Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

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| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 07/26/2021** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:** |
| Marneda Bailey, Noelle Bartkowski, Sharronda Boston, Stephanie Cantres, Essence Edwards, Kelly Ensslin, Jen Ettinger, Jennifer Fromme, Heather Hafer, Amy Harter, Charita Jackson-Durosinmi, Pamela Jiminez, 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, Breanna Thomas, Janet Umble, Liset Villabos, Vik Vishnubhakta, Adriana Viveros-Sosa, Stephanie Wagner and Gary Webb. |
| **Call to Order:**  |
| The meeting began with introductions.The minutes were approved with one correction. FEMR should be FIMR (fetal and infant mortality review). This correction has been made. |
| **Announcements:** |
| None.  |
| **Program Updates** |
| **\*Written updates provided via email prior to meeting. These are additional updates to those.****Parents as Teacher Program Updates:****Amber Shelton, DOE:** I can provide an overview of what’s happening with the PAT programs and then if the programs want to add anything specific. We are in the process of transitioning to in person visits as of Sept. 1st. We are offering this to all families, and they have the option of getting an in person visit or they may choose to stay virtual, or they may choose to have limited in person visits. They may feel more comfortable having once a month outside or something like that and then transitioning to a more regular in person visit which is the goal for all the PAT programs at this point.***Comments/Questions:*** ***Kelly Ensslin, OCA:*** *Is that decision based on at all upon whether the client or the employee is vaccinated? Does that have any bearing on at all on the decision?****Amber Shelton, DOE:*** *No not at all. As it looks right now vaccination is a personal decision and a private decision made with your medical care provider. We are not in a position to be asking if the family has been vaccinated nor are we in a position to ask staff if they have been vaccinated. What we are hoping is that a family is going to potentially going to make a decision that is most reflective of their choices and hopefully our staff can accommodate.****Joan Kelly, FIMR:*** *In reference to asking about vaccines, is there any way to do a work around so you can make sure that the families are struggling to get the vaccine, they know how to get the vaccine?****Amber Shelton, DOE:*** *There has been some national guidance that has gone out about how to talk to families about getting vaccinated and getting tested. We can engage in conversations about if they are looking for support, do they need assistance in finding a place to get vaccinated if they are interested, but as a mechanism to decide whether we are having an in person visit, that is not part of the conversation.* ***Kelly Ensslin, OCA:*** *I did have a question, Christine, about the number of spots in Kent and Sussex between 20-25. Was that because someone new was hired and you are just trying to fill their caseload? It seems like a high number.****Christine Hoeflich-Olley, DECC:*** *We’ve had a great deal exits in June, graduations, which is good. I’m pleased people stayed throughout Covid and graduating, but we have had a lot of staff turnover. I said 20-25 but I’ve received 10 referrals since I submitted that number so if they engage, it won’t be as high. We did have about 25 graduations including ‘can’t find you’ exits this month of June so that’s why it was high. I am losing another person to a full-time position so we will be moving her around and hiring for her position – that was a direct result of covid and this not being a position for them any longer. Does that answer it for you?****Kelly Ensslin, OCA:*** *Yes, I was just trying to make sure the referrals weren’t way down, or people weren’t engaging because of covid.****Christine Hoeflich-Olley, DECC:*** *It just depends on the day. We went through a week or so where we weren’t getting any referrals and now all of sudden, we’ve gotten 10 in the past week. I could tell you that number 10 and tomorrow it could be 5.* **Early Head Start Program Update:** **Christine Hoeflich-Olley, DECC:** For New Directions EHS we are doing a question, we are asking families about vaccinations. They are not obligated to answer but are using that as a mechanism to help identify those families who may need information or support, but they don’t have to tell us, and staff don’t have to tell us either. ***Comments/Questions:*** ***Kirsten Olson, CFF:*** *Christine what has been your response to that? Have families been willing to share? Has it been mixed?****Christine Hoeflich-Olley, DECC:*** *We just started doing that, so I really don’t have any data yet. Most of our families before this were willing to share, so it wasn’t as if people weren’t willing to share the information. Staff has been very open with families and have been open on their own terms.