

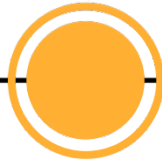
Leave-Behind Opportunity

The Home Visiting Team conducted a search to identify the most commonly used resources in our state to gain a deeper understanding of different home visiting models and the resources available.



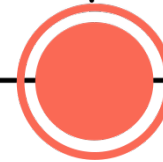
FindHelp GA

Find HelpGeorgia is an easy way for residents to get connected with support, based on our comprehensive directory of local resources that will help strengthen and builds resilience for individuals and families.



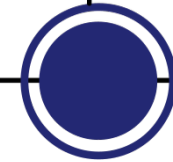
Unite Us

Unite Us is a platform that connects government, healthcare, and community-based organizations to support whole-person care.



Help Me Grow

Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities.



211

The 2-1-1 Contact Center serves as a lifeline, offering assistance to individuals and families seeking support with basic necessities, job opportunities, healthcare, and more.

HV ROADMAP: Collaborating on a Comprehensive "Leave Behind"

Identify Lead Partners & Funding

E.g., inter-disciplinary team, funding streams

Engage Existing and New Partners

E.g., survey or data collection method, current agency partners, community gatekeepers

Identify & Engage Family Advisors

E.g., current agency parent input models, advisory boards, state 2gen approaches, leverage 2gen academy

E.g., working definition, PR materials, inter-agency collaboration efforts

Consider a Statewide HV Plan

E.g., build upon the 2gen HV group's scan, engage interested partners, engage families

HV Landscape Analysis

E.g., one-platform, linking multiple platforms, intentional partnerships to address resource gaps

Determine a Resource Platform Approach

A comprehensive leave behind that is family and provider informed



HOME VISITING RESOURCE GUIDE

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PURPOSE DEFINED

Traditionally, we would start by defining the topic at hand. Yet through this process our team has learned the complexities that come with describing, categorizing, and tracking Home Visiting (HV). At its core, HV involves a trained service provider engaging with individuals and families in the home setting to address mental/behavioral health, growth and development, literacy and academic achievement, safety and security, and the basic living necessities. However, in Georgia, there is not *one* working definition, model, or set of guidelines for HV services. Through this work, our team has determined that while state agencies and organizations may have certain reporting standards and funding streams that guide their HV work, HV is defined differently by each agency, organization, client, and community member. This variance can cause confusion amongst staff during cross-agency collaboration, clients when receiving services from various models or providers, and community partners aiming to support programming through policy and practice changes.

As we conducted this project it became clear that resource access was at the center of each conversation. In some examples, it was the “lack of” that shed light on the barrier to needs being met, in others it was the “abundance of” that allowed families to have their basic needs met and focus on other household priorities. Either way, it was determined that HV staff equipped with the knowledge of a comprehensive rolodex of resources (e.g., leave behind) could mean the difference of families finding a necessary, timely solution or slipping through cracks.

BACKGROUND

Providing a 2Gen lens to better understand the complexities of HV resources will allow more opportunities for the family voice to be heard in planning of how resources are allocated in different parts of the state. To the similar extent that there is not one concise working definition for HV across agencies. Georgia is a unique state with vast differences in counties. Geography, demographics, population are a few of the unique elements that can also impact how HV resources are accessed and used by families and staff. Developing a consistent working definition of HV will provide the state opportunities to network across agencies lessening duplication of services.

As referenced previously each agency views HV based on how policy and/or funding dictates services are to be provided. This can create a gap leaving some families underserved. There are a significant number of resources established to work with families with children 0-5 years of age. As children grow older the number of resources begins to decline. To create a system that holistically serves families without duplication is not only in the interest of the family but will reduce administrative burden and cost to each agency. If there are identified ways to streamline services, and effectively communicate, agencies can reduce the stress and additional trauma families often experience from multiple agencies requiring their time and attention.

Through this process we found ourselves asking: When families come to an agency's attention for formal intervention, what are the primary needs? Are families aware of existing resources within their communities, prior to formal intervention? How are families engaged in the creation or expansion or resources to meet their needs?

