

Florida MIECHV Initiative
Supplemental Policies
for Parents as Teachers (PAT) Sites



The Florida MIECHV Initiative provides funding for the implementation of the full evidence-based model of Parents as Teachers. Federal MIECHV funding is intended to support services for higher risk families at an intensity and duration that can impact outcomes across the six MIECHV Benchmark areas. The Florida MIECHV Initiative has developed these policies in conjunction with the Parents as Teachers National Center to align PAT implementation with MIECHV funding requirements. Ensuring PAT is provided with fidelity to the model consistent with MIECHV requirements is the responsibility of the local implementation site.

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Policy 1: Eligibility, Recruitment, and Enrollment in MIECHV Services

1.1 Eligibility

MIECHV PAT recruitment should focus on serving eligible families per the HRSA Priority Populations list, which is congruent with the PAT high needs characteristics. Families eligible for enrollment must have at least two high needs characteristics, according to *PAT Recruitment and Enrollment Record* criteria. Eligible participants include pregnant women/participants and families with young children. PAT programs must be designed to provide at least two years of service and families must be enrolled early enough so that a target child will not “age out” before two years of service are provided. To achieve maximum benefit, Florida MIECHV encourages enrolling families during pregnancy or during the first months of the child’s life and serving the family at least three years.

The definition of a **MIECHV target child** includes any pregnancy and/or child under the maximum enrollment age at the time of family enrollment. This means there may be more than one target child and they may be of different ages. The maximum age of enrollment is 12 months for most MIECHV PAT programs. If approved by the MIECHV Project Director and after receiving the PAT Foundational 2 training (3-5 curriculum), programs may enroll eligible families with children up to 24 months old.

- **Prenatal Enrollment:** If the mother/birthing parent is pregnant at enrollment, the child born from that pregnancy is enrolled as a MIECHV target child, as well as any other child under 12 months (or other maximum age of enrollment).
- **Postnatal Enrollment:** If the mother/birthing parent is not pregnant at enrollment, any child under 12 months (or other maximum age of enrollment) at the time of enrollment is enrolled as a MIECHV target child.

Children born as a result of pregnancies occurring after enrollment and children older than 12 months (or other maximum age of enrollment) at enrollment are not MIECHV target children.

1.2 Enrollment

Formal enrollment includes completion of the following:

- Consent forms must be signed during the first part of the enrollment visit if they were not signed during a recruitment visit.
- *PAT Recruitment and Enrollment Record* and MIECHV forms are completed as indicated in the MIECHV Data Collection Manual. Any MIECHV forms started during recruitment should be completed with the date of the enrollment visit.
- Foundational Visit Plan 1 must be used to deliver visit content and documented on the *Personal Visit Record*.

Policy 2: Services Provided to Families

The PAT model requires that all components of the program are implemented as described in the PAT Essential Requirements and PAT Quality Standards. Florida MIECHV requires that funded programs meet, and sometimes exceed, the minimum requirements described in these materials. Programs are responsible for understanding all model requirements for Screening, Group Connections, Resource Network and Personal Visits and all MIECHV requirements. Where expectations for MIECHV exceed PAT minimum requirements, policies have been developed and requirements are described.

2.1 Expected Frequency of Personal Visits

Expected visit frequency for all MIECHV families is twice-monthly, at a minimum, for the duration of the program. Families should understand this expectation when enrolling in the program and every effort should be made to maintain engagement at this level.

It is best practice for programs to provide weekly visits during the first month or more to ensure that a strong relationship is established with the family and that the family's needs and goals are clearly understood and are being addressed. A higher visit frequency may also be needed for families with numerous risk factors and few protective factors, or when a family is experiencing an extended crisis during which time more frequent services could provide benefit.

In rare instances, a participant may no longer have two or more high needs characteristics and may have difficulty keeping twice-monthly visits due being in school or working full-time. If the participant is making progress in the program and has expressed a desire to continue services, monthly visits may be considered as an alternative to closing the family. However, Florida MIECHV expectation is that sites actively serve their full funded caseload (usually 100 families) and provide at least twice as many personal visits per month (usually 200 visits).

2.2 Screening

In addition to the PAT required screening, Florida MIECHV requires the completion of the following screening and assessment tools:

- Edinburgh Postnatal Depression Scale (EPDS);
- Relationship Assessment Tool (RAT);
- HOME Inventory;
- ASQ-3 at 10, 18 and 30-month intervals; and

the following MIECHV Data Collection forms:

- Enrollment Forms (Participant Record Form, Target Child Record Form);
- Delivery Information Form;
- Household Profile Form and Child Wellness Update Form;
- Infancy Questionnaire Form;

- Home Visit Form;
- IPV Assessment Form;
- Edinburgh (EPDS) Results Form;
- Parent-Child Interaction (PCI) Form;
- ASQ-3 Results & Follow-Up Form;
- MIECHV Referrals Form; and
- Dismissal Form.

Programs should use the PAT Data Collection Planner to plan timely completion of these required tools and data collection forms at the correct intervals.

Policy 3: Exit/Dismissal from Program

3.1 Dismissal of Inactive Families

The supervisor should conduct a careful review of families who have not received a personal visit in 45 days or more to determine why services have not been provided. In conjunction with the assigned Parent Educator, a decision should be made on whether the family should remain enrolled in the program while re-engagement efforts continue. Families who have received no personal visits in 90 days or more should be dismissed from the program to allow other eligible families the opportunity to receive services.

3.2 Duration of Services and Completion of Program for MIECHV Reporting

A family must remain enrolled and actively receiving PAT services for two full years to exit with the reason “Completed Service Cycle”. The optimal length of services is three years and parent educators must develop a transition plan with the parent(s) prior to service completion. The family should be closed when the target child has transitioned to VPK, Head Start, similar early learning program, or HIPPPY (if available), and no later than the target child’s fifth birthday.

If multiple target children of different ages are being served, the oldest child will be dismissed when that child ages out and the family can continue the program until the youngest target child reaches the maximum age served by the program. Subsequent pregnancies with non-target children cannot extend the length of services.