* **Children & Families First, Health Families Delaware Update:****Zakiya Bakari-Griffin, CFF:**Even during the later phases of the pandemic, staff were doing in person safe distance drop offs which never stopped. As we are returning to outdoor visits, clients are very receptive and of course we are mindful of the weather conditions. At times it was very challenging to try to schedule an appointment during the day when it’s 90 degrees and the humidity is high, but families are anxious to see their Family Support Specialist. While staff are capable and can do in-home visits, we are encouraging outdoor visits. We are encouraging staff to be vaccinated and that’s to protect our clients. Of course, we want our clients to be protected but how can we speak about vaccinations from a global perspective and not try to pose a position when I may not be willing to be vaccinated; that’s being a little bit of a hypocrite. I feel it’s incumbent upon us as an organization to be respectful of our families and to make sure that we are protected if we are going into their homes. I know there are some staff that have already done in home face to face visits, but this was really a time to help staff process as well help our families process. Many of our families engaged during the pandemic and they have only seen their family support specialist virtually so that is all they know so it’s really about engaging what in person visits are like and to ascertain where they are in their stage of readiness and being very respectful of that. Also, there are tools that staff can use to engage in those conversations in a trauma informed respectful manner. ***Comments/Questions:*** ***Kelly Ensslin, OCA:*** *You mentioned in your update that there are several staff that aren’t permitted to complete home visits.****Zakiya Bakari-Griffin, CFF:*** *They are not vaccinated, and they willfully share that they are not vaccinated and are not ready yet. We have a tool where staff are asked, especially when you are entering our building there is a screening tool. So, we are encouraging staff while yet it’s not a mandate.****Kelly Ensslin, OCA:*** *If they say they aren’t vaccinated, are you maintaining the position that they are not allowed to go into the home?****Zakiya Bakari-Griffin, CFF:*** *The position is that they are not to go into the home, and they should schedule their visits in a safe, outdoor environment.****Kelly Ensslin, OCA:*** *In terms of your openings, is that normal for open slots?****Zakiya Bakari-Griffin, CFF:*** *Well for Sussex County there is a decrease in openings and for New Castle County it’s an increase because they have been at capacity for quite some time. However, we did have staff attrition and we’re going to be experiencing staff attrition again so those numbers will fluctuate.***Marneda Bailey, CFF:** We are under the same continuum as Zakiya just discussed, we are following the same guidelines on vaccinations and visits. We do have 2 new nurses that were hired as part of our expansion as of June 1 and they are in the process of building their caseload. We do have some pending attrition which I don’t really want to speak of but is happening. One of our nurses is choosing a different career path in August and will be leaving us. She is one of our best bilingual nurses also so we’ll be limping along but that will show us a bit of a decrease in Aug and Sept. **Kelly Ensslin, OCA:** I think we have hit all the programs; it sounds like everybody is moving in the same direction and slowly getting back to in person-in home. Hopefully we won’t be saying in October that we had to back off it because of a variant.***Comments/Questions:******Kirsten Olson, CFF:*** *I have a question regarding the variant you mentioned. I observed the same thing that everyone is gently moving forward out in the world and in person. Just wondered if you all have started conversations about a Plan B or a Plan Delta as we look at the numbers here In Delaware and everywhere increasing again.****Zakiya Bakari-Griffin, CFF:*** *It’s always in the forefront of my mind and I’m always looking at data across the US, especially DE. Because we are primely positioned for virtual visits if we had to transition back 100% virtually or telehealth, we are already positioned to be able to pivot without any disruption in service delivery.****Kelly Ensslin, OCA:*** *Good point and I think unlike our position 16 months ago we know how to do it now. I know no one wants to go backwards if we must, at least we know how to do it.