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Maryland Maternal, Infant, and Early Childhood Home Visiting News



Greetings from the Maryland Maternal, Infant, and Early Childhood Home Visiting program (MIECHV)! We jumped right into fall with our second annual Maryland MIECHV Home Visitors Conference, "Engagement through Involvement," which took place from September 18 through the 21st in McHenry, MD. More than 130 home visitors, supervisors, support staff, and other stakeholders attended the conference at



Breakout Session at Wisp

the beautiful Wisp Resort, and participated in workshops on topics such as home visitor safety, dealing with angry children, and perceptions of fatherhood, to name just a few. Power Point presentations from the workshops will be uploaded to our website soon, and we will send out a link as soon as they are ready for viewing. We emerged from the conference with a renewed sense of purpose and drive to bring our families the best care possible.

We also have some great news to share -- we were recently awarded the fiscal year 2017 MIECHV grant to continue our important work through fiscal year 2019. The Human Resources and Services

Administration (HRSA) has awarded Maryland \$7,450,938 for home visiting services, and 342 million has been awarded nationwide. This funding is available through September of 2019. For more information about this MIECHV grant, [click here](#). For Maryland-specific data, [click here](#).

As previously mentioned, Maryland has also been awarded a \$1.5 million dollar grant in partnership with New Jersey to strengthen families through intentional goal planning. Goal planning is an activity that programs already undertake with their clients; this dual state partnership will look at ways to further this work to increase family engagement and positive outcomes. A stakeholder group is being formed in each state to help inform the processes. If you are interested in participating in the stakeholder group, please reach out to [Maggie Porter](#).



Opening Plenary at Wisp

Unsung Chronicles of Home Visiting

Contributed by The Family Tree

Maria, Healthy Families participant

This is the story of Maria, a Latina mother of a ten-year-old and two-month-old baby living in Baltimore City.

Maria was referred to The Family Tree by a community coordinator two weeks prior to giving birth to her son. She was having a difficult time with all that was going on in her life. Maria felt overwhelmed and frustrated by having to deal with her rebellious ten-year-old son and her pregnancy. She needed support, wanted to learn positive parenting strategies, and yearned for access to free resources in the community. She felt very disconnected and unable to navigate the early child care system.

Maria had recently been reunited with her 10-year-old son after nine years of separation. Her son lived in Honduras for those nine years with his maternal grandmother while Maria came to the United States to pursue the "American Dream" for herself and her family. Since the reunification, she found herself struggling to build a relationship and connect with her older son, on top of managing her pregnancy. Maria wanted to be a good mother to both her son and unborn child.

Through The Family Tree, Maria has been connected to many resources in the community to help assist her and her family. She communicates better with her children, maintains healthy relationships with her sons, has mastered basic parenting skills, and knows how to manage her emotions and control her reactions. She has also learned that in order to take care of others she needs to take good care of herself.

Because of our work, Maria now knows that babies understand so much at a young age and that it is important to teach and bond with them early on. She is engaged during home visits and excited to learn different everyday activities that help her baby develop and together build a strong bond. She also uses the information learned and ways to apply it with her older son, with whom she continues to mend and build her relationship with all the while addressing behavioral concerns in an appropriate manner.

Latrina, Healthy Families participant

This is the story of Laila, a 39-year-old mother of nine from Cherry Hill. Laila sought support with her newest family addition, whom is now 14 months.

Laila says that she found out about Healthy Families at The Family Tree when she was pregnant with her daughter. Her family has been active participants in the home visiting program for almost two years now. "No matter what, I could call on my home visitor and she would get to me right away; information, baby supplies, job leads, making sure medical appointments were set up, Adopt-A-Family for Christmas. Can't say they didn't do anything. The support has made things easier for me," she says.

She praised the program, saying it helps her with anything, no matter what. She also shared that she didn't know programs like Healthy Families existed. Laila reports that the program helps push her to do things that she wanted to do because she didn't have to worry about being alone. She says that she has a lot of support and encouragement, which she does not always get from her own family.

