, the CC of Idaho has made available clean and safe housing for homeless individuals and families at its “El Milagro” Community Housing Program in Twin Falls.

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### *Evaluation At-a-Glance*

#### Boise State University

The MIECHV program is working with the Boise State University (BSU) Center for Health Policy to conduct a participatory program evaluation throughout program implementation. The BSU team is comprised of researchers who are examining program implementation, cost, and participant outcomes. **Subsequent newsletters will further detail evaluation study design and goals of BSU’s evaluation work.**

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### *Partner Agency Profile*

#### Child and Family Services

Child and Family Services, within the Idaho Department of Health and Welfare, is responsible for child protection, foster care, adoption, independent living for youths transitioning from foster care to adulthood, and compliance with the Indian Child Welfare Act. The program also licenses homes and facilities that care for foster children, monitors and assures compliance with the Federal Title IV-E foster care and adoption funding source, and manages the Interstate Compact on the Placement of Children.

The program was recently ranked first in the nation by the Foundation for Government Accountability after assessing such indicators as responsiveness to allegations of abuse, efficiency, and assurance that abused children are transitioned into safe and permanent homes, placement of children into safe, supportive, and home-like foster care settings, and stability of foster placements, among others.

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## *Partner Agency Profile—Continued*

Idaho was top-ranked followed by New Hampshire, North Carolina, Florida, and New Jersey. The Foundation for Government Accountability aims to "develop and promote free market public policies that achieve limited, constitutional government and a robust economy," according to its website.

### Child Protection

Child and Family Services assesses each report it receives about possible child abuse or neglect to determine whether there are safety issues for a child. Social workers and families work together to develop a plan to enable children to remain safely in their home. If safety cannot be assured with a safety plan, children are removed from their home by law enforcement or court order. When children are removed, Child and Family Services works with families to reduce the safety threats so the children can return home. In Idaho, as well as nationally, the youngest children are the most vulnerable to abuse and neglect. In Idaho, in Federal Fiscal Year (FFY) 2010 more than one-third (36.1 percent) of all victims were younger than four years old.

### Foster Care

Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected, or are experiencing other serious problems within their families and are unsafe in their own homes. Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as foster parents. Of all children in foster care, about 27 percent are placed with relatives in kinship foster care. Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When birth families are unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

### Adoption

**Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In almost all cases, children adopted through Idaho's foster care system have special needs. In FFY 2010, more than half (51.7 percent) of children with substantiated cases of neglect or abuse had a disability. These children may be part of a sibling group that must stay together, or have physical, mental, emotional, or medical disabilities.**

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## *Data Collection Overview*

The MIECHV program is required to collect and evaluate participant and program information and data in six specific benchmark areas: maternal and infant health, child injuries, school readiness, domestic violence, family economic self-sufficiency, and coordination and referrals for community resources and support. All data will be collected according to HIPAA standards and necessary consents.

## *Benchmark Highlight: Domestic Violence*

As adapted from the Healthy People 2020 Initiative (Retrieved from [Healthypeople.gov](http://Healthypeople.gov) on 8-13-12 and [Futures Without Violence](#) on 8-14-12).

Domestic Violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other. Victims of domestic violence can be of any age, sex, religion, race, culture, employment, education, or marital status. Most victims are women, although both men and women can be abused. Women ages 20 to 24 are at the greatest risk of experiencing nonfatal intimate partner violence. American Indian and Alaska Native women experience the highest rates of intimate partner violence. Violence can take many forms and can occur frequently or only once in a while. Examples of abuse include stalking, withholding money, or keeping a partner from contacting their family or friends. Violence may also be criminal, including physical assault or sexual abuse.

The National Intimate Partner and Domestic Violence Survey reported that nearly one-third (29.3 percent) of women in Idaho had experienced rape, physical violence and/or stalking in 2010. Violence can have short- and long-term consequences on victim's physical and mental health. Women who have experienced domestic violence are 80 percent more likely to have a stroke, 70 percent more likely to have heart disease, 60 percent more likely to have asthma, and 70 percent more likely to drink heavily than women who have not experienced intimate partner violence. The effects of violence also affects family members, friends, coworkers, employers, and communities.

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## Benchmark Highlight: Domestic Violence—Continued

At least a third of American children have witnessed violence between their parents. Most have witnessed multiple instances. Children in homes where there is domestic violence are more likely to be abused and/or neglected. Children that witness family violence are affected in ways similar to those who are physically abused. Exposure to domestic violence is associated with problems such as: higher levels of aggression, fear, depression, lower cognitive functioning, and poor school performance.

Local MIECHV programs will be screening participants for domestic violence using the Relationship Assessment Tool to determine whether additional resources or safety planning would be beneficial to participants. More information about domestic violence and resources in your community can be found at [Idaho Domestic Violence Resources](#).

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## 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.*

- 2013 Association of Maternal and Child Health Programs: February 9-12 in Washington, DC. Hundreds of maternal and child health leaders will participate in the four day, interactive experience to gain knowledge, acquire tools, and build professional network to advance maternal and child health issues in their community or state. More than 300 presenters will present information on leadership, quality, and action in 130 conference sessions. More information about the conference and registration can be found at: [www.amchp.org](http://www.amchp.org).
- 2013 PEW Summit on Quality in Home Visiting: February 13-14 in Washington, DC. Practitioners, policy-makers, researchers, and leaders in the field of home visiting will convene for this two day summit to discuss emerging issues in home visiting and home visiting systems. More information at the summit and registration can be found at [www.homevisitingsummit.org](http://www.homevisitingsummit.org).
- Principles of Prevention is a free online course offered by the CDC to help prevent violence. [The course](#)—which offers continuing education credits—teaches key concepts of primary prevention, the public health approach, and the social-ecological model.
- Online SIDS Center. The US Department of Health and Human Services have partnered with Georgetown University to launch an online resource center for sudden infant death syndrome. This web site ([www.sidscenter.org](http://www.sidscenter.org)) is an online repository of resources and tools for providers, policy makers, and families.

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## MIECHV Logo

The Idaho MIECHV program is unveiling a new program logo. The logo depicts the program's objective to support and empower safe and nurturing families and environments for Idaho's infants, young children, and their families.



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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