

Newsletter Archive

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Purpose of This Newsletter

This newsletter is a platform for information sharing among home visiting programs in Maryland. It will provide updates, resources, and general information at both the state and jurisdictional levels. Its intent is to increase awareness of important issues and improve communication between home visiting programs and stakeholders.

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Maryland Maternal, Infant, and Early Childhood Home Visiting News

Happy summer from Maryland MIECHV! We are very excited to announce that we are once again a full team. In mid-May, **Jarvis Patterson-Askew**, MS, joined the team as our new Data and Fiscal Coordinator and in late May, **Colleen Wilburn**, MPA, came aboard as our new Health Policy Analyst. **Dona Ponn**, M.S., Ed., formerly the ECCS Program Coordinator, has taken on the role of MIECHV Program Coordinator, and **Maelondy Holman**, Ed. D., is our new Continuous Quality Improvement (CQI) expert. We are eager to jump back into the business of improving and expanding home visiting services in Maryland with full capacity.



Colleen Wilburn, Dona Ponn, Maelondy Holman, Maggie Porter, Jarvis Patterson-Askew, Mary LaCasse

CQI in Maryland is moving along as well. In early July, we held our second CQI technical assistance webinar with MIECHV-funded sites. Sites have been working diligently on analyzing their processes of referral to enrollment with fishbone diagrams and process maps. Beginning in July, sites will work on improving this particular process until they have accomplished their individual goals. At that point, sites will start conducting CQI on topics of their choosing. More about CQI and links to our technical assistance webinars may be found in the **CQI Corner** section of this newsletter.

Finally, we're excited to announce that we are hosting the **2016 MIECHV Home Visiting Conference**, "Home is Where the Story Begins," from **September 13-15** at the Wisp Conference Center in western Maryland. Each day will have a different featured keynote speaker, multiple workshops to choose from, and complimentary breakfast and lunch. September 15 will be a daylong training for home visitors on the Relationship Assessment Tool (RAT), which all MIECHV-funded sites will be using as the validated Intimate Partner Violence screening tool moving forward. [Click here](#) for more detailed information on attendance requirements.*

Other state, public, and private partners are invited to attend, contingent on space. [Register here](#).

As always, please feel free to reach out with any questions, concerns, or comments: mary.lacasse@maryland.gov or (410) 767-6753.

***Please note:** The conference is mandatory for all MIECHV funded staff. We have a block of rooms that will be held and paid for to accommodate these MIECHV staff.

Once we ensure that all MIECHV staff have rooms, any leftover rooms from our block will be assigned to non-MIECHV staff on a first come first served basis. After the paid rooms are assigned, any additional rooms the conference center has will be made available at a discounted rate for non-MIECHV staff.

CQI Corner

Overview of CQI in Maryland

Contributed by Maelondy Holman, Ed.D, Continuous Quality Improvement Consultant, MD MIECHV

It is evident in today's workforce that processes and procedures are consistently changing and we need to learn more about how to become efficient in the way we conduct business. It is to our advantage to embrace new Continuous Quality Improvement (CQI) initiatives on the national and state level for the betterment of the clients we serve.

The purpose of CQI is to evaluate what we currently do and to identify how we can enhance methods or processes to continue developing and delivering exceptional client services. The MIECHV State Team, led by CQI expert Maelondy Holman, will support all MIECHV-funded sites by providing ongoing assistance and training. There are several federal guidelines for CQI, including the documentation of CQI at the site level and the information the MIECHV team will be collecting from sites. We are creating a CQI handbook that will grow with us throughout this process. In addition, there will be CQI technical assistance at our September conference (which all MIECHV sites are required to attend).

Through our efforts in assisting programs with developing CQI processes, our MIECHV team has been working diligently with all 18 sites to aid them with process maps, fishbone diagrams, and the [Plan-Do-Study-Act cycle](#). The MIECHV State Team has reviewed these materials and provided feedback to all sites. In addition, all site teams were required to complete the [Ohio State CQI training](#).

