

Give a little love to a child, and you get a great deal back. - John Ruskin



July 2014

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September 2014

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1st Level CQI
All Level 1 Teams meet
Between July 14 –25

2nd Level CQI
August 6, 2014
1:00-2:30
Toll free 866-630-9354

3rd Level CQI
September 8 2014
1:00-2:30
DHSS
Wild Pine A
Toll free 866-630-9354

Family Engagement and Outreach

Data analysis completed for program performance reports submitted to HRSA for the time frames of March 2012 to June 2013 and again for March 2012 to March 2014 have shown an increase in the individual MIECHV Local Implementing Agency (LIA) family attrition rates each year. Reasons for attrition varied across programs to include - client mobility, staff turnover or families achieving success causing the need for a new type of service option from the contractor. Whatever the reason, attrition in the world of home visitation continues to be a challenge for programs universally. During May's monthly calls with the LIA's, discussions focused on family retention and outreach. In the resources listed below, the discussion paper *Active engagement: Strategies to increase service participation by vulnerable families* has good information around engagement and retention.

Active engagement: Strategies to increase service participation by vulnerable families— Active engagement strategies are those which raise the rate of participation in, and completion of, effective programs by families identified as likely to benefit. These strategies aim to address three key issues: 1. high rates of refusal by some vulnerable families to participate in services; 2. high rates of attrition by some vulnerable families; and 3. barriers facing families in gaining access to services. The focus of this paper is to identify effective strategies that promote engagement by families in services and to examine the strength of the evidence base underpinning these strategies. The paper outlines why active engagement strategies are needed and how participation rates in services may be increased.

Harvard Family Research Project— In December of 2000, the Home Visiting Forum voted to establish an area of collaborative inquiry around three questions all related to the central strategic issue of family engagement in home visitation: How do you recruit participants?; How do you engage participants?; and How do you retain participants? Each participating organization received a mini-grant to embark on a focused research endeavor that addresses these questions. The results from these research studies are starting to become available and to provide valuable information for each organization, for all Home Visit Forum participants, and for the home visitation field at large.

Action Alert: *Please discuss ideas around family engagement and outreach. Include ways to educate the community on home visitation services offered by your agency. Please plan on sharing these ideas at the August 6th Fourth Quarter Level Two conference call. If your program develops any new strategies around family outreach and/or engagement, send that information to Holly Otto (573-751-6181 or Holly.Otto@health.mo.gov) so they can be shared with other LIAs.*

MIECHV Home Visiting Retention

Coupled with the Family Engagement and Outreach topics, we have included an update on staff recruitment, hiring and retention for all positions, including State and Local Implementing Agency staff on the following pages.

Action Alert: *Please discuss this information with your home visiting team. If there are any further questions or clarifications needed please contact either Jessica Thompson (314-877-1183 or Jessica.Thompson@health.mo.gov) or Beth Stieferman (573-751-6266 or Beth.Stieferman@health.mo.gov). Additionally, please contact Beth Stieferman if your program is in need of assistance in finding additional resources on any topic area. If your program has developed new strategies for addressing any of these topic areas, please send these to Jessica or Beth so they can be shared with other LIAs.*

MIECHV Home Visiting Retention

EHS-HBO/Economic Security Corporation (ESC): The program has replaced two home visitor positions since the inception of the MIECHV project in March 2012 and does not have any difficulty recruiting qualified staff. A detailed Technical Assistance Training Schedule including both EHS-HBO requirements for home visitors and local agency required trainings is completed for home visitors during the first three months of employment. This first 90 days includes the support of peer mentoring to enhance the training experience. A Training and Technical Assistance Plan approved by the Office of Head Start is in place and utilized to assure a yearly plan for meeting home visitors professional development needs.

ESC home visitors are supported by reflective supervision at least monthly with a mental health professional (encouraged but not required by the model), ongoing coaching by a well qualified supervisor and component specialists, team meetings and team networking. Case conferences occur monthly. Professional Development Plans are developed annually during staff evaluations with the supervisor to meet individual needs of all home visitors. Level One CQI meetings are also held quarterly within the MIECHV program to identify and address both quality-related issues as well as issues related to participant and employee satisfaction (applies to all Local Implementing Agencies (LIA)). In addition, the extensive, ongoing monitoring system in place within the EHS-HBO model diagnoses potential concerns and provides additional training and technical assistance suggestions to ensure quality and fidelity to the EHS-HBO model (applies to all three EHS-HBO programs).

