Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

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| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 01/25/2021** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:** |
| Marneda Bailey, Heather Baker, Noelle Bartkowski, Stephanie Cantres, Teri Carter, Karen DeRasmo, Kelly Ensslin, Jen Ettinger, Jennifer Fromme, Heather Hafer, Amy Harter, Charita Jackson-Durosinmi, Laurie Joseph, Joan Kelley, Jessica Lipper, Mary Moor, Kimberly Nelson, Christine Hoeflich Olley, Kirsten Olson, Anne Pedrick, Trinette Redinger Ramsey, Amber Shelton, Crystal Sherman, Christine Stoops, Asia Summers, Debbie Taylor, Janet Umble, Liset Villalobos, Vik Vishnubhakta, Adriana Viveros-Sosa, Stephanie Wagner and Christy Wright. |
| **Call to Order:**  |
| The meeting began with introductions.The October 26, 2020 minutes were approved with no corrections.  |
| **Announcements:** |
| None.  |
| **Program Updates** |
| **\*Written updates provided via email prior to meeting. These are additional updates to those.****Christine Hoeflich-Olley, PAT DECC:** Nothing specifically to add to the updates provided, just that we are doing a great job engaging families. It’s taking a little longer virtually to get families engaged and on board and consistent, but I think we are doing great and referrals are coming in steady. It’s just getting hard to get them engaged.***Comments/Questions:*** ***Kelly Ensslin, CDRC:*** *You mentioned in your written update as hospitals being your top referral source, do you have a particular hospital?****Christine Hoeflich-Olley, PAT DECC:*** *It depends on the week, but we are getting them from Tidal Health, so that includes Nanticoke, BRMC and Beebe – those are my top 3.****Kelly Ensslin, CDRC:***  *Have you received any recent guidance on COVID protocol, like going back in person or any updates on that?* ***Christy Wright, DPH:*** *Do you mean model guidance, actually I think Christine Stoops has an update from National PAT which was provided as an attachment prior to meeting.***Christine Stoops, PAT:** Referring to the attachment, it’s not anything detailed regarding moving forward, but PAT is saying virtual visits are how we should be proceeding right now. In the future virtual visits are going to remain as part of PAT and the model fidelity, but it is yet to be determined how that it is going to look. I think a lot of it will be determined by MIECHV regulations and if MIECHV is going to allow that then we will have to tailor that for our specific state. Virtual visits will be a part of PAT going forward so they will be coming out with definite guidance later in the Spring so I will make sure to update everyone when we get to that point. **Stephanie Wagner, PAT Polytech:** In agreement with Christine Olley, we are getting referrals, but again it is a challenge with virtual. We are making it work and our numbers are rising steadily. We are finding that a lot of our time and effort is going into our resource referrals for our families because that is what they really need right now, just somebody to talk to. We are still getting all the components in our visit, but just having that friendly face on the phone or the screen is really helping families right now. We are doing a lot of older kid resources with schools because families are struggling with how to use technology and help kids with homework. We’ve had parent educators that have done nothing but maybe their visit and then they call back in the evening and are helping with the older children’s homework. They are really stepping up and doing whatever is necessary for these families. I’m very proud of all us and all the home visitors in the state because they really are doing such a great job going over and above.**Noelle Bartkowski, PAT Christina:** Just chiming in too that a lot of our community partners are present, and I want to thank you all for sending us referrals. Our numbers are steadily increasing as well, and our parent educators are our number 1 referral source. They are really working to contact past families as well as getting referrals from our current families. Our numbers are showing that and again thank you to community partners for continuing to support us. **Marneda Bailey, Children & Families First (CFF), NFP:** The only addition I have to add is that I have a nurse that has been on medical leave until early December and have had a personal humbling experience as a nurse home visitor and program manager standing in the gap and enrolling clients. Getting them engaged in telehealth so I have a personal challenge on what it’s like to make this work for our clients and nurses.***Comments/Questions:*** ***Kelly Ensslin, CDRC:*** *Dr. Anupol apparently makes a lot of your referrals, have we ever as a group or as a model talked about having that doctor speak with the other doctors about the program, like a peer to peer. I don’t know this doctor, but if they were able to present something to other doctors that may help with referrals in other areas.* ***Marneda Bailey, Children & Families First (CFF), NFP:*** *We haven’t approached this in 3 years now, but we had a nurse, Lauren Vann, who had worked with Dr. Anupol and that’s how we made that connection. She worked with him and at that time she went into the office and did a presentation. I don’t know if he, at that time, was willing to push his fellow doctors toward referring like he does, but typically what is happening is the office staff are maintaining.* ***Anne Pendrick, CDRC:*** *Kelly that speaks to the recommendations of our committee, having someone like a visiting nurse that can make that personal connection.*  ***Marneda Bailey, Children & Families First (CFF), NFP:*** *It has been very beneficial and he does send us referrals that don’t qualify for the program, however, we don’t worry about it we just forward to whomever can take them.****Joan Kelley, FIMR Coordinator, CDRC:***  *It might not be a bad idea once we have our heads around this and get the proper verbiage about what we really want to do initiate this, but Dr. Nancy Fan is a part of the ACOG and she would be a good person to connect with in the spirit of getting her OB colleagues to start doing home visiting. Nancy Fan is primary who works out of St. Francis hospital which serves a lot the mothers in the community of Wilmington.****Kelly Ensslin, CDRC:*** *She serves me as well. She delivered all three of my children and I’m seeing her next month. I will personally put something in her ear about that. If anyone has any literature, they want me to give or a specific message, please let me know and I can pass along the message correctly. I’m sure Anne could help me out there.**I think these personal connections go a long way.* ***Kirsten Olsen, CFF:***  *I liked what Marneda said about not quitting when we don’t get the referrals that are appropriate because I think sometimes we get hung up on that – just to accept all the referrals then we all know who the right people are and the right places to go and just move those along to the right place.****Kelly Ensslin, CDRC:*** *Any model updates Marneda?* ***Marneda Bailey, Children & Families First (CFF), NFP:*** *They are continuing to do support telehealth visits and doing what the agency recommends. No change within.****Christy Wright, DPH:*** *Anything will Goal Mama, the app?