Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

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| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 04/26/2021** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:** |
| Marneda Bailey, Noelle Bartkowski, Stephanie Cantres, Karen DeRasmo, Kelly Ensslin, Jen Ettinger, Jennifer Fromme, Heather Hafer, Amy Harter, Charita Jackson-Durosinmi, Laurie Joseph, Joan Kelley, Mary Moor, Kimberly Nelson, Christine Hoeflich Olley, Kirsten Olson, Anne Pedrick, Trinette Redinger Ramsey, Amber Shelton, Crystal Sherman, Christine Stoops, Debbie Taylor, Janet Umble, Vik Vishnubhakta, Adriana Viveros-Sosa, Stephanie Wagner and Christy Wright. |
| **Call to Order:**  |
| The meeting began with introductions.The minutes were approved with no corrections.  |
| **Announcements:** |
| None.  |
| **Program Updates** |
| **\*Written updates provided via email prior to meeting. These are additional updates to those.****Health Ambassor Program Updates:****Stephanie Cantres, Westside Family Health Ambassador Program:** We are still having our lunch and learn virtually every third Wednesday and every third Thursday of the month. One is in Spanish and one in English. The attendance has been steady and has been growing little by little. We are also having our Male Involvement sessions virtually every other month, our next one for May. We have seen an increased need for car seats from families, so we’ve been doing good doing either group sessions or one on one sessions for these families that need car seats. We also have a second Health Ambassador; she will be starting next month. We are hosting COVID vaccine clinics every Thursday afternoon from 1-3 or 3:30 p.m. at the Modern Maturity Center. It is open for the community and patients as well and then our various sites will be hosting COVID vaccine clinics depending on the site it’s an all-day event. That one is for patients but if need be, we can vaccinate community members.**Adriana Vivero-Sosa, Health Ambassadors Program, Christiana Care:** I’m super excited to announce that we are hosting our first ever community baby shower in Spanish. We had about 45 families attend the baby shower, which was virtual. Our topic was mental health and we had a psychologist from Christiana Care that spoke only Spanish, they were excited to learn about different signs of post-partum depression. We also had a curbside pickup because everyone loves their raffles, so they came to the office and obtained their baby items, so everyone left with a prize. We also incorporated a survey by partnering up with our food insecurity community health workers that incorporate information about food insecurity so we could have that data from the Spanish speaking community. We are excited that everyone participated, and they got an incentive for completing that survey which was about 30 questions long. We are also collaborating with other outside organizations. Breanna, who is a health ambassador working with SUD families, so she is the bridge between healthcare and those families. She is literally outside Connections every morning meeting with those patients. Jalisa’s new role is now more involved or collaborating with DFS because those families are in need of more resources or they have a plan of safe care for those kids so we are also collaborating a lot with rural health just to navigate the system. We have received a lot of referrals for them and we also have sent referrals on our behalf to them. We are collaborating and doing wrap around services with everyone, with PAT and all the home visiting agencies. Another thing I want to highlight is when the families registered for virtual baby showers in Spanish, all 45 of them were accepted home visiting. So whomever has time or any slots in their caseload, please let me know because I have 45 Spanish speaking families that would like to sign up for home visiting. For New Castle County, we are one of the only ones providing and assisting families with car seats. We have noticed that’s a big component too because not a lot of families know how to navigate the process on how to get their car seats and need to get the education as well. I’m a car seat technician so we are able to meet patients outside their homes or in the parking lot just to educate them on car seats. What we are finding is that there is not a lot of car seat safety education so during the ages of 3 and 7 a lot of those parents that think that their kids should be booster seat but the reality is not, it depends on the weight and the height of the child. We are collaborating a lot with the community health works here to do wrap around services and case management as well. ***Comments/Questions:*** ***Amber Shelton, DOE:*** *You mentioned that there are a lot of Spanish speaking families that are interested in home visiting, I do think we probably need to start looking on how to build connections to find how to build qualified Spanish speaking home visitors to kind of help fulfill that need and if you do have any connections in which we could work from I think that would be a great support to the field.