According to Laila, Healthy Families has added on to what she already knew, being that she already had eight other children. That said, she says that there are some things she does with her 14-month-old that she did not do with her other children. She's learned not to stress about her baby walking at the same time as her other children. She's also learned to be patient and different ways to ensure the safety of all of her children by monitoring them.

Program Spotlight

The Prince George's County High-Risk Infant Program (PG HRI)

Contributed by Joan Patterson, LCSW-C
Special Health Programs Coordinator
Office of Family and Community Health Services
Maryland Department of Health

The Prince George's High Risk Infant Program (PG HRI) is a grant program funded by the Maryland Department of Health and the Prince George's County Health Department. The program provides short term nursing assessment, support, and education to high risk mothers and infants at the time of delivery and in the early months of life via a combination of touch points during the hospital stay and through phone calls and home visits. A full range of topics are addressed with mothers including breastfeeding, safe sleep, well-child care, birth control, drug use, etc.



Two registered nurses are responsible for contacting the patients. To obtain referrals they have a satellite office at Prince George's Hospital Center where they make rounds three times a week. They also make rounds at MedStar Southern Maryland Hospital, and at other facilities. Hospital nursing staff identify mothers they determine to be "high risk." Indicators for "high risk," include such things as a late or no prenatal care; HIV positive or chlamydia; history of domestic violence/rape/abuse or child abuse/neglect; inadequate support system; inadequate housing/shelter; substance abuse; teen or younger at birth. Other providers and health facilities also make referrals to the program.

On home visits the registered nurses (RNs) bring a scale, thermometer, tape measure, diapers and formula. At the

first home visit the RNs conduct a formal assessment of the overall environment for basics such as water, electricity and heat. Then the sleep environment is closely examined and assessed. The RNs take a portable DVD player and play an educational video about Safe Sleep. Beyond these issues, the RNs put a special emphasis on promoting breastfeeding and on screening all patients for postpartum depression using the Edinburgh Depression Screen. When there are problems with breastfeeding, the nurses refer the mother to the lactation consultant. When the Edinburgh Depression Screen is positive, mothers are referred to a therapist. The RNs also convey valuable resource information and referrals for many other topics from cribs to smoke detectors to car seats. [Read more...](#)

Sustainability Success

Pay for Success in South Carolina

Adapted from an Article by *National Public Radio*

Though not a story from Maryland, we felt that this article describes a sustainability approach that is worth considering.

South Carolina is spearheading an innovative public-private partnership approach to greatly increase access to its Nurse Family Partnership programs. Specifically, the state is adopting the "[pay for success](#)" model, in which its financial support for social service programs is directly tied to positive outcomes. [As NPR describes in its article](#), South Carolina is the first to adopt this payment approach statewide.

The expansion has received an initial \$30 million in private donations and Medicaid support to fund the next three years. If it yields the desired positive results, the state will contribute an estimated \$7.5 million in "success payments" in the fourth and fifth years. The outcomes to be measured include: reducing preterm births, increasing birth spacing, reducing hospital visits for children, and decreasing child injuries, among others. Read more about the initiative [here](#).



Promising Practice

Implementing an Attachment-Based Parenting Intervention within Home-Based Early Head Start: Home Visitors' Perceptions and Experiences

Adapted from the Study by Maggie Porter, MPP, Research Assistant, Maryland MIECHV

Researchers from University of Maryland and Johns Hopkins Bloomberg School of Public Health have recently published findings from two qualitative studies examining mothers and home visitors' experiences of a brief evidence-based parenting intervention - the Attachment and Biobehavioral Catch-up (ABC) program - when added to Early Head Start (EHS) services as usual. The intervention consisted of ten 60-minute ABC home visits provided on a weekly basis alongside ongoing Early Head Start visits. Attachment and Biobehavioral Catch-up visits focused specifically on parent-child interaction and emotionally responsive parenting. Most sessions included demonstration and discussion of video-recorded infant-parent interactions, discussion of practical challenges, and homework assignments.