The first CQI project that all MIECHV-funded sites are undertaking is evaluating and improving processes from referrals to enrolment. In looking at this CQI initiative, an example that can be used is staff members' efforts to arrive to work on time. The same steps used to improve how staff can improve punctuality can be applied to evaluating steps from referral to enrolment. The sites would need to take a look at where they are now, where they want to go, and determine steps to get there. Our first two Technical Assistance Webinars may be accessed below:

[Webinar 1](#), February 12, 2016

[Webinar 2](#), June 16, 2016

If you need technical assistance with CQI, please contact Maelondy Holman, Continuous Quality Improvement Consultant, at maelondy.holman@maryland.gov or (410) 767-5597.

Provider Perspectives

Doing a Lot with a Little

Shelly Neal-Edwards, LCSW-C, Program Director, Healthy Families
Mid-Shore (QA, Talbot, Kent & Caroline Counties)

In September 1999, Queen Anne's County (QAC) Local Management Board Director, Mike Clark, became aware of a pretty significant grant opportunity for this new concept of "home visiting." He approached the QAC Health Department's Health Officer about the grant. Mike's vision was that, at the time, QAC was a smaller county and did not have a high birth rate so he thought that partnering with the Talbot County Health Department would strengthen the application. Since the local health departments received applicants for insurance and are aware of most pregnancies in the county, he felt this would be a strong partnership. In December 1999, the program was awarded the grant. And 17 years later, the funding remains the same.

The program has gone through many struggles and accomplishments throughout its existence. Patricia Deitz (LCSW-C) became the Program Manager in January 2002 with the goal of seeing the program grow and succeed. One of the hurdles she consistently faced each fiscal year was "how are we going to survive being level funded?" QAC and Talbot County Local Management Boards (LMB) saw the success of the program and added some funding to sustain it. With those funds, the program was able to hire a Clinical Supervisor, Shelly Neal-Edwards (LCSW-C) in April 2003. Both Pat and Shelly worked hard on the program's first accreditation, which was successful. Then in 2005, budgets were extremely tight and laying off staff became inevitable. Of the staff who were there at the time, one worker retired, one accepted a position in another department, one resigned to accept another position in a different agency, and one worker was laid off. It was hard to see good staff forced to leave.

In June 2010, Patricia Deitz decided to retire and Shelly was named the Program Manager of the program. With

the mentorship from Pat Deitz, Shelly was able to aggressively search for other funding opportunities. She was able to establish a few local grants that ranged from \$3,000-\$5,500 per year. She also successfully completed and was awarded two grants in Kent County in July 2013. Her vision was that if the program expanded to another county, then the overhead costs could be shared and home visitors could keep their jobs. With the economy, Health Care Reform, and other related issues, it was looking very grim to be able to keep staff. If the program can't keep staff then how or why would families remain in the program? Isn't the basis of home visiting to form trusting relationships in order to facilitate change in families? [Read more...](#)

Editor's Note: It is to be commended that a program works so hard to piece together funding to ensure continuity. However, it is not a permanent fix. Going forward, it is our hope that by educating those that control funding sources and providing quality data to demonstrate results, dollars can be allocated to support programs. And that managers, like those at Mid Shore, can focus on supporting families -- not corraling dollars.

Program Spotlight

Breastfeeding: A Key to Sustainable Health

Contributed by Amy Resnik, MS, RD, CSP, LDN, IBCLC
Maryland WIC Program Breastfeeding Coordinator



In August, we focus on celebrating breastfeeding and encouraging breastfeeding awareness. While this focus takes place internationally during the first week of August, in Maryland our governor has extended this attention to the entire month, [proclaiming August as Breastfeeding Month in Maryland](#).

What makes breast milk the key to sustainable health? First, breastfeeding is free! Breast milk provides the nutrients needed by the baby, in the amounts needed, and does so at the perfect temperature. Each mother individually produces milk

specific to her baby. As that baby grows and his needs change, his mother's milk automatically changes to accommodate.

Breastfeeding improves the health and development of infants and children. Children reap the benefits of breast milk, such as protection from disease, which last beyond the time they receive mother's milk. These benefits provide extended health advantages that manifest throughout their lives! At the same time, breastfeeding imparts both short and long term health benefits to the woman, such as helping her lose weight after giving birth and lowering the risk of breast and ovarian cancers later in life.