****Adriana* *Vivero-Sosa, CCHA:*** *Maybe we could talk offline and can brainstorm together. I know that previously I have talked to Asia Summers regarding the qualifications and that might be a barrier, but we can discuss it off site for sure.****Marneda Bailey, NFP:*** *Just wanted to say that are in the process in hiring a nurse who is bilingual for the New Castle County area so fingers crossed but could you possibly email us or let us know what the gestational ages are for some of those potential referrals to see is we could pair it with our timeline to get someone into those home visiting services?****Updates continued:*****Anne Pedrick, CDRC:** Kelly asked me to report out about our other Home Visiting Committee and can give you some highlights, we haven’t met in a little bit part of that is due to our workload within the Child Death Review Commission. We’ve been work on 2 grants and our annual report, our Child Death Review Commission annual report will be out early May and we often include data on how many of our core outcome cases, such as FEMR and unsafe sleeping deaths, that do not accept home visiting or if they have been referred. So, there will be information in that report about home visiting. The other thing that caused the delay, many of you may remember Marilyn Sherman from some of our meetings, she was a nurse from Christiana Care and started with us about a year and half ago as a nurse educator. This Thursday will be her last day with us. She will be educating the ER staff on cribs for kids and infant safe sleeping this Thursday and that will be her last day. Her and her husband are moving to Florida. She has been working on a report from the Innovation Home Visiting Subcommittee but won’t have time to finish it. We also sent out a survey to all our OB providers through ACOG and that did not go well. We sent it out twice and we’ve only received 2 responses, which I figured that might happen. We might have to go back to the drawing board and see how else we can get information. Some good news I do have, many of you may know Pam Jimenez, who currently works for Christiana Care. She will be retiring in the middle of June from Christiana Care and she will be starting with the CDRC on July 1st. She will be helping with home visiting; she’s also going to take on the infant safe sleeping committee which is renamed Delaware Safe Baby so she will be working with that group as well. We are excited she can assist with the home visiting because our workload is so heavy right now.**Delaware 211 Help Me Grow Update:****Jennifer Fromme, 211:** So, I have all the numbers from March, we did 39 referrals to home visiting programs for the month. PAT/CSD had 10; PAT/Kent & Sussex had 3; PAT Polytech had 6; CFF/HFD NCC had 7; HFD Sussex we sent 8; NFP was 5. For YTD we are at 95 total referrals.***Comments/Questions:******Kelly Ensslin, OCA:***  *Is the 95 YTD up or down from last year?****Jennifer Fromme, 211:***  *It’s down a little bit from last year, by March last year we were at 109.* ***Christy Wright, DPH:*** *Any other trends you are seeing like requests from families on the ground?* ***Jennifer Fromme, 211:*** *Yes, a lot of requests are still diapers – I know I mentioned that last time, but diapers are huge as well as car seats. I know Deb has been reaching out to Safe Kids about car seats, but they are still currently closed.****Debbie Finch, 211:*** *I check in with them every week or so to see when they are going to open, and they have no idea. They are waiting on something from the Governor’s office so they can open and start installing car seats again. We’ve had a lot calls for car seats in the past year.****Kelly Ensslin, OCA:*** *And that sounds like a trend from what the Health Ambassadors were saying as well. Car seats are needed. To the Health Ambassadors, are you having any trouble physically getting the car seats?****Adriana Vivero-Sosa, CCHA:*** *For us we provide them with the car seats and the education.****Kelly Ensslin, OCA:*** *So, you have the money…you both have the money to provide as many car seats as clients are needing?* ***Stephanie Cantres, WFHA:*** *Yes.****Jennifer Fromme, 211:*** *We had 10 requests for the month of March.****Marneda Bailey, NFP:*** *Jen one quick question, for NFP the 5 was that statewide?****Jennifer Fromme, 211:*** *Yes. Do you want me to break it down by county?****Marneda Bailey, NFP:*** *Sure, you can send it later.****Jennifer Fromme, 211:*** *Ok I’ll do that. Marneda, going forward on our reports – I had on the state on the reporting do you want me to do for specific county?****Marneda Bailey, NFP:*** *Certainly. Thank you.****Jennifer Fromme, 211:*** *Do you want Kent and Sussex to be combined do you want me to do all 3?****Marneda Bailey, NFP:*** *All 3 if you could.