Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

|  |  |
| --- | --- |
| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 01/22/2024** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:**  |
| Ama Amponsah, Marneda Bailey, Noelle Bartkowski, Cindy Biederman, Sharronda Boston, Stephanie Cantres, Kimberly Cowsette, Mary Dozier, Kelly Ensslin, Jen Ettinger, Debbie Finch, Heather Hafer, Kimberly Hardy, Amy Harter, Christine Hoeflich Olley, Tynisa Howell, Jilissa Johnson, Joan Kelley, Alana Moffa, Mary Moor, Maricarmen Morales, Tara Oliver, Kirsten Olson, Trinette Redinger Ramsey, Erin Rich, Amber Shelton, Crystal Sherman, Christine Stoops, Asia Summers, Emily Thompson, Kellie Turner, Janet Umble, Vik Vishnubhakta, Liset Villalobos, Adriana Vivera Sosa, Stephanie Wagner, Gary Webb, Claudine Wiant, Sarah Wood. **Presenters: Linda Delimata, (Illinois) and Mary Mackrain (Michigan).**  |
| **Call to Order:**  |
| The meeting began with introductions. The 10/25/23 minutes were approved with no corrections. |
| **Infant Mental Health Consultation PAT Pilot Program: Linda Delimata, (Illinois) and Mary Mackrain (Michigan).**  |
| * Qualifications for IMH Consultants – training on the model in DE and any additional trainings they may need such as Understanding Reflective Consultation, Facilitating Attuned Interactions (FAN), as well as ongoing support that include their own reflective supervision within their own community of practice.
* What will the programs need upon receiving a consultant? Orientation of the program to understand what to expect receiving with a consultant, questions like: what will it look like, how do the programs prepare and how do they utilize the consultant?
* The programs will have a coordinator for this work and will be able to discuss things with them like, ‘*we aren’t really* *connecting with our consultant’*, and ‘*we don’t know what to do*’. Then coordinator can work with them to help.
* The model is taking input from what we found in DE and from work around the country. In this model, you will see a lot of the documents discussed in this presentation and also what do you do as a consultant?
* A new model for DE, consultation in home visiting is still new. Work of IL, MI and the National Center of Excellence and put together a comprehensive model for DE.
* Model broken into several parts, introducing the importance of mental health consultation, what it looks like in home visiting, and looking at the different types of home visiting programs in DE.
* This is starting with Parents as Teachers, but there is a hope that this grows in DE across the other programs. So, it’s important to set that foundation early of that deep understanding as to what is happening in DE.
* Second part, dives into qualifications, skills, attributes, and the supports of the consultant. To spend a lot of time helping consultants understand what their role is and what it is not. We don’t want consultants to be doing therapy with the home visitors, but they do use a therapeutic approach in their work.
* Put together a great deal of information about the role of home visitors, knowing some consultants may come into this work from a clinical system – where maybe they haven’t worked in home visiting before, so again setting that foundation is important.
* Focus on determining the core services provided, what are those main activities in the DE model that consultants will do? This is so important when the program is introduced in order to set clear expectations on the onset of services.
* One on one case consultation and group reflective consultation, all training that consultants can do around mental health topics, joint visits (which are rare, but can occur when a HV needs observation w/consent from family).
* Identified a group of data reporting variables that are consistent nationally, which would be reported on a regular basis to examine if what we are doing is working and for whom.
* Appendices will be included with a deeper dive into those documents. Current document is 43 pages.