Finally, breast milk is always available. When the unexpected happens and disaster strikes, as long as mother and baby are together, breast milk is available to keep baby nourished. And, with human milk, waste is minimized, contributing to a cleaner, greener, more sustainable environment.

Sustainability Successes

UMBC Training Certificate Program

Contributed by Rebecca Schacht, PhD, Clinical Assistant Professor, Department of Psychology,
University of Maryland, Baltimore County

The UMBC Home Visiting Training Certificate Program is housed at the University of Maryland, Baltimore County's Department of Psychology. The mission of the Certificate Program, which was established in 2014, is to provide training to home visitors across the state of Maryland that enhances current model-specific training. Funding for the Certificate Program comes from the Maryland Department of Health and Mental Hygiene.

The Certificate Program includes six modules: Communication (2 days), Healthy Relationships (1 day), Parenting and Child Development (1 day), Mental Health (1 day), Substance Use (1 day), and Cultural Sensitivity (1 day). An additional module, available for supervisors of home visitors, is woven into each training day. Participants receive a certificate of completion at the end of the course. The course format is highly interactive and includes videos, practice opportunities that include feedback, and lectures.

To date, the Certificate Program has trained two cohorts of home visitors in Maryland. Trainees were very enthusiastic about the program and felt it provided them with tools

that significantly enhanced their ability to support their families.

During the fall of 2016 and spring of 2017, we will be conducting a research study in collaboration with the Johns Hopkins Bloomberg School of Public Health to assess the Certificate Program. During this time, training will be available only to agencies that volunteer to participate in the study. After the research study concludes, the Certificate Program will be open to all home visitors in Maryland.

We welcome questions about the Certificate Program. Please contact us via email at miechv@umbc.edu or via phone at (410) 455-6774 if you would like additional information. You may also [visit our website](#).



First graduating class – spring 2016

Fall 2016 Training Dates

Cohort 1: September 6, 7, and 22; October 5 and 26; November 2 and 16

Cohort 2: September 13, 14, 29; October 19; November 9 and 30; December 7

Promising Practice

Update on Training and Evaluation Activities

Contributed by Laina Gagliardi, MSPH, Research Program Coordinator

Johns Hopkins Bloomberg School of Public Health, Department of Population, Family, and Reproductive Health

Johns Hopkins and the University of Maryland, Baltimore County will be conducting an evaluation of the Training Certificate Course. Sites that enroll will be randomly assigned to receive the training this fall or in the spring of 2017. Evaluators will observe the course and ask participating sites to complete surveys, conduct mock home visits, and audio-record supervision sessions to measure the impact of the training.

We are looking for 16 sites using evidence-based home visiting models to participate in the Certificate Course and associated evaluation. Sites that participate in the evaluation will receive the training for free and will also be reimbursed for completing study activities.

Several sites have already expressed interest. Don't miss out on this opportunity! If your site would like to participate or if you have any questions, please contact Laina Gagliardi at lgagliar@jhu.edu or (443) 287-5128.

Hot Topics for Home Visitors

Resources for Parents of Children with Special Health Care Needs

Contributed by Keisha R. Peterson, Program Chief, Systems Change

Office of Genetics and People with Special Health Care Needs

Did you know that the Office for Genetics and People with Special Health Care Needs has a Parent Resource Coordinator (PRC) who assists families and providers in finding resources and helps with navigating the complex system of insurance and benefits? Angela Sittler has been the PRC in the office for five years and has more than 12 years of experience in Children & Youth with Special Health Care Needs (CYSHCN). She is also the parent of two children with special health care needs. Angela runs and maintains the [Resource Locator](#) which is an online database that contains more than 1,000 resources for parents and providers. If parents or providers need additional assistance or help with the Locator they can call the Resource Line at 1(800) 638-8864 from 6:30 AM-3:00 PM Monday-Friday to speak with Angela.

Angela also offers a free training for providers on the family perspective, designed to better help your staff understand the families of Children and Youth with Special Health Care Needs and develop a better family professional partnership. You can [find the flyer here](#) for more information, or call Angela on the number listed above.

