

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

It has been a busy fall for the MIECHV Team!



In September, we hosted the annual Maryland MIECHV Conference at Wisp Resort. This year's theme was "Home is Where the Story Begins." More than 110 MIECHV-funded home visitors, program supervisors, data specialists, and other home visiting

staff from around the state attended the three-day conference. Attendees were able to select from a variety of workshop choices on topics including parent-child interactions, using storytelling to engage families, household hazards, and cultural sensitivity, to name a few. It was a beautiful time to be out in western Maryland, with lots of engaging company! Staff training on the [Relationship Assessment Tool \(RAT\)](#), which all MIECHV programs are now using to measure intimate partner violence, was provided on the third conference day.



On September 8th, MIECHV Health Policy Analyst Colleen Wilburn led a webinar on the [HOME Inventory tool](#), which all MIECHV-funded sites are now using to measure Parent-Child Interaction. If you wish to review the webinar, [it can be accessed here](#) (simply fill out your contact information and hit enter to access the recording).

Though we provide a number of resources at the state level, MIECHV also has great success at the national level. The Human Resources and Services Administration (HRSA) has put together an excellent infographic detailing just how far reaching home visiting programs are in the United States, and how much progress has been made in the past few years. [Find out more here.](#)

Thanks for sticking with us through this first full year of HV Connect, Maryland's Home Visiting e-newsletter. Best wishes for a happy and healthy 2017; rest assured we'll be back with more stories, resources, and updates regarding home visiting in Maryland.

CQI Corner

Consultant's Update

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

The MIECHV CQI Team's goal is to work on aiding sites with improving MIECHV programs in Maryland. All MIECHV sites have completed their first Plan Do Study Act (PDSA) cycle and are currently working on the second. For the first cycle, sites were asked to focus on the process of referral to enrollment. If sites don't feel they have mastered this process, the CQI Consultant has instructed them to continue to work on referrals to enrollment with additional PDSA cycles. Future PDSA cycles will focus on retention of clients, retention of staff, or referrals and follow up. These will be essential to all those for accreditation.

Maelondy has recently completed an Institute for Healthcare Improvement (IHI) course entitled, "Better Quality through Better Measurements." She has also attended CQI-related conferences hosted by Healthy Families America and the Pew Charitable Foundation. On Wednesday, December 7, Maelondy shared some of the information from these conferences during the third CQI webinar; if you were unable to attend, you may [listen to the recording here](#). As a reminder, these quarterly CQI webinars are mandatory for all MIECHV sites.

The staff at all of the home visiting sites have worked extremely hard to meet the deadline for completing the [Ohio State University CQI training](#). The MIECHV team would like to thank and congratulate everyone who met the deadline for all their efforts. We now have a total of 62 certificates of completion on hand and hope to have the remainders by the end of this month. We look forward to continuing to support and work with you.

Site-specific CQI calls have been conducted for the months of October and November, and December calls have been scheduled. A [CQI monitoring tool](#) is used to document conversations during each monthly call.

Thanks to all MIECHV sites for your hard work on CQI!

Program Spotlight

CQI- From Complaints to Confidence at Healthy Families Prince George's

Contributed by Alyson Jacobson, LGSW, M. Ed.

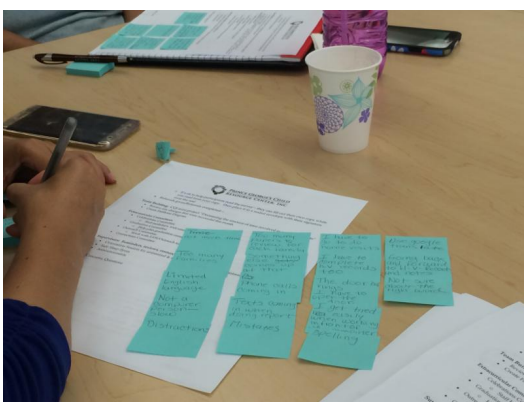
Director, Healthy Families Prince George's

For the Healthy Families Prince George's (HFPG) team, the Continuous Quality Improvement (CQI) requirements felt overly burdensome at the beginning, but we discovered strategies that quickly created a motivated team. The CQI Team consists of a Family Support Worker (FSW), Family Assessment Worker (FAW), Supervisor, Data Specialist and Program Director (PD). As other teams might have experienced, there was some hesitation from the outset about the additional time involved with a schedule that allows for minimal additional responsibilities. Our team decided to 1.) view the webinars together in order to support our process of forming,



storming and norming (see Mod. 3), 2.) the PD assigned .5 points to the FSW's caseload to protect the time involved on the CQI team, 3.) all ideas were accepted as possibilities, 4.) we only worked on CQI tasks during CQI team meetings, and 5.) the team's work was shared regularly with the entire staff and the team's efforts were publicly praised. In addition, 6.) the PD reminded staff participating in a CQI team that it would be an impressive addition to their personal resumes.