RESEARCH METHODS

To understand Georgia's vast HV environments, we took a multi-pronged approach to understanding HV staff and families experience with service delivery and available resources. We conducted original research through survey distribution and analysis, family advisor facilitated discussions, and resource platform exploration. Additionally, we performed a scan of existing resources by reviewing current research on resource platforms and user experience and scanning state agency HV reports.

PRIMARY RESEARCH

Survey. We created, and distributed, a brief survey to collect HV family and staff voice and experience (estimated 5-minute completion time) (See Appendix A). The survey assessed for individual demographic (i.e., client, staff details), FindHelp Georgia familiarity, and resource and need priorities. The survey was distributed through two state agencies utilizing the Georgia Department of Public Health home visiting listserv, and the Georgia Department of Human Services Georgia Division of Family & Children Services listserv and monthly newsletter. The survey yielded 57 responses, 52 from HV staff and five clients. Staff reported working for one of more than five state agencies and nonprofit programs and identified a variety of needs within the community, with housing, transportation, health services, and childcare being mentioned the most. Clients reported that they prefer to receive services through a mixed model of in-person, via phone, and online and clients stated the most common priority mentioned was housing. Overall, half of the respondents have heard of FindHelp GA, and the others had not. Of those who had heard of FindHelp GA, 64% had not used the resource. Of the 19 participants who responded “yes” to having used FindHelp GA, nine said their needs were met and 9 said their needs were not met. Some other helpful feedback shared, which support anecdotal findings, was that it is a *“helpful resource but the bigger issue is that that programs/organizations are at capacity.... attaining services is a challenge.”*

Facilitated Discussions. During the February and March 2Gen sessions, our HV team engaged multiple family voice representatives and 2Gen fellowship on their perspectives of HV, resource connection experience, and resource platform knowledge. Our team's major takeaway is that HV services looks, and is defined, differently among clients than just the few models represented within our team. Additionally, we learned that FindHelp GA and other resource platforms are continually being invested in and updated at the state agency and community program level. Finally, and most importantly, we learned that individuals want to be provided resources before things get too “out of hand”. They want resources connected before they hit their breaking point. These points led our group to discuss the importance of ensuring a comprehensive list of resources are present in a web-based platform and a promoted through strong marketing community-based campaign.

Resource Platform Exploration. While we couldn't analyze every resource platform being utilized within Georgia nor to the degree at which would allow us to provide a formal recommendation, we knew we had the appropriate network connections to analyze one more in depth (FindHelp GA) and then scan a few others (Unite Us, Help Me Grow, 211). The HV team attended a FindHelp GA training, spoke to multiple navigators, and conducted zip code searches (the zip code for each HV team member and

additional zip codes within the limited broadband accessibility zones) for varying resource needs (e.g., housing, transportation, childcare). For the other platforms, the HV team conducted resource zip searches, spoke to 2Gen Academy colleagues whose agencies utilize each platform, and explored the website for better understanding of user experience. By conducting this scan, we learned a few key takeaways about what may be helpful to achieving a comprehensive, complete resource platform:

- Community gatekeepers (e.g., GaFCP, YMCA, school districts or LEAs, etc.) could support input of crucial resources that may be missing from the web-based platform.
- A statewide communications and marketing plan may inform agency / organization staff, families, and other stakeholders and raise awareness of such a needed resource.
- Timely reviews of limited resources would support ensuring that all programs are active, and contacts are up to date.

SECONDARY RESEARCH

State Agency Reports. To further understand the various models of HV, the HV team conducted a search on existing available state agency HV collateral. Through this effort we found that while some state agency annual reports are easily searchable, other state agency HV program data is harder to find. The UGA 2Gen leaders created a HV Inventory Overview which was extremely helpful in furthering the understanding of our HV teams (See Appendix B). This inventory detailed six state agencies, their HV descriptions, eligible population, and reach. Overall, some iteration of HV services is offered in every county, and tens of thousands of families are being served a year, ranging in age and household composition depending on HV program type.

ANALYSIS OF PROBLEM

Through creating a community where all families achieve physically, emotionally, socially, and financially security, we can stabilize our communities and place families on a more positive trajectory. One resource, HV is one model to help achieve this. Home visitors work best when equipped with the knowledge and resources to meet families where they are. Having various online resource platforms, at times, with limited information, can delay or halt the home visitor's ability to provide support and stability. Partnering together across departments to create a comprehensive online resource platform can produce immediate linkage and referral to empower individuals and families.

