

**Home Visiting Task Force  
Executive Committee Meeting  
October 6<sup>th</sup>, 2015**

**MINUTES**

**Participants:** Gaylord Gieseke (co-chair), Lesley Schwartz, Cindy Zumwalt, Isolda Davila, Donna Emmons, Teresa Kelly, Claire Dunham, Andrea Palmer, Beth Mascitti-Miller, Lynn Burgett, Audrey Moy, Anna Potere, Stacey McKeever

**Welcome and Introductions**

- The Children’s Healthcare Foundation has approved a grant to the Illinois Children’s Mental Health Partnership to begin a statewide consultation project. The project was launched at a statewide mental health consultation retreat. There will be a multi-year follow-up grant to continue the work.
- The July 7<sup>th</sup> draft meeting minutes were approved with no changes.

**Home Visitor Safety Survey and Recommendations**

- CPRD conducts an annual survey of all MIECHV home visiting staff, supervisors, and CSD and CI staff. This past year, CPRD added a section of questions about safety to the survey.
- Overall, the results of the survey indicate that there is a high amount of concern about safety among home visitors. Most concerns were related to the neighborhood environment, such as driving and walking, versus safety issues in the home. Newer staff were more likely to feel intimidated.
- When asked about their experiences, compared to the perception of safety issues, relatively few home visitors had experienced intimidation in the home or neighborhood, violence, theft, or robbery. The most prevalent experience was hearing gunshots and witnessing violence to others.
- The most common risk reduction strategies at the provider level are:
  - Home visitors are prepared, e.g. keeping cell phones charged and programming emergency numbers in their phones.
  - Home visitors remain alert, e.g. identifying exits in a home and trusting their instincts.
  - Home visitors manage their environment, e.g. conducting visits during daylight hours.
- At the program level, risk reduction strategies include holding trainings, encouraging use of the “buddy” system during home visits, and allowing home visitors to leave or cancel a visit at any time for any reason. CPRD will explore how these strategies are implemented and communicated.
- The desired norm is that every home visiting agency has a safety protocol in place. Lesley Schwartz and Stacey McKeever will develop a template for risk factors and risk reduction strategies that can be used by programs to develop best practices for safety and that integrates trauma-informed practice.

**Home Visiting Data Proposal**

- The funders of home visiting have agreed to a template for a home visiting annual report.
- To inform the report, agencies will provide FY15 data on their respective home visiting programs with a target date of December 1, 2015.

**MIECHV Constructs**

- HRSA has opened a public comment period on its proposed revised MIECHV benchmark constructs, which are due November 9<sup>th</sup>, 2015.

- In order for the Home Visiting Task Force Executive Committee to issue comments in response to this request, a call will be scheduled in early November for the Committee to review ASTHVI's comments and formulate its own.

### **MIECHV Reauthorization**

- Congress passed a two-year extension of the MIECHV program at level funding of \$400 million per year, which sustains the program through September 2017.
- There is already discussion about extending MIECHV beyond September 2017. Specifically, ASTHVI has convened a subcommittee on reauthorization. This may not be another "straight" reauthorization because the House Ways and Means Committee has taken over legislative oversight of MIECHV from the Energy and Commerce Committee, and this committee may want to propose changes to how MIECHV is designed and implemented.
- Teresa Kelly and Anna Potere are participating in ASTHVI's subcommittee and will keep the Committee apprised of any updates or opportunities for the Task Force to support reauthorization.

### **MIECHV FY16 Formula Grant Application**

- HRSA has announced that it will be redistributing funding between the formula and competitive grants, meaning that Illinois could be eligible to apply for more formula funding than in past years. HRSA has also shared that grant awards will be based on each state's progress and performance, need based on child poverty, and spending of funding. It is expected to be very different from previous years.
- It is unclear whether 25% of the formula funding will be able to be allocated to promising practices, but capturing the current research projects that are currently funded through the competitive grant through September 2017 will be a priority.
- Once the funding opportunity announcement is released, Teresa will share more information.

### **Home Visiting Monitoring**

- DHS/MIECHV
  - This process is in the midst of reviews. One of the preliminary findings is that there is limited involvement in connecting families to medical homes.
  - Once the process is completed, the results will be discussed with the major funders of home visiting and the Executive Committee will be updated.
- ISBE PI Monitoring
  - All four pilot sites have received their results. Programs will develop CQI plans based on these results and submit them to ISBE.
  - Several tools were used, including one based on Jon Korfmacher's tool and the PI Compliance Checklist.
  - ISBE, the Ounce, and the Erikson Institute are all working to develop resources to help programs with monitoring and CQI processes.

### **Budget Advocacy Efforts**

- An email was distributed to the full Home Visiting Task Force membership providing information to members on how they can support home visiting through advocacy efforts, especially for the Healthy Families and Parents Too Soon budget lines in the Department of Human Services.
- This information includes a fact sheet on the importance of home visiting in Illinois, a link to letter that people can send to their legislators, and a survey to share the impacts of the budget impasse on

programs and the families that they serve. This was done in partnership with the Healthy Families Policy and Advocacy Committee.

### **Work Group Updates**

- Home Visiting-Child Welfare
  - The goal of the group is to focus on young women up to the age of 24 who are pregnant and parenting wards or former wards of the state, a potentially very high-risk population.
  - The group has active participation from the child welfare system as well as the home visiting system, including agency representation as well as local providers.
  - The group is currently focused on developing a pilot in partnership with Healthy Families America, which is very excited about this project and has offered to be a continuing thought partner and collaborator.
- Universal Newborn Support System
  - The group last met on July 30<sup>th</sup>. Since that meeting, the Illinois Hospital Association issued a survey to hospitals across the state to identify which hospitals may already be conducting a similar program or might be interested in participating in a pilot project. Also since that meeting, the group has grown to include the Chicago Department of Public Health, representatives from several counties, the Illinois Association of Infant Mental Health, and several hospitals.
  - The group is now working to identify potential pilot communities, and at its next meeting in November will convene these communities along with representatives from Family Connects.

### **Wrap Up and Next Steps**

- The next meeting of the Executive Committee has been scheduled for Thursday, January 7<sup>th</sup>, 2016 from 2:00-4:00pm. The next full meeting of the Task Force is on November 3<sup>rd</sup> from 2:00-4:00pm.