

Home Visiting in Maryland

News from the Old Line State

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Maryland Maternal, Infant, and Early Childhood Home Visiting News

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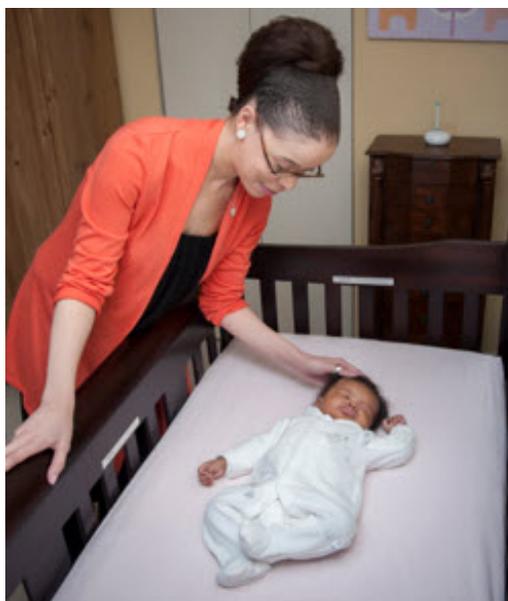
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Maryland Essentials for Childhood member Stacey Jefferson wrote an op-ed in the Baltimore Sun calling on the Kirwan Commission to provide more funding for children's behavioral health services, highlighting Adverse Childhood Experiences (ACEs) statistics for Baltimore City. [The piece is online](#) and will also be in the print edition.

Congratulations and thanks to Stacey for her advocacy on behalf of our children and families.

Unsung Chronicles of Home Visiting



Crystal Clay embodies how perseverance and a little support can go a long way. Twelve years ago, Ms. Clay was a part of the Druid Hill/ Mondawmin (DRUM) Home Visiting family as a service recipient. Today, Ms. Clay is a home and business owner and is fulfilling her self-described purpose in life with three beautiful children. The DRUM agency gave Ms. Clay the assistance she needed to raise her family, but her strength and savvy are intrinsic traits. [Read Ms. Clay's full story](#) - she and many others are a testament to the efforts each of you give each day. Keep up the great

Provider Perspective

New Project: Meeting the Needs of Parents with Intellectual Disabilities in Home Visiting

*Contributed by Jane D. Daniels, P.A., M.P.H., Senior Research Program Coordinator
Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health*

In response to a suggestion made by local home visiting (HV) staff (thanks to the Allegany County Healthy Families America), we are beginning a new project to improve services for families enrolled in HV whose primary caregiver has an intellectual or learning disability (ID).

Children of parents with an ID are at increased risk for negative birth outcomes and negative outcomes over the life course [1]. Parents with ID have been shown to benefit from "home-based behaviorally-oriented parent education" [2]; emerging evidence suggests HV programs are already serving large numbers of parents with ID [3]...and have the potential to serve many more.

Despite this evidence, little is known about HV efforts to address the unique needs of parents with ID. To address this gap, the project will focus on three key objectives over the next 18 months:

1. Develop a conceptual model to address needs of parents with ID in HV
2. Understand current practices for recruitment, screening and service tailoring
3. Identify screening tools that are feasible and acceptable for both families and HV staff

We will review existing evidence and consult with a panel of experts in parenting with ID. Another essential component of this project is involvement of a project advisory group (PAG). The PAG will include a range of home visiting stakeholders, including staff from local HV programs, national model representatives, representatives from the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE), as well as families enrolled in HV programs. The PAG will contribute to all phases of the project to ensure that products are relevant, feasible and useful for HV families and staff. We look forward to sharing project progress.

Substance-Exposed Newborns (SEN) Training and Evaluation

The first training cohort included staff from Home Visiting programs, Infants and Toddlers programs and the Maryland Department of Social Services in Cecil, Harford and Kent counties. Thanks to everyone who participated in training and evaluation activities; we look forward to the second and third cohorts from Baltimore County and Baltimore City, respectively, in May and June, and to sharing evaluation results later this summer.

[1] Akobirshoev et al. (2017). Birth outcomes among US women with intellectual and developmental disabilities. *Disability and Health Journal*, 10(3), 406-412

[2] Feldman, M.A. (2002). Parents with intellectual disabilities and their children: Impediments and supports. In D. Griffiths & P. Federoff (Eds.) *Ethical dilemmas: Sexuality and developmental disability*. pp. 255-292. Kingston, NY: NADD Press.