HV Protocol and Processes

As mentioned, while HV has varying definitions by departments and institutions. Overall, many organizations consider the child's age, pregnancy status, household demographics, and needs when determining eligibility. Resources and services are then provided by a trained service provider (home visitor or connected community partner) who goes into the home to provide assistance, monitoring, or guidance. State departments serve as partnering agencies that provide direct care in the home setting, such as DECAL, GaDOE, DHS/DFCS, DPH, DCH, and DBHDD. Each agency offers HV but varies on population served and frequency. **Research suggests regardless of the population served; the common needs of the families served remain the same.**

Platform Gap Analysis

Individual's receiving HV are either in some form of preventive or interventive service line. These individuals meet with trained staff on a consistent basis according to their level of need. Once a service

or basic need is identified, home visitors can utilize their resources and either provide hands-on guidance and, in most cases, they can provide a leave-behind of available resources. While HV service delivery varies, data suggests a commonality in the theme of what families require for stability, housing, transportation, and childcare. Home visitors across all departments are tasked with locating these resources but may have difficulties in doing so due to the complexities of navigating, lack of information available on, or lack of knowledge of resources within, the online platforms.

Complexities of Platforms. Depending on the service need, some sites may require a trained staff person (home visitor) to provide hands-on assistance to locate resources, as they are not public user friendly. This at times will also require a warm hand-off from the home visitor to ensure the individual in need understands the parameters put in place to qualify for the resource. Home visitors must be selective with the platform chosen and provide immediate follow-up with the family based on their emergent need. This may create burdensome work on the home visitors, as there may be an increased need to conduct more frequent visits to ensure resource connection.

Available Resources. Our survey data suggests that housing, childcare, and transportation are high need areas. Real time data was also conducted by each member from the HV guide cohort, and found that some online platforms lacked many, but specifically these, resources for families to utilize. It is unclear if this lack is due to *input* of available resources or *scarcity* of resources in certain counties. Depending on the geographic area input into various databases, search results often yielded no resources, long waitlists, and specified eligibility requirements (e.g., disability, specific diagnosis like cancer, veteran status, etc.) to receive assistance. This could impede a home visitor's ability to connect families and support achieving stability for the families they serve.

Comprehensive Platform. Research determined that some platforms have the capability to refer and link while others may lean more towards only one function. Home visitors will need to be well scripted on what platform will generate the family's desire. To equip home visitors with the knowledge and resources to meet the needs of the family, a comprehensive platform is needed. Departments must partner together to define HV and create a platform that is user-friendly and meets the holistic needs of a family.

FINDINGS

This project highlights the need for common data gathering between agencies to further evaluate gaps in service as well as overlap of populations served. Through the team's research of easily accessible resources, we learned that significant gaps remain throughout the state as it relates to awareness and accessibility. A strong indicator supporting resource availability came in discussion with a parent advisor who is living in recovery and serving others currently. When we discussed our project and what we were learning she said, "Why couldn't I find these things on my own" often through our own agency language it can be complicated and tricky for professionals and individuals to locate what they need.

Through this project it was evident early on that to develop a universal "leave behind" for home visitors several factors would need to be further researched. Due to the abbreviated time within the 2Gen academy we also quickly realized we would not be able to fully evaluate each program to create a bridge document that fully evaluates similarities and differences to determine if additional commonalities existed supporting the use of a leave behind independent of a connection to resources. HV programs are driven by specific funding that add limitations to what is offered and who can be served.

RECOMMENDATIONS

To address these unique challenges, it is recommended that we consider leveraging what already exists (e.g., various resource platforms) while developing a collaborative strategy that hinges on the following three components: Awareness, Access, and Action. This approach will support both HV coordination efforts and resource platform adjustments.

AWARENESS

Consistent Messaging. Develop a clear and concise message regarding HV definition, services, resources, and the selected platform that works best for the agency.

Stories and Testimonials. Engage past and present HV families to gather testimonials (positive and negative) from clients who have utilized HV services and resource platforms. Leverage their input to inform messaging as well as program and policy improvements.

