

Home Visiting in Maryland

News from the Old Line State

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Maryland Maternal, Infant, and Early Childhood Home Visiting News

It was a busy summer and fall for the Maryland MIECHV team.

In July, we welcomed a new team member, Dillon McManus. Dillon is the coordinator of special programs and oversees the state-funded Babies Born Healthy program. He brings with him a background in social work and a fresh perspective. The team also welcomed Maggie Geraghty back from maternity leave. Maggie was previously the coordinator of the MIECHV Innovations Project and is now the health policy analyst for Maryland MIECHV.

The team has been working on several exciting initiatives in recent months. After piloting a training in 2018 developed by the University of Maryland Baltimore County (UMBC) for home visitors and community health workers working with substance-exposed newborns (SENs) and their mothers, six regional trainings were held throughout the spring, summer and fall. More information on the training may be found under "Promising Practice."

The Maryland MIECHV team also wrapped up its two-year innovation project, which funded the development and implementation of goal planning and coaching trainings for home visitors and supervisors. Home visitors at participating sites attended the goal plan training, and each program selected a few staff members to attend the coaches training. Home visitors met with a trained coach over 12 weeks to review real visit audio recordings and to discuss what went well and what might need improvement. Post-training interviews revealed that home visitors found the coaching experience valuable and that they appreciated being able to work with someone to develop specific skills. Our team is exploring ways to implement coaching on a broader scale within Maryland MIECHV.

We are currently preparing for our January 2020 federal site visit from our funders at the Health Resources and Services Administration (HRSA). We look forward to providing a tour of some of our programs and

showcasing the work we have accomplished over the last few years.

Wishing you all a happy and healthy new year.

Unsung Chronicles of Home Visiting

Positive Growth from Family Tree

Contributed by Natasha Peterson, MS, CAS, LCPC
Assistant Director, Family Support Services
Family Tree

Ms. Smith* has been in our program for a year and has six children. Her "target child" for home visiting services is 17 months old.

Ms. Smith's target child was born with Down syndrome. She sought support from Family Tree on how to parent a child with special needs. She dealt with depression (not wanting to leave the home or do much of anything) and struggled with bonding and attachment.

We are excited to report that Ms. Smith is in a much better place since she began participating in the [Family Tree program](#). She is very active and is engaging with her child. She has accepted her daughter's disability and consistently encourages her daughter to do everything she wants without limiting herself. This in return has been reflected in the positive developmental progression of her child. Ms. Smith is happier and more outgoing. She attends all of our program and agency events and truly believes in the program due to the tools and resources provided.

*pseudonym

A Story from the Healing Ourselves through Peer Empowerment (HOPE) Project

Contributed by Charnell, member of Angel Mom Caregivers, Still a Mom, and Healing Through Quilting

"When I lost my baby Princess Grace it was a very difficult time. I almost passed with my daughter - I had many complications myself. I experienced a great deal of anger and severe postpartum depression.

It was really hard for my husband and me, especially since it was our first child. There was such high anticipation for this little girl to come into our lives.

I found out about the [HOPE program](#) from my two best friends. I was in such a bad place. I decided to give it a try. I did home visits every week. I also did the Still A Mom (SAM) group for 10 weeks and now I'm in Healing through Quilting. I had never done a group and I thought it might be depressing. I also worried about stigma toward mental health, but my family support worker encouraged me to try it and it has really been a blessing."

Provider Perspective

Recollections from the Healthy Families America Training

Advanced Metrics, which developed and continues to manage Maxwell, the Maryland MIECHV program's data system, recently sent its director of solution implementation to the Healthy Families America (HFA) peer review training in Chicago. Nate Lubold spoke with his Advanced Metrics team about the experience:

Why was it important for you to attend the Healthy Families America peer

review training?

I think it was important that I attended the peer review training so that our team could really understand the HFA model. It gave us insight into why the collection of certain data points is critical; especially those related to health and safety accreditation standards. The training provided me with a deeper understanding of what it means to be a home visitor, which increases my ability to train users on our home visiting software, Advanced Home Visiting.

Do you have a top take-away (or two) from attending the training?

While at the training, I was reminded of the passion that home visitors bring to the work they do. Each attendee genuinely enjoyed being part of the HFA team. I also realized how important having a solution is, like our Advanced Home Visiting software, to home visitors. It enables them to more easily collect the data they need in both a guided and intuitive manner.

How do you think attending the HFA peer review training will benefit Advanced Metrics as a whole?

As a company, we now have a greater understanding of each of the constructs and the importance of adhering to the standards of the HFA model. This will naturally lead to even more informed enhancements to the reporting and accreditation features in our Advanced Home Visiting software. The team can fully appreciate the need for reports to be meaningful and generated with ease, so that home visitors and supervisors get the information they need. With the passion for the work and enthusiasm for the model that each home visitor has, no one should get burnt out or annoyed by clunky data collection and reporting - that should be the easy part.