EHS-HBO/Delta Area Economic Opportunity Corporation (DAEOC): Although staff attrition has been minimal since September 2013, the challenge of quality staff recruitment when attrition occurs has continued to be a challenge in Pemiscot and Dunklin counties.

Training efforts to ensure well-trained, competent staff have been improved by the development of a new staff orientation training guide for all areas of the program which was initiated in April 2014. Additionally, tremendous progress on building staff teamwork has occurred due to the Conscious Discipline trainings held locally. Ongoing supportive coaching to home visitors is provided by the home visiting supervisor, as well as in-service training provided by component specialists from within the agency (i.e., nutrition, health, etc.) to clarify home visitors' implementation questions and build confidence with assessments.

EHS-HBO/South Central Missouri Community Action Agency (SCMCAA): Staff attrition has been minimal, with replacement of two home visitors since September 1, 2013. Additional efforts have been made to assure potential home visitors are aware of the duties of the position and have a desire to serve low-income program participants who have a variety of needs.

In consideration of the busy schedules of home visitors who have full caseloads, in-house trainings are now frequently provided during monthly staff meetings. To provide home visitors with accessible support, in-house component specialists attend staff meetings to provide clarifications and program updates on new assessments/processes as needed.

High-quality supervision is provided through monthly file checks, annual performance evaluations (including six month evaluations for new employees during their first year of employment). Reflective supervision and ongoing coaching is provided by the supervisor. Each home visitor submits monthly reports to component specialists in order to track performance of services according to model fidelity.

Nurse Family Partnership (NFP): The Southeast Missouri Home Health Program has replaced one nurse home visitor (NHV) since inception of the program in March 2012. NFP NSO provides required initial self-study, webinars, and in-person training completed within the first 4-6 weeks of employment to fully prepare NHVs (and supervisors) for the roles and expectations of the model. Ongoing model provided professional development webinars and in-service education is provided by the LIA to address training needs identified on individual professional development plans.

In addition to monthly calls with the State MIECHV Program staff, the nurse supervisor is supported by monthly calls with the State Nurse Consultant and the NFP Regional Nurse Consultant. To support NHVs, the NFP model requires weekly reflective supervision with each NHV and weekly team case conferences provided by the nurse supervisor.

Parents As Teachers (PAT): The Malden R-I School District has not experienced staff turnover except for the retirement of one parent educator. When hired, supervisors and parent educators attend a 5-day training provided by national PAT model staff. Ongoing training is arranged as required by the model and as needed based on professional development needs of staff.

In addition to monthly conference calls with the State MIECHV Program staff and a representative from the PAT National Office, a minimum of two hours per month of individual reflective supervision provided by the supervisor is a model requirement to support parent educators in their role. This is in addition to a minimum of two hours of staff meetings each month to allow for team networking of successes and challenges of program implementation.

State: There has not been any turnover of staff within the State MIECHV Program team since September 1, 2013. The State MIECHV Project Director continues to provide overall direction to the grant and direct supervision of the MIECHV Project Coordinator. The State MIECHV Project Coordinator supervises the Program Manager through weekly one-on-one scheduled meetings. Twice monthly MIECHV Team Update meetings are scheduled to provide an opportunity for group discussion of program activities and implementation progress as well as challenges when they occur. This team approach has proven to be both supportive to staff and effective in implementing the program.

In April 2014, an additional program manager position was added to the State MIECHV Program team. Responsibilities will include management of the three EHS-HBO LIAs and expanding the current State MIECHV CQI process to all DHSS maternal, infant and early childhood home visiting programs.