***Christiana Care Health Ambassador Program Additional Update:****Breanna Thomas, CCHA:** Normally the Health Ambassadors are a three-group team but for the next 12 weeks it will just me and Adriana who is the coordinator. Jalisa who is our other health ambassador will be having her baby so it will be just us 2. So, when you guys send us referrals for emergency baby items for families, please make sure you are sending it to me, or Adriana since Jalisa will be out. Currently there are no events scheduled, we are discussing the next events that we want to schedule and whether to do in person or virtual. We do reach more families virtually because a lot of time they have babies, and it is hard for them to bring the babies out with everything going on. So, we are trying to determine a date and if it will be virtual or in person but once we get a date – we’ll let you guys know.**Delaware 211 Help Me Grow Update:****Jennifer Fromme, 211:** I have all of June’s data and the collaborative 6 months as well. For the month of June, we had a total of 131 calls of those calls, 63 were related to home visiting. Of the 63, 32 were actual referrals to home visiting programs: 5 were sent to PAT NC; 2 sent to PAT KC/SC; 1 sent to Polytech; 12 sent to HFD/NC; 7 sent to HFD KC/SC; 5 were sent to NFP. Of the calls that we did receive for home visiting, 26 refused. Of the 26, they were either not interested or they had multiple children and felt they were already experienced. Some of them we were unable to contact so we made our 3 attempts, texting and possibly emailing if we had an email address and they never responded. **Year to Date Numbers (YTD):** 209 referrals sent: PAT NC-62; PAT KS-14; Polytech- 19; NDEHS-1; HFD NC 40; HFD K/S 32; NFP 32. We had an abundance of referrals from the Health Ambassador baby shower specifically Latino families, so we had to reach out specifically to NC EHS and we sent 9 to them. YTD we had talked to 21 families that were already involved in home visiting. When offered the service, 187 refused - of that number 54 were not interested, 5 were the experienced parent with multiple children, 1 said the program wasn’t a good fit, 127 we were unable to contact. We also capture when they call in seeking information about the program, but we don’t refer them, that was 4 for the month of June and total YTD is 27.***Comments/Questions:******Kirsten Olson, CFF:*** *Can you say a little bit more about referrals? Like what people verbalize to you?****Jennifer Fromme, 211:*** *Some people just say, ‘I’m not interested’, one of the refusals was, I have 3 kids and I know what I’m doing and don’t need the services. This is pretty rare. Most of time is just aren’t interested at all and they just say no. 18 we were unable to contact so that’s us calling them, texting them if we have an email, we email them, and they just don’t respond to us.* ***Kelly Ensslin, OCA:***  *So, we don’t have an easy way to figure how many referrals you made that actually followed through the program? Do you know if they are following through or not?****Jennifer Fromme, 211:***  *Yes we get that information and we also follow up with the families. We give about 2 weeks to let the program contact the family and get started with the program. We do a follow up but don’t track that in this specific report. We do track it and I could pull that separately. We do call the families back to see if they are involved in the program. If we can’t reach them, we reach out to the programs directly. I know Marneda and Asia send us a summary all the time with the families they were able to contact and unable to contact. We’ve built such a great rapport with all the programs here so if we can’t get ahold of a client, we will reach out to them and see if they were able to get them signed up.****Kelly Ensslin, OCA:*** *That’s good I think it’s important to be able to track the percentage that are accepting on the service as well.****Kirsten Olson, CFF:*** *I think of it as a funnel, this many people come in at the top and then how many ends up connected to service.****Kelly Ensslin, OCA:*** *The other calls you are getting are not home visiting related? I think the last meeting we talked about there being a lot of diaper calls and things like that just curious if that has been the same or if anything is changing.****Jennifer Fromme, 211:*** *The June diaper calls were at 11, we got a lot of calls seeking childcare and we had 8 calls for basic needs – foods, clothes, car seats. Also, people wanting to sign up for the WIC program.****Debbie Finch, 211:*** *Kelly I also wonder if find out who actually participates would be able to come from the programs because I know in the past Asia has told us I can’t speak to Mom B, but Mom B is telling me ‘oh it’s going great’ where Asia will have the true story about that mom.****Jennifer Fromme, 211:*** *That happens a lot or they don’t know – they’ll say, ‘oh no one has reached out’ and then we’ll reach out to Asia and she’ll tell us they have already been there 3 times.* ***Kelly Ensslin, OCA:*** *So, they get confused as to what program they are in. I would love to know when they are engaging, what is engaging them. We could potentially replicate that or if they say that it doesn’t meet their needs, can you talk to them about another program that might. Or counsel what else is available.