****Marneda Bailey, CFF NFP:*** *The nurses are having so many things happening they are trying to wrap their minds around Goal Mama but it’s at the forefront of their brains. It is a beneficial addition to the program, but some nurses are still struggling to get their clients to get on board with Goal Mama. It is beneficial and we know it’s good, its’s just encouraging the clients to use it. They try to get clients on it during enrollment. One nurse does that and models what she has done to the other nurses trying to get client enrolled in the beginning. Nurses can send educational documents to the clients through Goal Mama in their email, they can get them enrolled in a support group with other moms. There is no conversation client to client, there is someone that is moderating the meeting and getting all the information back out to the clients. Appointments can be made through it, but the only thing is the appointments fall over to Outlook so there is a twostep process that the nurses have to do. It has pros and cons. You can send shout outs to the clients if they are working on a particular goal - you can see your progress and it’s an interactive app.****Joan Kelly, CDRC:*** *What are your barriers? Engaging with this app and staying engaged?****Marneda Bailey, CFF NFP:*** *Some of the same barriers that we have with home visiting is having the clients respond or to keep up with messages because they don’t ‘have’ to acknowledge that they have received the message from the nurse or that they have an appointment. Liset, is there anything else you want to add about Goal Mama, since I haven’t personally used the app so I may be missing some of the barriers.****Liset Villalobos, NFP:*** *I think the biggest barrier is yes, they don’t have to acknowledge it. We don’t get feedback from them so we have to keep contacting them via our cell phones, emails or other ways. I will say it’s still not bilingual, our Spanish speaking population hasn’t benefited from Goal Mama, but they are going to come out with that soon and it will be interesting to see how that population responds.***\*Updates Continued****Kelly Ensslin, CDRC:** Additional updates for CFF, I see a lot of open slots in Sussex and Kent, is that unusual?**Asia Summers, CFF HFD**: There are 2 new staff that were hired this fall, they are now trained and are open to take referrals, so their case loads are being ramped up. As we speak, they are calling referrals and scheduling visits.**Laurie Joseph, CFF HFD**: We have 2 new staff and they are taking referrals - we’ve engaged 2 families so far, our second home visitor just completed orientation last week and so she is starting as well. We are excited and hoping to fill these spots as soon as possible.***Comments/Questions:******Kelly Ensslin, CDRC: What is Tidal Health?******Laurie Joseph, CFF:*** *Tidal Health was Peninsula Regional and Nanticoke, so they are now an umbrella.* ***Kelly Ensslin, CDRC:*** *Ok thank you. And you said in your update, no new model guidance.****Asia Summers, CFF HFD:*** *No new updates, they are just asking that we continue to go with the CDC and state protocols to maintain safety.***Christy Wright, DPH:** Claire Martinez sent in a late update for EHS program that is out of CFF and I’m not sure if there is anyone from upstate EHS like Heidi or Amy that want to give an update?**Christine Olley, PAT DECC:** I don’t know if either of them are on the call today but I don’t think there is any significant update. I know in my EHS program, we are still looking for families to get to full enrollment – I believe it’s the same upstate as well.**Heather Hafer, EHS:** I haven’t heard anything either.**Stephanie Wagner, PAT Polytech:** I don’t have any additional updates to add, but will answer any questions.***Comments/Questions:******Kelly Ensslin, CDRC:*** *I have a question – you said referrals really picked up in December – do you have a reason you can think there was such an uptick?****Stephanie Wagner, PAT Polytech:*** *My thought is that probably people needed help for Christmas, usually Nov and Dec are busy because finances are tight and they are trying to prepare for Christmas food, etc. Fortunately, a lot of those referrals are sticking. We know they don’t always but they do seem to be, and I think because of COVID and also because they are seeing the benefit of the program and the resource referral. But yes, I think, Christine and Noelle, feel free to chime in, I think a lot of times Nov and Dec are busy for us because of the holiday coming up.****Christine Hoeflich Olley, PAT DECC:*** *I would agree we had a lot of newborns and babies and DFS referrals.****Noelle Bartkowski, PAT CSD:***  *I was afraid to say that those were some of the reasons we were seeing the uptick.****Kimberly Nelson, PAT CSD:*** *It’s been a lot of babies, this is a new group of families I think coming in - a lot of prenatal and newborns. Mimicking some of what Stephanie was expressing, some of this is about meeting their needs – you must be very flexible and develop a trusting relationship. Mommies are breastfeeding or sleeping or tending to the house or minding the virtual learning for older children. It takes a very gentle touch providing for those needs, those gaps that helps reinforce the trust in the relationship. As Noelle said, without our community patterns, ‘teamwork makes the dream work’. It has not made it any easier because there is whole other energy to connecting with families virtually. I think we were having to make effort to connect with families prior to going virtual and the pandemic experience. Just being flexible is a big part of it and understanding them. When they answer, you can hear them stressing and trying to get prepared - and just saying ‘hey do you need a few more minutes?’. ‘Just give me a call back when you are ready’. Then they are ready, and they are more engaged, and you can go forward with the conversation as it led by them and their needs.****Stephanie Wagner, PAT Polytech:***  *I think when Christine was talking earlier about virtual being a part of the Parents as Teachers model going forward in some capacity-I think that is very important because we do have families who from time to time are hard to pin down and the virtual has really helped with that. You can be more flexible – you don’t have to drive the 45 minutes back to the house if they aren’t there. If they call you in an hour and your home, you can still do that visit so I think that is going to be very helpful.****Kelly Ensslin, CDRC:***  *I’m curious, many of you said there are more babies in the Parents as Teachers, are these mostly 2nd, 3rd children for these mothers? Are you seeing any first-time moms with newborns at PAT?* ***Stephanie Wagner, PAT Polytech:*** *Ours are mostly 2nd and 3rd time moms we’ve had a couple 1st time moms but mostly they already have other children in the home.****Kimberly Nelson, PAT CSD:*** *I have been experiencing a mix of 1st****Kelly Ensslin, CDRC:*** *Do you see a lot of moms with PAT that have already gone through NFP with their first child?****Stephanie Wagner, PAT Polytech:*** *We do get some of those, especially when they have graduated, we do get some that want to continue with the program.***\*Updates Continued:****Christy Wright, DPH:** I don’t know if Heather with EHS can speak to any model guidance from them? Is EHS completely virtual?**Heather Hafer, EHS:** To my knowledge we are still staying virtual until we receive guidance as far as getting back into the homes at this point. **Christine Hoeflich Olley, PAT DECC:** Same here, we’ve talked about it but there’s been no guidance to change what we are doing.**Kelly Ensslin, CDRC:** So, the children are going into the programs, but no one is doing the home visits. Is that right?**Christine Hoeflich Olley, PAT DECC:** I believe but home-based is virtual. We are doing just drop offs to the door, but all visits are virtual I can’t really speak to the center. I know for Early Head Start Healthcare Partnership, those children are in the centers if the families would like to be.