Status of Current MIECHV Local Program Caseloads

Agency Name	Southeast Missouri Home Health	Delta Area Economic Opportunity Corporation	Malden R-1 School District	South Central Missouri Community Action Agency	Economic Security Corporation
Evidence-Based Model	NFP	EHS-HBO	PAT	EHS-HBO	EHS-HBO
At-risk County(ies) Served	Pemiscot	Pemiscot	Dunklin	Butler	Jasper
	Dunklin	Dunklin		Ripley	
Service Capacity	75 Clients	60 Families	48 Families	115 Families	27 Families

Steps taken to ensure referral and service networks to support the home visiting program and the families served in at-risk communities:

EHS-HBO: Model policies and procedures exist which promote outreach by home visitors to local service agencies and collaboration with local programs to maintain up-to-date resource directories of services utilized by both program staff and families. Home visitors are required to have designated local agencies which they re-visit at least monthly to ensure continued awareness and understanding of the services provided by EHS-HBO. Policy Councils are comprised of parents, local agency representatives, and community members in order to secure input on the EHS-HBO services being provided.

In Jasper County, the Alliance of Southwest Missouri supports a program titled “Project Care” which includes local early childhood service providers who meet monthly to problem-solve to ensure the needs of at-risk families are addressed. In Pemiscot and Dunklin counties this same collaboration exists through the Pemiscot Initiative Network (PIN).

NFP: Each NHV is required to make at least monthly contact with local service agencies and to attend local early childhood events to promote the program and to maintain collaborative relationships. Since September 2013, a Breastfeeding Taskforce has been developed, led by Local Public Health Departments (LPHDs) and attended by the NHVs and nurse supervisor. NHVs are active members on regional and community coalitions and advisory committees, which support coordinated delivery of services and to address identified needs of children and families.

PAT: The program has developed a Resource Directory in collaboration with local service agencies and has provided a copy to each local stakeholder and to all participating families. Parent Educators also attend local coalition and advisory committee meetings.

State: All MIECHV LIAs are required to include a community representative on their advisory committees. The community representative gains knowledge about the Home Visitation program and is engaged in the agencies Continuous Quality Improvement (CQI) activities.

Update on participant recruitment and retention efforts:

Retention of families has been monitored through an ongoing process of monthly reporting each LIA now submits through the web-based REDCap system. In addition, the State MIECHV Program staff continues to hold monthly conference calls with each of these agencies, during which discussions include strategies for recruitment and retention of families. Likewise, as attrition rates are assessed, reasons for dismissals are analyzed and discussions occur as to the agency's plan to address retention of participating families.

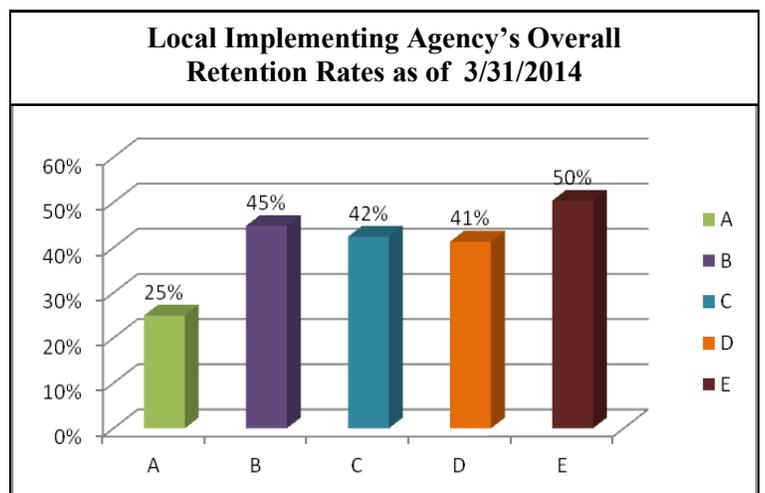
EHS-HBO: Each LIA has policies in place addressing the requirements for participant attendance of home visits and socialization activities. Plans are also in place to support families who are struggling to maintain these attendance requirements. SCMCAA home visitors are required to spend the first Friday of each month recruiting families (i.e., posting flyers, canvassing new housing areas, setting up tables at venues for the day, and making phone calls or scheduling/completing applications with families who have expressed interest in the program). One additional home visiting position has been hired to assist with caseloads as needed; however, this position also spends one day each week recruiting and scheduling appointments to complete new applications whenever needed. Both DAEOC and ESC have developed new flyers to assist with recruitment efforts. These include information about EHS-HBO services including home visit participation, benefits of socialization experiences and expectations of participation in the program. Extensive efforts have been taken to improve the reading and literacy level of these program resources.