The team began by creating a flowchart of the current referral process, gathering current data from a referral tracking spreadsheet kept by the PD, and completing the Fishbone Diagram. Once this was completed, it was quite easy to see what steps of the referral process needed attention. The team was able to brainstorm solutions and discuss possible outcomes for each proposed change. After three months of implementation, we were able to once again compute average lengths of time and see that the solutions had a positive impact on the data. The team discovered a sense of pride in their work and even refreshed their skills in computing averages.



We used very brief Plan-Do-Study-Act (PDSA) cycles in two other areas during this time. During one meeting, the CQI team took on just a portion of the program's efforts to update outreach materials. The CQI team reviewed a variety of draft brochures, discussed their immediate personal and professional reactions to the format and images (and again, all responses were written down without judgement), discussed other possible reactions due to cultural reasons--which led to a positive discussion on cultural sensitivity--and then a brief consensus activity where each member independently identified images they found appropriate. After the activity, it was easy to see which images received the most positive feedback from the team. While it took some planning, this activity with the CQI team saved time, ensured that the brochures were positively received by more than just the PD,

and got the task done! [Read more...](#)

As the Program Director, every time I prepare a CQI meeting or activity, I start with butterflies in my stomach but always leave with my head held high, a renewed appreciation for the efforts and honesty of our staff, and new ideas for the program that I may not have identified on my own. If you are interested in the brief PDSA activities we completed together, feel free to [contact me by email](#).

Sustainability Success

News from the Maryland MIECHV Evaluation Team

Contributed by Beth Barnet, M.D., Professor and Vice Chair, Research
Department of Family and Community Medicine, University of Maryland School of Medicine

The Maryland MIECHV Evaluation Team, led by Dr. Beth Barnet, is working hard to ensure the sustainability of home visiting programs by exploring ways in which coordination between programs and the medical community might be strengthened. At the North American Primary Care Research Group (NAPCRG) Annual Conference in Colorado Springs, CO, the team presented preliminary results of focus group studies conducted by home visiting staff and medical providers between February and September 2016. The focus groups explored the current status of coordination, thoughts and beliefs about the value of improved coordination, and the preferred content and method of coordination.

CONCLUSION

Efforts to strengthen coordination should address:

- Training in each other's roles: role of the medical home (i.e., physician and home visitor)
- Building relationships
- Consensus on team structure
- Point of contact in a medical home to ensure continuity of care (established care coordination) for relationship building
- Workflow
- IT-enabled communication

NEXT STEPS

- Incorporate the family perspectives
- Develop and test a coordination pilot between a community health center and a home visiting program

[Learn out more about the Evaluation Team's findings here.](#)

Promising Practice

Maryland Family Connects: a Public-Private Collaboration

Contributed by Jasmine Vaughn, B.S.,
Coordinator, Community Resource & Support-MD Connects

Maryland Family Connects (MFC) is an evidence-based program [developed in Durham, North Carolina](#) with demonstrated success in maternal and infant health. MFC offers an innovative nurse home visitation program for newborns at Sinai Hospital. Baltimore City mothers who deliver at Sinai Hospital and who are not in another home visiting program are being given the opportunity to enroll in MFC. The program is designed to address existing limitations to targeted home visiting programs. Its duration is brief (1-3 nurse home visits) and is implemented universally to maximize both community acceptance and the population served.



MFC aims to support the mother in order to enhance maternal skills and self-efficacy. By connecting families with needed community services such as health care, child care, financial, and social support, it promotes family functioning and child wellbeing. Every family is vulnerable when a baby is born. The program's goal is to connect families with resources that nurture their whole family and support their child's growth.

MFC is public-private collaboration with key stakeholders such as Sinai Hospital, Baltimore Health Department--Maternal and Infant Health, DHMH--Office of Family and Health Services, Family League of Baltimore and others, including private donors. Funding for this program was raised independently by [The Family Tree](#) for the purpose of replicating this universal program. Nonetheless, our community stakeholders and advisors are vital to the goal of reducing the number of emergency hospital visits for mothers and babies, and reductions in incidents of child abuse and neglect.

Hot Topics for Home Visitors

Addressing Heroin and Opioid-Related Addiction

Both opioid and heroin use have spiked across the country in the past few years. This is a particular problem in rural areas, where there may be fewer medical resources on hand to assist those in need. In 2015, there were 748 heroin-related deaths in Maryland; see the [2015 Overdose Deaths Report](#) for more information.

Fortunately, the problem has not gone unnoticed. This past year, the Affordable Care Act released \$94 million to support clinics throughout the country treating heroin and opioid addictions; \$1.8 million of that came to Maryland for medication-assisted treatment.

How can home visitors help?

- Know which agencies in your state are concerned with substance use disorders. Join their efforts to coordinate cross-agency solutions.
 - In Maryland, Lieutenant Governor Rutherford runs an [opioid task force](#) supported by DHMH.
- Encourage LIAs to engage in community-based coalitions. Some examples are [Project Lazarus](#) in NC, [Project Vision](#) in Rutland, VT, and the [Winnebago County Heroin Task Force](#) in WI.
- Consider innovative ways to use technology and social media. Technology can be used to disseminate information, build peer-to-peer networking, and provide professional development to home visiting staff. For example, DHMH has created a series of [Public Service Announcements](#) that can be used to quickly alert people to the dangers of some of these increasingly common substances, such as Fentanyl.

