Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

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| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 07/24/23** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:**  |
| Ama Amponsah (DCADV), Zakiya Bakari-Griffin, Sharronda Boston, Stephanie Cantres, Kelly Ensslin, Jen Ettinger, Debbie Finch, Jennifer Fromme, Heather Hafer, Kimberly Hardy, Amy Harter, Christine Hoeflich Olley, Kim Liprie, Chelsie Manwiller, Stephanie Martinez, Yolanda McCoy, Maricarmen Morales, Mary Moor, Tara Oliver, Kirsten Olson, Trinette Redinger Ramsey, Erin Rich, Hope Sanson, Amber Shelton, Crystal Sherman, Christine Stoops, Asia Summers, Emily Thompson, Kellie Turner, Janet Umble, Liset Villalobos, Stephanie Wagner, and Sarah Wood. **Presenters: Collette Green and Jillisa Johnson (MCC), Tina Andrews (PIC), and Mary Dozier (UD ABC Program)** |
| **Call to Order:**  |
| The meeting began with introductions. The minutes were approved with no corrections. |
| **Announcements:** |
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| **Presentation: Collette Green (****cgreen@maternitycarecoalition.org****) with the Maternity Care Coalition** |
| * The Maternity Care Coalition (MCC) received a grant to work with pregnant and parenting women incarcerated in the Baylor Women’s Correctional Institute and the Hazel D. Plant Women’s’ Treatment Center.
* Grant-funded program to offer support, case management services and parenting and prenatal education along with doula services to women while they are incarcerated.
* Also offering these services to the families and caregivers caring for the children of women who are incarcerated. Support, resources, diapers, clothing, etc.
* While incarcerated, MCC will work with them individually to provide parenting education groups and prenatal groups.
* Contracted to provide services to 100 women and their families while incarcerated and up to 1 year after their release.
* The goal is not only to provide these services up to a year, but to connect them to all the services that are available to that population in DE.
* Our gold standard is to connect these women and their families to the home visiting program.
* In an effort to sell home visiting, MCC will have to find ways that will ensure them it’s a good choice and that the client will love it. MCC will be doing some role plays to help to educate them and help them feel comfortable with the transition.
* Some staff has worked in DE previously, so they are knowledgeable with services offered in DE and have been thinking about how those partnerships can be developed.
* After release, the MCC will continue to work with the women and their families and support them until they are fully engaged with another program.
* The focus is about partnering with that program and making sure everything is going well and the person is engaged. Once those connections are made, then MCC will remove themselves or focus on other types of support that are needed.
* Jilissa Johnson (jjohnson1@materinycarecoalition.org) is the manager of the program for Delaware. There are 3 additional staff housed within the institution, Jilissa and two advocates, one of which who speaks Spanish.
* MCC has connected with the *Kinship Care Program* in DE and will be visiting with the caregivers, as long as the mom and caregivers agree. An assessment of the needs for the children and the caregivers will be done and then the goal is to find those needed resources.
* Interest in setting up transition planning, two-way meets, with the home visiting programs before the referrals happen to start building relationships.
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| **Presentation: Tina Andrews (****candrews@picofde.org****) with the Parent Information Center (PIC) Doula Program** |
| * Statewide non-profit organization celebrating their 40th year. Their mission is to improve health and educational outcomes for children and youth, and the professionals that serve them.
* PIC has worked with families of children with special needs by helping them in the educational system from birth through adulthood.
* Tina Andrews has been a doula for 22 years and was inspired by the Healthy Women Healthy Babies (HWHB) Grant. Started talking about how PIC can support families during pregnancy and postpartum and help them to begin to advocate for themselves and their families.
* Because of the health crisis in DE with health disparities, particularly with its black and brown families, PIC wanted to help make a change and began working with their DE families during pregnancy and postpartum. To give them the resources and support to be successful right from the start.
* Some of the programs include Parent Information Center, DE Family Voices, Family Shade, and the Community Doula Program, in addition to an AmeriCorps Program that is placed in the community.
* Often when out in the community, many people don’t know what a doula is. \**Tina presented a video to the group to educate about the responsibilities of a doula.*
* The Community Doula Program in DE works throughout the state but with a focus on Sussex County, particularly Western Sussex where there are high rates of teen pregnancy, single parenthood and pregnancy in poverty.
* There are other doula programs in DE that PIC collaborates with including: *Black Mothers in Power*; *Central Delaware Perinatal Community Doula Program.*
* The doulas provide information about childcare, childbirth, and newborn care. Doulas are childbirth certified so they can provide information and work one on one with the families and provide childbirth education in groups.