So, you think attending this training will directly benefit home visitors, home visiting agencies and funders?

Users will benefit from me, as an Advanced Metrics team member, attending this training. Our business has a tremendous amount of first-hand knowledge about the data home visitors collect and why each data point matters. The team has a fuller appreciation of the home visitor and supervisor workflow after attending the peer review training.

Find the full conversation [here](#).

Program Spotlight

Babies Born Healthy

Contributed by Dillon McManus, LMSW
Coordinator of Special Projects, MD MIECHV

The Maryland MIECHV team recently assumed coordination responsibilities for the [Babies Born Healthy \(BBH\) program](#). BBH is a state-funded care coordination program with a light home visiting component that addresses disparities in infant mortality and maternal health in addition to prenatal and new mother social determinants of health in communities of color. BBH programs are currently operating in targeted high-risk census tracts in nine jurisdictions: Ann Arundel County, Baltimore City, Baltimore County, Caroline County, Charles County, Montgomery County, Prince George's County, St. Mary's County and Wicomico County.

The span of coordination is vast and connects mothers with services including as safe sleep education, breastfeeding and lactation information and specialists, housing, substance abuse treatment, nutrition and WIC, mental health, family planning and

sexually transmitted infection prevention and treatment. The services offered directly by each program may differ by county. For example, Baltimore County offers a new mothers' support group and Ann Arundel County utilizes peer support specialists for individuals facing challenges with substance abuse.

BBH is only in its second year of operation and has done great work across Maryland. However, it still has room to grow, refine and impact families in positive ways. Maryland MIECHV looks forward to seeing the program evolve and are excited to be trusted with a program that holds such promise.

For more information, [visit the website](#).

Promising Practice

Substance-Exposed Newborn Training

Contributed by the University of Maryland Baltimore County Home Visiting Training Center and the Maryland MIECHV State and Evaluation Teams

In 2017, Maryland MIECHV contracted with UMBC and its [Home Visiting Training Center](#) to create a training on substance-exposed mothers and newborns that would build capacity and competence in the key home visiting programs offering services to these women and children. The goal was to reduce stigma, increase knowledge and understanding of addiction and substance exposure, develop skills and build collaboration among agencies to address the needs of substance-exposed mothers and children. The development of this training was in direct response to the opioid crisis and the increase in the number of substance-exposed newborns identified by the Department of Human Services (DHS). Maryland MIECHV and DHS agency leaders funded and guided the project. Focus groups and interviews with an expert advisory panel, stakeholders, agency providers and staff - as well as members of the UMBC Home Visiting Advisory Board - provided input into the development process. During the early phase of training development, it became clear that another key group of providers offering early childhood interventions - the Infant and Toddlers Program (ITP) housed in the Maryland State Department of Education (MSDE) - should be included in the training.

The UMBC training team partnered with UMBC's New Media Studio to produce videos that featured interviews with various professionals who interact with SENs and their families. Cumulatively, the interviews provide an overview of the complex and multidisciplinary needs of the population. Video content included not only practices of professionals interacting with exposed mothers and children and their families, but also demonstrated infant care strategies used to soothe substance-exposed newborns that providers can learn and pass along to families.

In interviews, two mothers in recovery described their experiences with substance use, giving birth to substance-exposed newborns and how differing care and social systems played a role in their treatment, recovery, parenting and gaining or retaining custody of their children. Each video concluded with advice and strategies interviewees found most important and helpful in their experience. The interviews are included in the required online training modules (designed to be completed first for foundational knowledge) and the in-person training day designed to facilitate collaboration, discussion and a more in-depth presentation of the topics outlined above. After the trainings, curriculum content were made available on the [Training Center website](#). The training consists of seven online modules followed by a one day in-person session.

The Johns Hopkins Bloomberg School of Public Health and the University of Maryland

School of Medicine evaluated the training and found that it significantly improved trainees' knowledge and confidence in working with substance-exposed mothers and their children. The Maryland MIECHV program plans to continue funding this collaborative training and host more regional sessions in 2020.

Continuous Quality Improvement Corner

Contributed by Maelondy Holman, Ed.D.
Continuous Quality Improvement (CQI) Consultant
Maryland MIECHV

Four individuals from Maryland's MIECHV programs successfully completed a five-day training to earn Lean Six Sigma Green Belt Certification from the Georgia Institute of Technology. Dr. Maelondy Holman of the Maryland Department of Health, Sarah Eggerling of Harford County, Alyson Jacobson of Prince George's County and Kimberly Lyle of Healthcare Access Maryland in Baltimore City each completed the training. Sarah, Alyson and Kimberly will work with the CQI consultant to train other programs on Lean Six Sigma philosophy. Two additional Maryland MIECHV program staff are scheduled to complete the training in February 2020 through Johns Hopkins University.

Dr. Holman is also co-leading preparation for Maryland MIECHV's HRSA site visit, which will take place in January. The information shared with HRSA during the visit will include CQI topics and Maryland MIECHV initiatives.

