




Public Health


Prevent. Promote. Protect.


Greene County


Maternal, Child & Infant Health Program Resource Guide



 **Department of Children & Youth**
Help Me Grow Early Intervention

 **Department of Children & Youth**
Help Me Grow

 **Department of Health**
Children with Medical Handicaps

 **Department of Health**
Women, Infants, and Children Program (WIC)

 **Nurse-Family Partnership**
Helping First-Time Parents Succeed™

 **Cribs for Kids®**
Helping every baby sleep safer

 **Healthy Families America®** – AFFILIATE –



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Meet our Administrative Team

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Welcome!

Greene County Public Health provides a variety of community-based services to support mothers and babies. We inform the community about emerging and ongoing maternal child health issues in Greene County. Our programs are designed to support the health, development, and nutritional needs of infants, children, and families. Our programs include Women, Infants, and Children, Children with Medical Handicaps, Early Intervention, Help Me Grow Home Visiting with Healthy Families America program, Family Connects, and the Nurse-Family Partnership, and Cribs for Kids®.

This resource guide will provide you with information on each of these programs to determine which one is right for you and your family.





Department of Children & Youth

Help Me Grow

About the program

Help Me Grow is a voluntary family support program for pregnant women or new parents. Offered in every state county through a well-established network, Help Me Grow is an evidence-based program that promotes healthy growth and development for babies and young children. Our home visitors are well-trained professionals who use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their children.

Program Goals

Help Me Grow believes all young children deserve the same opportunities to realize their full potential in life, regardless of economic, geographic, and demographic considerations. The parenting education and child development resources provided to families allow them to maximize this critical development period in their child's life, providing a foundation for lasting success. Greene County has adopted three evidence-based models for Early Childhood Home Visiting: **Healthy Families America**, **Nurse-Family Partnership**, and **Family Connects**.

Topics

When a parent schedules a home visit with Help Me Grow, they will have the opportunity to share their thoughts about parenting, ask questions, and receive reliable information based on their family needs or topics of interest. Topics may include, but are not limited to:



Healthy Pregnancies
Local Resources
Discipline
Child Growth and Development

Baby and Child Health
Breastfeeding
Household Safety

Nutrition
Immunizations
Child Safety

Healthy Families America

Healthy Families America has been accredited since December 2018 and continues to follow the model of fidelity. We use the Growing Great Kids curriculum and have three family support



specialists/family resource specialists providing home visits to families with varying levels of education and expertise. All are

credentialed through the Ohio Department of Health after extensive training. This is a strengths-based program – we develop the families’ goals based on their strengths! We focus on enrolling families as early as prenatally until three months of age to receive maximum benefit however, we can enroll up to the child’s 2nd birthday and serve the family until the child turns three.

Eligibility:

- Enrollment can occur prenatally and until the child’s 2nd birthday
- All families are served until the child’s 3rd birthday
- WIC or Medicaid-eligible users

Nurse-Family Partnership

The Nurse-Family Partnership was implemented in Greene County in May of 2022. We have two Registered Nurse Home Visitors. The primary focus is enrolling first-time moms before 28 weeks gestation. We also began





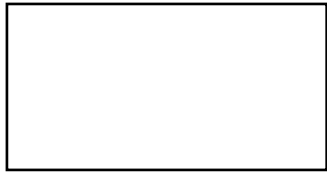
registering multiparous - moms who are not expecting their first child - as well as “late registrants”, who are beyond 28 weeks gestation. These latter programs are exceptions and have specific criteria for enrollment. We serve all families until the child turns two years old. With your very own free Nurse-Family Partnership personal nurse, you will get the support, advice, and information you need during your pregnancy and when your baby arrives, and we serve the family until the child’s second birthday.

Eligibility:

- Prenatal, expecting their first child (<28 weeks gestation), up to age two
- Late registrants (>28 weeks but before delivery), up to age two
- Multiparous moms (mothers expecting their 2nd, 3rd, 4th, etc. child), up to age two
- WIC or Medicaid-eligible users

Family Connects

Family Connects is an evidence-based model designed to support whole-person, integrated health for all families of newborns at a moment of life-changing transition. Family Connects nurses are trained to carefully assess newborns and mothers and discuss concrete next steps to address opportunities and concerns, including seeking immediate medical care when necessary. These nurses also keep the whole family in mind, recommending appropriate mental health services or medical care for other family members as needed—and they follow up to make sure families’ needs are met.



It is a model that provides vital in-home clinical care by nurses and referrals to local supports for newborns and their family members. The program is designed to support optimal maternal-child health



and advance equitable outcomes, while promoting better aligned community care systems.

Eligibility:

- For all, regardless of income or background.
- There is no cost to recipients.
- Visits are made by highly trained registered nurses.
- Visits are scheduled around 3 weeks after a baby's birth



Help Me Grow Program Referral & Point of Contact

Scan the QR code below to make a referral.

Referral cards are located in offices such as WIC, obstetricians, and pediatricians, and can be used for referrals.



Contact Nancy Kessinger or Jennifer Barga through email or phone (call/text) numbers below and provide the information to reach out to a family.

