Home Visiting Community Advisory Board (HVCAB) –
Meeting Summary

Meeting Type: Home Visiting Community Advisory Board (HVCAB) **Date: 01.27.25 In-Person Location: CFF, 91 Wolf Creek Blvd, Dover**	**Minutes Completed By: Jen Ettinger**

Attendees:

Jamie Auldane, Marneda Bailey, Heidi Beck, Noelle Bartkowski, Cindy Biederman, Sharronda Boston, Kimberly Cowsette, Mary Dozier, Kelly Ensslin, Debbie Finch, Asaiah Beaman Fisher, Collette Green, Heather Hafer, Kimberly Hardy, Amy Harter, Christine Hoeflich Olley, Laurie Joseph, Joan Kelley, Mary Moor, MariCarmen Morales, Jamie Naudain, Shelly Nix, Andrea Noelle, Kirsten Olson, Erin Rich, Crystal Sherman, Christine Stoops, Asia Summers, Breanna Thomas, Emily Thompson, Liset Villelobos, Gary Webb, Sha'keena Wilson, Sarah Wood, and Sam Wooten.

Call to Order:

The meeting began with introductions, organization & role, and a fun fact.

Roundtable Discussion: Review of Past Recommendations Document

The HVCAB hosted a retreat Oct. 19, 2022, to reenergize the board and realize the mission/vision for home visiting with the goal of creating a path forward.

Priorities that surfaced from 2022 HV CAB Retreat:
1. infrastructure (centralized outreach and resources, fatherhood position, etc.),
2. professional development (common standards and training across all programs),
3. family/community voice needed at the table,
4. communication plans to various stakeholders,
5. functional collaboration/relationship building,
6. IECMHC infusion

Have we worked toward those? If not, why? Are there barriers to help to achieve those? Are they needed anymore? The group talked through these and asked to highlight accomplishments and things we've made progress on, but you still need support or want to get to the next level. Working through barriers.

Outreach/Referrals:

- A piece we know was the outreach and referral capacity with our programs – we are still trying to achieve that 100% capacity. Families look different after COVID; transitioning between virtual and in-person has been a struggle; families aren't committing to the visit schedules. Turnover with families.
- Outreach and getting the message of home visiting to hospitals. FEMR is pushing nurse navigators to get the message to the parents—not just NICU moms but moms who are struggling and need help. There is a need for education on eligibility requirements.
- Providers don't know where to turn and have no time to spend reaching out to a program to help the family.
- Discussion of 'universal home visiting' and conversations about Family Connects. The DE Perinatal Quality Collaboratives are discussing this because they are reviewing hospital records; the DHMIC is also discussing these concepts.
- We need to reach the point where we offer home visits to the masses rather than a select group of families.
- Medicaid reimburses doula services, and having trust in that doula, the doula may be able to refer and help to get families engaged in services.
- The Home Visiting OBGYN toolkit will go to all practices and will showcase the new home visiting marketing materials
- Streamline the process of ordering materials, having them at the practice, and determining how best to distribute them. Staff who talk to families need input. Include a postcard in the toolkit that will take them directly to DE Thrives so they can order materials along with the referral forms.
- Will be calling on the boots on the ground to hand deliver those toolkits. Aesthetically pleasing so that they will open the box with the HV purple. (Distribution 3-4 weeks)
- Redeveloping the last campaign, focusing less on signage and more geared toward tracking referrals.
- HV CHW is interested in meeting with the managers to provide this information to help reach the providers. It is difficult to get to the office manager and figure out who that person is. Can we offer an incentive?
- Nemours now doing L & D for high-risk families, a definite target audience.

- DPH HV is bringing back marketing freebies, onesies, and snack holders and trying to have a QR code visible that takes them directly to the referral page. Providers have a small window of time and a checklist; having materials in the office would be a reminder.
- The 3 Medicaid MCOs use a program with a special form. They encourage providers to fill out the form so they can identify the family's needs. If they fax that back, a monetary incentive is secured.
- 2024 Birth to 3 delivered information kits to the patients, but it was challenging. They are reviewing the approach and see the value in training and educating the organizations.
- Pediatricians' referrals are still a challenge; doctors have a wait-and-see approach. Birth to 3 getting referrals from EHS and childcare facilities. Working with universal ASQs brings up the conversation about services.
- Connections made with the *American Pediatric Association DE chapter – Kidswell Network* recently connected with them and offered the opportunity to present at a meeting.
- Mom's Delaware Facebook group has about 30K members and possible connections.
- The child support director recently hosted live events on Facebook on the Moms of Delaware platform and Q & A platform, helping to empower families.
- DPH's following is not great unless we can get into these other groups and make connections with larger communities to spread awareness.
- Is there an opportunity to set up shops in some of these OBGYN offices or state offices? PAT has done this, but no one is coming in person to the building. Some DPH clinics are trying to pilot some telehealth services.
- NFP was able to get into *the Dedicated to Women office in Dover, which* went weekly from August to Dec 2023. I did not get referrals from them even after sitting in their offices. PAT did boxes with goodies and put flyers and referral forms, but there was no return on investment.
- CFF/HFD (Laurie) went to Beebe and did a presentation. All the nurse managers were present, and there was a good buy-in. Now, we have become the number one referral source for CFF. Tidal Health is not as responsive.
- Does DPH HV have an annual meeting to invite stakeholders and provide incentives and information? Consider holding short town halls (evenings) for stakeholders to learn about our programs.
- Focus on certified nurses, midwives, and women's health nurse practitioners. Bridget Buckaloo invited NFP to a virtual meeting in December to learn more about NFP and to work with their subcommittee on the patients in the fourth trimester. I invited her back in January to join her along with OB providers on Zoom.
- Title V MCH just selected the 4th trimester as a priority and is working to drive home visiting as a strategy.
- Westside and ChristianaCare HV CHW host virtual baby showers, and programs are invited to present and provide information to attendees. The events are available in both English and Spanish.
- Programs going into libraries across the state to provide information. Social services rep and social worker representative in libraries to assist clients on certain days.