**Heather Hafer, EHS:** I know our centers are in the process of slowly starting to open with CFF EHS – so they aren’t open yet, but they are starting to open. Those centers with our EHS Center the structure is a little different than our regional Head Start centers where they may only go in a couple days a week but all that is still getting worked on but none of our centers in Sussex have officially opened yet. **Kelly Ensslin, CDRC:**  Ok. Is there anything else you want to say about CFF EHS before I go to Health Ambassadors?**Heather Hafer, EHS:**  We have a lot of openings and were short 2 home visitors, but now we are fully staffed we are hoping to get all these open slots filled. I think it’s just the change from Telamon to Children and Families First so now it’s just getting back out there and recruiting families to get us up to full enrollment.**Health Ambassor Program Updates:****Adriana Vivero-Sosa, Health Ambassadors Program, Christiana Care:** We did have our first ever virtual baby shower this past Friday that was focused on the Substance Use Disorder Community. We partner with the SOS program here at Christiana and also with the OT and speech pathologist to show moms when you have a baby with NAS, the soothing techniques are different than with a normal baby so that was our topic. We are also planning another virtual community baby shower for the Latinx community. We are excited to be planning our next Chat & Chew which will be virtual with PAT. We are excited to continue to keep meeting parents where they are and educating them on safe sleep, developmental milestones, birth spacing among other things that they might need additional education on. **Stephanie Cantres, Westside Family Health Ambassador Program:** We now have our Male Involvement sessions every other month. We just had one in Jan. and our next one will be in March 16th - every third Tues of the month at 6:30 p.m. Also, our Lunch and Learns are every month – third Wed is for Spanish speaking and Thur is English speaking, both of them at 1 p.m. We do have a new Health Ambassador; her name is Marley Doe. We also had our first virtual baby shower which was a success, a lot of participation with different organizations within the community and the participants were broad. We had New Castle County all the way to very low Sussex county. Our topics were breastfeeding and WIC, the mom’s loved it. Everyone left with something and we also had a couple referrals for home visiting as well. With our Lunch and Learns we are trying to partner more with home visitors. We already had some from NFP in Jan participating in our Lunch and Learns and I know we have scheduled our next ones with other home visiting programs. There are all different topics about pregnancy, either before or during or after pregnancy. **Charita Jackson-Durosinm**i**, Westside Family Health Ambassador:** For the Lunch and Learn sessions, we are highlighting the home visiting programs. This is your opportunity to come on with participants in the community along with all of Westside prenatal patients to share information directly about your program. I think you can tell your story better than we can tell it. We are planning to connect with the home visiting programs again this year to do some shadowing during the virtual home visits so that our health ambassadors can be familiar on how the virtual process goes and they can share that information with the participants in the community and also with Westside prenatal patients. The number of prenatal patients is picking up, so we are hoping to capitalize on that. We are hoping to really get our providers to be invested and if they find that we are meeting with the prenatal patients that could benefit from any of the programs that they can reach out to us so we can be the person that links them to the home visiting program. So, we are really excited about that. Our numbers haven’t been super high with the male involvement, but if we are getting 10 every other month than that’s good and we are really excited about that. We really want to get them to see that providing for the children is not just the mothers responsibility, it’s the entire family. Stephanie has been doing a wonderful job – I know she’s been reaching out to all of you guys and we’re hoping with Marley on board that we are trying to up our numbers hopefully this will be a good year for us as well. ***Comments/Questions:******Christy Wright, DPH:***  *Charita thank you. It looks like there is good opportunity for you since there are openings at Kent and Sussex with between both EHS and HFD so we’ll have to maybe get you connected with the new EHS Team too at CFF.****Charita Jackson-Durosinm****i****, Westside Family Health Ambassador:*** *That would be great, what we did is that the documents that were sent – we had a meeting on Friday and we looked at where the openings were to try to help us to strategically plan where we can make a greater effort, but we did look at that information on Friday and we did come up with a plan. We’re not sure how it’s going to work but we are going to reach out and to help with those slots. Again, I want to say to any of the home visiting programs that would like to be a part of our lunch and learns, if we haven’t reached you yet, you can reach out to us. We want to highlight at least one program every month and that will be 2 days out of the month. One for the Spanish speaking community and one for the English Speaking participants so they can hear from you firsthand what your program has to offer and then we will support that and continue to reach out to participants to give that warm hand off to the home visiting programs.****Laurie Joseph, CFF:*** *If you could put that information in the minutes, that would be greatly appreciated to give me the information to contact them.* ***Kelly Ensslin, CDRC:*** *You might not want to wait for the minutes, maybe send an email just in case.****Christy Wright, DPH:*** *We could send an updated contact list that has Early Head Start and the Health Ambassador programs on it.* **Delaware 211 Help Me Grow Update:****Jennifer Fromme, 211:** I’m not sure if everyone knows that the state now has a vaccine hotline, I do want to share that number. I hear programs are getting a lot of calls regarding the vaccine so I’m sure your parents are asking questions. The hotline number is 1-833-643-1715. ***Comments/Questions:******Kelly Ensslin, CDRC:***  *Will they be able to talk to a live person when they call?****Jennifer Fromme, 211:***  *It should be a live person, we’ve been having so many people call in regarding the vaccine questions and the phases so they can call that number. They can also email them, I know they’ve been really busy and people have been getting busy tones so they can email them as well.* ***Christy Wright, DPH:*** *I also included the vaccine website at the bottom of the agenda, so you can go right there too.****Jennifer Fromme, 211:*** *The vaccine email is* *vaccine@delaware.gov**. I just know we’ve been getting a lot of phone calls regarding the vaccine, so I wanted to share the information with everybody.****Joan Kelly, CDRC:*** *I don’t think the vaccine was approved for kids under 16.****Jennifer Fromme, 211:*** *No not right now, I’m looking at the website now. We’ve been getting a lot of phone calls regarding what phase they are in and what that means. Right now, we are in Phase 1B and that is for persons 65 or older and then front-line workers and essential workers. I haven’t heard anything about child ages. Delaware 211 is open on the weekends now from 9 a.m. to 5 p.m. I helped cover one of the shifts on Saturday and I would say 95% of my calls were regarding the vaccine. Some people reported being in line for 4+hours so it’s been pretty crazy on 211’s end as well.