****Jennifer Fromme, 211:*** *We do, we always suggest if they change their mind, they can call us back. I think one thing that made it better with the virtual visits, parents are more open to that especially parents having a newborn baby and don’t have to go anywhere and can just sit home. Based on what we hear from moms, I think being able to keep the virtual aspect would be good.****Kelly Ensslin, OCA:*** *So, they aren’t interested in having people in their house?****Jennifer Fromme, 211:*** *Right and I think it’s also scary at first, like everyone always says, ‘are they coming into report me?’ We tell them they are coming in to help you, to be a support person for you and not in a negative way.****Kelly Ensslin, OCA:***  *In the beginning of the pandemic, we were talking about more people being engaged because it was virtual, and they didn’t have to let people in their house and could build that relationship virtually first. I wonder if those same people that engaged for that same reason are going to be open and wiling to have people come into their house now, they’ve built that relationship.***Westside Family Health Ambassador Program Additional Update:****Stephanie Cantres, Health Ambassador:**I wanted to share that we have a new Health Ambassador, her name is Essence Edwards. We are ecstatic to have her, she is a great help. We continue to see participants in person and are participating in outreach events. We are also going to be hosting a virtual baby shower on August 18th and since August is Breastfeeding Awareness month, we will honor that topic. We’ll be including some emotional and behavioral health topics as well. We continue to provide car seats, pack and plays and other baby items as needed. We have been contacted by other organizations and hospitals in Sussex County so it’s great to share and spread the work. We do have enough car seats so if you know of any families that are in need, you can reach out to either Essence or myself and we are more than happy to provide them.***Comments/Questions:******Jennifer Fromme, 211:*** *Do they need to be a member of Westside?****Stephanie Cantres, WFH:*** *No they do not, we serve patients and non-patients in the community.****Jennifer Fromme, 211:*** *So we can just email you or Essence? We get a lot of calls for car seats.****Kelly Ensslin, OCA:*** *Do they have to live in a certain zip code?****Stephanie Cantres, WFH:*** *No not really, we can provide Kent, Sussex and New Castle.*

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| **Professional Development**  |

 **Amber Shelton, DOE Infant Mental Health Training:**I was asked to share some more specific information about this training. So I wanted to share their questions about the topics (slides) for the training that was held. Just as a reminder this was for Parents as Teachers, but I did invite the other supervisors from the other programs to participate to see if it was something of interest for them to share with their staff or pursue the same type of training with the same vendor or a different vendor. This was held over 4 half day sessions with 2 additional follow up reflective supervision visits with the whole team. As you can see there many topics that were covered. Many of topics were shared from home visitors and from the supervisors but also some of these are just typical information infant mental health early childhood mental health topics. To give a little context, 35-40 people who participated in the training, I’m using number 35 as the number of people who filled out the pre training survey. Some additional people were like me and Christine Stoops who did not participate in the pre survey. To give you an idea of the information that was captured, we had about 60% of the people who participated who never received any training or course work in infant mental health prior. Most folks at the time of the post training, had been employed for at least 3 or more years, there are a couple new folks but by in large most of the people were seasoned folks. At the time of the pre survey we had about 40% of the people who had could identify the sources of toxic stress with families, so that was very concerning to me and over about 80% of the people could not incorporate infant mental health strategies or framework into their work with children and families. That told us that there was a lot of work to be done to just bring everyone up to a foundational level. When we met for our sessions, we went over a lot content which included videos, group discussions and interactive activities. Folks were provided reflective supervision visit a month after the training and then a 2 month later follow up reflective supervision visit. The post results showed we had about 80% of the participants who found the training to be helpful or relevant to their work. Folks had a deeper understanding of infant mental health and its effect on children and families. Then the biggest jump we had over 95% of the participants could identify sources of toxic stress