NFP: Each NHV has at least one assigned agency (i.e. physician's office, WIC clinic, etc.) where they make regular scheduled contact with agency staff to recruit clients. A supply of printed promotional materials is kept at each of these locations (i.e. materials purchased from NFP NSO). In addition, NHVs are required to attend community events attended by potential clients to provide literature about the program. Retention of families is a topic addressed by local team conferences at least twice monthly and through one-on-one supervision by the nursing supervisor with each NHV.

PAT: Planned activities to recruit families are coordinated with school district events. Flyers are distributed which promote the local PAT program. Through the development of a County Breastfeeding Task Force, the PAT program staff has developed an improved working relationship with the LPHD/WIC staff.

Retention Challenges Across LIA's:

- Families in the MIECHV EHS-HBO program transitioning to the EHS center-based program due to inability to afford childcare.
- EHS-HBO model requires weekly 90-minute visits requiring extensive flexibility on the part of both the family and home visitor.
- Families leave the program due to the mobility of the population:
 - ESC families who were able to afford low-income housing before the devastation are not able to afford the higher rent associated with rebuilding costs of new rental housing after the extensive damage from the May 2011 tornado.
 - Related to the prevalence of very low wages in existing jobs and the existence of seasonal agricultural work as the primary industry in the Bootheel region.
 - Although the economy of Butler and Ripley counties is higher than Pemiscot and Dunklin, the same challenges of family retention exist in regard to mobility of the population.
 - The program reports attrition to be frequently affected by the mobility of clients to bordering states (Arkansas, Kansas, Kentucky and Oklahoma) due to the close proximity of state borders.
 - Locating clients for services is a frequent challenge for parent educators/home visitors due to a lack of a permanent phone contact for these extremely mobile families and also due to many client/families frequently moving due to lack of affordable housing.



Awareness

July is...

Group B Strep Awareness Month

For information, visit Group B Strep International at www.groupbstrepinternational.org/

Purposeful Parenting Month

Here are few helpful websites which discuss parenting with a purpose: Tell It Like It Is www.tellinitlikeitis.net/2008/06/purposeful-parenting-month-parenting-with-a-purpose.html; US Department of Health & Human Services, Office of Adolescent Health www.hhs.gov/ash/oah/; Maternal & Family Health Services, Inc. www.mfhs.org/

Recreation and Parks Month

Let's get families moving together! For more information visit one of the following websites: National Recreation & Park Association www.nrpa.org/; National Parks Traveler www.nationalparkstraveler.com

August is...

Immunization Awareness Month

August is National Immunization Awareness Month! Getting vaccinated is an easy way to stay healthy all year round. During the month of August, take the time to make sure that you and your loved ones have received all of the vaccinations you need. By making sure your vaccinations are up to date, you can help prevent harmful diseases from affecting you and your family. For more information, visit: health.mo.gov/immunizations.

Children's Eye Health and Safety Month

With school right around the corner, it's a great time to check those eyes! Here are some helpful sites that talk all about eye health and safety: eyeSmart www.geteyesmart.org/eyesmart/living/children.cfm; Prevent Blindness www.preventblindness.org/eye-health-safety

September is...

Childhood Cancer Awareness Month

If a family needs information on childhood cancer you may visit one of these sites: Alex's Lemonade Stand, www.alexslimonade.org/childhood-cancer/resources; Cancer.net, www.cancer.net/navigating-cancer-care/children/childhood-cancer-resources; The National Children's Cancer Society, www.thenccs.org/

Children's Good Manners Month

Let's promote good manners this month by reading and/or suggesting good books about manners. Here are a few suggestions from Scholastic www.scholastic.com/parents/resources/book-list/seasonal-themes/september-national-childrens-good-manners-month.

Library Card Sign-Up Month

Plan a trip to your local library with families and encourage them to sign-up for a library card, it's the most important school supply off all!

Preparedness Month

It's always good to be prepared. Access all Missouri Department of Health & Senior Services, *Ready in 3* materials at health.mo.gov/emergencies/readyin3/ or access the Ready.gov site for additional materials.