****Charita Jackson-Durosinm****i****, Westside Family Health Ambassador:*** *We’ve had 2 vaccine clinics so far and I know we’re going to be having another one, some more are coming up so I will share that information with Christy or Jen so they can share with you guys.***\*Updates Continued****Jennifer Fromme, 211:** So, I’ll go into the numbers, for December total referrals we sent were 32 for the month. Broken down further, 4 went to PAT CSD; 1 PAT Kent/ Sussex; 6 PAT Polytech; 10 CFF/HFD NC; 6 for CFF/HFD Kent; 5 to NFP. Closing out the calendar year, total HV referrals from Help me grow to the programs was 419; I would still say the main referral sources are the hospitals: Christiana Care for the month of Dec we had 25 referrals; Bayhealth 11; Amerihealth 15; 1 from Beebe; Highmark Health Options was 9. So those are really the biggest sources for the home visiting referrals. With the new EHS program under CFF, if someone could reach out to me so we can get that information into our system and start making referrals to them. ***Comments/Questions:******Amy Harter, EHS:*** *Ok Jen, I can give you that information. I’ll send it to you.****Kelly Ensslin, CDRC:*** *Can you compare the 2020 numbers to the 2019 numbers? I’m just curious if there was a drastic difference in referrals.****Jennifer Fromme, 211:*** *So, I have calendar year right up now, so 2020 calendar year we had 419 referrals to the home visiting programs and 2019 calendar year we had 331. Do you want me to go into any specific programs?****Kelly Ensslin, CDRC:*** *Only If you see a major contrast between the 2 years. I was just curious if the number was going up or down.****Jennifer Fromme, 211:*** *The number is going up.****Christy Wright, DPH:*** *Just a reminder to help Jen and Deb, by keeping them up to date with your call list or if anybody needs their contact info, let us know. Our contact list that has all the programs and the contacts on it makes it easier to share referrals and keep in touch with each other. It helps Jen and Deb to know if you are full and not taking referrals or if, for example, if you are down a HV with maternity leave, things like that. It just helps them to know where to put them. The more you keep in contact with them, the more they can send them your way.* ***Jennifer Fromme, 211:*** *It definitely helps like Christy said if someone is out or you are running a little delayed so we can let these moms know you know expect a call in around 1 or 2 weeks or expect a call sooner or later. So, when we follow-up with them they aren’t’ saying, oh we never heard from anybody or we are still waiting. We do have good communication with most of the programs and can reach out to them with any issues.****Christy Wright, DPH:*** *Just a reminder, a lot of times they are already doing the first step of explaining the voluntary vs mandatory approach, so they are making sure the client wants the services.* ***Asia Summers, CFF:*** *Jen, can you share your timeline in contacting families, I know you talk to them first and then you follow**up**with them to ensure they were connected to a program. Just wondering so I have an idea.****Jennifer Fromme, 211:*** *Sure, so once we receive a referral, we try to call them that day. We always check the paperwork to see if it’s a brand-new mom then we’ll call them in 3 days to give them time to be discharged from the hospital. But we do make 3 attempts to every referral we do receive. We leave messages with our names and the number to call us back on. We try different times of the day to reach out to the moms and when we reach mom, we explain about the home visiting programs and how they can benefit them. We collect all the information and send the information over to the appropriate program. We give it about 2 weeks, after the 2 weeks we follow back up with the moms just to ensure the hv program has reached out to her and make sure everything is going ok. In the initial call, we do ask if they need any additional resources, especially during this time of COVID a lot of people are out of work. We can make sure they are signed up for WIC, make sure they have diapers – things like that and then on the follow up as well, we can make sure if there are any other services that are needed we can help sign them up for them as well.*

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| **Home Visitor Training Update** |

**Amber Shelton, DOE, Infant Mental Health Training:** We contracted with a lady out of Pennsylvania to do some background and training in Infant Mental Health. Some of the topics included are the history of IMH, neurodevelopment, attachment, grief, and loss, engaging care givers, how attachment and early intervention in behavioral health all work together and then how to use those in our own work. Reflective supervision and some of those issues that folks working in this field are really experiencing such as vicarious trauma, burnout and how they can get support through their means or a systemic approach or method. We have her for 4 training sessions, we just finished our second all morning training and we have 2 more sessions. Following the training, she will provide reflective supervision to each of the parents as teachers group twice, so there will be a follow-up a month a later and then another follow-up in about 2 months after that. So really having a full particular approach where we are providing the training, we are doing a check in briefly after the training and then a follow-up in a couple of months to see how they have been able to integrate what they’ve learned into practice. It’s been great and very interesting. It is a requirement for all the PAT folks, but we have extended it to a few others. It’s been great to see everyone there being engaged, we’ve had positive feedback about it so it’s been very exciting. We’ve really heard that there was a need for this type of training and folks really felt that they didn’t even have the foundational skills that they needed so this has been a very welcome training.  **Janet Umble, PCAD, Wrap Around Home Visiting Training:** Since the last time this group met in October, we have finished the wrap around training that we had planned for last spring. If you recall, we had some delays because of needing to go virtual and people just not being ready to focus on training because they were busy just trying to figure out how to do the rest of their jobs. So, we did finish by providing training on *Supporting Kids Healthy Eating* which took place in Oct. We had low attendance in those 2 sessions that was very similar to what we had been experience in the spring, but since we started working on the 2021 wrap around training topics. Topics were requested by the home visitors on the needs assessment survey over the summer and the first topic we chose to address was teaching young children the social and emotional skills that they need in order to manage their own feelings and their own actions. So last week we had 22 people participate in part 1 of that topic and tomorrow we will do part 2 with the same participants and then in April we’re going to offer the same 2 part series to a second set of participants. We have about 25 people registered for that session so that means a total of about 45 -50 people will receive this training which puts us back in the numbers that we had been experiencing pre-covid. We also have people registered for a session in March that is titled *Exploring the Impact of Poverty