whereas presurvey it was at 40%, so this was huge improvement. One person indicated it as a growth area. One of the biggest things we would like to look at is ‘do the home visitors feel comfortable explaining to families about the implications of trauma on relationships and how that can impact their relationship with their baby and their relationships with other people. We are focusing on the family unit and we don’t want that to be impeded in any way. One of the huge successes was at the end of the training, 95% were confident in implementing infant mental health in their work with children and families, some at an intermediate level and some considered it a strength where in the beginning that was not the case.We had a lot of feedback about the training and by in large people found it to be helpful and relevant and found it to be adding to their work as home visitors. Again, these are not first year folks, these are people who have been in the field for many years. Many aspects of this work were new to them and that tells me we have a huge lift going forward to ensure that folks are receiving adequate training to work within this dyad. Where folks just say it’s intuitive, here’s a program framework and work within that, but there must be some underlying understanding of some of the work that has to be done with the family. We made it very clear to everyone that we are not asking people to be counselors, psychologists, none of that, their work is just to understand their own work and by doing that will help their work with the family. Again, very successful training and we are looking at ways to build upon this training moving forward, perhaps part 2. We are just looking at funding and ways to do that.***Comments/Questions:******Kelly Ensslin, OCA:*** *You talk about Part 2, is there any plan to do Part 1 in the future for those couldn’t participate?****Amber Shelton, DOE:*** *Yes, so this was funded with PAT state money, so we were limited in that way, however I did have the opportunity to involve the supervisors of the other home visitor programs. I know we were hoping to expand this and provide more of a base for all home visiting programs. I think that is a matter of funding lines and streaming all of that, we would be interested in having it again. Also, there so much turnover and that is one of reasons this training is so important for folks because of the retention. Reflective supervision is one strategy that just needs to be employed in a much more massive rate. A lot of folks are getting it just one time a month, this year we implemented two times a month but that is bare minimum as far as what folks need to have to be in a healthy place to provide this work. It is very taxing work and I think that’s purpose of this entire training. We are hoping to expand this we just don’t know how.***Janet Umble, PCAD, Wrap Around Home Visiting Training:**  The work I’m focused on right now with the wrap around training is planning for next year and we are experiencing the same kind of tension in sorting it out. Can we do in person training? Do we need to continue the virtual training? We don’t quite have that settled yet. Many of the facilities that we use to offer in person training in the recent years are not yet available. The organizations are not yet comfortable having groups come in and use their facilities so that is one of the things that are holding us back from scheduling in person training along with a number of other factors. But our training schedule is shaping up, I can tell you the things that we definitely have pinned down – we are going to be offering 2 days of *Motivational Interviewing* and a 1-day refresher course for those folks who have already taken the 2 day training in previous years. Those are going to be scheduled for Oct and registration for that will happen in Aug and at this point we are going to say those are going to be in person trainings and we are also going to be offering an *Introduction to Reflective Supervision* for folks who are new supervisors or for folks who play a supportive role in mentoring other home visitor peers. That will be offered in November and I’m hoping that will be an in-person training but that’s not nailed down yet. We are going to continue the *Reflective Supervision Networking* *Meetings* that happen every other month and we’ll be keeping those virtual for the time being. I’m in the process finalizing the logistics on offering training of several topics that home visitors suggested that they wanted for the coming year. One will be about resilience and self-care for home visitors, one will be about how to have hard conversations, how to talk to families about difficult topics such as, domestic violence and substance abuse. I’m looking at figuring out how to offer a virtual study group that will be an extended opportunity for folks who are interested in learning how to support people who are experiencing those topics or any other of the difficult situations that families encounter. We are also going to continue our emphasis on transfer of learning, really finding ways to boost the work we’ve done in previous years about how we make sure the folks who attend our training sessions have the tools that they need to take that training information back on the job. Really put their new knowledge into practice with the families they are working with. We are really going to try to work on that as well in coming year.