[3] Duggan et al. (2018). *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2018-76A. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Program Spotlight

MEGAN's Place

*Contributed by Shelby L. Graves, M.P.H., C.H.E.S., Health Policy Analyst
Harford County Health Department*

In an effort to improve health and strengthen the resiliency of Harford County families, the Harford County Health Department (HCHD) established a new program called "MEGAN's Place." MEGAN's (Meaningful Environment to Gather and Nurture) Place is a safe, non-judgmental place for at-risk pregnant and postpartum women and their families to access recovery and wraparound services. Special emphasis is placed on women currently living with substance use disorders and their families. Program staff seek to: (1) identify and reach out to vulnerable women and families; (2) build parenting skills and strengthen family resilience through education and support groups; (3) connect families to clinical care; and (4) link families to critical public health wraparound services to address social determinants of care and reduce health disparities.

MEGAN's Place is also rooted in family resilience theory. Family resilience can be described as "the capacity of the family, as a functional system, to withstand and rebound from stressful life challenges - emerging strengthened and more resourceful" (Walsh, 2016).

MEGAN's Place was built upon the principles of three existing evidence-based HCHD programs: HCHD's Healthy Families America (HFA) HV program, Helping Families Recover (HFR) peer recovery support program, and Care Coordination Plus. The HFA and HFR programs serve as pillars of MEGAN's Place due in large part to the success they have had in the community with improving health outcomes for at-risk families. The combination of support in the form of HV family services, peer recovery services and care coordination is expected to have a profound impact on families in Harford County.



MEGAN's Place is currently in phase one of implementation in HCHD's Edgewood location. The next implementation phase involves intensive collaboration between HCHD and community partners, including the University of Maryland Upper Chesapeake Health's Hold

Them Close program. This unique program could not have been made possible without the specialized care and dedicated support of HFA, HFR and the Care Coordination Plus staff of HCHD.

Reference

Walsh, F. (2016). Family resilience: a developmental systems framework. *European Journal of Developmental Psychology*.

Promising Practice

B'More for Healthy Babies Precious Purple Sunday

Contributed by B'More for Healthy Babies

B'more for Healthy Babies held its third annual Precious Purple Sunday on April 10, celebrating Baltimore City moms, babies and families. This year was the biggest event to date, with more than 19,000 congregants, 80 churches and 150 organizations participating, including community members, families and pastors. Participating churches distributed educational materials, including information about safe sleep, HV services (covered by MIECHV), care coordination and early intervention services. Ministries also performed themed presentations, dance and poetry to commemorate the event. [Find out more](#) about the events that took place across Baltimore City, and learn more about B'more for Healthy Babies [on our website](#).

CQI Corner

Continuous Quality Improvement Corner

*Contributed by Maelondy Holman, Ed.D., Continuous Quality Improvement Consultant
MIECHV, Maryland Department of Health*

The Continuous Quality Improvement (CQI) plan was approved by the Health Resources and Services Administration. On April 1, the plan was shared with all MIECHV sites to raise awareness and set expectations.

MIECHV is also planning a meeting with Advanced Metrics Solutions (AMS), the software developers of its new data system, Maxwell, to discuss the CQI vision within the new system. All MIECHV programs will be tasked with applying CQI methods to data quality in Maxwell in the coming fiscal year.

Some CQI highlights from local programs include:

Harford County

During the second quarter of FY19, Healthy Families Harford County reported that their goal was to increase referrals from internal agencies within the local health department to 10 per month. Focusing on the Maryland Children's Health Program (MCHP), Family Planning and Women, Infants, and Children (WIC), Healthy Families set the goal of one referral a month and at least nine from Administrative Care Coordination Unit (ACCU) by May 2019. Harford County Healthy Families is currently receiving a steady flow of referrals from ACCU due to the change in sharing information on the Maryland Prenatal Risk Assessment. Harford County Healthy Families has never received any referrals from WIC, MCHP, or Family Planning in the history of Healthy Families. Harford County completed re-testing as of May 2019 findings are currently being analyzed.

Dorchester County

Healthy Families Dorchester County began studying data quality in Oct. 2018 to improve data quality and the efficiency of collecting data by using the new database system, Maxwell. While studying CQI, Healthy Families learned that active clients were assigned to the "intake" status, resulting in input into the wrong section of the data system. Dorchester County requested technical assistance from AMS to correct the problem. From the study, Dorchester County learned that Maxwell will need significant upgrades in order for sites' reporting to display accurate improvements.

Dynamic Data

Say Goodbye to the Google Form Quarterly Staffing Report

*Contributed by: Jarvis Patterson-Askew, M.S., Data and Fiscal Program Administrator III
MIECHV, Maryland Department of Health*

MIECHV is proud to announce the end of the quarterly Google form method of capturing staffing details required for the Health Resources and Services Administration. Starting the week of April 15, the newly-developed staffing report became available in Maxwell for all local implementing agencies. For reporting purposes, Maxwell should be updated as staff changes occur. Maxwell is designed to pull a report on the most recent staff changes as of the last day of reporting parameters using a user-chosen range. A full "How To" can be found [here](#).