with Children and Families*, so that is also I feel like our numbers back of people being about to pay attention to wrap around training and engage in those again. In the coming months we will address 2 other topics that were selected by home visitors both of them related to community resources and one of them about helping people to identify community resources in their community and the second part of that will be about empowering parents to actually advocate for themselves when it comes to the use of community resources. In addition to offering those wrap around trainings, I continue to focus on encouraging participants to put what they learn in training into practice. Really what Amber was talking about building that bridge to really use the information that we are sharing with people when they go back out onto the job. So we will continue the practice of asking each participant at the end of training to complete a lightbulb report which asks them to identify some key learning that they identified during the training and then write a smart goal for themselves on how they will use the information back on the job and get a plan for what that might look like. That form is shared with me and then I share it with their supervisor so the supervisor can follow up during reflective supervision just to help them to process how they are implementing what they have learned. Then after 3 months, we do a follow-up and check in with them to see how did the plan worked out, what have you added to your repertoire of skills as it relates the things you learned in wrap around training. We will be starting something new centered around helping homevisitors to develop their professional skills which will be a bimonthly community of practice for supervisors around helping them develop the skills they need to support staff in professional development. It will take place on alternate months when reflective supervision occurs. We will continue the reflective supervision networking meetings which are going well. Just to give you a sense of the kind of things we are talking about in those meetings, in recent months we have covered topics such as motivating staff, self-care and employee recognition as a retention strategy. ***Comments/Questions:******Joan Kelly, CDRC:*** *I’m asking from a personal perspective even though my son is 21. What are we doing for small children with special needs who are not really getting back to school and who are not getting the services they need- not able to do zoom and all the things that older kids who are not any spectrum of autism or any kind of disability – it’s tough for them and the parents.****Janet Umble, PCAD:*** *Yes, absolutely it is. That is not a topic that we are addressing currently. We can look at that if there is a way to engage with that. I don’t know if anyone else have the resources for those families.****Joan Kelly, CDRC:*** *I know that my neighbor down the street is working with a client and I’m not exactly sure how she fits in the with U of DE but she came to me on a personal level for what she could do for a small child who is really struggling and the parents are really struggling. I directed them to Autism Delaware and Parents Information Center which is called PIC. I just think we are missing a sub-population that is going to jump up and bite us all in the end because of the pandemic.****Janet Umble, PCAD:*** *I think the information that you gave that parent was the right way to go. I think we have folks with those agencies that have the expertise that would be helpful to that mom and that child.****Amber Shelton, DOE:*** *Just another suggestion if you are having families you are working with or caregivers who have older children in school. I would refer them to their school district. Often times parents are frustrated but they are not really taking it to the next level in communicating with their school districts or not communicating with the special ed coordinators with their school district – it really does have to go up that chain because each of the school districts are completely different. Some are sending folks to kids houses to provide additional support for kids that cannot sit on a zoom, others are doing other creative things. I think that’s a great suggestion for advocacy, but really the communication with the school district must happen or else nothing will progress from there.****Joan Kelly, CDRC:*** *Well to be quite honest with you, I don’t even know if this child is school age. I worried where mom and dad could go to facilitate learning and where to get started so I really had to turn them to Autism Delaware.* ***Jennifer Fromme, 211:*** *Can I just add something? So I don’t have anything specific regarding special needs, but United Way of Delaware – they started this in the summer time for student help so if any families need any help regarding if they don’t have a computer for their child or if they need help finding a learning pod or need tutoring help they can just call 211 hit option 4 for student help, they will be connected to a representative at United Way that can help them with those types of needs.* |
| **DPH Update** |
| **Crystal Sherman, DPH:** Delaware was accepted to join the State Policy Institute on Public Insurance Financing for home visiting services so we are partnering with our Medicaid colleagues to listen to other states that have been able to effectively and successfully tap Medicaid for reimbursements for different home visiting models. A lot of us that have been around this table for a long time know that this isn’t the first time we’ve been at this table with Medicaid but we’re going to try again. We have commitments from them that they are going to participate with us. We initially had 2 people and now we have 4 people from Medicaid joining us, so we are very excited and hope it goes somewhere. Our first meeting is this Thur and we will be hearing from Michigan and Maryland and how they tap Medicaid for reimbursement. I do know that Maryland specifically has successful reimbursement for the Healthy Families America program model so we’ll be interested to see how that is going and what kind of reimbursement it is, whether they use a state plan or a Medicaid waiver of some sort. Like everything across the country, Medicaid is one of those things that looks different in every state and so it’s hard to replicate what other states are doing. We will keep you guys up to date on where it goes. I think it’s only this institute I think it’s only 6 months long so hopefully by the summertime we’ll have a clear path that will work particularly for getting reimbursement.  |
| **MIECHV Annual Report** |
