

**Home Visiting Task Force Meeting
November 12th, 2014**

MINUTES

Attendees:

Julia Marynus, Elaine Duensing, Laura Zumdahl, Melanie Garrett, Dawn Delgado, Paula Corrigan-Halpern, Cortnae Gullatt, Shauna Ejeh, Gaylord Gieseke (co-chair), Diana Rauner (co-chair), Gail Nourse, Anna Potere, Glendean Burton, Sarah Bryce, Denise Dell Isola, Jon Korfmacher, Vikki Thompson, Gerri Clark, Jay Young, Merri Ex, Alli Lowe-Fotos, Cristine Nicpon, Kelly, Anne Studzinski, Diane Scruggs, Teresa Kelly, Kenye Westbrook, Dan Harris, Lesley Schwartz, Audrey Moy, Mark Valentine, Kim Zalent, Carmen Garcia, Joanna Su, April Ingram, Claudia Quigg, Chris Nation, Ralph Schubert, Denise McCaffrey, Anita Berry, Beth Mascitti-Miller, Colleen Jones, Hannah Jones-Lewis, Jon McDonald, Carly Jones, Amy Schroeder, Penny Smith

July 22nd, 2014 meeting minutes: the minutes were approved with no changes.

HVTF Workgroups

- Universal Screening:
 - We are reviving the Universal Screening Workgroup of the Task Force. This work group was originally created several years ago, but it was determined that it would be most useful to institute coordinated intake first, so the group has been dormant for some time. One of the biggest goals around MIECHV was building universal screening into our state infrastructure based on identification of best practices.
 - The MIECHV state team has generated recommendations based on lessons learned from implementing coordinated intake in Illinois around pre-natal and post-natal universal screening for eligibility for home visiting. The work group will consider how to implement these recommendations, as well as consider additional opportunities and strategies to implement universal screening for home visiting services.
- I/ECMH Bachelor's Level Credential:
 - The Illinois Association of Infant Mental Health is developing a Bachelor's level credential in Infant and Early Childhood Mental Health, which will be available to home visitors as well as Early Intervention workers.
 - This responds to a stated need from the home visiting field to have increased competencies around identifying and working with infant mental health needs that they increasingly encounter with home visiting participants.
 - A group of individuals has been meeting to work on developing the credential. The Home Visiting Task Force Executive Committee determined that this group will continue to meet as an ad hoc workgroup of the Task Force.

Data, Research and Evaluation Committee Research Agenda

- Prioritize "Program Impact" category as that information would be most useful for advocacy efforts. Also, add questions in this section around the impact on parents and families in addition to children.
- Consider the challenge in home visiting that most of the return on investment for home visiting is over time versus over the short term.
- Add questions around the health outcomes of early childhood programs, especially for home visiting.
- Home visitors work in the homes and neighborhoods of families, which means they have to consider safety plans. A question should be added to capture how home visiting programs are handling this across the state.

- The Home Visiting Research Network created a home visiting research agenda, which Jon Korfmacher can share. One of the challenges highlighted in the agenda is scaling up effective practices while maintaining quality.

Lessons Learned from Coordinated Intake Report

- The MIECHV formula grant funds coordinated intake (CI) and community systems development in the 6 MIECHV pilot communities and 4 voluntary communities. There is interest from other places, e.g. Austin and Evanston, in creating CI systems.
- CI is proving to be a tool to help communities build systems. Transparency is the key to making them effective.
- All CI systems are based on a common set of expectations, including single point of entry, commitment to matching families to the most appropriate services, and transparency in referrals among others. At the same time, each community has been encouraged to develop its own CI plan. Generally, there is more commonality among the communities than there is variation. The biggest difference is in recruiting families. On the MIECHV website, there is a crosswalk of CI policies and procedures for the formula communities.
- The report lists strengths, challenges, and opportunities to show what the State's experience has been, which informed the lessons learned and recommendations made around universal screening to reach the most families with the broadest brush possible.
- The MIECHV team in the Governor's Office developed two recommendations around universal screening to determine eligibility for home visiting services:
 - Prenatal strategy: WIC/FCM/BBO as an intake point for home visiting (with dual enrollment during a transition period or when otherwise appropriate).
 - Post-natal strategy: birthing hospitals and centers as an intake point for home visiting.
- For many programs, word of mouth is the first and best opportunity to recruit. Some communities have been testing this parent-to-parent interaction and to see how home visiting has helped. For example, Elgin has also put together video vignettes of parents who talk about their own experiences with home visiting programs.
- It is important to consider the best way to engage with hospitals and hospital associations and to form a true partnership. One option is to identify their priorities and agenda, and then talk about how home visiting can help them achieve some of their goals, e.g. improving health outcomes. Another option is to gather information from communities where home visiting programs have successfully engaged with hospitals.
- Stephenson County Health Department, which is part of a voluntary CI community, worked locally with hospitals to share information on home visiting. They are working to establish a local task force on breastfeeding promotion, which provides an opportunity to blend in marketing for home visiting programs.

ICTC "Look Through Their Eyes" Campaign

- ICTC received a multi-year grant from the Bright Promises Foundation to develop a public awareness campaign around childhood trauma. They found that parents don't have much information or resources about childhood trauma, although there is a lot of information available to providers, so the primary audience for the campaign is parents and caregivers.
- The website has resources, including a geomapping function to find providers of evidence-based trauma services to children. ICTC is also creating a new video about children exposed to violence as well on tutorials and media kits.

Next Meeting: The next meeting is February 9th, 2015. Dr. Ira Chasnoff will present.