**Email: nkessinger@gcph.info | Phone: 937-824-0889
or jbarga@gcph.info | 937-374-5615**



Department of Children & Youth

Help Me Grow Early Intervention

About the program

Early Intervention is Part C of the Individuals with Disabilities Education Act (IDEA), a federal law that lays out children's rights in special education, including early identification and referral.

Early Intervention builds upon and provides support and resources to assist family members and caregivers in enhancing children's learning and development through everyday learning opportunities.

- Early intervention is an intervention program;
- Serves children who have identified medical diagnoses or developmental delays and their families up to the child reaching age three;
- Provides screenings, developmental evaluations, child and family assessments, and specialized services for enhancing development;
- Focused on building the competence and confidence of families;
- Early Intervention works to teach caregivers to be lifelong advocates for their children.

Program Goals and Outcomes

- Enhance children's learning and development through everyday routines;
- Enhance the development of infants and toddlers with disabilities;
- Enhance the capacity of families to support the development of their children;



- Reduce the educational costs to society by minimizing the need for special education and related services.

Help Me Grow - Early Intervention Services

- One Service Coordinator is assigned per family and is the family's primary point of contact;
- Provides screenings, facilitates developmental evaluations, child and family assessments, IFSP development, transition planning;
- Monitors service delivery;
- Refers to agencies, specialists, programs, and other community resources;
- Primary Service Provider coaching model, EI evidence-based service;
- Delivers specialized services for enhancing child's development;
- Services are individualized to meet the unique needs of the child and family;
- Home visits are voluntary, confidential, culturally sensitive, and respectful of the family;
- There is no cost to families;
- Visits take place within everyday environments and natural routines.

"I am very thankful for such a wonderful program like Help Me Grow. The staff was great to work with and I am seeing amazing progress with my daughter daily."





Eligibility:

Any child, prenatal to age three, having:

- A diagnosed physical or mental condition that is likely to negatively impact the child’s development **or**
- A documented developmental delay, as evidenced by a specific standardized tool, **or**
- An informed clinical opinion provided by specific EI professionals
- No income requirements

Automatic Eligibility: Newborn Conditions

Very low birth weight (i.e., less than 1,500 grams) diagnosed at birth or within thirty calendar days after birth with:

- Intraventricular hemorrhage (grade III), **and/or**
- Chronic lung disease (bronchopulmonary dysplasia), **and/or**
- Retinopathy of prematurity (stage IV or stage V)

Automatic Eligibility: Neonates, Infants or Toddlers

- Chromosomal conditions
- Inborn errors of metabolism
- *Neurological conditions:*
 1. Blindness, including visual impairments
 2. Cerebral palsy
 3. Deafness, including hearing impairments
 4. Epilepsy/seizure disorder
 5. Hydrocephalus
 6. Hypoxic ischemic encephalopathy
 7. Intraventricular hemorrhage (grade IV)
 8. Microcephaly
 9. Muscular dystrophy
 10. Spina bifida
 11. Spinal muscular atrophy
 12. Traumatic brain injury
- Acquired immune deficiency syndrome



- Attachment disorder
- Autism spectrum disorder
- A blood lead level of five micrograms per deciliter or greater
- Cranio-facial anomalies
- Cyanotic congenital heart disease
- Fetal alcohol syndrome
- Infants of untreated mothers with phenylketonuria
- Infection, fetal/neonatal (herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- Neonatal abstinence syndrome
- Sickle cell anemia

Help Me Grow - Early Intervention
Referral & Point of Contact

Scan the QR code below to make a referral.



Contact Pam Hamer by email or phone, and provide the child's name, date of birth (if born), parent name, parent phone number, email, and address.

phamer@gcph.info
937-824-0828
www.helpmegrow.org

You can also call
1 (800) 755-GROW (4769)
to speak with an
intake specialist.



CONCERNED
about your child's **development?**
ACT EARLY!



Helping every baby sleep safer

About the program

The mission of Cribs for Kids® is to prevent infant sleep-related deaths by educating parents and caregivers on the importance of practicing safe sleep for their babies and by providing portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep.

Eligibility:

- Families must meet WIC income eligibility requirements;
- At least 32 weeks pregnant or a child under 1 year of age;
- No other safe sleep space such as a crib, pack 'n play, or bassinet, or ability to attain one;
- Receive safe sleep education and complete the required paperwork.





Cribs for Kids® Referral & Point of Contact

Scan the QR code below to visit the Cribs for Kids® website!



www.gcph.info | Phone: 937-374-5617



Department of Health

Women, Infants, and
Children Program (WIC)

About the program

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to 5 years of age.

Program Goals

The program improves pregnancy outcomes by providing or referring eligible women to support services necessary for full-term pregnancies; reduces infant mortality by reducing the incidence of low birth weight (infants under 5 ½ pounds are at greater risk of breathing problems, brain injuries, and physical abnormalities), and provides infants and children with a healthy start in life by improving poor or inadequate diets.



What WIC Provides

WIC provides nutrition education, breastfeeding education, and support; supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits and vegetables, and iron-fortified infant formula; and referral to prenatal and pediatric health care and other maternal and child health and human service programs.