Interdisciplinary Marketing Approach. Employ a multi-channel approach to reach a broader audience. This can include traditional channels like press releases, radio, TV, and print media, as well as digital channels such as social media, email marketing, website content, and online advertising.

Community Stakeholders Engagement. Identify key gatekeepers, stakeholders, and organizations across the state who can help amplify the identified message. Partnering with trusted individuals or organizations (e.g., community leaders, local government officials, religious leaders, schools, and heads of community organizations) can significantly increase the reach and credibility of the work.

Events and Webinars. By engaging families, HV staff, and crucial partners in this work to organize, or attend, events, webinars, health fairs, and workshops to showcase platforms while educating the community about its benefits, we can continue to expand resources within the platforms and connect families to them.

ACCESS

The expansion of community access for a resource platform involves a comprehensive approach that includes outreach, education, and ongoing collaborative efforts.

Intentionally Identify and Target Specific Communities. Identify at-risk populations who are eligible and / or participating in HV services. Then, conduct community-based research, and garner family voice to help identify the platform's gaps, determine which communities may benefit most from the certain resources, and collaborate with stakeholders on how to ensure resource collection and inclusion addresses family needs.

User Experience. Organize information sessions or workshops in community centers, libraries, schools, and other public spaces. These sessions should introduce the completed comprehensive platform and demonstrate how individuals can use it to access resources and supportive services. Organizing sessions and workshops for community users allows us to educate community members autonomy in addressing their needs, while offering hands-on assistance and troubleshooting support as needed particularly for those who may not be as tech savvy. Further, it provides a chance for the state to learn opportunities of improvement for platform protocols and policies.

ACTION

Community Champions. Identify individuals within the community who are passionate about social services, community development, technology, and other relevant topics that will support this effort. These champions can serve as advocates for the platform and engage in improvement, rollout, and maintenance processes.

Establish Partnerships. Georgia has a unique philanthropic and collaborative landscape that can be a resource for this work. For example, we have Georgia Family Connection Partnership, which houses a partner in each county across the states. Additionally, various state agency district and regional offices exercise local control of resource opportunities. There are various public and private partners to engage in an interdisciplinary approach to achieve a complete leave behind to support HV and families.

Secure Funding. Sustainability of a comprehensive platform is crucial. One way to support sustainability is to explore braiding funding opportunities (e.g., federal grants, state options, public private partnerships).

CONCLUSION

Overall, while we have found that HV is a complex system of partners and delivery models, Georgia may have an opportunity to simplify processes (e.g., definition, resources platforms) and refine how we provide services to families. Our team could not fully explore each resource platform, conduct in-depth HV staff and client research, or review existing literature, during abbreviated timeline and scan. However, our time together revealed an opportunity for Georgia to consider a cross-agency collaborative approach to support the defining and promoting of HV models and services, as well as ensuring a comprehensive resource platform to benefit HV staff and families.