| **Vik Vishnubhakta, DPH:** Just a few comments to start, you will see a draft watermark because it is a work in progress, it has not been finalized yet. We still must receive approval from HRSA for some of the material because some of the material in there is for MIECHV needs assessment. This report is very text centered and there is a lot of material in there. We are going to have AB&C, the social marketing vendor snazz it up a little bit put in some clip art and make it look more approachable. Also, the content of the report itself is what I call a ‘kitchen sink’ approach because this report captures 4 years of update-FY 2017 to FY 2020. This is the first time we’ve done a statewide home visiting report like this. Looking at the states of Michigan and Tennessee for examples, although there isn’t much out there. One of the things we wanted to talk about in this meeting was the fact that we’ve provided this draft report, going forward we want this to be an annual report. So this is kitchen sink report for the last 4 years, but for the FY 21, 22 etc. we’ll have a smaller more centered report for each of individual year whether we would have that be a MIECHV report, so our home visiting programs who are supported by our MIECHV funding or something more statewide so it would include data from our non-MIECHV LIAs (local implementing agencies) as well. I like the idea of it being more of a statewide report not just MIECHV. I do have access to MIECHV data, but don’t have access to all data across the state. When we did a conditioning report a year ago, Leslie Newman when she was in this role said, you know I really want to have an idea of what’s going on throughout the state and I want it to be such that the stakeholders just as yourselves could look at this report and take what you need to for grants, programmatic purposes etc. Keeping it centered on MIECHV on our end, on the state’s end but having it more statewide gives us a more complete picture of what’s going on with home visiting across the state. And we just kind get into that rhythm to say here’s what we have every year, here’s what we are seeing every year which I think that can really help us all out. ***Comments/Questions:******Kelly Ensslin, CDRC:*** *Vik when did you say that you hope that to be finalized?****Vik Vishnubhakta, DPH:*** *Within the next couple weeks or so. We must go through a couple of nitty gritty pieces here and there. You’ll see in the report there is a lot of MIECHV-centered data, but there is data that is non-MIECHV as well that we were able to ascertain when we did the reports. Then there is a lot of material that we put in the MIECHV needs assessment so you’ll see references to PDG for example, you’ll see Head Start mentioned inside the report as well and some of the other work we have done. So, this kind of ‘kitchen sink’ report just really showcases the work we have done, both MIECHV and non-MIECHV. You’ll see references of our work with the opioid dependent NAS projects. We just wanted to showcase all this work on this report but going forward having an annual report that not 60 pages, but more like 12-15 pages that shows what we’ve been doing every year.****Christy Wright, DPH:*** *Vik, I know we had tried originally to try to get some of the performance from EHS, but I’m not sure if they matched up as well – is there anything we can improve on to make it a more full statewide home visiting report.****Vik Vishnubhakta, DPH:*** *We really do use the performance measurement data so there is 2 types of data that we can get from home visiting programs, one is service utilization so number of families enrolled, demographic data, children’s’ ages whether or not a client was pregnant or postpartum – but that data that we actually do get we do receive every year when we submit our federally mandated report. The performance measurement report, so this is the data for example, breastfeeding, IPV etc. to Christy’s point, some of the measures do align others don’t and then there are other measures that are collected and then some that are not so let’s say for example – I’m going to pick NFP, NFP is an easy one because NFP is in alignment with HRSA. NFP in DE is not supported by MIECHV but if we were to receive NFP data we could easily plug that in. HFA for example, I’m just making this up, let’s just say they are not collecting data on high school graduation, but they are collecting data on breastfeeding. We could say for this report the breastfeeding section is complete, it’s statewide but for high school graduation we could say put an asterisk \* and say ‘not all LIA reported on this specific performance measurement or we could say, the way that this is measured is different across some of the evidence based home visiting programs. For the most part overall if it’s an evidence-based home visiting program the measurements are pretty much the same across all spectrums.****Christy Wright, DPH:*** *So just clarify, for this report, did you include all the programs or is it fairly centered on just MIECHV for the performance measures?****Vik Vishnubhakta, DPH:*** *It’s fairly centered on MIECHV for the performance measures.****Christy Wright, DPH:*** *So, you’re missing still the DOE side of PAT you’re missing NFP and EHS, correct?****Vik Vishnubhakta, DPH:*** *Yes, that is correct.****Christy Wright, DPH:*** *I think that we can probably get the DOE side of PAT easily because of Christine and Amber, I think we can get NFP fairly easily because they do collect the performance measures. So that will just leave EHS. I feel like we either need to go one way or the other- we either need to be statewide and include everyone as much as possible or we need to omit and just do MIECHV because that’s all we can get. We’ve been working on it for a while now, so I don’t if anybody has any help or comments. Then my next comment or question for anyone who wants to utilize this report or perhaps send this out to partners or funders or policy makers. Do you know how would you like to see this report condensed or shortened? Anyone have any thoughts?****Vik Vishnubhakta, DPH:*** *Just a couple comments on that, one it might be ideal to create a smaller work group like you mentioned, one stakeholder from each evidence based home visiting programs and they could chime in about how we can do some data sharing to make this more complete. To your point, if it’s not feasible that there are some issues involving MOUs, we might just have to make this a MIECHV centered report every year again that’s easy on our end. If we could convene a smaller work group just to for the data sharing to get the data from NFP, PAT, DOE, EHS etc. That might be a way we can start and if it doesn’t work out then we can always work around MIECHV. If folks on the call want to generate a report on substance use, we can always take excerpts from this report and put it back together I’m hoping that stakeholders can use this and say I love this report because I can take what I want from it in different parts so again for grant purposes or programmatic purposes.****Kirsten Olsen, CFF:***  *I think the value of this is greatly enhanced if it really is the statewide picture of home visiting regardless of payer and historically we know, that the payer isn’t necessarily consistent. So I think if we are pinning all of this on MIECHV, we are missing a huge component of this continuum that we’ve all worked really hard to build so I think to your point Vik, if we can convene this small group and really figure what are the shared data points that we all wrap our arms around to create that culture. It may not be complete to every single data point, but I think to just leave all those other programs on the table I think we know – I think Christy to your question about the policy makers, we get asked for this data all the time: what’s the capacity; how many people are we serving; what do the models look like; how can we increase penetration. If we are only looking at MIECHV, we are missing such a big piece of the puzzle, I think that is a mistake. I do think if we convene and can figure out the common data set that we are all going to report on then that can be a dashboard. This is a 60 page report that we can use and we can pull out pieces that we want but if we are trying to provide some really concise data to legislators, policy makers and funders, the dashboard of comprehensive data is really the place to start*. ***Vik Vishnubhakta, DPH:*** *Yeah and what so great about this is that all of these evidence based home visiting programs really do have measures that are aligned with what is federally mandated so if we get that data, for example, NFP is not listed in this report in performance measurement data NFP’s measures are the same basically as PAT and HFA for MIECHV so putting that data into the dashboard, it would be very easy to do that once we get that data. To your point, the fear I have is that if we do have a dashboard that has only MIECHV data and the fact that are MIECHV supported programs focus more on early childhood and not so much perinatal women, we are really missing out on what is going on at that level. NFP is not in the performance measurement data and NFP is much more perinatal focused, we are not getting across in our performance measurement data right now.