* **Kelly Ensslin, OCA:** You received the program updates by email, so we thought for today we want let everyone just read the updates which focus on current capacity and top referral sources. We wanted to turn more towards having a discussion amongst the evidence-based programs about returning to in person visits and what that model guidance has been if you have gotten any. I don’t know who wants to kick off the conversation but if you could chime with whether or not you’ve had model guidance or whether the model has said that it’s up to each state and what you’ve chosen to do within your program.**Heidi Beck, EHS:** I can tell you what our model guidance is at the moment and it is based on state and program. Listening to what your state is saying about covid cases and what your program and what your families and staff are comfortable with doing, etc. I am going to be on a call this Friday to see a little about what other programs are doing. Our model, Early HeadStart, is really focused on giving guidance for the center-based programming and what is happening there. They have given very little guidance on what to do with home visiting in particular. So it’s been really up to those of us running that model to figure that out. We at New Directions Early HeadStart are looking at for the summer to do some in-person outdoor home visiting in yards and in parks and looking at how comfortable families are with that. Then looking at how to be back in homes in September as the weather gets cooler. I will have more to share after Friday after seeing what others are doing. That’s how we are looking to move forward and putting the protocols in place as to how that will work. ***Comments/Questions:******Kelly Ensslin, OCA:*** *Are we aiming for September for in home?****Heidi Beck, EHS:*** *Correct. We may do some in home visits in the summer for those families who are needing and wanting in home and if home visitors are comfortable with in home but that won’t be our main way of doing home visits in the summer. It will be outdoors and virtual.***Amber Shelton, DOE:** I can speak for Parents as Teachers and ask if Christine Stoops has anything to add, please do. The guidance we’ve gotten from National is to follow your state guidelines so they are really leaving it up to individual programs to follow what is being recommended by your state or the DPH. Every PAT follows a different system and ours is unique because it runs through school districts so we have to be, and I know Heidi can attest to this because she’s from the university, there are a lot of layers to who is in charge and who needs to give the final approval. But we have gotten feedback that there is interest in maybe doing some in person affiliates and some families. It really seems to be split between who is comfortable and who is not. We do feel there is going to be an opportunity to do outdoor visits, testing out the comfort level but at the same time the virtual visits are still an option. We will continue to have those an option at least for the next year if not longer, may it’s here to stay forever who knows. We are curious as to what everyone else was doing in the state whether they are doing decision trees, how they are determining if this is a safe situation for folks to engage in person and if there was something being developed. Is it program by program? I look forward to hearing more about what everyone is doing.***Comments/Questions:******Kelly Ensslin, OCA:*** *Have you surveyed clients and/or staff about their level of comfort?****Amber Shelton, DOE:*** *Yes, we actually just did that last week and it was pretty split 50/50 for every affiliate for families and 50/50 for educators. Unless there are updates that the affiliates want to share. It seemed as though it was like ‘I could do that’ and then some ‘I’m definitely not ready for that’ or some people in the middle could go either way. We had this discussion the whole concept of the right to know and I think the guidance that we are getting is that there is no ‘right to know’. I think it’s a personal decision it is a private decision whether folks do or do not get the vaccine. Families don’t have any sort of safety there is no guarantee that the parent educator that is coming into your home would be vaccinated and you don’t have the right to ask and vice versa. As parent educators you may be going into a home where the families have not been vaccinated or they may have visitors – we just never know who is in the house and we have no right to know whether anyone has been vaccinated or not which is why following those precautions, mask and 6 feet, are going to still be absolutely critical moving forward.***Kelly Ensslin, OCA:** Can we get some more feedback from other programs, model guidance or maybe not model guidance but maybe just what your program is doing? What are the thoughts about returning to in person?