

**Home Visiting Task Force
Executive Committee Meeting
April 7th, 2015**

MINUTES

Participants: Dan Harris, Gaylord Gieseke (co-chair), Diana Rauner (co-chair), Gail Nourse, Teresa Kelly, Lesley Schwartz, Beth Mascitti-Miller, Anna Potere, Deb Daro, Cindy Zumwalt, Theresa Hawley, Andrea Palmer, Claire Dunham, Vanessa Rich, Penny Smith

January 27th, 2015 meeting minutes: the minutes were approved with no changes.

Safety for Home Visitors

- Home visitors frequently work in highly distressed areas and can encounter safety issues. Participants often tell the home visitors not to come if they anticipate lack of safety, but this causes challenges with meeting model requirements. This is happening in both urban and rural areas.
- DFSS has a protocol that they may be able to share. It includes making sure that participants and home visitors have access to phones or other methods of contact and having two home visitors at each visit. It is important to ensure that home visitors have a method of communicating with the participants.
- A survey should be distributed to home visiting programs asking if they have a policy about this and if they have strategies to deescalate danger that could be shared across the field. This information should be shared with the Homelessness-Home Visiting Pilot and should be brought back to the Executive Committee.

HVTF Work Groups

- There are currently five work groups under the Task Force, three of which were launched in the past year: Health Connections, Sustainability, Universal Screening, Home Visiting and Child Welfare, and the bachelor's level mental health credential.
- The Health Connections work group's recommendations, recently approved by this Committee and the full Task Force, were presented to the Early Learning Council Executive Committee. The Committee passed the recommendations, and there was also a good conversation about considering how these overlap or align with the Health Subcommittee recommendations, and creating work or action plans to implement the recommendations. The recommendations have been incorporated into MIECHV contracts and program plans, and Maternal and Child Health nurses will be using a tool with all MIECHV and HFI programs based on the recommendations.
- The Sustainability work group continues to pursue implementation of the strategies it developed to secure Medicaid reimbursement for home visiting services. The group will present its recommended State Plan Amendment to HFS.
- The Universal Screening work group's charge has been approved and they are going to compose the initial, small planning team to begin their work. The goal is for all families with a newborn to receive a home visit.
- The HVTF co-chairs met with Cynthia Tate from DCFS and the co-chairs of the Home Visiting and Child Welfare work group, and made good progress in defining the charge, timeline, and composition of the group. The group will aim to formulate recommendations in the next six months to bring to the Executive Committee.

- The Illinois Association of Infant Mental Health received the contract from OECD to begin their work on the bachelor’s level credential for home visitors, and the full work group will meet once the Association has had some time to begin their work.

Coordinating with Other ELC Groups

- The focus of some of the HVTF work groups is similar to the focus of other committees and subcommittees of the Early Learning Council. The biggest difference is that the Task Force groups focus specifically on home visiting, but it is important to make sure that the HVTF’s efforts are coordinated and aligned. This was also discussed at the most recent ELC Executive Committee meeting. Some of the potential intersections are around health, as with the Health Connections recommendations, with universal screening, and with child welfare.
- The Home Visiting-Child Welfare work group will continue as a separate group from the All Families Served subcommittee, but the two groups will remain connected by having representation from the Task Force workgroup on the All Families Served subcommittee and vice versa.
- It is important for these groups to continue their specific pieces of work, and it is a good strategy to have cross-representation on groups that are focusing on similar topics.
- The two sets of health recommendations – those from the HVTF and those from SIAC – should be considered together, and it should be determined which recommendations could be combined for implementation. Also, members of the HVTF Health Connections Workgroup should be invited to join the SIAC Health Subcommittee.
- The funders of home visiting have been meeting monthly since January and are having productive dialogues about a variety of topics, including the home visiting vision statement and home visiting salary project, which they will bring to the Executive Committee.

MIECHV Updates

- Some states have returned some of their competitive funding and it is possible that funding might be used for another round of grants. It is unclear how much funding has been returned.
- Randomization for MIHOPE, which is the national randomized control trial for MIECHV, will end on September 1. Completing randomization will enable continued partnerships with doctors who had concerns about referring families to home visiting programs because they could be randomized out of services.
- See handout for additional details.

Wrap Up and Next Steps

- The next meeting of the Executive Committee is July 7. The next full meeting of the Task Force is May 26.
- Suggested agenda items for future meetings include:
 - Ongoing home visiting research, such as the Home Visiting Quality Rating Tool and Mothers and Babies;
 - Monitoring systems for home visiting programs in Illinois;
 - Updates from the meetings of the home visiting funders; and
 - Home visiting data.