****Christy Wright, DPH:*** *I see the value in a statewide report it’s just that we’ve tried once, so I guess my question is how do you want to go about this again? I’m not sure if maybe we need different people at the table. Amber, what is your question with marketing push the data?****Amber Shelton, DOE:*** *So, Vik answered that. I was just wondering if there was going to be a comprehensive marketing PR campaign that was happening around this data or if this was going to be just a pool of data that we could pull from and Vik answered that we could just use it for our purposes. I wasn’t sure if there was going to be a mass PR campaign around it.****Christy Wright, DPH:*** *So, we basically need data gurus from the programs to help us align data and line in up with the performance measures and see what we can match up the best way possible, right?****Kelly Ensslin, CDRC:*** *I think we need a work group with these programs.****Vik Vishnubhakta, DPH:*** *Yeah that would be ideal, one person from each program and some of it could just be pretty easy and again I mentioned NFP because NFP does actually come up with a report that has exactly the same benchmarks, the same everything, we would just take that data and put it in. The other programs are a bit more complicated, but we can get one person from each LIA or rather one person from each evidence-based home visiting program would be ideal.****Christine Stoops, DOE:*** *I think in the past we’ve shared some of the identified data with you for the DOE family, my only thought and I’m sure we can look at this in the smaller group, but looking at some of the benchmarks like safe sleep, we are documenting it but not in the time increments that are laid out by the MIECHV schedule so I guess that’s my concern but I think as a small work group topic for a later time.****Vik Vishnubhakta, DPH:*** *That makes sense, we do take data ultimately and align it with MIECHV, we actually ask for safe sleep a lot more within the state because we want to track that over time. Just to verify for everybody, MIECHV requires us to report on safe sleep at different intervals at fewer intervals actually than what we are actually reporting so we would just take the data that we have on safe sleep, take what is required for MIECHV and put that in and then all the other data for the report we wouldn’t use it but for CQI we would definitely use it.****Kelly Ensslin, CDRC:*** *So Vik are you taking the lead in getting the work groups together?****Vik Vishnubhakta, DPH:*** *Maybe Christy and I can work on that together.****Christy Wright, DPH:*** *Yep sure thing. Then maybe we can circle back on how to condense it and make it pretty for everyone.****Vik Vishnubhakta, DPH:*** *Absolutely, we can probably send Michigan or Tennessee’s reports as examples. They are colorful and not as much text so they are a lot shorter. This was supposed to be the kitchen sink one so everything is in there.****Christy Wright, DPH:*** *I’m more concerned about getting the data then I am about making it pretty.****Vik Vishnubhakta, DPH:*** *As you look through it you can email me with questions.* |
| **DPH Vaccine Updates** |
| **Crystal Sherman, DPH:** There is a couple of plans that have been discussed phases and who is included in which phases for employers. Even as home visitors, I don’t know that there is a catch all just for home visitors and because we are a different agency, it’s different for all of us at that level. There is a no one size fits all to this. I can send out a couple of documents regarding the allocations and the phases and the hotline number that Jen provided if there is any specific questions about where people fall. I’ll send out 2 reports that go over allocations and the phases, more can be found on the website which is the link at the bottom of the agenda. Just to be clear, I’ll send the specific links to those reports.The models have all been great in getting information out and stating that they are supporting virtual. Most of them are saying about continuing virtual and they are waiting for possibly MIECHV. MIECHV on their website is just returning everything back to the models- they are working with the models and supporting the models they have not said one way or another that they will be against virtual visits in the future. Christy and I have a call with our Federal Project Director later today, so we’ll see if she says anything, but I doubt it. Typically, in the past when policy decisions are being made by MIECHV, they work directly with the models to make those decisions and if all the models agree on one thing, they typically don’t go completely against it. At least that is been our experience, but if we hear anything from the Federal level, we’ll let you guys know.**Christy Wright, DPH:** Just to add, there is a call this Friday with ASHVI around vaccines for home visitors and what other states are doing around home visitors and the vaccine. I know every state is going to be different, but I’m not sure if there will be any takeaways from that – ASHVI is the Association of State and Tribal Home Visiting Initiative. They are convening a call because it’s a hot topic but if we have any updates there or with the model guidance, we’ll be sure to send them out.***Comments/Questions:******Kelly Ensslin, CDRC:***  *Amber said in the comments that the PAT home visitors are employed by the school district, so they are going to be vaccinated probably shortly. Then we’ll just have to see with the guidance and if the home visitors are vaccinated are, they going to be expected to go back into the homes.****Kimberly Nelson, PAT:*** *There was a comment that was made that the lines were really long, people are enthusiastic, they are moving forward with getting their vaccine, but then there is the whole other contrast of community that is not enthusiastic to move forward with the vaccine which I think is very much required in education. I’ve done my own education through some of the community conversations with the black and brown doctors which are really talking about the vaccine and why there may be a cultural hesitation or skepticism. I wonder as a home visiting community, if we have thought about offering any type of education forum or conversation of sorts to push forward the information to help deal with the cultural nuances to ensure there are informed decisions being made about whether they are going to be offered and whether or not we would be receptive and move forward with that. I think it’s a very relevant topic right now and I am seeing it in the community realm but not necessarily in the education realm. There is information to say the vaccine is coming and how it is rolling out, but I don’t see the other piece of the discussions that are necessary and informative to those people to make those decisions wisely.