***Comments/Questions:******Kelly Ensslin, OCA:*** *Do you think the reflective supervision is the kind of training need to do in person?****Janet Umble, PCAD:*** *Yes, we’ve delayed motivational interviewing training and the reflective supervision and the introduction of reflective supervision- I would prefer to have that happen in person because there are opportunities to practice skills and work with peers. To have conversations that are sometimes harder to have virtual than when you are sitting face to face with the person. So, my preference is to see if we can do that one in person and if we have to do it virtually, we’ll make it work.* |
| **MIECHV Grant Update** |
| **Crystal Sherman, DPH:** We did receive moneys for MIECHV from the American Rescue Plan. We got the funding before we actually applied for it which was a little crazy for us, but we submitted a plan, specific to what we could do with the money. We thought what was best for us and what was best for our current programming is to budget most of the dollars to go to emergency supplies for families as well as staff and then we budgeted a little bit for training for home visitors. All in all, we did a formula and based it on our current capacity numbers, our current contracts on our MIECHV funded programs. We budget $200 per family, per year and we budgeted the rest based on the positive number of COVID cases and the zip codes that they serve or are contracted to serve. So that was the plan, we are waiting for approval to spend that money because we did things kind of backward this time. We got the money, applied for it and it still must go through Clearinghouse through the state to give us approval to spend it. We are hoping to get approval in the next couple of days. I know Christy working with some of you on the new contracts for the funding year so we are hoping that we get approval so we can just go ahead and approve those monies with your contracts, but if not, we’ll be amending those to include that funding. Also, there is talk of next year another round of funding, I don’t think the dollar amount will change but the description and how we can use the money will change just based on what we are seeing with covid. We will see and keep you guys posted on any information about that. Just look forward to Christy working with you guys and Gary, Jen on your contracts with those dollars. There is going to be separate reporting for that, just FYI and tracking. We are going to be obligated to report to the FEDS quarterly on this money and the activity so we will work with you on that as well. The other thing I wanted to give you guys an update on, the statewide annual report for home visiting did pass on this legislative session. Luckily, we already have it in the works, Vik has been working with you guys on that statewide report so continue to watch out for emails requesting information on that as well from Christy and/or Jen…we are going to try to make it not as burdensome as possible for you guys but just know we might have some requests on that data. There are several pieces to this report and it’s due to several bodies by December 1 so we’ll submit our benchmark report as usual the end of October hopefully get it approved mid-late November and then we’ll be working on this report and submitting it early December. Again, it’s already in the works so it’s not an additional statewide report, it’s the same one we’ve been working on, just have to finalize it and submit it to some folks. |
| **Invite to share a success story from a family or your program….** |
|  **Marneda Bailey, NFP:** One of our clients who graduated NFP in 2019 so her child is 4 now. She reached out to her nurse home visitor to let her know that she was completing an LPN program. She was a little discouraged after she had a subsequent pregnancy, but she persevered and has completed an LPN program and requested that her home visitor pin her as she graduated in June. I think that is excellent.**Joan Kelly, FIMR:** I have a question, this could be for any of the home visitors or services. From a personal perspective, COVID has really had an impact on special needs population and are any of the home visitors struggling or hearing of struggles from parents who have at least one special needs child and other children in the home because the whole mask mandate has been a real debacle for these children and some of the adults, they can’t wear a mask. A lot of the programs weren’t open including some of the school programs so I can only imagine just difficult it has been for those parents. I don’t know if anybody had any comments.