**Zakiya Bakari-Griffin, CFF:**Kelly I’ll speak to HFA, our model guidance has 3 tiers from the very beginning of the pandemic. So, it was either all virtual, you could be all hybrid and then also hybrid and consultation with your state government. Currently we are operating in a virtual environment with some, I would call it hybrid interaction with our families, social distancing outdoors. We did that prior to transitioning from fall to winter and we are looking from an organizational perspective last guidance it is up to your program manager. Staff needed to discuss it with the program manager, look at the appropriate protocols that are in place and of course we will always follow CDC guidance with masks and social distancing even if we are in the homes. Even though we don’t have the right to ask, we are encouraging our staff to be vaccinated, I think that’s very important and I do know that one of our programs did develop a decision tree that was sent to the management team which I was not able to participate in that meeting on Friday. I’m hoping Kirsten will provide feedback about that because I really wanted to mimic what she developed because it was very comprehensive and it would allow our staff where it’s safe, to return to in home visits which I think is critical and the combination of the having the ability now to do virtual visits has enhanced our practice. Before if someone was sick in the home we would have to cancel the visit and now we can still have the visit. So now there are opportunities here, but I think a blended course of action is needed because each family each individual needs and specific needs, it really needs that individualized eyes on attention.**Kirsten Olsen, CFF:** The decision tree that Zakiya is referencing is for our home based therapy unit and they developed this decision tree that I think is a very smart way to address some of what Amber was talking about there is some desire from some staff to be back out in the world and there are some families for which in person services are beneficial. So this decision tree really tries to look at that, what is the safety of the family; what is comfort level and then what are the specific needs what are the specific situation that we think in person would be a better way to deliver services and it has to happen in consultation with supervision and it has to be documented that this is why we made this decision. There is a waiver that the family signs to accept in person visits in the home and we decided in the meeting on Friday is that we would pilot it in the unit for about a month and see how it goes, see if families are receptive, whether staff are comfortable and are their kinks that we need to work out before we roll out to some other home based services.***Comments/Questions:******Kelly Ensslin, OCA:*** *And you said that was developed for your home-based therapy?****Kirsten Olsen, CFF:*** *Yes correct.****Not sure who is speaking:*** *Kirsten, are you going to share the decision tree and the waiver?****Kirsten Olsen, CFF:*** *Sure!****Amber Shelton, DOE:*** *Was that waiver designed by your legal aid?****Kirsten Olsen, CFF:***  *I will give it to you all and you all do with it what you will and make sure you are running it up through your channels. We have attorney on staff who developed the waiver. Some of you may know her, her name is Eliza Hurst.****Kelly Ensslin, OCA:*** *Anyone else want to chime in on this discussion?****Marneda Bailey, Children & Families First (CFF), NFP:*** *We are following the model in organization/state guidance and at this point we are still 100% telehealth with safe distance drop offs.****Kelly Ensslin, OCA:*** *Is there any looking to the future, pie in the sky, what you are hoping is going to happen?****Marneda Bailey, Children & Families First (CFF), NFP:*** *We don’t have any there are probably individual thoughts about what we would like to happen but we haven’t discussed that as a team we’ve just talked how to transition back to the office but not home visits. Still waiting on guidance from the NSO also which we get on a regular basis.****Kelly Ensslin, OCA:*** *I think what is interesting is that it is kind of hard to make a blanket protocol when each state has it’s unique needs with covid so we know that states that are kind of hot right now and Delaware is one of them unfortunately. So to say it’s going to be this way or that way would be pretty difficult on an national level but at the same time it would be nice to have guidance about how what you should be doing as well.****Amber Shelton, DOE:*** *It sounds like everyone is virtual at this point with the potential opportunities with the exception of NFP, to do some outdoor things potentially in the summer when the weather is nice. Is Early Headstart and HFA, just if I heard correctly, are you planning to transition to in person in the fall with a decision tree?