Dynamic Data

Submitted by: Jarvis Patterson-Askew, MS
Data and Fiscal Program Administrator
Maryland MIECHV

It has been nearly a decade since our last Maryland home visiting needs assessment, used to analyze a number of risk factors relevant to community health and to prioritize Maryland MIECHV spending at the jurisdiction level. We are happy to announce that in 2020, the [Mid-Atlantic Equity Consortium \(MAEC\)](#) will oversee the needs assessment update.

The MAEC won a competitive procurement and administered the MSDE's Preschool Development Grant Needs Assessment in 2018. In the coming weeks, the Maryland MIECHV team will send out additional information about the location and times for focus groups around the state. Be sure to share this information with your networks and plan to be in attendance so your voice can be captured in the updated qualitative inquiry.

The 2020 needs assessment will also include a new element: indigenous communities will be highlighted to strengthen a newly founded collaboration to establish home visiting for state-recognized tribes in Maryland. Maryland MIECHV will use the 2020 needs assessment update to reach this demographic that commonly goes unseen and without services. There are a number of tribal evidence-based home visiting models approved by the Health Resources and Services Administration (HRSA) and Maryland MIECHV has located a potential Family Spirit model implementer to be the foundational program in the Maryland tribal home visiting system.

Policy Tidbits

MIECHV Re-authorization Legislation Introduced

Legislation was recently introduced in the House of Representatives by Congressman Danny Davis (D-IL) that would increase MIECHV funding by 50 percent in FY 2021 and double it to \$800 million per year in FY 2022. The [Home Visiting to Reduce Maternal Mortality and Morbidity Act](#) (H.R. 4768) would also double the funds set aside for tribes from three to six percent, increasing funding from the current \$12 million per year to \$48 million by FY 2022.

The House Rules Committee met on Dec. 10 to consider H.R. 3, a prescription drug bill, and added the home visiting expansion legislation to that bill as part of a package. On Dec. 12, the House passed the bill, entitled "The Elijah E. Cummings Lower Drug Costs Now Act."

The bill will now go to the Senate and negotiations between the two chambers of Congress will continue into the new year.

Resources and Updates

Car Seat Safety Tip

Contributed by Tracy Whitman, Program Coordinator
Maryland Kids In Safety Seats, MDH

Which car seat is the "best" car seat?

If a caregiver were to ask a Nationally Certified Child Passenger Safety (CPS) technician what the "best" car seat is, the standard answer would be a car seat that:

1. Fits the child's age, weight, height and development/behavioral needs
2. Fits in the vehicle correctly
3. One that can be used consistently and correctly each time and
4. One that the caregiver can afford

Recommendations are meant to be generic because a brand that works for one child or fits in one vehicle may not fit the next child or vehicle.

While CPS technicians cannot recommend specific brands, they can review things to consider and features to look for to help caregivers make informed decisions:

1. All car seats meet the same performance standards. The higher prices for some seats are driven by convenience features above and beyond safety features.
2. Rear-facing only car seats are a convenient option; having a base that can stay installed in the vehicle while baby is removed still harnessed into the car seat, but they are not a requirement
 - The larger convertible style car seats (seats that may be used rear-facing and forward-facing with a harness) can be used by infants weighing as little as four or five pounds, depending upon the brand.
 - The benefit to purchasing the convertible car seat is longevity. Most infants outgrow rear-facing only car seats by 8-12.

Purchasing a convertible car seat allows for usage from birth to 4-7 years old, depending upon the parameters of the car seat and child's size. There are even 3-in-1 or 4-in-1 car seats that build an entire car seat life span into one product, for those on a tight budget.

3. Harness dimensions determine when and how long one can use the seat. Look for:
 - Low shoulder height to fit newborns correctly
 - Tall shoulder height, to enable the child to fit the seat until 4-7 years old
 - Multiple crotch buckle openings to move the buckle out (adjusted per the instructions) so the buckle does not pinch little thighs as the child grow.
4. Convenience features, to make adjustments or installation easier, such as:
 - No re-thread harness adjuster, to make height adjustment easier as the child grows
 - Multiple recline indicators, to adjust the recline of a rear-facing car seat from a newborn recline setting to a toddler recline setting when installed in the vehicle
 - Multiple recline adjustments, to better meet the recline indicator
 - Ease-of-use installation options such as seat belt lock-offs, ClickTight or Snuglock features (which allow for easier seat belt installation) or push on lower anchor connectors (for easier use with the Lower Anchors and Tethers for Children (LATCH) system)

Buying a car seat is an investment in a child's safety. In a crash, the car seat is the child's only source of protection from injury or death and making a car seat choice should not be taken lightly. Caregivers who need assistance figuring out which features to look for in a car seat, or who need help learning how to use and install their car seat, should contact Kids In Safety Seats at 800-370-SEAT or 410-767-6016, or by email at mdh.kiss@maryland.gov.

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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