**Christine Hoeflich-Olley, PAT DECC:** I can offer the perspective of one our home visitor who has a child with special needs. He is on the spectrum and it was a struggle getting him the services but luckily, she is persistent and knows her rights. I will say during COVID she did have to be at home, it was hard for her to come to the office until he could go to school for a couple hours, a few days a week. It was very isolating for her it was a struggle for her not only as an adult but just to be home with him and the behaviors she was struggling with. It was hard just looking at someone who knows the services, knows where to go and she struggled as well. She was a great resource to other families. If you want to talk success, I received the best call Thursday afternoon and I really needed that, you know when get that, ‘there is a parent on the line’ and your like ‘oh no’. She graduated him on Thursday afternoon. Grandpa was given custody of the grandson and who then with her help during COVID was really able to get services, find his way navigating through the system. Without her I don’t know what would have happened to this grandfather and his grandson, but he called just to say how appreciative he was to our programs and the work we do as a whole with home visiting. So just all of you know that there are parents out there that recognize what we do and that it was really wonderful. He said without her he doesn’t know where he would be, so with those children and families that we have and that are dealing with special needs – you guys are doing a fantastic job and just know they appreciate it. It’s hard.**Amber Shelton, DOE:** (Amber shared a video) This is a PAT promotional video to raise awareness about home visiting specifically Parents as Teachers. We are working with a professional videographer. He is working with one of our videos and he sent it over for me to review. It’s adorable so I wanted to share it with everyone. I thought it was a nice feel-good video.***Comments/Questions:******Kelly Ensslin, OCA:*** *Will that be shown at doctors’ offices, like how are you guys going to get that video out?****Amber Shelton, DOE:*** *So ideally what we are going to do is have the 2 other affiliates I haven’t seen the test interviews, yet we are going to combine it into a short promotional video but then potentially have the each of the 3 stories on Dept of Education and the Parents as Teachers program which are within the school districts can share them on their website. We are hoping to have a kind of shorter promotional video to go out in mass to be able to share with 211, wherever really, My Child Delaware and then have the longer videos on the individual website and the Dept of Education website.* **Adriana Viveros-Sosa, CCHA:** Jalisa and I recently met with Ms. Kimberly Nelson (PAT), regarding one of our mutual clients to provided wrap around services. We had a case where one of our patients needed a lot of resources, so we collaborated with each other to provide her with the wrap around services she needed during that time. We continue to work with her and will up until the time her child is 5. We love that collaboration and just want to highlight how important it is to work with other agencies and the more we work together the more we can do for those families overall.**Kimberly Nelson, PAT Christina:**  I appreciate Adriana bringing that up because it is one of our teen parents and a really good demonstration of something that has occurred regularly more so during the pandemic experience. The ability to be able to collaborate with community partners to strengthen that wrap around effect we have with families. It’s also one of the strengths to be able to visit virtually, if we were not able to visit with this family virtually, we are not sure we would be able to hold on to her. She has a lot of appointments and as a teen parent with 3 children now with the newborn it’s become overwhelming for her. She has so many inputs which has been beneficial for her and she recognizes that and acknowledges that. We are grateful that being able to initially meet virtually with her, we are able to have everyone participate in that conversation. So, she will stay connected I think especially with Parents as Teachers and home visiting because of that experience. We are looking at some other agencies we can connect with as well going forward. I just wanted to say thank you Adriana for the collaboration not just for this family but for all the families that have benefitted in that way. We hope they will stay involved, invested, and engaged. |
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| **Discussion on Next Steps** |
| None. |
| **Next Meeting:** |
| Virtual meeting date of October 25, 2021, 9 – 11 a.m. Go to meeting instructions will be sent prior to meeting. |
| **Adjournment:** |
| Meeting adjourned at 10:15 a.m. |