APPENDIX

Appendix A: Home Visiting Survey Responses

Appendix B: Georgia Home Visiting Program Inventory Overview

Appendix A: Home Visiting Survey Responses

Timestamp	Please select which best describes how you prefer to receive services	How do you prefer to receive services?	What are your top 3 resource needs you are looking to have met?	What state agency or home visiting program are you employed with?	What are 3 areas of need within the community you serve?	Have you heard of Find Help Georgia?	Have you used Find Help Georgia?	If you have used Find Help Georgia, were your resource needs met through a service listed on the website?
1/31/2024 10:04:00	Home Visiting Staff			Georgia Department of Public Health	Housing assistance and transportation assistance	Yes	Yes	No
1/31/2024 10:08:02	Home Visiting Staff			Georgia Department of Early Care and Learning	Health care for parents, financial resources, and more autism resources	Yes	Yes	Yes
1/31/2024 10:11:30	Home Visiting Staff			Georgia Department of Public Health	insurance, diapers, groceries	Yes	Yes	No
1/31/2024 10:19:14	Home Visiting Staff			Georgia Department of Early Care and Learning	Housing/Childcare/Household Supplies	Yes	Yes	No
1/31/2024 10:20:28	Home Visiting Staff			Georgia Department of Public Health		Yes	Yes	No
1/31/2024 10:20:41	Home Visiting Staff			Georgia Department of Public Health	utility/rent assistance, transportation resources, immigrant/refugee assistance	Yes	Yes	It's a useful resource but the biggest issue is that programs/organizations are at capacity. Attaining services are a challenge.
1/31/2024 10:30:39	Home Visiting Staff			Georgia Department of Public Health	Nutritional Support, Utility assistance, childcare	Yes	Yes	No
1/31/2024 10:43:42	Home Visiting Staff			Healthy Families	Low Income Single Parents DFACS Case referrals	No	No	I have not used Find Help Georgia
1/31/2024 10:44:31	Home Visiting Client	In-person	Books and important information on milestones			No	No	I have not used Find Help Georgia
1/31/2024 11:21:54	Home Visiting Staff			Healthy Families	Transportation Assistance, Childcare Assistance, Assistance for Undocumented Families	Yes	Yes	Yes
1/31/2024 11:45:23	Home Visiting Staff			Healthy family	Housing, childcare, and financial assistance	Yes	No	I have not used Find Help Georgia
1/31/2024 11:48:22	Home Visiting Staff			Georgia Department of Early Care and Learning		No	No	I have not used Find Help Georgia
1/31/2024 12:13:01	Home Visiting Staff			Healthy Families Houston County	Houston	Yes	No	No
1/31/2024 12:17:45	Home Visiting Staff			Healthy Families Houston County	Affordable housing/Rental Assistance, Transportation, and Utility assistance.	Yes	Yes	No
1/31/2024 13:25:23	Home Visiting Staff			Georgia Department of Public Health	Matching the resources that families have, educators spend extra time supporting families accessing them. Families are new to the country, they are learning English, driving and starting new life in new home country.	No	No	I have not used Find Help Georgia
1/31/2024 13:40:05	Home Visiting Staff			Georgia Department of Public Health	Better paying Jobs Affordable Housing Affordable Child care	No	No	I have not used Find Help Georgia
1/31/2024 13:44:06	Home Visiting Staff			Georgia Department of Public Health	Insurance, housing, referrals	No	No	I have not used Find Help Georgia
1/31/2024 13:46:30	Home Visiting Client	Online, Phone, In-person	For insurance, housing, resources for utilities			No	No	I have not used Find Help Georgia
1/31/2024 14:00:41	Home Visiting Staff			Georgia Department of Public Health	Transportation, Housing, Maternal Mental Health(inpatient)	No	No	I have not used Find Help Georgia
1/31/2024 14:01:45	Home Visiting Staff			Georgia Department of Public Health	Housing, Inpatient mental health for pregnant women, transportation	No	No	I have not used Find Help Georgia
1/31/2024 14:11:43	Home Visiting Staff			Georgia Department of Human Services	transportation, housing, employment,	Yes	Yes	Yes
1/31/2024 14:20:30	Home Visiting Staff			Georgia Department of Public Health	transportation, mental health, housing	Yes	Yes	No
1/31/2024 14:32:01	Home Visiting Staff			healthyfamilies	low income single parents dfacs	No	No	I have not used Find Help Georgia
1/31/2024 14:36:28	Home Visiting Staff			Georgia Department of Public Health	Housing, jobs, education	Yes	No	I have not used Find Help Georgia
1/31/2024 15:29:49	Home Visiting Staff			Georgia Department of Public Health	transportation/ car seats/housing affordable housing, public transportation, inpatient substance abuse treatment	No	No	I have not used Find Help Georgia
1/31/2024 16:34:24	Home Visiting Staff			DFCS		No	No	I have not used Find Help Georgia
1/31/2024 19:27:17	Home Visiting Staff			RCPS		Yes	No	I have not used Find Help Georgia
2/1/2024 8:27:53	Home Visiting Staff			Georgia Department of Human Services	Affordable Housing, Shelters, Transportation rural areas often need better internet access, transportation to appointments and affordable housing	No	No	I have not used Find Help Georgia
2/1/2024 8:29:06	Home Visiting Staff			Georgia Department of Public Health		No	No	I have not used Find Help Georgia
2/1/2024 8:39:58	Home Visiting Staff			Georgia Department of Public Health	Housing, Transportation, free mental health services	Yes	Yes	Yes
2/1/2024 8:40:51	Home Visiting Staff			Georgia Department of Public Health	Housing, Transportation, free mental health services	Yes	Yes	Yes
2/1/2024 8:43:52	Home Visiting Staff			Georgia Department of Public Health	bilingual resources, housing support, food assistance	Yes	Yes	used to refer families. Unsure if needs were met
2/1/2024 9:08:07	Home Visiting Staff			Georgia Department of Public Health	affordable housing, affordable transportation	No	No	I have not used Find Help Georgia
2/1/2024 9:38:06	Home Visiting Client	Online, In-person	drug identification resources, home visit training, policy trainings			No	No	I have not used Find Help Georgia
2/1/2024 11:24:51	Home Visiting Staff			Georgia Department of Public Health	financial resources, resources for teen parents, affordable health care insurance	No	No	I have not used Find Help Georgia
2/1/2024 11:47:58	Home Visiting Staff			Georgia Department of Human Services	mental health services, substance abuse services, parenting services	No	No	I have not used Find Help Georgia
2/1/2024 11:49:00	Home Visiting Staff			Georgia Department of Human Services	mental health, substance abuse, and parentin	No	never heard of it	never heard of it
2/2/2024 8:42:18	Home Visiting Staff			Georgia Department of Public Health	Daycare,	Yes	Yes	Yes
2/2/2024 9:13:09	Home Visiting Staff			Georgia Department of Public Health		No	No	I have not used Find Help Georgia
2/2/2024 10:08:50	Home Visiting Staff			Georgia Department of Public Health	transportation for clients, competitive salaries for home visitors, continued ability to visit with different formats -hv, phone, different forms of social media/virtual visits.	Yes	Yes	Yes
2/2/2024 13:24:22	Home Visiting Staff			Georgia Department of Public Health	Transportation, Health benefits for adults, and food	Yes	Yes	No