Upon conclusion of the intervention, participating mothers and home visitors were interviewed about their experiences. Although some mothers were initially uncertain about the ABC intervention, all mothers reported that they "loved" being in the program. Mothers said they benefitted most from learning to follow the child's lead, although some noted that this approach was somewhat different from the approach of their EHS home visitor. Most home visitors also felt that the program was a success, and noted positive behavioral changes in their clients who participated. They appreciated the mutually beneficial relationship between ABC home visitors and themselves, and the combination of services they were able to offer families. In terms of challenges, there were instances when scheduling proved difficult. Some Early Head Start home visitors reported that they had trouble convincing their clients to agree to the intervention, and were also concerned with repeated content.

Mothers and Early Head Start home visitors had several specific and constructive ideas for improvement. Mothers suggested adding more sessions and ensuring that ABC and EHS visits were not held on the same day. Because mothers in this study were predominantly Latina, they also shared ideas for addressing concerns specific to their culture. Home visitors suggested that ABC home visitors attend Early Head Start staff meetings and have more on-site presence. They also suggested that all home visitors receive an initial training in the ABC approach to ensure continuity once the intervention was over. The researchers conclude that this study presents initial support for the feasibility and acceptability of the ABC intervention when added to Early Head Start home visiting. For more information about the study, please [contact Dr. Allison West](#).

CQI Corner

Contributed by Maelondy Holman, Ed.D.

Continuous Quality Improvement Consultant, Maryland Department of Health

The Continuous Quality Improvement consultant, Dr. Maelondy Holman, began a Continuous Quality Improvement practicum with the Family Tree of Baltimore on September 28, 2017. The CQI practicum consists of an 8-month online series that combines learning through webinars, readings, and a hands-on CQI project. It will help participants identify SMART (specific, measurable, achievable, results-focused, time-bound) aims for ongoing continuous quality improvement projects and focus on how to best use data for the purpose of improving home visiting processes. Stay tuned for findings!

On another note, we are excited to announce our first [MIECHV Career & Resource Fair](#) on October 26, 2017, from 8:00 a.m. to 3:30 p.m. at the DoubleTree by Hilton Baltimore North, located at 1726 Reisterstown Road, Pikesville, MD 21208. The goal of this event is to promote home visiting among recent college graduates, identify skillsets of those who may be interested in a career in home visiting, and offer MIECHV sites the chance to interact with potential new employees. This is also an opportunity to network and learn more about our communities. The speakers for this event are from Coppin State University, Morehouse College, and Salisbury University, among others. Please join us if interested!

For more information regarding the practicum or Career Fair, please contact Dr. Holman by phone at 410-767-5597 or [by email](#).

Dynamic Data

Preliminary Findings from the Randomized Control Trial of the Home Visitor Training Certificate Program

Contributed by the MIECHV Evaluation Team

In 2016, the Maryland MIECHV Evaluation Team, comprised of researchers from Johns Hopkins University and University of Maryland, conducted a randomized control trial on the [Home Visitor Training Certificate Program](#) offered through the University of Maryland, Baltimore County. While the Evaluation Team is still finalizing their results, they have created a [short video that summarizes their preliminary findings](#) about those home visitors in Maryland who participated in the trial. Enjoy, and please find the written results below.

Preliminary Findings about Training Certificate Program Participants:

On average, home visitors in the study had been home visitors for 4.8 years.

- Six participants had been home visitors for more than 15 years.
- Seven participants had been home visitors for less than 1 year.
- Twelve participants had been home visitors for only 1 year.

Almost 95% of home visitors in the study had studied child development, early childhood education, elementary or secondary education, psychology, social work / social welfare, or nursing.

Home visitors in the study have strong beliefs:

- 90% believe that you can make a difference through your work.
- 97% are satisfied from being able to help people.
- 95% are proud of what you can do to help families.

