

## Home Visiting Task Force Meeting

July 26<sup>th</sup>, 2016

2:00-4:00pm

### MINUTES

**Participants:** Diana Rauner (co-chair), Gaylord Gieseke (co-chair), Anna Potere, Dan Harris, Teresa Kelly, Hannah Jones-Lewis, Ann Courter, Rosie Gianforte, Paula Corrigan-Halpern, Mark Valentine, Carmen Garcia, Andrea Palmer, Kelly Vrablic, Gail Nourse, Colleen Jones, Roy Harley, Sameer Vohra, Whitney Walsh, Jon Korfmacher, Julia Marynus, Andrea Chua, Cindy Bardeleben, Kathy Staten, Audrey Moy, Ralph Schubert, Lynn Burgett, Amy de la Fuente, Shauna Ejeh, Helen Jacobsen, Saima Gowani, Vikki Hodges, Elaine Duensing, Melanie Garrett, Catherine Enright, Ané M. Maríñez-Lora, Madelyn James, Bakahia Madison, Sheryl Stoller, Diane Scruggs, Noelle Norris, Cynthia Williams, Kennye Westbrook, Mary Curry, Jessica Wilkerson, Cindy Zumwalt, Penny Smith, Heather Blankenship

#### Welcome and Introductions

- The May 3<sup>rd</sup>, 2016 meeting minutes were approved with no changes.

#### Ad Hoc Safety Workgroup Resources

- In response to a stated need from the field, the Task Force created the Ad Hoc Safety Workgroup to develop a set of resources for home visitors to mitigate safety concerns and experiences when working in the home environment.
- The Workgroup developed a set of resources that are free, easily accessible and high-quality for home visitors, home visiting supervisors, and home visiting agencies around the important issue of home visitor personal safety (the “Safety Resources”). Given that safety concerns do not impact only home visitors, other providers who work with children and families in the home environment, such as those working in the child welfare and Early Intervention systems, may find the Safety Resources of value and worth exploring.
- The Safety Resources, which are accessible at <http://www.igrowillinois.org/safety-home-visiting/>, include the following:
  - A set of “best practices” for home visitors, home visiting supervisors, and home visiting programs;
  - A template of a safety policy;
  - A safety manual;
  - Safety training videos, which are in the works and will be available on the website late summer/early fall; and
  - Numerous other useful materials.

#### Home Visiting for Homeless Families Demonstration Project

- 1.6 million children nationwide experience homelessness, 50% of which are under the age of 6. Furthermore, infancy is the highest risk age period for homelessness.
- In addition to being a priority population under MIECHV, the impacts of trauma caused by homelessness can interrupt the developmental trajectory of children and their families. Furthermore, it is important to recognize that healthy attachment is just as important as meeting needs such as food and housing.
- The approach is a pilot project composed of three initiatives:
  - Training homelessness providers on home visiting;
  - Hiring a home visitor whose caseload is exclusively homeless families; and
  - Providing training to a shelter on implementing the Parents as Teachers model.

- The providers involved in the pilot program communicate with one another on a regular basis to coordinate referrals and provision of services. In addition to these community collaborations, there is a statewide advisory group that meets quarterly to discuss systems issues and new ideas.
- The hypothesis behind the project is that there will be improvements in breastfeeding rates, developmental screenings, well-child visits, and maternal efficacy rates.
- One of the initial barriers encountered was that having a baby is often a precipitant for homelessness, but home visiting programs aim to enroll families prenatally so the referral mechanism may pose a challenge. The group worked with funders as well as model developers to ensure that families could be enrolled.
- The pilot will collect data that will indicate impact and inform future efforts. To date, learnings include the importance of using the educational definition of homelessness, and that there is significant interest from other parts of the country in doing a similar project (e.g., First Five LA and the New York Department of Health).
- Please see presentation for additional information.

### **State of the Home Visiting System**

- Over the past several decades Illinois has built a robust home visiting system that is known across the country as a model for excellence. The Home Visiting Task Force cares deeply about maintaining the stability and sustainability of the entire home visiting system.
- All state agencies funding home visiting programs were asked to share data for SFY15 and SFY16 including caseloads, number of families/children served, programs currently functioning and those that have reduced services or closed, staff retention/turnover, and training enrollment/attendance.
- The data indicates reductions in DHS-funded home visiting programs in programs, staff, and training enrollment and completion.
- This will be an ongoing agenda item.

