HOME VISITING COMMUNITY ADVISORY BOARD

Joining together to build the foundation for healthier families.

Home Visiting Community Advisory Board (HVCAB) Meeting Summary

Date: 07/07/2025 **Minutes Completed By:** Jen Ettinger

Attendees

Marneda Bailey (NFP) Zakiya Bakari-Griffin (CFF), Noelle Bartkowski (PAT), Kimberly Cowsette (PAT), Carley Davis (OCA), Kelly Ensslin (OCA) Debbie Finch (211), Asaiah Fisher (PCAD), Eunice Holman (WFH), Laurie Joseph (HFD), Lynn Mann (WFH), Yeni Marlow (NDEHS), Alanna Moffa (DFS), Mary Moor (DPBHS), Maricarmen Morales (B23), Vivian Murphy (PAT), Christine Olley (PAT), Kirsten Olsen (CFF), Trinette Redinger Ramsey (DFS), Crystal Sherman (DPH), Amber Shelton (DOE) Christine Stoops (PAT) Asia Summers (HFD), Sue Taylor (HFD), Breanna Thomas (CCHS), Emily Thompson (DPH), Kellie Turner (PCAD), Adriana Viveros Sosa (DBCC), Gary Webb (DPH), Claudine Wiant (PCAD), Sarah Wood (B23), Lindsay Zajac (ABC)

Call to Order

Welcome and roundtable introductions: Name, Organization and Role.

Roundtable Discussion

Thought Partners: Infant and Early Childhood Mental Health PAT Pilot Update, Presented by *Linda Delimata and Mary Mackrain*

Vision for Delaware: *All children in Delaware, the family, and the people that support them, have access to high-quality, culturally sensitive consultation that helps to create an environment for children's social, emotional, and mental wellness, creating a capacity for mutual nurturing relationships to thrive.*

Overview of Consultation:

- HV consultation is not intervention; the consultant works with the adults who support the family to help the child grow socially and emotionally.
- Support in their natural environment.
- Consult provides support to the supervisor, then work together to support the team that supports those families.
- Created a diagram for DE (presentation) of what consultation is and is not.
- Not treatment or diagnosing, instead support.
- Prevention-based, not an intervention with the family or child.
- Consultants work in the field to build the relationship with HV to get to understand what they need, helping HV to reflect and improve on their work with each other and with their families.
- Never any judgment, they can say '*I just don't get along with the family*'. It's okay, let's determine what stands in the way and utilize a mix of training, group consultation, and one-on-one reflective support.

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Chart:

- *Reflective consultation*: this is one-on-one, recommended at least once a month or more. Time for the supervisor and the consultant to review the issues that arose and discuss strategies.
- *Reflection with the home visitor*; done with the supervisor and the consultant, together walk through issues that are coming up. Need for additional support and/or resources.
- *Group consultation;* the consultant joins in on team meetings and is there to process through anything that comes up. Sometimes, during these group sessions, a particular topic may arise with the family that the home visitor isn't familiar with and isn't sure how to address. The consultant can provide training on what to expect and how to support that family.

Brief overview of IECHMC Pilot in Delaware, PAT: Mary Mackrain

- Much excitement around the development of this model, but is it going to work for DE? Assess the model's effectiveness and then develop plans based on the insights gained.
- Refine the framework and model to help get DE to scale. Looked at things that were built into the model, like consultants, capabilities, and competencies.
- Questions: *What is needed to support home visiting programs in De? What do supervisors and home visitors need in terms of support in DE – what topics are coming up? What timing and duration work best? What logistical and emotional things is HV dealing with?*
- Determine topics coming up in those reflective sessions, to learn better what consultants must have to begin to do this work in Delaware.
- Vital that HV programs feel a sense of that '*they get me*' or '*they know what I deal with, and they are here to help me.*'

Methodology, quantitative work:

- Reviewed pre-test surveys using a data program, looking at burnout and how mental health consultation and regular reflective consultation could support staff in the field.
- New competency surveys were developed around home visitors and supervisors. Staff completed a self-assessment of their change over time.
- Consultants completed an Excel spreadsheet with many different variables. For every touchpoint with a home visitor/supervisor or group, the consultant tracked duration, frequencies, topics, and other things that came up during those touchpoints.

Qualitative work:

- Formed focus groups with home visitors, supervisors, state leaders, and thought partners to look at themes around the data and how to build this work around the model.
- 31 home visitors participated in an over eight-month study. There are three supervisors, three mental health consultations, and 7 state leaders.