****Zakiya Bakari-Griffin, CFF:***  *No I didn’t give a definitive answer as to transitioning in the fall, that would be my hope but I monitor DE numbers and even with the vaccinations our number of positive cases are increasing weekly, so I’m very apprehensive – that would be the ultimate goal. I do think the face to face visits have merit and even if it’s a weekly basis that at some point we have that interaction with mom and baby together. That would be our hope and I’m not going to speak definitively about that but definitely being able to see how our pilot works with functional family therapy that would be a tool that we would definitely utilize in our service delivery as well. I know staff are anxious to go back into the home, not all but some staff. I’m just glad spring and summer are coming and we can get outdoor interactions in a safe manner in order to accomplish the same goal.****Heidi Beck, EHS:*** *And I would say the same thing, we are exploring what we can do come September, but it will depend on where we are and it depends on what the school districts are doing with our families with children in the school. There are so many factors, we really are taking it step by step and planning it as far ahead as we can but looking at each time we may be making new and different decisions. So our hope would be there would be some in home come September but that is not guarantee, no.****Amber Shelton, DOE:*** *Kelly would you mind that I ask that for the next HVCAB meeting that we add this to the agenda just to if there are any updates on guidance or decision tree that have been created. I know we may work with some of our PAT states and create something unique to Delaware and would love to share that with everybody or get feedback from everyone. I don’t know if this could be of more ongoing, like for PAT, I would like this to be more aligned with the other PAT programs wherever possible. So if we are in the same realm, I’d feel comfortable – if we are way off on one side I wouldn’t feel as comfortable and I really appreciate this conversation and everyone sharing – so thank you.****Kelly Ensslin, OCA:*** *I definitely think this is something that should stay on the agenda until this is all over. Things have changed very quickly even since Jan so I think by July we should have some updates, very good idea.*

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| **Professional Development**  |

 **Amber Shelton, DOE:** I was going to give an update about the Infant Mental Health Training that Parents as Teachers conducted. We had a 4-session infant mental health training series that started the end of Jan and met for 4 weeks. We met with a consultant from outside of the state and she provided a 3 hour training for 4 weeks related to various topics, the folks were talking about identifying sources of toxic stress explaining neurological implications of trauma on relationships, just a lot of more of the deeper stuff but they did do a lot of foundational training on infant mental health and how it, as we all know, starts with healthy families. We did the 4 sessions and then each affiliate for parents as teachers has 2 follow-up group reflective supervision sessions so one of them was in March and the next in May, coming up in the next few weeks. It was very positive experience for most folks. We had over 80% of everyone who found it to be extremely relevant to the work that they did as a home visitor and I think almost 95% said they would recommend that training to other home visitors or others working in the home visiting capacity so we had a very good experience. One working with that vendor but also laying some of that foundational training for comprehensive foundational training for folks working directly with families. Retaining families, connecting with families, and then families who don’t want to be connected with, just some of those things folks struggle with. So we shopped around and found the training based on the requests of folks just saying ‘I think we need more in depth training’. We may build off to do a second level. I don’t know if any of the supervisors want to speak to their experience or things they have heard, but I would say overall it was a very good experience and a great training. **Janet Umble, PCAD, Wrap Around Home Visiting Training:** Since our last meeting in Jan we’ve delivered 12 hours of wrap around training, a total of 6 sessions, 2 hours each. The topics we’ve covered are the Impacts of Poverty on Children and Families and Teaching Young Children Social and Emotional Skills as well. In addition we had one reflective supervision networking meeting and we held the first session of the new community of practice for supervisors while supporting the professional development of their home visitors. We are focusing in the community of practice to help folks with the transfer of learning from training to actually putting it into practice on the job with families. So we’ve been doing all of that work on zoom so far and I was really interested in the conversation about the process for getting back to in person home visits. I have a related question about everyone’s’ comfort level of going back into in person trainings. I would be really interested in hearing, are you all doing in person meetings are we ready to start thinking about going back into in person training sessions? I would really appreciate hearing your thoughts and how you are thinking about that now.