**Next Steps, Amber Shelton, DOE:*** Shout out to Vik for helping us gather the data and the materials in development of the model.
* Looking at how to begin to implement some of the multiple pieces of this design in order to plan to pilot it.
* Training for the programs and the staff members are necessary pilots as the precursor to the consultants working with the HV program.
* Within the next couple months, would like to begin a pilot with PAT since they’ve had the most experience with the Infant Mental Health trainings.
* Some supervisors of the other MIECHV supported programs have some knowledge of the Infant Mental Health because they have been invited to participate in all the trainings – but it has not been required. For PAT, it has been required.
* The goal is to implement this with all of the evidence-based home visiting programs in the state.
* We want to start with some of those trainings for the programs to help them understand what is their role in the consultation, how is the onboarding of consultants – how does that all work for us?
* See what we learn during that work with the trainings, and then begin implementation to PAT over the next 6 months. Hoping by the Fall to be able to open that up and implement in all the of the MIECHV supported programs.
* Our goal is by the end of the year – if you are in an evidence-based home visiting program, you will have the opportunities of some sort of touch point of this new model. We are working on what it will look at comparing the national standards to what is happening in DE.
* This is a workforce initiative! Very specific intervention with the work force, to support them in their role – they would be able to support families better.
* All documents will be public once approved.
 |
| **Planning Progress for the Upcoming 2024 Home Visiting Conference, Crystal Sherman:** |
| * The focus is to give thanks and show appreciation for the work that our home visitors do, as we have done in previous years. This time it is more about self-care and a focus on community support.
* With the conversations and work around the Infant Mental Health Consultants and Community Health Workers, we want to figure out how we wrap around our work force that are providing services to the families and how they get connected to resources they need.
* Making sure we bring in the self-care aspect, but also the additional resources to the conference having those speakers to ensure that home visitors know how to access this additional support.
* The conference will be at Bally’s (was Dover Downs) May 7, 2024. Registration will begin around 8:30 am, with presentations starting at 9 am and the day ending at 3:30 pm.
* Possible speakers include Linda and Mary to talk about IMHC and see where we are in May with the project. Trainings and qualifications and how that is all going – how we can expand that to the rest of the HV programs.
* Working on lining up recommended speakers, contacting them about self-care and discipline. Not just meditations, but real things that staff can incorporate into their day.
* Want to bring back the massage tables although the schools we worked with previously were affected greatly by COVID.
* Planning to have giveaway items, logo t-shirts with new logo, attendees will definitely have things to take back with them.
* Save the date is being finalized.
* 150-200 people at capacity – hoping to roll out invitations to just the hv staff first and then opening it back up to our community partners.
* Conference will be FREE.
 |
| **Maternal Infant Early Childhood Home Visiting (MIECHV) Benchmark Update, Vik Vishnubhakta:** |
| * Presentation of the benchmarks that are collected by our MIECHV program supported home visitors to show results of the data for FY22 vs. FY 23.
* The fiscal year is from Oct 1st through Sept. 30, 2022, and the data has been approved by HRSA.
* Every year we are required to submit a report to them after collecting all the data; we go through a couple iterations with them and then they have follow-up questions for us on some of the figures. Overall this data has been approved by our Federal partners.
* You will see I took the 19 Performance Measures or Benchmarks and categorized them in three categories. Notable improvement, showing the benchmarks between FY22 and FY23, we had a greater than 10% improvement. Anything notable? The improvement depends on the benchmark or what we qualify as improvement.
* Tobacco cessation, for example, is looking at the percentage of newly enrolled caregivers documented as using tobacco. Have they been given information for the tobacco cessation program? There was an improvement from 13.5 to 17.4%.
* It goes the other direction for pre-term births, we want to see a *reduction* in pre-term births that one went from 11 % in FY 22 to 8.8% in FY 23.
* Out of the 19 benchmarks, we had notable improvement in 4 of them, but the majority we had minimal or no change.
* With safe sleep, that is a measure we’ve done very well on, but not as well in the past. This shows minimal change between FY22 & FY23, but if we look at years past you will see notable changes there.
* It is notated that 3 benchmarks potentially have some areas of improvement, greater than 10% decrease when it comes to area of improvement. One is breastfeeding, which is something we’ve always struggled with, we have a greater than 10% in 22 and 23 but notated that it does fluctuate because of the way it is measured.
* Well child was also a decrease and continuity in insurance coverage was also a decrease – that fluctuates as well.
* Additional notes: we don’t have much missing data which is great!
* End of Feb or in March we want to start working with the LIAs on Quality Insurance, so looking at some areas we could potentially improve, some of the Form 1 measures – marital status, Federal Poverty Level, we will chat individually with each LIA to see how we can do better.