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- Wanted to hear from those receiving the service, what worked and what didn't. The feedback was honest and straightforward, providing a clear vision for the model and making this work meaningful.

Brief Overview of Results:

- Over the 8 months, the program received a total of **142** hours of consultation across the PAT program.
- Average 18 hours a month, typically across three programs and slightly below the model expected range of 8 to 10 hours per program.
- Maintained fidelity at each program, received a cumulative 8 to 10 hours per program, made up of one-on-one sessions with supervisors, home visitor/supervisor consultation, and training.
- Duration of sessions will fluctuate with the training of new consultants and a new program coming on board. When the consultant conducts a reflective consultation, it typically lasts approximately 70 minutes. Reflective case consultation with home visitors, an average of 50 minutes per session.
- Reflective group consultation was about 85 minutes per session but can fluctuate.
- Touch point data collected around topics discussed and tracked the frequency. This data will help in hiring/training new consultants, ensuring their expertise meets the needs of the HV program.
- Topics discussed around family relationships and dynamics between home visitors and families, supervisor/supervise relationships, and managing those and the emotions that come up.
- Supervisors and staff sharing experiences can impact their work. HV may share concerns/issues with family. *Ex. having a hard time fitting in with this family OR, the family is having a hard time building a relationship with their baby, which is impacting on me personally, and how they interact.*
- Supervisors share that staff come to them with complex issues and then carry those with them. They need a place to leave it so I can be with my own family and manage my work. Consultants are there to support this.
- Referrals and linkages, as well as dealing with boundaries, cultural humility, and biases, may arise. We want to ensure that we are aware of these topics so that we can be prepared to address them.

Positive Results of the Study:

- Data showed positive trends in terms of impacting the burnout of home visitors. Staff felt they had a place to develop and discuss both the challenging and rewarding aspects of their work.
- At the start of the study, a pre-test was done on burnout rates. The results of the posttest showed a decrease in the average burnout score, indicating that burnout lessened over time.

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- Some of the strengths of the study, supervisors and staff found mental health consultation vital, loving the time to reflect in a safe, confidential space.
- At the start of the consultation, staff enjoyed the mindfulness work and training.

Challenges:

- Finding a time for a logistical landing place for this work.
- Understanding the role of the supervisor and the home visitors versus the consultant.
- In-person consultation saw some readiness variation.
- In the pilot, all consultations were virtual; staff wanted a balance of in-person and virtual. Found in certain situations where in-person interaction would make a greater impact.

Moving forward:

- Going to be a busy time bringing in new consultants, coming, and growing the model. There are many tools created about roles, and everybody is taking part.
- Infographics and tools created that can be used for talking about program objectives. New readiness assessments will be applied to the models to determine their current readiness level, which will help them get started.
- Discussed holding onto the hybrid model for consultation to help ease into some activities.
- Need for "on demand" support for an unexpected crisis, and may be a need for one-on-one.
- We've learned a lot from those receiving the consultation. Positive changes were made, incredible lessons, tools, and resources that will help Delaware lead in many ways when we look across the country.

Kellie Turner, Program Director, PCAD: IECMHC Update:

- PCAD has hired 3 IECHMH consultants, started this, and is doing the onboarding process. All candidates have significant experience with reflective supervision, home visiting, and consultation.
- Meeting with the HV programs in August, and will be going through some coaching.
- Will be reviewing all things that came up during the pilot, ensuring that everyone understands their roles and will be ready to have the consultants join them.
- Discussing the best location for each consultant. I will create a process to gather everyone's input, which will be considered, and make those selections.
- Consultants understand the preference for a hybrid approach and that they will need to be in person at times, too.
- Consultants will be working a maximum of 25 hours a week. There could be circumstances that would cause the hours to fluctuate. Programs will use their consultants in different ways, and flexibility will be necessary.

- Qualification to become a consultant: Master's Degree in a Mental Health Field, experience with early childhood and home visiting, additional points given for education around Infant Early Childhood Mental Health consulting.
- A rubric was created by the thought partners to ensure consistency with the interview process and to highlight the specific needs outlined.

Further Discussion about expectations of the position and the staff, Crystal Sherman:

- We are trying to build capacity and make sure we have people in Delaware to do this work.
- It is not our goal to necessarily train the staff to understand the work of the consultants.
- We want that third person to help our supervision and home visitors not burn out.
- We are not endorsing staff to do additional work unless they want to move outside of home visiting.
- If staff are interested in moving into a consultant role, we want to support that, but that is not an expectation.
- We are building this slowly, the ultimate goal is thinking about an Infant Early Childhood Mental Health Consortium so that we can make the staff and the infrastructure of DE do programs like this and bring our DFS partners along, supported by an early childhood workforce.
- Congratulations to Christine Olley for being accepted to the Erickson Institute! I will be completing a 2-year program to earn an IECMHC certificate.