***Comments/Questions:******Kelly Ensslin, OCA:*** *I don’t mind starting off Janet, it’s not within home visiting but I do the training for our attorney volunteers at OCA and we had originally planned to stay zoom through May and then start offering a hybrid of in person and zoom in June. I’m probably going to pull back on that and keep it zoom but part of the reason for that is the information that I relay doesn’t necessarily need to be in person interaction but also I get a lot more attendees via zoom. I probably get 4x as many volunteers coming to my training because I am doing them via zoom so I’m going to keep it that way. But I can definitely tell as someone who attends a lot of training, there is a benefit of certain ones really needing to be in person, but I’d really be interested in hearing what others say.****Janet Umble, PCAD:*** *Thank you Kelly that is helpful and the reason I am posing the question is that we delayed some of the training like for example, Motivational Interviewing. It really is about practicing skills and getting feedback from the instructor on the spot so we’ve been delaying doing those kind of training. I’m really trying to get sense of how people are feeling about moving ahead with in person.****Kelly Ensslin, OCA:*** *Have you thought about surveying the group?****Janet Umble, PCAD:*** *Yes I will. I just wanted to get a sense in where everyone is with their thinking about this.****Trinette Redinger-Ramsey, DFS:*** *For all of our training, they were hoping to get back in person by the summer. But all of our training is still going to be held virtually until the end of the year. I would like to be in person, I feel like the classes I train I feel as though I get more interaction and I struggle with that but all of our new person training and everything we are doing is virtual at least until the end of the year.* ***Anne Pedrick, CDRC:*** *Like I mentioned earlier, we are doing that one training at the hospital but only 2 of my staff are able to go and obviously they have to be cleared to go to Christiana. The rest of what we are doing especially all of our meetings are in person. It will be critical though as we have different types of training as you mentioned Janet, where you need to have small break out groups and I do find those are not as fruitful on the virtual platform compared to a regular meeting or training but we’ve actually, especially with a Child Death Review Panel, have had better attendance with our medical folks because they don’t have to drive to Dover or Middletown or wherever they have to go so I foresee like Trinette said at least the end of the fall we will remain virtual.* ***Kelly Ensslin, OCA:*** *I think you also have to take into consideration how many people you need to be a the training, for example if you are paying a speaker for instance or with the motivational interviewing, you would be paying somebody and if you have to keep it very small in order to keep the distance--is it going to be worth it. So there is a lot to consider.* ***Christy Wright, DPH:*** *I’m not sure if Adriana is still on the call but I know Christiana Care was one of the first ones, and was pretty forward to say ‘no events’ until 2021 at least and since Adriana is a part of a larger community health worker program there than DHSS. I don’t if they come out and said anything about the rest of the year or how their group is handling training on their end.****Adriana Vivero-Sosa, CCHA:*** *So for all training we are doing everything virtual but to meet with patients on one on one basis, we are doing curbside pick up so we are able to meet outside instead of inside so as long as we have a larger space we are okay and wear masks. All of us are fully vaccinated but any training everything is virtual still. So we haven’t heard back from all of Christiana Care about when we will get back to some kind of normal but right now all is virtual.****Kelly Ensslin, OCA:*** *Karen do you have anything to add?****Karen DeRasmo, PCAD:*** *Janet as always has done a great job covering everything. I do applaud everyone though for their efforts and certainly Janet’s for keeping training going during this time. It’s not always as satisfactory to do it virtually but I do think its enhanced attendance and has allowed people to participate that may have not been able to. I do envision going forward and Janet can say ya or na…I think going forward want to when possible maybe do a hybrid. Maybe where we would allow people to continue to participate virtually, perhaps do like if we are doing 2 sessions of the same kind of training do one virtually and do one in person so people would have a choice. I found with Board meetings and trainings and other things that we’ve done with the organization that attendance has actually been better because people don’t have to take travel time into consideration.