***Comments/Questions:******Kirsten Olsen, CFF:*** *For breastfeeding, is that just initiation?* ***Vik* *Vishnubhakta****: Yes.* ***Kelly Ensslin:*** *For the tobacco cessation, does that include nicotine vaping or is that straight tobacco?* ***Vik Vishnubhakta:*** *Yes, that includes nicotine vaping.****Kelly Ensslin:*** *The child maltreatment one, how do you calculate that?* ***Vik Vishnubhakta:*** *That’s an interesting one because that is the one that the home visitors have the least control over. It’s just simply reporting the number of children that are enrolled in the hv program who have had a substantiated case of maltreatment within the last year.* ***Crystal Sherman:*** *These additional MIECHV benchmarks are in addition to any model requirement data and the collection of data may not be at the same interval as MIECHV. It is a lot of time additional work for the home visiting programs that receive funding must do. Getting to the point where we are doing a great job on missing data, really speaks to the quality of work and effort that our programs are doing. We are grateful that we consistently made improvement in all the benchmark areas since the inception of the program. Great job to everybody! It’s been a while since we have had specific MIECHV benchmark data collecting training. Vik and I are excited to getting back to that and how we can support the programs.****Kirsten Olsen:*** *Is there any way to compare some of this data to all DE births? Are we benchmarking this against other births or just ourselves? I’m thinking about, preterm birth, we have data on that, child maltreatment, or the breastfeeding or the well child visits – is there a way to look at this in a general birthing population.****Crystal Sherman:*** *I think the only time we really do this is when we look our needs assessment which we’ve done in 2010, 2015, and then 2020.* ***Vik Vishnubhakta****: I know in our DE Home Visiting Annual Report we did have set goals for Healthy People 2020 and also, we did make references, in our previous work we compared this data to what we are seeing in Behavioral Risk Factor Surveillance System (BRFSS) and then with PRAMS. Especially those perinatal ones. Breastfeeding is one of the ones we looked at when it came to PRAMS, and I believe intimate partner violence (IPV) we looked at when it came to PRAMS as well.* |
| **Program Updates and Capacity Status** |
| **Marneda Bailey, Nurse Family Partnership (NFP) Update:*** 2 new nurses recently hired for Kent and Sussex, one is bilingual, and one is a certified lactation consultant bringing a wealth of skills to help build our caseloads.
* Many nurses have clients graduating from the program, who remained until their child was 2 years old.
* Building up nurses’ caseloads in all 3 counties.
* 1 nurse hired in NCC and are in the process of building for new and existing nurses. Do have capacity in all counties.

***Comments/Questions:******Joan Kelly:*** *In my position, I review fetal deaths greater than 20 weeks gestation, and infant death. Having access to the death certificates, I’m seeing a lot of immigrant families from all over losing babies. There is a high population of Haitian families in Sussex County, but I’m seeing many from Haiti, Guatemala, Mexico, Afghanistan, and Yemen. Do you have a way accessing any formal interpretation services to offer services to the mothers that come into this country so they can take advantage of these programs?****Marneda Bailey:*** *Absolutely Joan. We use ‘Back to Basics’ and ‘Liaison’ to service any client who does not speak the native English language, and this is statewide.****Kelly Ensslin:*** *Does that work well Marneda?****Marneda Bailey:*** *Most of the time it works well, everyone would like to have someone who can communicate with them in their native language, but we have quite a few clients who initially engage and remain engaged in the program and then graduate using the language interpreting services.****Adriana Vivera Sosa:*** *I’m working statewide now and I’m seeing that there are a lot of Haitian communities. Currently, we have a client that we need to refer out to home visiting. Since the DE Breastfeeding Coalition provides transportation and interpretation services, we went with them to get their biopsy. The parent then reported back to our navigator that they want them to go with them to their prenatal appointment. Again, I thought this would be great time to refer them to home visiting. When we use an interpretation service, it’s not the same, your words, don’t always come out the way you mean sometimes. It would be good for the programs to consider recruiting people that speak that native language, which would benefit for all home visiting programs.****Debbie Finch:*** *Just to mention, many times our interpreter services are men, and I don’t know if that hurts us. Many of the creole ladies are wary strangers; they are new to country and just had their baby. Sometimes when I get a male interpreter, I will call back later with the women to see if that helps.****Adriana Vivera Sosa:*** *Yes, and then the Haitian/Creole community have different services, different needs, so technically if you have a partner there you have to talk to the male partner instead of the woman and then is going to prevent them from accepting services if you have a male interpreter.***Parents as Teachers, Christina School District Update, Noelle Bartkowski:*** Our program is serving about 220 families and so we do have the capacity to enroll more.
* Also would like to hire some new parent educators; we do have a postings for those position.
* Opening 2 new playgroups at the end of this month. One in Wilmington at Stubbs where the PAT office is located and one a location in Newark, so we will have a city location as well as a suburban location.
* Recently we were awarded a *Challenge Grant* from PAT National Center, *Engaging the Power in Families.* With this we will have a program downstairs at the Stubbs Early Ed Center called ‘*Parents at the Hive*’ to bring the parents in to foster that home school partnership.
* The program will be bringing parents in to work with their children on some fun activities in and around social and emotional development, reading and math.

**Parents as Teachers, Polytech Update, Stephanie Wagner:*** Openings in both counties, Spanish and English speaking, and would love to expand that language capacity.
* It is challenging to find staff that speak other languages, but we are always open to that.
* Can take more families in both Kent and Sussex counties.