Dynamic Data

Dynamic Data: MIECHV DGIS 2016 Report

Contributed by Jarvis Patterson-Askew, M.S.,
Data and Fiscal Program Administrator, MD MIECHV

Maryland MIECHV has had a productive year. During our last federal reporting cycle, our programs provided services to 1,055 children--translating to 1,332 families. Out of those served, 377 were newly enrolled children and 548 were newly enrolled families. Maryland MIECHV has also observed a decrease in missing data in 12 out of the



35 data collection constructs, including preconception care, screening for maternal depressive symptoms, visits to the emergency room for all causes, and percent of mothers with improved parenting behaviors and parent-child relationships, to name a few. Reporting constructs are currently being revised and streamlined, with the main focus on quality data collection. This ensures our work is impacting as many lives as possible in an intentional and meaningful way. MIECHV

Home Visitors have completed more than 10,000 home visits this past year alone! Keep up the great work!

New MIECHV Data System Coming Soon!

Contributed by Family League of Baltimore

In the fall of 2017, Family League, with support from the Maryland Department of Health and Mental Hygiene (DHMH), will begin implementing a new statewide Home Visiting Data Collection Software for MIECHV-funded programs. The goals of this project are:

- to create a data collection solution that is easier for home visiting staff to use;
- to provide home visitors with improved scheduling and workflow management tools; and
- to provide improved real-time access to data for home visiting sites and funders.

Family League and the software developers building the system are periodically holding focus groups to elicit

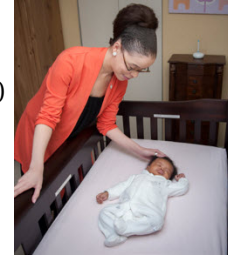
feedback from home visitors and supervisors who will be using the tool on a daily basis. Once the new system has been fully tested, it will be implemented on a site-by-site basis, with each site receiving three full days of onsite technical assistance before they transition. MIECHV sites will be receiving detailed information in the coming months. Prior to that, any questions can be directed to [Amanda Moderson-Kox](#). Stay tuned for future updates regarding the data system!

Resources and Updates



Child Ready Home Safety App: Physicians in New Mexico have developed a helpful app that can be used to identify potentially dangerous items in your home. The interactive app, available for Android via the Google Play store, identifies items that may cause harm and shares ways to address the problems quickly in order to avoid accidents. According to the developer, "This tool is designed to educate parents, families and caregivers to keep children safe from tragedies such as drowning, car crashes, burns, falls and many more. These are often serious injuries that can affect them for a lifetime." Additionally, once the app is downloaded, it doesn't need an active internet connection to run. The app [can be downloaded here](#). A version for the iPhone is currently being developed.

American Academy of Pediatrics (AAP) Updates Safe Sleep Guidelines: In October 2016, the AAP issued new recommendations for safe sleep practices for newborns up to one year of age to prevent Sudden Infant Death Syndrome (SIDS). In particular, the guidelines call for placing infants on their backs, on a hard surface, in a separate (but nearby) sleep structure, without soft blankets or other loose bedding, which could obstruct airways. The full set of recommendations [may be found here](#).



Domestic Violence Fact Sheets: The National Child Traumatic Stress Network has released a set of 10 new fact sheets addressing a wide variety of experiences and needs of children and families affected by domestic violence. [Find them here](#) and share with others who might benefit from this information.

Upcoming Events and Trainings

Now-December 31: Help Prevent Birth Defects & Disabilities: Free Fetal Alcohol Spectrum Disorder (FASD) Courses (online)

Four free, CEU-accredited online courses on [Fetal Alcohol Spectrum Disorder](#) (FASD) sponsored by HRSA are now available for physicians, nurses, medical and nursing students and other health professionals through **December 31, 2016**. [Access the courses here](#).

Wednesday, December 14: The First 1,000 Days: Nourishing America's Future Webinar, 2:00-3:00 pm

Please join us on Wednesday, December 14, from 2:00-3:00 pm EDT for the second of a 3-part webinar series on the nutritional health of America's women, infants and young children.

Building upon 1,000 Days' recently released report - [The First 1,000 Days: Nourishing America's Future](#) - the webinar series shares the science that shows the critical importance of nutrition during the 1,000 days between a woman's pregnancy and her child's second birthday, the state of nutrition during the first 1,000 days in the U.S. and an ambitious yet achievable agenda for change.

The second webinar will feature a discussion on the lived experiences of women in their 1,000 days journeys based on ethnographic research conducted across the country.

Featured speakers include:

- Roger Thurow, Author of The First 1,000 Days
- Cara Brumfield, U.S. Policy and Partnerships Coordinator at 1,000 Days

[Please RSVP for the webinar here](#).

February 6-11, 2017: HFA Integrated Strategies for Home Visiting Training

Location: 8503 Lasalle Road, Towson, MD.

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](#).

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 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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