* ***Kimberly Nelson, PAT CSD:*** *We’ve moved into the space of training virtually and we made that pivot with our home visits. I don’t know that we’ve had a training on how to effectively provide those virtual experiences. I’ve attended so many different zoom meetings and I’ve also seen some very crafty things that they’ve done such as going into break out rooms and then bringing us back in. I don’t know how to do that I think but I do think I’m more savvy with it than I was in the beginning, but I always look to extend my skills. We do see over and over better attendance and people showing up to a meeting they wouldn’t have normally been able to show up. We are seeing that with our families as well. Benefits are there but perhaps there is a need to focus on those of us who are navigating the virtual space and maybe look at building skills.* ***Kelly Ensslin, OCA:*** *Yes that makes sense so like technical support.****Kimberly Nelson, PAT CSD:*** *Part of hesitation of people not wanting to do it virtually is because it throws us out or cuts us off. I have to figure out Microsoft teams when I’m used to zoom, some of those challenges are there. If I felt more confident or had some more training in how to build my technological skills I think I’d be very more confident moving forward with that. Also in engaging families more effectively or in professional development sense and provide a training for other educators for our community more effectively.****Stephanie Wagner, PAT Polytech:*** *I think too a little technical training with the personal part of it, I really like with Janet how she does her training, your camera has to be on you need to be present, we’re going to have a discussion and I think that is very important. I do that during staff meeting and I’m sure you all do too so I’m not looking at the your blank screen. Maybe Janet could help us out with those tips and tricks as well because she does seem to have that going on very well I think.****Kelly Ensslin, OCA:*** *That’s a good point, I think of learning to share my screen took months to figure out and how to get the right document up. I finally learned how to do a poll so we have interaction during training and then also break out rooms. Just doing those kinds of things.****Janet Umble, PCAD:*** *I’m taking notes.*  |
| **DPH Update** |
| **Christy Wright, DPH:** We just wanted to mention the formula grant guidance has come out recently for MIECHV so Crystal and I will be working on that and Vik helps us as well. We will be putting in the grant by June; this is level funding though this is nothing new. This is the one that based on the formula and decides on the funding for every state so just an FYI that it is out. We are working on that on the back end and we just don’t hear a lot about it. There was also some emergency funding, the American Rescue Act for home visiting related to covid which we don’t know much about yet. There is actually a webinar about it next week – I think May 4th so we will keep you updated. We have no idea how it is going to be rolled out or how the stream of funding is going to work. We might have to touch on that in the summer. We may have to touch base with the programs sooner rather than later, but we can add it to the agenda. Vik is going to do another evaluation update the next meeting.**Crystal Sherman, DPH:** I would just add that programs should start thinking about how you could potentially utilize emergency funding. When Christy and I circle back they usually don’t give us a lot of time to put those budgets in so think about technology that your families need or you need to continue to operate in this world….diapers, formula, those are the kind of things that MIECHV has loosened the reigns on in the last couple months. We are thinking that those are the parameters and the funding will be used around those types of things, but we aren’t positive about that yet. But if programs want to think about how they might use additional monies into their programs that would be good. |
| **Invite to share a success story from a family or your program….** |