Resources

1. Additional Retention and Family Engagement Resources

[Engagement and Retention in Voluntary New Parent Support Programs: Final Report](#)

[Family Participation and Involvement in Early Head Start Home Visiting Services: Relations with Longitudinal Outcomes](#)

[FINAL REPORT: Increasing Retention in Home Visitation \(R40MC06632\)](#)

2. Birth Spacing and Pregnancy Planning/Prevention in Home Visiting Resources

www.thenationalcampaign.org/resource/briefly-what-home-visitors-can-do

www.bedsider.org

www.StayTeen.org

3. MO HealthNet Division's Provider Participation—Benefit Matrix <http://dss.mo.gov/mhd/providers/index.htm>

The Benefit Matrix is an Excel spreadsheet that outlines the various benefits and limitations for each of the MO HealthNet programs, as well as cost-sharing, and co-pay amounts.

4. Edinburgh Postnatal Depression Scale

The following websites offer information that could be helpful for those struggling with the Edinburgh Postnatal Depression Scale:

<http://postpartumstress.com/professional-development/assessments>

<http://www.state.nj.us/health/fhs/postpartumdepression/videos.shtml>

[http://ohiocando4kids.org/MDSP statewide training](http://ohiocando4kids.org/MDSP_statewide_training)

<http://www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood/edinburgh-postnatal-depression-scale>

Success Stories

Economic Security Corporation of Southwest Area

I enrolled a baby who was born with Amniotic Band Syndrome. The mother's body had formed 9 bands around the baby, cutting off his hands. One of his feet is a club foot. This is common with ABS. Mom and Dad were married at the time of the birth but were on rocky ground. They were a very young couple. They separated, living at each of their parent's homes. As I visited I would invite Dad to join us. Mom extended the invitation to Dad graciously. Through our home visits they found common ground in their child. They loved to watch him learn new things and build skills for school readiness. I offered our program to pay for 6 sessions of marriage counseling for the couple. Through time we have worked on a smoking cessation plan, making it their family goal. They have been adopted by the Shriner's to help with costs incurred by long stays in St Louis and special medical equipment. The family is back together again living in their own apartment for the first time.



Delta Area Economic Opportunity Corporation

A goal of one of Susie Kirby's (home visitor) family's, Misty Wilder, was to own her own home. They started the process of getting a USDA Rural Development Loan. She has managed to correct her finances to good standing and has met all of the guidelines to qualify for the loan. She was approved for the loan. Attached is Misty's family in front of their new home.

List of Attachments

Missouri's Newborn Screening Program— Newborn screening refers to screenings performed on newborns shortly after birth to protect them from the dangerous effects of disorders that otherwise may not be detected for several days, months, or even years. Missouri law requires all babies born in the state to be screened for over 70 different disorders. The goal of the Newborn Screening Program is to prevent serious health problems through early screening.

Prenatal Smoking Cessation Resources—Today, an estimated 10% of women smoke at some point during their pregnancy. The prevalence is much higher among certain populations, including those who are poor, under 25, and have less than a high school education. Quitting smoking has immediate positive health effects for women and their families, and reducing prenatal smoking will have long-term impacts on the burden of disease related to prenatal and secondhand smoke exposure. The Office of the Assistant Secretary for Health is leading an effort to help more women get the support they need to quit smoking before or during pregnancy by promoting the many excellent resources for women and health care providers available throughout the Department of Health and Human Services.

Final Notes and Reminders

The call-in number for the Level Two CQI meeting on August 6, 2014 from 1:00 p.m. to 2:30 p.m. is toll-free (866) 630-9354 . The Level Three CQI meeting on September 8, 2014 will be held at the Department of Health and Senior Services, 930 Wildwood, Wild Pine A, Jefferson City, MO from 1:00 p.m. to 3:00 p.m. The toll-free number is (866) 630-9354.

For Level One Teams, remember to submit your detailed activity log and meeting minutes to Holly Otto at Holly.Otto@health.mo.gov by August 1.

For the Level Two Team, please submit your detailed activity log and meeting minutes to Holly Otto at Holly.Otto@health.mo.gov by August 22.

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