****Kirsten Olsen, CFF:*** *I think that’s an excellent point, we are seeing the same issue with our staff – staff having real vaccine hesitancy and we’ve been trying to do education with staff. We’ve had a webinar town hall with a doctor who is on our board who is a woman of color. We are really trying to address the cultural issue around the vaccine but it’s been challenging and we are seeing a slow uptick of staff who are prepared to be vaccinated when it is their turn and I think that we will see that rolling out with our families too. As it is available to the broader public, we are going to have to work hard to convince folks that it’s a good idea. If there are resources that we can all share as a group, so we are all speaking the same language and sharing the same messaging. We have our work cut out for us. We did a survey of staff and I would guess about a third are ready and willing to go if they have a chance – that means* ***two-thirds*** *are still on the fence. It’s compounded by the fact that it’s confusing to understand who’s eligible and how would you get it. Confusion like, “I saw my neighbor get it but how did they get and I don’t understand?” so we’re having to give this message ‘hey we really want you to get vaccinated, but not yet cause it’s not time and we can’t get it to you’. So, it’s just a complicated mess.****Kimberly Nelson, PAT CSD:*** *I don’t know if the conversation is approached so much as saying what they should do as opposed to, this is the information and we want you make an informed decision based on the needs of your family. If it does start with us as the staff, I’m going through my own personal journey making the decision about it as well but having the conversations with my family. There is a large population of our families that are front line medical or front line service who are adamant that they aren’t going to consider it and I will feel compelled to have some resource to share with them so they can pull their seat up to the table and participate in the conversation and be willing and open at least hear information about it. I don’t think it was very well introduced and again it is not sensitive to cultural and historical nuances in the black and brown community with education and experimentation and very much historically embedded that has to be acknowledged. I do have other coworkers and counterparts who are asking, ‘well why don’t they want it, why would anyone hesitate?” Everything going on in our country over the last year has just been the pandemic, but it’s really the time to have those courageous conversations collectively to help and prepare us to move forward.****Christy Wright, DPH:*** *Kim I hear you, I don’t have any inside info being here at DPH but through my own investigating on the coronavirus site there is a link through the Delaware Public Meeting calendar and there is a Coronavirus Task Force that is working on this topic specifically. I pulled up some of the agendas and meeting minutes and I have seen OHRC Office of Health Risk Communication with DPH has created their own marketing campaign around this topic. I’m not sure how much you guys watch the local news or if you listen to the radio at all, but I have seen on WBOC a couple of short video clips featuring different people from the community and why they have gotten the vaccine. I don’t know if you are familiar with Troy Hazzard, he’s an African American Pastor from down state and he’s been one I’ve seen specifically on the videos. There has also been a couple different educators shown in the video, basically they have a pretty background and music playing and they talk about why they are getting the vaccine. I’m not sure where to find them I just know I have seen them, but it’s part of their concerted marketing effort to try to educate on the vaccine. We can probably find some links and there is the Delaware Public Meeting calendar and the minutes and agenda as to what they are doing with this because it’s been wrapped in with the rollout of the vaccine. I’m not sure which marketing company is helping them do it, but I’m guessing it’s AB&C the same one we use. I do think they are on it, I’m just not sure how it’s been for the education sector – maybe we can do some research there for you on our end.****Charita Jackson-Durosinm****i****, Westside Family Health:*** *Westside had approached me about doing a video clip and I did agree but just haven’t done it yet. So I wanted to share my experience and have been giving information to staff and families. People are afraid of what they don’t know and I was a staff person that was adamant, I didn’t share with other people but I had made a decision that I would not get the vaccine under any circumstance and even if that meant that I would lose my job if it became mandatory, I was not going to get it. But what changed my mind is my daughter, who is a nurse who worked in COVID units for 5 months, never got Covid, came out of the unit and went back to her regular job a nurse instructor and was working and got Covid and got it in the worst way that she could get it. That made me make my mind up that I would rather take my chances with side effects, than to go through what I witnessed with my own eyes seeing her going through it, it was really horrible and not being to be able to be there with her, to touch her and be able to go through it with her physically is what pushed me to say ok I’m getting the vaccine. I think these personal stories and information must be shared with the staff and with our families so they can make these informed decisions and they have to see us – they want to see people that look like them that have made the decision to go forward with the vaccine.****Kimberly Nelson, PAT CSD:*** *Thank you for being authentic because I too was very hesitant. I have a very close friend who is an OBGYN and has delivered my granddaughter and is the OBGYN for both of my adult daughters. She did participate in a community conversation and they did represent information that what very informative and because of our relationship and watching her document getting her vaccine, I too have considering it and now being more educated about it rather than being more reactional to it-I think that is going to be key. We are going to have to see people with whom we have relationships with giving us the information that says it’s alright. We have been having this conversation with community members who are in ties with Latinx communities so I know that it is a topic that is very necessary and it’s not something that’s easy, I think the education piece has to take place in a very intentional way.* ***Kelly Ensslin, CDRC:***  *Kirsten posted in the chat about a webinar, hopefully that was recorded. think it would be great to share resources amongst each other when we see webinars or testimonies that are powerful to be able to share those and then we can share those with the client. It is definitely a journey and is not easy for everyone to say ok I’m going to get vaccinated. Again, I just want to direct everyone to the resources at the bottom of the agenda. Also, Christy sent an email out regarding a virtual webinar on the NAS.****Christy Wright, DPH:*** *There has been quite a few, one was a Rapid Response and that is about working with families virtually so that may be a great one. Rapid Response is the home visiting concerted effort to try to help everyone with Covid resources so hopefully you are getting them. I forgot to send out the 2022 Focus on Family Conference that is through DOE.* ***Kelly Ensslin, CDRC:***  *Is that one free?****Christine Stoops, DOE:***  *Yes, it is free. – Feb 23-24th 9-12 a.m. session.* |
| **Discussion on Next Steps** |
| None. |
| **Next Meeting:** |
| Virtual meeting date of April 26, 2021, 9 – 11 a.m. Go to meeting instructions will be sent prior to meeting. |
| **Adjournment:** |
| Meeting adjourned at 10:54 a.m. |