| **Christy Wright, DPH:** I just wanted to share that we will be having some quick videos clips from QT30, many of you probably know about the quick QT 30 activities which are just neat ideas that parents and even home visitors can do with children. We did some quick video clips and we will be sharing them on DE Thrives social media. There will also be an app associated with it. All that will be rolling out soon. They will be fun video clips that you can possibly even share on your program pages. So more to come about that. **Stephanie Wagner, PAT Polytech:** We’re seeing parents getting back to work, parents that lost their jobs because of covid just couldn’t work. They are getting jobs and we have been able to help a few families over the last couple months where landlords have really put pressure on them to move. There are some shady deals going on and the parent educators have been able to connect them with resources and have been able to stay where they are or at least find new house. So housing and jobs are the big thing that we are seeing more positivity and more forward moving. **Debbie Finch, 211:** We recently had a mom that we referred to home visiting and her child was born with severe complications, long term life long complications. I registered her with Healthy Families Delaware, and she was so happy her parent support specialist who was excellent. The baby is still in the hospital, but she really appreciates the program and us following up with her to make sure everything was good.**Adriana Vivera-Sosa, CHHA:** We do have a lot of successful stories. I mentioned before, Jalisa, she is helping with the SUD (Substance Use Disorders) families and we have a lot of success with that because a lot of those families have been more willing to get treatment and having those additional tools really helps. We are doing wrap around services with the SOS Program with ChristianaCare here so I think that is successful Also for the Spanish speaking baby shower we had 118 families register and out of 118 families we had 45 attend. It was still a really good turnout . I think it’s also good to share that the Spanish speaking families are willing to participate in anything that is virtual. We are able to do wrap around services for those families, connect them to home visiting and provide them with the chat and chews, education and safe sleep. We are planning to have chat and chews virtual with them as well. Overall, I think we can be the bridge between the families and health care and provide advocacy that they need. As minorities they feel they are unheard so we are there to provide that bridge with them.**Noelle Bartkowski, PAT CSD:** Often the success stories are rooted in the Stubbs Dual Generation Center and we are so favorably placed down the hall from the center which provides all sorts of services, it’s a one stop shop. There is a food pantry down the hall, there is a clothes closet, which is not a closet but an enormous room. Beyond the double doors there are representatives from the Department of Labor, Social Services, there is a Stand by Me coach so we get all kinds of assistance for our families through these wonderful people down the hall. We also have adult ed, the representatives help with pardon and expungement services and of course that can be a great barrier that you do have a criminal record for getting a job and so all kinds of wonderful support right in house. We are so very fortunate to have that. **Kimberly Nelson, PAT CSD:** I am super excited about our opportunity to partner with them so lately I have been focusing the available services around the virtual visits. Our Stand By Me Coach, Janet Peters has been able to visit our families virtually to introduce financial coaching and then she invites them into the building. Also Abby Hamilton with the Dept of Labor, we have invited her into the virtual visit and families are going into to Stubbs to follow-up on whatever they need to do to write a resume, or do what they need to do to get a credit report done. I have a mommy who started a couple months ago and she’s going out to look at houses now because she was positioning herself throughout the pandemic. She just needed that financial coaching and to get connected to those other resources and again to pick up food and pampers and visit the clothing closet. It’s just a great experience and great to be a part of – it is truly wrap around services. **Laurie Joseph, HFD:** We had a really great success story, we had a family that it was their goal for the whole 3 years to buy their own home and just at graduation they bought their own home on their own land. They used the stimulus money to position themselves with a down payment to buy their home and to buy the necessities that they needed. It took the whole 3 years but on the day they graduated that was done. Because we’ve talked so much about budgeting and doing plans we have seen so many families that have used this stimulus money in a very positive way. They have been positioning themselves in maybe not getting them into their own home but getting them into a rental position in better places and to help increase their credit score. We’ve seen a lot of good things. |
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| **Discussion on Next Steps** |
| None. |
| **Next Meeting:** |
| Virtual meeting date of July 26, 2021, 9 – 11 a.m. Go to meeting instructions will be sent prior to meeting. |
| **Adjournment:** |
| Meeting adjourned at 10:07 a.m. |