As Maxwell develops, the MDH is looking forward to releasing more innovative functions to enrich data quality, collection and workflow for all users. The quarterly staffing report enhancement can serve as an example of how MDH and AMS are working to align funding requirements in a streamlined, comprehensive data system. Stay tuned for more Maxwell updates.

Policy Tidbits

MOM and InCK Funding Opportunities

Maryland Medicaid is currently developing applications for two cooperative agreement opportunities from the Center for Medicare and Medicaid Innovation: Maternal Opioid Misuse (MOM) and Integrated Care for Kids (InCK).

The MOM model aims to improve the health and well-being of pregnant and postpartum mothers and infants through streamlined care coordination, screening and referral for social determinants of health needs and integrated obstetric and behavioral health care for medication-assisted treatment of opioid use disorder. Maryland Medicaid is leading the application for the MOM model opportunity, partnering with managed care organizations (MCOs) for care delivery. The five-year statewide model begins with a year of design and planning followed by transition to care delivery services. [Learn more about MOM.](#)

InCK is a child-centered model aimed at improving the quality of care for Medicaid-enrolled children through prevention, early identification and treatment of priority health concerns - especially behavioral health challenges. The project will risk-stratify children in Baltimore City and will provide streamlined care coordination - led by MCOs - across physical, behavioral and other child service providers and community-based organizations. Key foundational elements of the InCK model include a partnership council of diverse agencies and organizations, as well as developing an alternative payment model that incentivizes both MCOs and providers to achieve the model's aims. InCK is a seven-year model that includes

two years of design followed by five years of implementation. Maryland's InCK approach will be led by Johns Hopkins Health Care, in partnership with Maryland Medicaid.

[Learn more about InCK.](#)

Resources and Updates

Car Seat Safety Tip: Vehicular Hyperthermia

Submitted by: Tracy Whitman, MD Kids In Safety Seats

Last year in the U.S., 51 children died from child vehicular hyperthermia, also known as heat stroke. More than half of those children were forgotten inside a vehicle; more than a quarter were unattended while playing in vehicles. A smaller portion of those children were deliberately left in vehicles, in addition to those whose circumstances are "unknown."

Despite cultural background, socio-economic standing and education levels, one of the biggest challenges in preventing heat stroke is caregiver disbelief that they could ever forget about a child inside a vehicle. Yet because humans are wired such that our "habit" part of the brain will always win over the "planning" part, things like sleep deprivation, postpartum hormonal changes, the stress of adding a baby into a home environment and change in routines add to the problem.

In addition to being more mindful, encourage caregivers to lock vehicle doors after exiting and to keep their keys or key fob in a secure location, away from children.

The message is simple: Never leave any child alone in a vehicle, for any reason. Promote heat stroke prevention in children by using tips and resources until checking for children becomes a habit for every caregiver, even before baby is born.

Learn more from these resources:

<https://www.kidsandcars.org/how-kids-get-hurt/heat-stroke/>

<https://www.safekids.org/heatstroke>

https://www.washingtonpost.com/lifestyle/magazine/fatal-distraction-forgetting-a-child-in-the-backseat-of-a-car-is-a-horrifying-mistake-is-it-a-crime/2014/06/16/8ae0fe3a-f580-11e3-a3a5-42be35962a52_story.html?utm_term=.574229b65871

For information about child passenger safety, please contact Kids In Safety Seats at 800-370-SEAT or mdh.kiss@maryland.gov.

Connecting People and Programs with Aunt Bertha

*Submitted by: Mary LaCasse M.S. Ed., Chief, Early Childhood and Family Support
MIECHV, Maryland Department of Health*

Have you ever needed service resources for a family (or even for yourself) at a moment's notice? We've all been there. Thankfully, there is an online portal that can help. Aunt Bertha is a search engine designed to help connect people with services in their area, including reduced or free medical care, food, job training and more. Learn more at:

<https://www.auntbertha.com/>.

Substance Exposed Newborn Resources

Submitted by: The Maryland Department of Human Services

The Maryland Department of Human Services (DHS) recently released a brochure and referral guide for services available to substance-exposed newborns. View the brochure [here](#) and find the referral guide [here](#).

Upcoming Events and Trainings

Maxwell Summit

You spoke and we listened - in lieu of our annual three-day MIECHV conference, we will host a one-day Maxwell extravaganza to dig deep into the nuances of the new system and to provide technical support straight from the Maxwell developers. Start collecting your questions, comments and feedback and join us **August 9th** for this in-depth training. More details to come.

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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