Timestamp	Please select which best describes how you prefer to receive services	How do you prefer to receive services?	What are your top 3 resource needs you are looking to have met?	What state agency or home visiting program are you employed with?	What are 3 areas of need within the community you serve?	Have you heard of Find Help Georgia?	Have you used Find Help Georgia?	If you have used Find Help Georgia, were your resource needs met through a service listed on the website?
2/2/2024 16:29:22	Home Visiting Staff			Georgia Department of Public Health		Yes	No	I have not used Find Help Georgia
2/3/2024 9:02:09	Home Visiting Staff			Georgia Department of Public Health	Employment, childcare, financial assistance (rent, utilities, etc)	Yes	No	I have not used Find Help Georgia
2/5/2024 14:17:10	Home Visiting Staff			Healthy families	Rental assistance, daycare assistance, and health screenings	No	No	I have not used Find Help Georgia
2/5/2024 14:26:54	Home Visiting Staff			Georgia Department of Public Health	Healthy Families, First Steps, & Grandparent Connection.	No	No	I have not used Find Help Georgia
2/5/2024 14:28:35	Home Visiting Staff			healthy families	housing, utility assistance, food assistance	Yes	No	I have not used Find Help Georgia
2/5/2024 15:31:50	Home Visiting Staff			Coastal Coalition for Children	Medicare, housing and employment	Yes	No	I have not used Find Help Georgia
2/5/2024 15:52:25	Home Visiting Staff			Georgia Department of Public Health	transportation, housing, diaper bank	Yes	Yes	Yes
2/5/2024 18:58:56	Home Visiting Staff			Health Families		No	No	I have not used Find Help Georgia
2/6/2024 8:18:51	Home Visiting Staff			Georgia Department of Public Health	assisting with resources, referral to Child Find, and Referral to child health programs and community	No	No	I have not used Find Help Georgia
2/6/2024 8:28:41	Home Visiting Staff			Coastal Coalition For Children	Quality Child Care, Funds for rent/utilities, more outreach events	No	No	I have not used Find Help Georgia
2/6/2024 14:12:41	Home Visiting Staff			Georgia Department of Public Health	navigating school system, navigating Medicaid, resources for clothing, shelter, rent/mortgage assistance	Yes	No	I have not used Find Help Georgia
2/6/2024 17:28:48	Home Visiting Staff			Local non-profit, Healthy Families program, funded by DPH and DFCS	affordable housing, childcare, positive parenting support	Yes	Yes	Yes
2/6/2024 20:29:41	Home Visiting Staff			Healthy families	Low income	No	No	I have not used Find Help Georgia
2/6/2024 20:59:30	Home Visiting Client	Phone, In-person				No	No	I have not used Find Help Georgia
2/7/2024 13:39:10	Home Visiting Client	Online, Phone, In-person	Work car and bigger living space			No	No	I have not used Find Help Georgia
2/7/2024 16:35:41	Home Visiting Staff			Georgia Department of Public Health	development, childhood, healthcare	Yes	No	I have not used Find Help Georgia