We are also looking to recruit parents or caregivers of CYSHCN to participate in a voluntary online literature review committee. The committee ensures that parents and caregivers have input into how information is disseminated by reviewing website communications and materials to ensure they are understandable, family centered, and culturally sensitive. This will be done completely online and only requires a few hours a year. If you have parents who may be interested in the committee or for more information please contact Angela at 1(800) 638-8864.

Policy Tidbits

HealthChoice Waiver

Contributed by Colleen Wilburn, MPA, MIECHV Health Policy Analyst & Sandy Kick, MSH P, Administrative Program Manager, DHMH-Planning Administration -Health Care Financing

On July 1, 2016, DHMH submitted a Section 1115 waiver renewal application for the HealthChoice program, Maryland's statewide mandatory Medicaid managed care program that was implemented in 1997. As the state works with partners in the provider and payer communities to transform the health care system, the renewal proposal includes a pilot for Evidence-Based Home Visiting for Pregnant Women and Children (eff. date: July 1, 2017). Through this waiver, Maryland is seeking federal matching funds to support local efforts to provide services through two evidence-based home visiting models: Nurse-Family Partnership and Healthy Families America. The models are focused on a target population of high risk pregnant women and their children up to age 2 and 5 respectively; the pilot would allow services for children up to age 5. Through an application process, local governmental entities could apply for funds to deliver these evidence-based services and would provide the non-federal match required. Those jurisdictions already implementing either the Healthy Families or Nurse Family Partnership model(s) will be in prime position to apply for these grants to expand services and broaden their support of families within their communities. [Find out more here.](#)

Dynamic Data

New Validated Tools for MIECHV

Contributed by Samantha Wilkes, Project Director of Data & Evaluation, Family League of Baltimore

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program grant, which is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), provides funding to 18 home visiting programs across the state of Maryland. The reporting requirements for this federal grant require a significant data collection effort to report on 37 family-level indicators in the six "benchmark" areas: (1) maternal and newborn health; (2) child injuries, maltreatment, and reduction of ED visits; (3) school readiness and achievement; (4) crime or domestic violence; (5) family economic self-sufficient; and (6) coordination and referrals. Recently, HRSA decided to make significant changes to the indicators by removing some, adding others, and reducing states' flexibility to report on indicators in different ways.

Beginning October 1, 2016, HRSA is requiring all grantees to use a validated tool for select measures assessing for Depression, Intimate Partner Violence, Parent-Child Interaction, and Developmental Screenings. Fortunately, Maryland MIECHV has been using validated tools for Depression ([Edinburgh Postnatal Depression Score](#)) and Developmental Screenings ([Ages and Stages®](#)). Maryland's Department of Health and Mental Hygiene (DHMH) asked program sites to help choose from a list of Parent-Child Interaction and Intimate Partner Violence tools, and the overwhelming majority selected the Relationship Assessment Tool (RAT) for Intimate Partner Violence. Dawn Orndoff from Healthy Families of Washington County has used the RAT for the last year and says, "It has been a useful tool for the Family Support Worker to raise awareness and education about healthy relationships and topics related to violence in relationships. Furthermore, the screen has provided a consistent window of opportunity for referrals and outreach to individuals in violent circumstances who may not have disclosed to their home visitor without the tool." [Find out more about the RAT here.](#)

While Maryland has not been formally collecting data on parent-child interactions, many programs throughout the country are utilizing Home Observation for Measurement of the Environment (HOME) to capture information on this measure. More detail about training and materials [may be found here](#), and information about HOME [may be found here](#).

Resources and Updates

Child Immunization

We all know how important it is for young children to get their necessary vaccines, but it can be difficult to track what is needed and when. Here at the Maryland Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, we follow the American Academy of Pediatrics (AAP) recommended immunization schedule, [which can be found here](#). For an additional resource, check out the Center for Disease Control's [interactive immunization schedule](#) for children aged 0-6. Parents can simply enter their child's birthday to pull up a schedule of which vaccines should be obtained by specific dates.