Your workplace is a key place of support:

- "I can usually or always get help and support from my coworkers." - 78% of home visitors in the study said usually or always.
- "I can get help and support from my supervisor." - 79% of home visitors in the study said usually or always.
- "My coworkers are willing to listen to my work-related problems." - 87% of home visitors in the study said usually or always.
- "My supervisor is willing to listen to my work-related problems." - 92% of home visitors in the study said usually or always.

Home visitors who received the UMBC training in communication about sensitive issues in home visiting increased their partnership and empathy scores in video-recorded mock home visits by more than 30%. The scores of the group that didn't receive the training stayed about the same. Stay tuned for more results in the coming months!

Resources and Updates

Maryland Governor Larry Hogan Announces Multi-Agency Efforts to Reduce Lead Poisoning, Asthma Cases

This past summer, Governor Larry Hogan announced that the Centers for Medicare and Medicaid had approved an application by the Maryland Department of Health for \$7.2 million to reduce lead poisoning and asthma. This initiative is a collaborative effort between the Maryland Department of Health, the Maryland Department of the Environment, and the Maryland Department of Housing and Community Development. One of the main goals is to tackle lead poisoning and asthma by helping ensure that Marylanders have access to safe and healthy housing.

Specifically, the program will strengthen existing programs that focus on lead abatement and identification as well as current health department programs that work directly with families. [Learn more here.](#)

Brush up on Oral Health!

Home visitors know how important oral health is for expectant mothers, but it can be difficult to incorporate this knowledge into a visit. Thankfully, Head Start's Learning and Knowledge Center has plenty of [Oral Health Tip Sheets](#) for you to share with your colleagues and the families you serve. Check them out and spread the word!

Sesame Street and Trauma

We all know that vulnerable children and families are at greater risk of experiencing trauma, which in turn can have devastating effects on child development. Robert Wood Johnson Foundation and Sesame Street are partnering to help families cope with traumatic experiences, foster nurturing connections between children and caring adults in their lives, and build resilience. Check out the following resources and share with your networks:

[New Sesame Street Tools Help Build Resiliency](#)

The *Washington Post*: [Sesame Street launches tools to help children who experience trauma, from hurricanes to violence at home](#)

Upcoming Events and Trainings

Thursday, October 26, 2017: Maryland MIECHV Career & Resource Fair, 8:00 a.m.-3:00 p.m., Doubletree by Hilton North, 1726 Reisterstown Road, Pikesville, MD

Are you passionate about developing families emotionally, mentally, physically, and financially to promote healthy relationships within and throughout diverse communities? Then please come join the Maryland MIECHV team at our first annual career and resource fair to learn more about the home visiting field. The event will feature several workshops, resume writing assistance, a motivational speaker, and much more. Parking is free and light refreshments will be provided.

Tuesday, November 14, 2017: Prematurity Awareness Health Fair, 11:00 a.m.- 3:00 p.m. University of Maryland Prince George's Hospital Center 3001 Hospital Drive Cheverly, MD 20785

- * Meet our Obstetric Doctors and Midwives
- * Have a well-woman medical exam
- * Tour our Momma Baby Bus

Presentations, Health Screenings, Ruffled Prizes and Giveaways, Healthy Snacks and more!

Maternal Infant & Early Childhood Home Visiting Training Certificate Program Training Announcement

The UMBC Maternal Infant & Early Childhood Home Visiting Training Certificate Program is offering another round of training session in **spring 2018**.

The series of trainings focus on how to talk effectively to families about challenging issues such as mental health, substance use, domestic violence, and behavior management and how to effectively supervise home visitors on these issues.

Space is limited!

Training is free of cost, and we provide the training materials. If your site would like to participate in this training series, please contact us at miechv@umbc.edu. Please note that registration occurs on a first-come, first-served basis.

To learn more about our training program, [visit our website](#).

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA D89MC26357, "Maryland State Maternal, Infant, and early Childhood Home Visiting" (\$413,699).

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](#).

and Human Services (HHS) under grant number D89MC28267 (Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program, \$7,412,419.00, 0% financed with nongovernmental sources). This information or content and conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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