

# Appendix A

## A. Priority Population Recruitment and Enrollment

### 1. Priority for Serving High-Risk Populations (Priority Populations)

**All communities served must be within areas identified as at-risk for poor maternal and child health outcomes in the [statewide needs assessment](#), as required under the program's authorizing statute.**

As required by the MIECHV statute, you must prioritize providing services under the MIECHV Program to the following:

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families.
- Low-income eligible families (Medicaid and/or WIC eligible).
- Eligible families with pregnant women who have not attained age 21.
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services.
- Eligible families that have a history of substance use disorders or are in need of substance use disorder treatment.
- Eligible families that have users of tobacco products in the home.
- Eligible families that are or have children with low student achievement.
- Eligible families with children with developmental delays or disabilities.
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

### 2. Enrollment

You must develop policies and procedures for client outreach, recruitment, and retention; assessment of eligibility and family needs; and enrollment into the implemented models. Enrollment strategies should be family-centered, culturally and linguistically competent, streamlined, coordinated, and targeted to priority populations. You must also develop and implement policies and procedures to avoid dual enrollment. Dual enrollment refers to home visiting participant enrollment and receipt of services through more than one MIECHV-supported home visiting model concurrently. If implementing more than one MIECHV-supported home visiting

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model, particularly in the same community, you must, with fidelity to the model, develop policies and procedures to screen and enroll eligible families in the model that best meets their needs.

MIECHV requires coordinating recruitment and enrollment with key partners to improve families' enrollment experiences, expand the reach of services to priority populations, and strengthen or streamline service referral processes. This may include:

- Coordinating with other early childhood programs to launch joint outreach, recruitment and enrollment, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), Part C – Early Intervention Services, and others.
- Establishing referral processes between home visiting programs and health providers and working with community health workers and family navigators to facilitate home visiting enrollment.

We encourage you to participate in centralized and coordinated intake and enrollment strategies through partnership with Help Me Grow Alaska.

**3. Voluntary services – Home visiting services offered through the MIECHV Program must be provided on a voluntary basis to eligible families.** Your program's policies and procedures should ensure enrollee participation is voluntary.

## **B. Implementing Evidence-Based Home Visiting Models**

### *1. Fidelity to Home Visiting Service Delivery Model(s)*

You must have policies and procedures in place to ensure fidelity of implementation to the Parents as Teachers model at the Affiliate level. Policies and procedures should include review and submission of fidelity information to Parents as Teachers National Servicing Organization. Fidelity requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining families.
- Providing initial and ongoing training, supervision, and professional development for staff.
- Establishing the VisitTracker information management system to track data related to fidelity and service delivery.
- Developing a resource and referral network to support families' needs.

**Changes to the Parents as Teachers model that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness.**

### *2. Targeted, Intensive Home Visiting Services*

Your award must be used to provide or support targeted, intensive home visiting services, as required by MIECHV statute. Home visiting models that provide universal services (or offer only a limited number of visits) do not qualify as targeted and intensive. If the recipient is using a universal model for family outreach and referral using funds not allocated to service delivery, the recipient

must establish processes to ensure families are referred to targeted and intensive home visiting models. Note that universal models used for family outreach and referral do not qualify for use as service delivery expenditures.

### 3. Model Enhancements

For the purposes of the MIECHV Program, an acceptable enhancement of the Parents as Teachers model is a variation to better meet the needs of families served that **does not alter** the core components, as defined by the model. Model enhancements may or may not have been developed by the national model developer, and enhancements may or may not have been tested with rigorous impact research. Prior to implementing a model enhancement, the model developer must determine that it does not alter the core components related to program impacts. The State of Alaska must also approve its use.

Recipients who wish to adopt a model enhancement must submit documentation to the Alaska MIECHV program from Parents as Teachers National stating that the enhancement does not alter core components related to program impacts.

Temporary changes to the model made by PAT National due to an emergency are not model enhancements.

It is your responsibility to ensure that the proposed enhancement is in alignment with the scope of MIECHV. The activities must also be in alignment with your organizational policies and general federal requirements including tracking and monitoring of allowable activities and associated costs (such as 45 CFR §75.430).

You must submit new documentation of model concurrence for continuing model enhancements with each grant renewal application (annually). You must provide documentation of model concurrence for each new model enhancement at the time of the initial request for DOH approval.