**Parents as Teachers, DECC and EHS Update, Christine Hoeflich Olley:*** Openings for families and are currently looking to hire a bilingual home visitor.
* Have a lot of graduations coming up and playgroups are up and running, Harrington, Milford, and Seaford.
* For the EHS, we have a capacity and the option for Creole in Kent County as well. We can serve those families in EHS Kent.

***Comments/Questions:******Kelly Ensslin:*** *The bilingual home visitor you are searching for is that Spanish?****Christine Hoeflich Olley:*** *Spanish, Creole, anything. What stops a lot of times is the required education level. I’ve had a couple candidates recently, but they only have a high school diploma and not the AA or bachelor’s degree.* **Healthy Families Delaware, CFF Update, Asia Summers:*** Openings across all counties, in NCC we have about 6 openings and do have a Spanish speaking FSS in NCC.
* In Kent, the FSS actually lives in Dover and has about 6 openings at this time.
* Sussex we have a ton of families graduating and have probably around 10 thinking about the month and the graduates we have.

**Attachment Biobehavior Catch-up (ABC) Program w/U of Delaware Update, Mary Dozier:*** ABC is a different program in that it’s very brief with only 10 sessions. It could be an adjunct to some of the other programs or it could be a standalone. Does currently have openings.
* The program helps parents become more responsive and sensitive and avoid frightening behavior with their children.
* Program does not offer housing, or childcare options etc., but we have been working with substance using moms in Delaware.
* Have worked with approximately 175 parents over the last several years.
* Moving to a 501c under the University and are working mostly nationally and internationally rather than locally. We are eager to bring this to Delaware as well.
* If anyone is interested in partnering, let me know mdozier@udel.edu. Translation for Spanish, but not other languages.

***Comments/Questions:******Kelly Ensslin:*** *Mary, you said you don’t really have it set up in Delaware, but if there were a Delaware family how would they get connected?****Mary Dozier:*** *We are set up in Delaware, just not very widespread. We have a small presence in DE but bigger in places like NYC and Minnesota. Please email me if interested* *mdozier@udel.edu**.***Delaware Breastfeeding Coalition Program Update, Adriana Vivera Sosa :*** We are hosting 3 community events where we will be offering free clinical exams at no cost to the community.
* We are finding that there are many disparities within the healthcare system and people don’t trust them.
* So, we are working on making partnerships and are out in the communities to help with free clinical breast exams and making connections to a primary doctor for the client.
* DBC are hosting a community ‘*Love your Breasts*’ event in Rehoboth on Feb. 10 and are still looking for providers that want volunteer to provide clinical breast exams to the community.
* In New Castle County it is our goal to provide clinical breast exams to anyone in the community. We are also partnering with a doctor in area who will provide free breast exams, Saturday, March 9 at Blades Elementary School and Sat. April 13th at West Seaford Elementary School.
* The DE Breastfeeding Coalition provides interpretive services and also transportation. We have mobile vans to get people to their appointments at no cost to them.

**Westside Family Healthcare Update, Stephanie Cantres:*** We are hosting a breastfeeding event to support moms in their breastfeeding journey. This event is for prenatal to mom’s who have delivered up to 3 months.
* Our breastfeeding counselors will be presenting information on common challenges, how to begin or get ready for your breastfeeding journey.
* Attendees will be receiving some items to support breastfeeding.

**EHS/Sussex Update, Heather Hafer:*** In Sussex County we are full of Bilingual home visitors, but we do have opening for English speaking as well as establishing a wait list.

**New Directions Early Head Start/New Castle Update, Amy Harter:** * Our home visiting program is currently full, but we do have openings in our summer-based programs.
* We may possibly be taking some of those slots into home visiting so we will be recruiting for families.
* We also have openings in our center locations in Wilmington and Newark, if a family needs childcare.
 |
| **Update on HV Campaign Kick-Off, Crystal Sherman:** |
| * We will be doing a smaller campaign for the NFP expansion in New Castle County. It is all being finalized and you should start hearing radio ads and seeing fliers, posters in local businesses around the community at the end of this month.
* Looking to bring some videotaping to the conference in May for folks to give a one-liner about what they like about home visiting, it’s benefits to families, or talk about breastfeeding or safe sleep – any of those MCH messages that could be used for future social media. This could be for Instagram Reels or Facebook.
* Just asking attendees to think about what they could share at the conference. We will also be doing headshots for folks as well.
 |
| **Next Meeting:** |
| Monday, April 22, 2024 at 9-11am. |
| **Adjournment:** |
| Meeting adjourned at 11:00 a.m. |