* Some of the doulas with PIC work with the Delaware Adolescent Program, Inc. (DAPI) I to provide information to teens throughout the state. Provide continuous support to the mother, during, before and after birth.
* Some of the doulas are trained in breast feeding peer support and can then also help after the birth connecting the families to providers and resources.
* Doulas with PIC are different than some doulas, they are *community* doulas – they work with families that face social determinants of health challenges, challenges finding food, healthcare, and resources. The doulas connect clients to community health workers, nurses, psychiatrists, and psychologists as well as domestic violence shelters.
* They are trained to have a broader view in helping the entire family.
* Evidence shows when a family receives prenatal support, child outcomes are improved and there is an increase in the quality of care. There is also a potential to achieve cost saving when families don’t have babies that are preterm or low weight. Decrease in the need for cesarian deliveries which also means cost savings to families, community and hospitals.
* Doulas improve the overall satisfaction with childbirth, breast-feeding initiative and longevity, as well as postpartum depression.
* This program is not only focusing on the families access to doulas, but also about finding doulas in the community, particular focus on doulas of color. Our communities want to see doulas that look like them and have had similar life experiences. PIC does try to match doulas with families in the similar communities.
* PIC has been very successful, having over 50 doulas trained in the last three years with doulas of all socioeconomic backgrounds, different ethnicities, religions, and that can be matched with the families with those similarities.
* Families do not have to pay for a doula, but they do have to commit to an evaluation of the doula and to go to their prenatal and postpartum visits. A contract is done with the doulas, and they work collaboratively after birth.
* PIC has a stipend program for doulas to help them with the cost of providing for their own families. The stipend is not the amount private doulas can receive, but it helps for a certification such as DONA because they are required to have 3 unpaid qualifying births so they at least receiving something.
* Ongoing training and continuing education provided every month. PIC has provided *Donor training*, *common sense* *childbirth institute training* and *spinning babies* to train the doulas and birth workers.
* Monthly webinars offered that focus on different topics in maternal and perinatal health, as well as a book club that talks about maternal health. Fatherhood is also a focus of the training and book discussions.
* There are webinars offered to community and families and can be located at [www.picofdel.org/events](http://www.picofdel.org/events)
* The doulas are out in the community and need a variety of resources for their families. Being out in the community, they can encounter situations that are different than other doulas might see.
* All doulas are trained in ‘still-birthing’ and can provide support around still birth, miscarriage, or a fatal diagnosis in pregnancy. Hospitals often refer to PIC in those situations if a family has been identified as having a loss.
* Doulas also provide support for families that have infants identified with down syndrome.
* To aid in the education about home visiting, a presentation to the doula community by the programs would be helpful. Doulas are on the ground with parents and should be trained in knowing to explain home visiting.
* Particularly younger clients would benefit with a ‘warm hand-off’ from doula to home visitor to help establish trust.
* A presentation to the doulas from the programs that serve the same areas would increase the likelihood of connection.
* The AmeriCorps doulas meet every month together all day, so an online webinar could be utilized to educate the doulas. Also, could connect with the doulas working with Black Mothers in Power and the Central Delaware Perinatal Program.
* Parents as Teachers with Christina School District mentioned about inviting doulas into their staff meetings to help to educate and connect.
* Tina is the co-committee chair for the Doula Ad hoc committee at the DHMIC. They are working on Medicaid reimbursement for the doulas and having a certification board for doulas that are interested in Medicaid reimbursement.
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| **Presentation: Mary Dozier (mdozier@udel.org) ABC Model with University of DE** |
| * Over the last 30 years the University of Delaware has been developing this program, Attachment and Biobehavioral Catch up (ABC).
* Getting implemented nationally, in 25 states, 10 countries but don’t have much of a presence in DE.
* Have a randomized clinical trial, do not provide direct services except when a part of the randomized clinical trials that are funded by the National Institute of Health (NIH).
* Trials not tied to opioid or drug use. Trials looking at mothers using any substance, including tobacco, alcohol, marijuana etc. enrolling them from the third trimester to two months. Once enrolled, they get assigned to the parenting program or to an alternate program.
* Compensated for participation, about $600 for their participation in the research measures across one year.
* Looking for ideas for referrals, it has been challenging post-COVID to enroll.
* The program has 3 targets: nurturance, following a lead, and avoiding frightening behaviors.
* 10 sessions, 2 additional for the prenatal and post-natal and then 10 following that are implemented in the home.