Eligibility:

- Income must be within established guidelines.
--if receiving Medicaid, TANF, OR SNAP benefits you may automatically qualify for WIC.
- Pregnant, breastfeeding, and postpartum women, infants, and children up to age 5.
- Determined to be nutritionally at risk by a WIC health professional.

How To Sign Up, Points of Contact & Resources

Families can call one of the two WIC clinics that Greene County provides to register for WIC.

XENIA - 937-374-5659

Tues. & Thurs. 8:00am-4:00pm

Friday 8:00am-3:00pm

FAIRBORN - 937-879-4093

Monday 8:00am-5:00pm

Wednesday 8:00am-4:00pm

Scan the QR code below to visit Greene County's WIC web page.



**WIC CAN BENEFIT THE
ENTIRE COMMUNITY.**





Department of Health

Children with Medical Handicaps

About the program

The Children with Medical Handicaps Program (CMH) is a state-administered program within the Ohio Department of Health (ODH). CMH links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need. CMH promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers.



Program Mission

CMH's mission is to assure, through the development and support of high-quality, coordinated systems, that children with special healthcare needs and their families obtain comprehensive care and services that are family-centered, community-based, and culturally sensitive.



Major Components of CMH

- Conducting quality assurance activities to establish standards of care and to determine unmet needs of children with handicaps and their families
- Funding services for the diagnosis and treatment of medically eligible condition
- Collaborating with public health nurses and local health departments to assist in increasing access to care
- Supporting service coordination for children with selected diagnoses
- Assisting families to access and utilize appropriate sources of payment for services for their child

CMH Program Goals

Diagnostic Program: Assist in the payment for services ruling out or making a final diagnosis

Treatment Program: Assist in the payment for services related to the child's eligible condition and other diagnostic services

CMH Eligibility

Program	Age Eligibility	Financial Eligibility
Diagnostic Program	0-21	None
Treatment Program	0-24	Yes
Hemophilia / Cystic Fibrosis	Adult	Depends



CMH Referrals, Resources & Points of Contact

Scan the QR code for more information on CMH



For a referral, please email the client's date of birth, the patient's name, contact phone number, email, address, and a brief explanation of the child's history explaining the perspective of eligibility.

Susie Brooks: sbrooks@gcph.info
Stephanie Sanders: ssanders@gcph.info





Thanks to our Community Partners

- AOHC Board
- AOHC SW Meetings and West Central Meeting
- AOHC Public Affairs
- GC Board Of Health
- Cedarville School of Nursing Advisory Board
- Chambers of Commerce for Xenia, Fairborn, Yellow Springs, Beavercreek
- Child Fatality Review Committee
- Childhood Mental Health Team
- Disconnect to Connect Committee
- Growing Health Together
- District Advisory Council
- Early Childhood Coordinating Committee
- Early Intervention State Advisory Board
- Ebola & Special Pathogens
- Family & Children First
- Greater Miami Valley Breastfeeding Coalition
- Greene County Transit Board
- Greene County Career Center Advisory Committee
- Greene County Community Drug Coalition/Collective Impact
- Greene County Elder Abuse Inter-Disciplinary Team
- Greene County EMA Board
- Greene County Emergency Preparedness Committee
- Greene County ESC Business Advisory Council
- Greene County Career Center Allied Health Advisory Committee
- Greene County Council on Aging Wellness Advisory Group
- Greene County Safety Council
- Greene County Solid Waste Policy Committee
- Greene County Suicide Prevention Coalition
- Greene County Township Association
- Greene County Water Waste Water Advisory Committee
- Guardcare 2023/2024
- Linkage
- Medical Reserve Corps
- Montgomery & Greene Counties Local Emergency Response
- OEHA George Eagle Scholarship Committee
- OEHA SW AEC Planning Committee
- Ohio Association for Food Protection
- Ohio Community Planning Group
- Ohio Injury Prevention Partnership
- OPHA PHN
- Ohio Public Health Accreditation
- Preparedness Summit
- Prevent Blindness Ohio
- Primary Data Committee for Regional CHNA
- Primary Service Provider/Core Team
- Regional Committee for EPI Response Plan
- Regional Community Health Needs Assessment
- Regional EPCs
- RIDS/REDS
- RMRS/MMRS Steering Committee
- Safe Communities Regional Planning Committee
- GCPH Safe Communities Coalition
- SW Ohio Epidemiology
- State PHEP Epidemiology
- SW Food Round Table
- Tobacco Free Ohio Alliance
- United Way Advisory Board
- United Way Community Impact Council
- WCO Regional Exercise Planning
- WCO Regional Epidemiology
- WCO Regional Healthcare Preparedness Committee
- WCO MRC
- WCO Regional Accreditation Coordinators
- WSU MPH Advisory Committee
- Greene County Women in Business
- Xenia Rotary Club
- Xenia YMCA



Public Health

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Greene County

Your Accredited and Trusted Local Public Health Authority Since 1920



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Xenia, OH 45385
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M-F, 8:00am - 4:00pm
www.gcph.info

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