Carley Davis, OCA Training Director, Presentation on Drug Ingestion (Safe Box/Bag):

- Out of Reach Campaign in DE, which is a safe storage campaign focusing on protecting Delaware's Children.
- OCA is charged with safeguarding DE children through programmatic pillars: Policy and Training, Investigative Coordinator, and a legal team that provides representation and Administration.
- Children can be exposed to substances either intentionally or recklessly.
- Reckless vs. intentional exposure: Intentional is you giving a child who is not sick Benadryl, which is not ill, but is given to them to sleep. Reckless exposure is a child ingesting a marijuana gummy that has been left out by a parent/caregiver.
- There has been a 261% increase in reporting drug ingestions in kids since the year 2020. The pediatric drug exposures often result in serious physical injury or death.
- Jan 2021 through Dec 2023, there were 203 pediatric drug exposures and ingestions, the majority of these were marijuana, and the average age of the child at the time of ingestion is 3.3 years.
- The focus has been on opioids, but we know that people who us substances are not specific to one kind of drug. There is a polysubstance abuse issue.

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- Current campaign focuses on the critical importance of child safety regarding safe storage for prescription and recreational drugs. The Out of Reach campaign was created in collaboration with our drug investigation workers and funded by the Prescription Opioid Abuse Settlement.
- We have a two-pronged approach to intervention; we provide educational resources and interventions.
- One of the Campaign slogans, 'Go blue'. Blue is the color of prevention, but also an acronym – **B**ehind Closed Cabinets; **L**ocked Away; **U**p and Out of Reach and Sight; **E**ducate Others. The awareness campaign includes billboards, social media campaigns, and the website.
- We have distributed over 315 lock boxes in 180 homes of children. Each lockbox is labeled with a unique serial number and features a corresponding code for locking.
- Boxes are tracked by using a form distributed and signed by the family.
- OCA has received a new grant from the Prescription Opioid Abuse Commission to build partnerships, hoping to include home visitors. We can provide the bags and also provide education and have the resource information available in Spanish.
- Lock boxes can be obtained by contacting OCA. There are three office locations, one in each of the three counties, and boxes can be dropped off at your nearest location.
- A big part of the new grant will be outreaching events and tabling to increase engagement.

Emily Thompson, Home Visiting Program Administrator:

Delaware Family Support Hub (HV App):

- Enhancements and gamification have been added to the app to be more beneficial and increase usage, including a leaderboard that will be used for rewarding various items to users.
- A reporting dashboard that allows us to obtain analytics to understand what is being used and what further enhancements need to be made (messaging and translation features, resource sharing).
- For the resource library enhancements, we have added a filter feature that allows you to sort and adjust your search to resources and community locations. We've been trying to add some filter features to make the resources library more usable. Here's an example of the leaderboard and the analytics.

New Learning Management System (LMS), Onboarding:

- Creating a learning management system that should launch in the next month or two. Resources have been compiled into a single system.
- The LMS is going to integrate various onboarding resources from DPH, specific models, external training, and wraparound training. This includes H*ome Visitor Safety Training*, the *Infant and Early Childhood Mental Health Consultation*, and *Sprout Training* that we have offered.

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- Would like to condense everything to one platform to keep information consistent.
- LMS is interactive, will utilize videos, downloadable PDFs, and an LMS guide that is downloadable at the end, which will include all the resources throughout the entire LMS.
- Marketing and technical support – we have been working on additional ways to let the HV workforce know that technical assistance and support are available with our partners, PCAD.
- There needs to be more done to support personalized communication features. One potential enhancement being considered is the addition of a translation feature within the app.
- To encourage usage on the app, there will be targeted emails and automated follow-ups, *hey don't forget, you have these resources available to you.' If you need assistance with logging in or accessing a specific resource, please reach out to the relevant contact*.

DEThrives Website Updates:

- The DE Thrives website consumer and provider pages are being updated.
- Want to capitalize on frequently accessed topics and take out a lot of verbiage that might be too long for a quick search.
- New journey map, which highlights the multidisciplinary approach that we promote.