* Randomized clinical traits are funded by NIH with different populations. The intervention effects go all the way from birth up to 4 years of age in terms of enrollment for children, but they go beyond that in terms of affects.
* First target is nurturance: parents to be nurturing even when the child doesn’t illicit it and even when it doesn’t come naturally to the parent.
* Research has shown that nurturance enhances attachment security, and helps children develop their self-regulatory capabilities which is critical especially when children have experienced adversity.
* Second target is following a lead: children that experienced adversity had problems developing adequate physiologically regulation and behavior regulation. That was targeted is by helping parents follow their children’s lead, to be very well attuned to the children.
* Following the lead has important effects on developing brain architecture and on self-regulation.
* Third target is avoiding frightening behaviors: even if parents become nurturing and follow the child’s lead, but exhibit frightening behaviors, it undermines the children’s ability to regulate. Parents are told to avoid harsh and frightening behaviors.
* In the moment comments are made about behaviors and these are *exclusively* *positive* the first three sessions and then *nearly* *all positive* beyond that but focused on the nurturance and following the lead.
* These comments are critical in changing what is called the ‘intervention mechanism’, which is parent’s sensitivity to the comments. The more comments that are made, the more components (whether it’s described, whether it’s linked to the target, or whether linked to a child outcome)- is related to these outcomes.
* Effects are seen after 10 sessions, each an hour long. Effects on children’s attachment, cortisol production, DNA methylation in infancy and the ability to regulate behavior, emotions, and language development in early childhood.
* Now studying children at adolescent ages 13-15, effects are still being seen just from this 10-session intervention.
* The ABC newborn that is now being tested is for mom’s that are pregnant or have new babies within the first month or two.
* Looking for ideas from this group for referrals.
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| **Crystal Sherman, Home Visiting Outreach Workgroup Update** |
| * Group formed to address the struggles with enrollment post COVID, and long-term engagement with families.
* Outreach workgroup to determine where current outreach is being done now across the state to identify any dead zones and figure out any strategies that could be utilized.
* One major realization during those discussions that we haven’t talked to our families. We’ve made many assumptions as to why we think families don’t engage or why they choose to not stay enrolled, but we haven’t asked for their direct feedback.
* We decided to do key informant interviews and hold some focus groups with families who denied services or left the program after less than 6 months. Also talk with families that are currently engaged and find out reasons why they stay engaged.
* Families have been identified across the state who are all within all our home visiting programs now. We’ve starting to make some calls and do the key informant interviews.
* Locations and dates have been set and we are starting to invite families to those focus groups which will be meeting in early August, one for each county.
* Should have to feedback and data to share at our next HVCAB meeting in October.

***\*\* Huge THANK YOU to Help Me Grow and the home visiting programs for their help identifying those families!*** |
| **Crystal Sherman, Planning Committee for the Upcoming Home Visiting Conference** |
| * Opportunity to bring in speakers that the programs are interested in or any training.
* Would like to include recognition of staff and self-care activities.
* Assembling a planning committee, interested? See below.
* Looking at early Spring 2024 but open to suggestions.

\*If interested, please reach out to Crystal - crystal.sherman@delaware.gov, Emily – Emily.thompson@delaware.gov or Jen – Jennifer.ettinger1@delaware.gov |
| **Crystal Sherman, Upcoming National Conferences** |
| * January 29-31st 2024 MIECHV Grantee meeting, Arlington, VA – team of 5, we have 2 spots open for anyone who would like to attend.
* If we have a current contract with your program and would like to go, we can implement travel funds.
* Jan. 31st-Feb 2nd 2024 National Home Visiting Summit in DC. Broader discussions focusing on home visiting, what is going on in the field, new research outside of the Federal MIECHV program. Anyone can attend and we can help with travel funds.

\*If interested, please reach out to Crystal - crystal.sherman@delaware.gov, Emily – Emily.thompson@delaware.gov or Jen – Jennifer.ettinger1@delaware.gov |
| **Suggestions for Next Steps** |
| * Bring in the other doula programs to present in future HVCAB meetings. Tina suggested to reach out to Black Mothers in Power, contact Shane’ Darby and the Central Delaware Community Doula Program, contact Erica M. Allen.
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| **Next Meeting:** |
| Virtual meeting date set for Wed. Oct, 25th, 9–11 a.m. Zoom meeting instructions will be sent prior to meeting. |
| **Adjournment:** |
| Meeting adjourned at 10:05 a.m. |