GEORGIA HOME VISITING PROGRAMS INVENTORY OVERVIEW

Scope: A person from a state agency or person funded by a state or federal program going into the home to meet with and work with families and children under the age of 18.

Agency	Type of Home Visiting Programs	Populations Served & Frequency	Typical Providers	Counties Served	Number of Programs	Approx. Number of Families/Children Served or Program Capacity
DECAL	DECAL offers Early Head Start to promote secure parent-child relationships and help parents provide high-quality early learning experiences in language, literacy, mathematics, social, and emotional functioning, approaches to learning, science, physical skills, and creative arts.	Birth to three. Families impacted by poverty, children with disabilities and medically complex needs, expectant families, & dual language learners. Typically, one home visit/week per family.	Two school districts and one community action agency	Clarke, Burke, and Fayette	3	114
GaDOE	Home visiting services through school districts. Additionally, Georgia Parent Infant Network for Educational Services (Georgia PINES) offers training and support across all areas of development for families whose children are diagnosed with hearing and/or vision loss.	Birth to five, depending on program. Families whose children have hearing loss (SKI-HI/Deaf Mentor), low vision, blindness (VIISA), & hearing and/or vision loss, as well as additional special needs (INSITE). Typically, one home visit/week, depending on program.	School districts and Georgia PINES	All	5*	418*
DHS-DFCS	Programs to support families and prevent abuse, preserve families, reunify families, and promote permanent placement or adoption.	Birth to under 18, depending on program. Families at risk for child abuse/neglect, low-income, and who have adoptive children from DFCS, immigrant and low literate families, children with special needs, adoptive children/families, teen and first-time parents, & parents with mental health or substance use issues. Frequency of visits depends on program.	Local implementing agencies	Various	37**	2,544** <i>Please note: CPS programs are not included in the number above; those capacities vary by provider</i>
DPH	Parental health and parenting skills, family well-being, early language and literacy activities, developmental referrals, and connecting families to services.	Pregnancy to five, depending on program. Children with special needs, families at risk for child abuse/neglect, low-income, immigrant, and low literate families, teen and first-time parents, & parents with mental health or substance use issues. Typically, one home visit every two weeks, depending on program.	Local implementing agencies/public health districts	Various	21**	1,531**
DCH (CMOs)	Intervention programs to provide prenatal care and doula services, as well as reduce intensive use of hospital services.	Expecting mothers to postpartum, depending on program. High risk and complex pregnancy populations and low birth weight babies. Frequency of visits depends on program.	CMOs	All	Varies by CMO	

Agency	Type of Home Visiting Programs	Populations Served & Frequency	Typical Providers	Counties Served	Number of Programs	Approx. Number of Families/Children Served or Program Capacity
DBHDD	DBHDD provides community support, crisis intervention, family counseling, family training, individual counseling, intensive family intervention, mobile crisis response services, parent peer support, youth peer support, support coordination, planning list administration, family support, in-home intensive services, nursing, respite, behavior support, and natural support training to children and families	For behavioral health services, most programs serve youth ages 4 to 21 with a behavioral health condition For intellectual/developmental disability support, generally individuals at least 5 years old Frequency of visits depending on the child's or family's needs	DBHDD's Behavioral Health Provider Network, specialized vendors, DBHDD's intellectual/developmental disability provider network, DBHDD's I/DD planning list administrators, DBHDD family support service provider network, DBHDD's I/DD support coordination provider	All	18	

*Number does not include school districts

**In addition to sole sponsorship, the number also includes programs sponsored by both DHS-DFCS and DPH

Note: The numbers shown in the chart above are approximations and only include programs currently in the inventory.

Acknowledgement:

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