Mandated Reporting

Everyone in Maryland is obligated by law to report suspected child abuse or neglect, and there are there are specific legal requirements for individuals who come into contact with children and youth because of the nature of the work they do. Maryland law defines these individuals as "mandated reporters" who, "within the practice of their employment, occupation, or profession have reason to believe a child has been subjected to abuse or neglect." Mandated reporters are required to make an oral report as soon as possible to their local department of social services or law enforcement, and follow up with a written report within 48 hours (Maryland Family Law 5-704). Additionally, proof of abuse or neglect is NOT required to make a report. Incidents should be reported as quickly as possible, and waiting for or looking for proof may put a child at risk of great harm and interfere with the investigation. If you are wrong -- it's okay! You are immune from civil liability and criminal penalty for reporting

when you have reason to believe abuse or neglect (Maryland Family Law 5-708). Find out more, including how to file a report, [here](#).

Pregnancy and Oral Health

Healthy teeth and gums are key to overall health, especially during pregnancy. Unfortunately, health professionals don't often provide oral health care to pregnant women, and pregnant women often do not seek it out. The Human Resources and Services Administration (HRSA) recently convened a



workgroup on oral health during pregnancy, in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association. The group has issued a [national consensus statement](#) on oral health during pregnancy, which contains detailed guidance for a variety of health care professionals who work closely with pregnant women. Find more information on dental services in Maryland [here](#).

Upcoming Events and Trainings

August 12: Healthy Moms, Happy Babies Webinar: Using the Relationship Assessment Tool and Universal Education, 11:30am-12:30pm

This **free** webinar, hosted by [Futures Without Violence](#), highlights the Relationship Assessment Tool (RAT), formerly known as the WEB. This evidence-based screening tool is an effective resource for many programs, including those that may use a different domestic violence (DV) screening method. The webinar will discuss how the RAT and FUTURES' safety cards can be utilized to promote universal education and help frame conversations on healthy and safe relationships. [Register here](#).

August 31-September 2: 20th National Conference on Child Abuse and Neglect Grand Hyatt, Washington, DC

You should attend the 20th National Conference on Child Abuse and Neglect (NCCAN) if you are a professional, researcher, policy maker, parent, or volunteer committed to achieving better outcomes for children, youth and families. The 20th NCCAN offers an opportunity to come together with others in the field to learn from and support each other, take in new knowledge, build new understanding, and reenergize for the always changing and challenging work ahead. [Register here](#).

***Please note:** Registration for the conference is currently full. The organizers have opened a wait list for all registrations through August 17, 2016 when registration is scheduled to close. As space becomes available, we will notify potential participants of status changes on a first registered basis.

September 13-15: Maryland MIECHV Home Visiting Conference: Home is Where the Story Begins Wisp Resort, 296 Marsh Hill Road, McHenry, MD

MIECHV Home Visitors are a critical resource for assisting families across Maryland in writing their story. Home is Where the Story Begins: MIECHV Home Visiting Conference is being held September 13-15, 2016 at Wisp Resort in McHenry, MD. Join us for three fun-filled days of learning how to support families in their journey. [Register here](#). Registration deadline is **August 31, 2016**.

October 3-7: HFA Integrated Strategies for Home Visiting Core Training Frederick, MD

Registration Contact: Phyllis Jones, 410-350-9275

Required by HFA for all HFA affiliated and accredited program staff that facilitate home visits. Supervisors and Program Managers are also required to attend. The training outlines the specific duties of the home visitor in their role within Healthy Families America.

November 15-16: Sixth National Summit on Quality in Home Visiting Programs, 8am-4pm Crystal Gateway Marriott: 1700 Jefferson Davis Highway, Arlington, Virginia 22202

Join researchers, advocates, policymakers, and practitioners as we address key issues facing the home visiting field. This two-day event will continue to serve as the national forum for the exchange of home visiting initiatives, best practices and lessons learned. Cost: \$300. Registration deadline is October 31, 2016. [Register here](#).

Get in Touch

The newsletter team wants to hear from you! Please contact us with questions, comments, and suggestions for content. We can be reached by [email](#) or phone: (410) 767-7066. For more information on home visiting in Maryland, [visit our website](#). Not subscribed yet? [Sign up here](#).

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