Referrals/Retention of Families - Marketing:

- Programs are getting referrals, but families aren't' accepting. How do we build social capital in the community? How do we get moms to take the service and enroll families in our service?
- Misconceptions about home visiting (HV CHW). When talking one-on-one with the moms, the CHW has to break it down for them—what HV is and what it isn't. Explaining that it can be on your time, doesn't have to be in your home, and can also be virtual.
- Convincing mom that it's a resource they really need, explaining '*the HV will walk with you from now until your baby is about 3'. Like it's an emergency, an emergency organization. We give them what they need now, and our job is to connect them with the long-term service.*
- Consider using a different language - Parent support program rather than 'home visiting.' The moment they hear home visiting, they shut down because they think you are coming to judge them and their home. They don't understand it's about them and their baby.
- Obtaining Public Service Announcements at in-person events; getting one liner and recording them to post on the social media feed.
- A video with real families that are engaged—can we get reviews/testimonies? There should be a mention of the MIECHV video.

- Creating more content on a more regular basis.

Feedback from Families:

- EHS requests feedback from families about their experiences with the program. Based on last year's data, participation went up this year, and families strongly agree that our program is great, with a 98% rating.
- At the B23 staff retreat, comments from families were shared. So many of the families shared that they were having a wonderful experience. At the ICC quarterly, we invite 1-2 parents and ask them to explain their story and their experiences.
- Satisfaction surveys are not being done at the state level, but each of the program models has a component to get that feedback. DPH will review its overall performance with the data collected, such as the benchmark forms, we must submit to the feds. We get that as a part of the outcomes.
- Two years ago, DPH looked at personal outreach and focus groups to get moms' feedback on why they declined services. What were the barriers? Ask the ones that were enrolled why they enrolled. But it wasn't a requirement that we do every year.

Tools: ***The Institute for Family Support Specialists (online modules):***

- Developed through an Innovation grant with Iowa and Virginia
- Spanish platform also available.
- Staff can go through training prior to going out in the home to better understand what they are doing and have a better engagement with families.

Work in Process/Recommendations:

- Being more culturally competent and responsive to families to continue engagement.
- Spent 2 years researching different dialects offering not just a typical Spanish translation
- Use of translation pens (up to 500 languages) – pilot with programs?
- Safety training – reviewing policies to determine what they can do to ensure their own safety.

Roundtable Discussion: Highlight Accomplishments, Additional Support Needed and/or Recommendations

- HMG/211: The numbers have been amazing! The goal for last year was a 10% increase, and we are at a 16% increase for calls and referrals. Deb was promoted to manager in July, and two new staff members will start in February.
- Christine's (PAT DECC) relationship with 211 has grown. They have been fantastic at sending referrals.
- In addition to the support from HV, Birth to 3 helps support 211 and was initially able to fill the backlog of developmental screenings. They got caught up and were able to fund another person.
- There is a need for more diverse funding, including overarching early childhood funding, because MIECHV is currently the only funding source.
- 4th-trimester funding, triaging, and helping moms get those appointments because a postpartum visit is just as hard as getting an annual visit with an OBGYN.
- Barriers to getting help: transportation and cultural barriers.
- Beebe is seeing a plague of OBs deserted in Kent and Sussex County, with moms not able to get into first trimester care. The OBGYN office does not keep a waitlist, so tell the mom to call every few days.
- NFP: sharing good news – "*Client retention means more opportunities to support families in achieving healthy outcomes. Better worlds start with great families and great families start with us.*" Retention rates are as follows: Pregnancy: 73.42% in Delaware, nationally 75.36%; Infancy: 54.64% in DE, nationally 50.73%; Toddlerhood: 67% in DE, nationally 45.35%; Graduation rate: 64.89% in DE, nationally 38.11%.
- HFD Highlights: Over 90% of families get their ASQ-3 and SEs.
- 99% of our focused children are connected to a pediatrician, immunizations up to 1 year, 98% and up to 2 years, 100%.
- Depression screenings are at 100% for prenatal subsequent birth; postnatal depression screen up to 86% within 3 months and 100% within 6 months. Subsequent Birth Depression Screening 100%.
- 82% of our babies were born in 2024 above 5 lbs and 8 oz.