### 4. Virtual Home Visiting

MIECHV statute defines a virtual home visit as a visit conducted solely by use of electronic information and telecommunications technologies;

MIECHV statute provides new guidance on virtual home visits:

If you plan to conduct virtual home visits, you must provide an assurance that:

- a. The virtual home visit is implemented as a model enhancement, or; the virtual visit has been identified as part of an effective model or model adaptation based on an evidence of effectiveness review.
- b. At least one in-person home visit will be conducted per family during each 12-month period of enrollment, except during Federally or State-declared public health emergencies.
- c. Training standards for virtual visits must be equivalent to those that apply to in-person service delivery. Connect with the PAT State Office for guidance.

**Note: As required by HRSA MIECHV, at least 85% of home visits must be conducted in-person.**

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**Commented [HF5]:** I can provide the guidance on virtual and/or mixed delivery if needed.

## C. Systems Coordination

### 1. Early Childhood Systems Coordination and Collaboration

Per statute, the purpose of the MIECHV Program includes improving coordination of services for at-risk communities and identifying and providing comprehensive services for families living in those communities. You must establish appropriate linkages and referral networks to other community resources and supports. MIECHV requires you to develop policies, infrastructure, partnerships, and procedures to facilitate a family centered, coordinated approach to:

- Recruitment, screening, and enrollment of priority populations.
- Service delivery, including:
  - o Child and family assessment and screening that is informed by evidence-based best practice guidelines such as those within Bright Futures and Women's Preventive Services Guidelines. Child and family health promotion and intervention, such as education and resources to promote early learning and nurturing relationships, and address sources of family stress and caregiver mental health.
  - o Facilitated referral and linkage to comprehensive services.
  - o Ongoing case-management, communication, and coordination with community partners.

In addition, recipients should be involved in activities that support the coordination of services in communities at risk for poor maternal and child health outcomes. This may include participation in:

- The Alaska Home Visitor's Alliance (HVA), plans for program expansion, enhancement, community capacity building, sustainability and financing in collaboration with partners.
- Home visitor workforce development, in topics such as trauma informed care, mental health, and early literacy. **\*All home visitors and home visitor supervisors must attend all Home Visiting ECHO and Alaska Home Visiting Summit opportunities. \***
- Partnerships to address systemic barriers to family reach and enrollment.
- Identifying gaps to address family needs, such as infant early childhood mental health (IECMHC).
- Participate in cross-sector community councils and other coordination efforts.

Alaska MIECHV encourages you to engage in active, ongoing collaboration with the following representatives, including inviting their participation in the required PAT community advisory board (CAB):

- Representatives of aligned early childhood and family serving programs.
- Tribal representatives.
- Individuals representing eligible families and communities served.

Alaska MIECHV also encourages you to provide support for these representatives to participate equitably and meaningfully in these roles and ensure that advisory members represent the range of the populations being served.

If the respondent intends to serve tribal communities, then these services must not be duplicative of, but rather must be coordinated with, any services provided by the Tribal MIECHV Program in these communities, if applicable.

#### **D. Addressing Health Disparities**

You are expected to implement home visiting program strategies that contribute to the reduction of disparities in family outcomes in MIECHV benchmark areas. You can use technical assistance resources, such as the Parents as Teachers State Office with the University of Alaska Child Welfare Academy, to advance these activities. Consider how home visiting services, in coordination with comprehensive statewide and local early childhood systems, can help you identify and address the social determinants of health in your project planning, implementation, and/or evaluation.

Home visiting implementation strategies that may advance these objectives include, but are not limited to:

- Collecting and analyzing program data to identify key health disparities and their causes.
- Engaging family and community representatives in advisory and collaborative roles, including on the required PAT community advisory board (CAB).
- Providing leadership development opportunities and compensation for participating family representatives.
- Engaging a broad range of referral partners, including those that support access to services that address social determinants of health.
- Recruiting and retaining a workforce that can provide culturally and linguistically appropriate services, including personnel that are representative of communities served.
- Leveraging CQI activities to identify, address, and mitigate systemic barriers.
- Promoting comprehensive, trauma-informed, and multi-generational approaches to service delivery and coordination.

Please note: the MIECHV Program generally does not fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required to maintain fidelity to an evidence-based model approved for use under MIECHV. Recipients may provide health education or health literacy training, as well as coordinate with and refer eligible families to direct medical, dental, mental health, or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding (to the extent available and appropriate) may provide reimbursement.

#### **E. Implementation Oversight**

### 1. Staffing

MIECHV funded programs should develop and support strategies to recruit and retain staff. MIECHV programs can develop and enforce policies related to compensation standards, training, workplace flexibilities, and other strategies to retain qualified and competent staff. You are encouraged to leverage TA and support through the University of Alaska Child Welfare Academy Parents as Teachers State Office. Awardees should consider the following strategies:

- a. Ensuring high-quality supervision, such as reflective supervision.
- b. Supporting home visitors to serve families facing significant challenges through practices aligned with IECMHC. This includes Facilitated Attuned Interactions (FANI) training of all home visiting staff, including direct supervisors.
- c. Hiring a broad range of staff who reflect communities served. When feasible, consider hiring staff with lived experience or those who have received home visiting services themselves.
- d. Provide staff supports including competitive compensation ranges, flexible schedules, and work-life balance strategies.
- e. Offering high-quality training and professional development opportunities.