Toolkits: OBGYN, HV/CHW Partnership, IECMHC, Home Visitor Safety Toolkit:

- *Home Visiting OBGYN Toolkit*. QR Code on the bottom of the box, working on finalizing these distribution lists to our target audience. We are highlighting not only the items provided, but also how to access them and the benefits of home visiting. We will be targeting pediatrics, specifically OBGYNs, such as those at Nemours.
- Making it quick and accessible – condensed some materials and created the postcard.

<u>Crystal Sherman, Chief, Maternal & Child Health Bureau:</u>

Overall MCH Updates:

- Community Health Workers with Quality Insights are still active, Cindy Biederman has left the program, and so we are updating the referral and contact information for Elise Harry.
- Title V Maternal Child Health, most of you are involved in the needs assessment process. Please complete the survey and participate in a key informant interview. That information is helpful in order for us to get our priorities set for the next 5 years, and we achieve the desired outcomes.
- When the assessment is complete, we'll be submitting the Block grant later this month. MCH Title V has population domains. For perinatal, the priority selected is **discrimination in prenatal and postpartum visits.**
- Will be utilizing the LMS to put some training that will be accessible to providers. We have some strategies that we are working on specifically, but we're going the route of training and education for that domain, for at least the first year or so.

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- The second one is **women's health** and will be focusing on housing stability and post-partum visits. HV is going to be a key strategy in achieving that benchmark and ensuring they attend their postpartum visit.
- Housing stability has been the focus of DHMIC, and they did an incentive-based program using some of the ARPA dollars.
- We will continue to work through DHMIC on housing issues specifically for women but also continue our partnership with community legal aid. Our home visiting programs, as well as DHMIC Healthy Women Healthy Baby vendors, have access to those resources through CLASI.
- Those are the three domains in women and perinatal. Child health is developing screening initiatives, so that they can be carried forward. We will continue to work on this.
- Will be doing a lot of education and awareness around child health for children with or without special health care needs as a focus.
- Transition for child health care needs is something that providers that we work with specifically feel we need more education for families around. We will also be working on that. Although it's not a specified priority in the block grant, we will continue to work on it.
- Adolescent health is mental health, which came up big, so we are working with school-based health centers on that initiative on education and awareness.
- Title V is a very broad-based grant, with only about $2 million in funding. As a backbone grant, it funds about 15 positions around the division of public health. We braid funding with Title V MCH dollars and other programs, such as HV. HV can leverage funds from Title V when needed for Infant Mortality work, contract with Family Shade to deliver services, and award mini-grants.

Family Connects RFP:

- Family Connects is a universal-based approach, and we are working on an RFP in DE for Family Connects out of North Carolina to help us develop that work for us.
- We have the support of the DE Perinatal Quality Collaborative and believe it's a great program to help with postpartum and also decrease the stigma of home visiting programs.
- Typically, a 2-visit program, but if the family needs more, they can do that, but if they need more, they are referred to a more long-term, evidence-based program.
- Will not be implementing this program statewide, hoping to do a pilot to see how it works.
- This is another strategy to address postpartum visits as well, having Family Connects as a touch point in the first couple of weeks could help with postpartum visits.

Virtual MEICHV Site Visit:

- MIECHV is requiring a three-to-four-day virtual site visit with DPH.
- They will be looking at policies and things that have been implemented, dual enrollment, and different criteria that MIECHV requires.

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- There will also be a fiscal requirement. We will know more details 60 to 90 days out. The site visit is scheduled for Oct. 20 to 22nd.

Upcoming Events

- *Home Visiting Retreat 2025: Stronger Systems: Stronger Families:*
  Bally's Dover Casino Resort, Wed., November 5, 2025 - Save-the-date notices will be going out soon. It will be distributed to home visiting staff first, and then a week later, it will be made available to our Birth to 3 partners and DFS.
- *PAT Celebration Day, Amber Shelton & Christine Stoops:*
  During the Spring Summit, we discussed hosting a Parents as Teachers Day and having each program post a family event, which is still in the planning stages. Looking forward to inviting some state and government leaders.
- *2025 Making a Difference Conference:*
  October 17, 2025, Bally's Dover Casino Resort – Information Flyer distributed at the HV CAB meeting, and we will attach it to the minutes when sent out as well.

Follow Up

- Emily sends IECMHC resources to B23.
- Put the Division of Public Health clinics on the distribution list for the toolkits!

Next Meeting

Monday, October 6th, 2025
10:00 AM – 12:00 PM
Hilton Garden Inn
1706 N. Dupont Hwy, Dover, DE 19901

Adjournment

July 7, 2025, at 11:58 am.