### **IDPH Initiatives and Home Visiting**

- The Zika Virus:
  - The virus causes congenital abnormalities. Eighty percent of those infected are not symptomatic, and it is currently spreading primarily in Caribbean and Spanish-speaking countries. However, there have been 90 cases of Zika in Illinois, 9 of whom were pregnant.
  - Home visitors can share information with their participants about the importance of prevention and family planning, since the disease is sexually transmitted.
  - There will be a webinar on August 16<sup>th</sup> providing additional information.
- The COiN Initiative to Reduce Infant Mortality:
  - The Care Coordination sub-aim team of the Social Determinants of Health Committee of this initiative conducted a survey of home visitors from across Illinois to determine to what level home visitors and medical providers are connected and aware of one another.
  - One of the findings of the survey is that the majority of medical providers are not very aware of home visiting programs. Potential options to improve engagement are to include information about home visiting in newsletters distributed to medical providers, e.g. the Illinois Academy of Family Physicians), to incorporate information about home visiting into continuing medical education, and to engage HFS and Managed Care Organizations as they are eager to connect with social service providers in order to ensure effective care coordination.
  - Please see handout for additional information on the survey results.

### **Home Visiting-Child Welfare Workgroup Update**

The co-chairs of the Workgroup provided the following update:

- The data committee of the workgroup has refined the program design and is getting close to completion. The evaluation component has been designed and the group has received IRB approval from Chapin Hall. The group is still waiting on IRB approval from DCFS and CH+A.
- The workgroup has completed a rough draft of a training about the pilot for the HFI providers, with implementation intended for September.
- The communications team is developing marketing materials to disseminate to caseworker agencies who have young parents identified to participate in the pilot. The team is also developing a strategy to leverage personal and professional relationships to ensure that workers understand the importance of this pilot and the work moving forward.
- It is unclear at this point what the severity of the impact of the budget impasse is on current providers so there is a need to assess this with all identified providers involved with the pilot.
- Implementation of the pilot is intended to begin at the beginning of October.
- There are some clear commonalities between this pilot and the Home Visiting for Homeless Families Demonstration Pilot, indicating that it would be helpful for those involved in both pilots to communicate and learn from one another.

### **ELC Restructuring**

- The Early Learning Council has been undergoing a process to determine the optimal structure for the Council. The goal of this work is to create space for new initiatives that may arise.
- From June 2015-June 2016, the Executive Committee, with the support of Grand Victoria, and executed through the Ounce of Prevention Fund, has been engaged in a process to set:
  - A clear vision and set of priorities for what the Council aims to achieve in the next three to five years;
  - A process and structure for how the Council will carry out critical components of its agenda (including a plan for staffing, operating, and governing);
  - Clarity about the results the Council seeks to achieve and a mechanism for tracking progress toward these results;
  - Annual work plans that keep the Council focused and on track;
  - A plan to secure the financing and other resources needed to carry out the work.
- The Home Visiting Task Force will remain a standing committee of the Council under this new structure and will continue its work. The other committees will be shifting somewhat but we will also continue to work together across committees to ensure that all of our work is aligned, and that it is consistently shared with the Early Learning Council and the newly formed Children's Cabinet.
- The co-chairs and staffer of the Home Visiting Task Force will work with Elizabeth Cole to identify the Home Visiting Task Force's priorities moving forward.
- Please see presentation for additional information.

### **Home Visitor Salaries**

- MIECHV requires a minimum salary of \$30,000 per year for home visitors, and hope that agencies will increase salaries further with the goal of paying home visitors a living wage.
- The Illinois State Board of Education (ISBE) does not require a specific salary level, but the agency is supporting home visiting programs through funding, training and technical assistance, and monitoring (for example, during monitoring visits, wages and benefits are examined). Recognizing that stability is critical for the workforce, ISBE is open to programs using the FY17 expansion funding to increase salaries.

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

- The next meeting is scheduled for October 18<sup>th</sup>, 2016.