### 2. High-Quality Supervision

You must maintain high-quality supervision to establish home visitor competencies. MIECHV requires home visiting staff funded through the MIECHV award to use reflective supervision or practices aligned with IECMHC as components of high-quality supervision, as long as those efforts are consistent with model fidelity. Programs must develop and implement policies and procedures that ensure high-quality supervision in alignment with fidelity to the model(s) implemented.

Definitions:

**Reflective Supervision** – Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children’s primary caregiving relationships. Reflective supervision is a practice that acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is different from administrative supervision and clinical supervision as the shared exploration of the parallel process, or attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant or toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor’s ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor.

**Infant and Early Childhood Mental Health Consultation (IECMHC)** – A prevention-based approach that pairs a mental health consultant with adults who work with infants and young

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children in order to equip these caregivers to facilitate children's healthy social and emotional development. IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.

### *3. Subrecipient Monitoring*

The State of Alaska must monitor the performance of all MIECHV Awardees to ensure compliance with federal requirements and performance expectations. All MIECHV awardees must comply with [45 CFR part 75](#) regulations. Each Awardee must maintain a program manual or plan to ensure that all programmatic and fiscal requirements are met. Your manual or plan should include the following:

- a. The individual(s) responsible for carrying out each aspect of the manual/plan.
- b. The person(s) responsible for and the method for performing internal audits to review financial and program operations, including, but not limited to:
  - i. Compliance with MIECHV program activities and requirements outlined in this Appendix, applicable federal regulations, and the process for ensuring deficiencies are corrected.
  - ii. Enrollment and retention of eligible families in home visiting services.
  - iii. Coordination and referral pathways with local early childhood services providers
  - iv. Implementation of home visiting model(s) with fidelity.
  - v. Proper spending of funds.
- c. Reconciling budgeted spending to actual spending.
- d. Checking spending for allowability and allocability.
- e. TA support contacts.
- f. Tracking and reviewing report submissions.

In addition, the State of Alaska will conduct annual site visits to ensure the award is:

- Is used for authorized purposes.
- Is used for allowable, allocable, and reasonable costs.
- Is in compliance with federal statutes and regulations.
- Is in compliance with the terms and conditions of the grant award.
- Achieves applicable performance goals.

The annual site visit will also include activities such as:

- Reviewing financial and performance reports as required by the State of Alaska in compliance with federal requirements.
- Performing internal audits to review financial and program operations.
- Requesting technical assistance, when needed.
- Following up to ensure timely and appropriate action by the Awardee on all deficiencies identified through required audits, site visits, or other procedures pertaining to the federal award.

#### *4. Technical Assistance Engagement*

MIECHV promotes the provision of TA through a relationship-based approach. As such, we expect offerors to engage with the Parents as Teachers State Office through the University of Alaska Child Welfare Academy regularly as well as other TA supports as needed to support high-quality implementation of home visiting. You must also engage with your TA providers during the review of annual performance reports and CQI plans.

### **B. Data and Evaluation**

MIECHV's learning agenda involves a combination of:

- Continuous quality improvement (CQI).
- Performance measurement.
- Rigorous evaluation at the national and state levels.

Each of these activities provides important, but distinct, information about the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting. More guidance on the requirements and methodology associated with the Demonstration of Improvements available online in the [MIECHV Data and Continuous Quality Improvement](#) webpage.

#### *1. Continuous Quality Improvement Process*

The program must engage in ongoing quality improvement for individual and collective activities. Quality improvement activities should be designed to reflect on the team's PAT practices, utilize program performance data, and enhance the program's quality and outcomes over time. Activities will include participation by the program's supervisor and all MIECHV PAT parent educators, the State PAT Office, and will be led collaboratively with State WCFH Staff.

Quality Improvement Activities must actively work to demonstrate improvements for families and children served in the benchmark areas. The contractor will demonstrate evidence of work towards making improvements from baseline data measurements. Examples of evidence will include data reported through the NFP reporting system, summaries of chart audits and outcomes of quality improvement work. Activities will include Plan-Do-Study-Act (PDSA) or other tests of change and may involve requesting and participating in technical assistance from state or federal resources.



The grantee will provide feedback and input into the Alaska MIECHV CQI Plan, which is annually updated for the federal funder.