- 39 graduates in 2024, and we had ten families do successful early completion with a new piece of our model that we've been doing and our capacity.
- Openings across New Castle and Sussex. The new staff member will be enrolling in families starting next month.

Workforce Challenges:

- Turnover in home visitors is high nationally.
- People are more interested in full-time, not part-time, and need benefits
- Mental health concerns because of the job, you someone who is dealing with many stressors in their own life, having a caseload of families with high stressors – it's hard.
- Education hurdles: PAT prefers a bachelor's degree, but I can ask permission to hire someone with an associate's degree. If it is someone I feel very strongly about, I can go to the funder.
- Concerns about an aging workforce and not getting younger individuals in the field.
- Utilizing interns? We had some interns from Del Tech and have hired them in the past for those positions, but they moved on. Interns can't work alone, which is an issue.

Professional Development:

- Revising professional development: HV has evolved, and those supports need to change with the staff and the workforce. We've had wraparound training in the past but not in a while—motivational interviewing and creating boundaries. We're thinking about offering it a couple of times a year.
- To help retain current staff, give them another tool in their tool kit and make them feel supported. However, this will not help with recruitment. We need to figure out the recruitment part of this.
- Last month, PCAD (Asaiah) met with the supervisors and discussed how to encourage staff and the need to continue supporting staff to participate in wrap-around training. Trying different methods, a 4-part series where they are doing online modules. I don't want to give too much and overwhelm the staff. I appreciate the meetings discussing how to meet them better where they are and continue to support them.

Delaware Family Support Hub and Learning Management System:

- All home visiting staff should have access to resources to streamline the level of information that's been given and when it is given. Some wrap-around training can be recorded and uploaded to this LMS.
- Once we decide on a Public Health level based on what is listed on the LMS, we can then go to individual programs and see about plugging their onboarding to help make hiring easier.
- It makes sense from a tracking perspective, too. Wraparound training is liked by staff but can be an added stressor if their schedule conflicts with seeing a family and having training. More flexibility needs online courses.
- TA: When the HV needs assistance, it does not always have to be referred to the supervisors.

Some of the recommendations we were talking about or identified:

- Diversifying funding: We are very close to getting Medicaid reimbursement, which will not fund the program entirely. There is still a lot of work to do to figure out how to braid this funding, but it's going to be an option.
- Mary mentioned the Family Planning Act; home visiting is still part of that, but it hasn't been approved yet. Lots of models can help, and maybe funding can be tapped.
- Zakiya has been pushing to see how we can provide more support to our bilingual families. We don't have the funding to hand to staff to ask them to hire, but we are hoping PCAD has been gracious enough to take on and do the hub for the infant early child mental health consultations. Hoping they can take on support a hub of some bilingual staff that can accompany home visitors in family visits. So, we don't have to rely on the language line for better engagement.
- The Institute for Family Support Specialists provides online training. They also developed, through an innovation grant that Iowa and Virginia go for that platform, a Spanish language platform for Spanish-speaking home visits as well as staff.
- You can have them undergo training before they go out in the home with the home visitors to get the lay of the land, understand what they are doing, and hopefully have better translation and engagement with that family using that service.

Round Table: One Thing you are super proud RE: Home Visiting & one thing that you need help or want to focus on going forward:

- Seeing moms engaged in home visiting may have lost a child, but their other children are involved in Head Start.
- More engagement
- Lots of talk about home visiting, not just talking but making sure they stay connected to the available resources.
- Building those relationships because a lot of times, they aren't ready, but later, they will remember talking to a CHW who encouraged me and then call back.
- Need for resources, trying to connect with community partners so they can set up tables.
- There has been more growth than in previous years (HV CHW), and we love seeing the different advertising: YouTube videos of home visitors speaking to someone they've worked with, billboards, and bus stops.
- I have been in this position for 5 years, and this is the most happening home visits being broadcasted. We had to sell it before. It's getting more and more out there.
- All different representations of home visiting out there now.
- Looking to keep up with advertising, bringing more community partnerships to the budget, and educating about what we do and how effective it is.
- The B23 website was launched in 2024. Over 2024, we had over 24,000 visits to the website, which picked up towards the end of 2024 when people really began to recognize our website.
- Made access to our referral system, you know, people are spending an average time a minute
- 2 to 3 monthly outreach events between us during 2021.
- More funding is needed to reach more families. Find new ways to advertise
- Outreach for birth to three with our early intervention.

Meetings for the remainder of 2025:

******we will send follow-up information as the date gets closer****

April Meeting:
Mon., April 7th 9-11 am

July Meeting:
Mon., July 7th 9-11 am

October Meeting:
Mon., Oct. 6th 9-11 am

Adjournment:

The meeting adjourned at 11:30 AM.