

## HV Consortium Special Meeting

### Home Visiting Consortium Special Meeting

April 12, 2016

HRSA-16-025

MIECHV Innovation Opportunity

Attendees: Kareena Duplessis, Lynn Johnson, Jennifer Hernandez, Noraleen Dunphy, Connie Heye, Cathy Lenihan, Merrill Gay, Kim Nelson, Judith Meyers, Kimberly Martini-Carvell, Erin Cornell

Call-in participants: Pam Langer, Elisabeth Teller, Darcy Lowell, Melissa Mendez

Lynn Johnson welcomed the group and provided the context for this special meeting of the home visiting consortium.

The Health Resources Service Administration has released an Innovation Grant opportunity (HRSA-16-025)

The full funding announcement can be found at: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=282336> use the search tool and enter – HRSA-16-025

Lynn Johnson shared that this opportunity is an innovation grant and not an expansion grant. After today's meeting, Lynn will present all ideas generated at today's meeting to Commissioner Myra Jones-Taylor and the Commissioner will decide which ideas meet the criteria, looks viable and can be evaluated.

Cathy Lenihan reviewed the hand-out on the existing MIECHV programs and provided an overview of the Funding Opportunity Announcement (FOA). The application is due May 17, 2016. HRSA will be awarding up to 10 awards of 2,000,000. The application process is restricted to current formula grant recipients.

The objectives of Innovation Grant are:

- a.) Recruitment, engagement and retention of eligible families to MIECHV funded home visiting programs
- b.) Development and retention of a trained, highly skilled MIECHV funded home visiting workforce
- c.) Coordination of MIECHV funded home visiting programs with community resources and health, behavioral health and human services, and
- d.) Implementation of effective continuous quality improvement processes in MIECHV funded home visiting programs.

The grant application must include an evaluation and the innovation and or knowledge developed through the innovation should be able to be disseminated by HRSA to all MIECHV formula recipients.

In addition, based on the information in the FOA, it is recommended to submit an application that contains one innovation not a combination of innovations.

Judith Meyers asked what would happen if someone requested less than the 2 million. She also asked if OEC had a preconceived notion of what the grant should be. Lynn Johnson replied that OEC does not have a preconceived plan. The conversation then continued and explored if we have an existing innovation that can be expanded. The idea of linking home visiting to care coordination was also raised as a possible idea.

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Kimberly Martini-Carvell shared the Help Me Grow National has information on care coordination collaborative.

Another idea that was discussed was using the innovation grant to pay for CT-AIMHV training and endorsements for home visiting staff. This would include participation in the 18 month reflective supervision piece of CT-AIMH for clinical supervisors. Cathy Lenihan shared that we would need to look at turnover in the clinical supervisors and or clinical director position. There has been a lot of turnover in these positions for the MIECHV Child First programs.

Cathy Lenihan also raised the idea of tying the professional development for home visiting programs to the recently designed and approved OEC Core Knowledge Competencies.

Jen Hernandez recommended developing a link to academic institutions so that home visiting staff can receive credit. Some examples were motivational interviewing at St. Josephs College.

Noraleen Dunphy shared that providing staff with opportunities for endorsements or credits that are transferrable would help with staff retention and that this type of workforce development would also have a positive impact on family engagement.

Darcy Lowell recommended that we explore the FAN/Fussy Baby training through the Erickson Institute. Its' an infant mental health approach, very expensive and requires lots of supervision. Requires the user to know themselves.

Pam Langer shared that Parents as Teachers has developed a Reflective Supervision piece that is currently being piloted.

Judith Meyers encouraged the group to include trauma training.

Judith Meyers provided some additional information on the Care Coordination Collaborative. It's an opportunity to bring providers together around issues with families. It started with Title V and DPH has taken the lead. The innovation could be connecting the home visiting staff to the current Care Coordination Collaboration. Through this we could look at changing policies from both the local and state levels.

Darcy Lowell shared that they have been doing care coordination for 15 years and have learned a lot. Child first is pulling together materials and information to create care coordination curricula. This requires reflective supervision.

Darcy Lowell also spoke to the idea of endorsement through CT-AIMH. The challenge is there are a limited number of people reviewing the portfolios and it this can present a capacity issue. We would need more reviewers and money to pay for endorsement.

Cathy Lenihan suggested that if we are looking at professional development for the home visiting staff we should also consider including the Working with Parents with Cognitive Limitations training. It's a one day training with a coordinated effort of several state agencies managed through DCF.

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Two other suggestions were to look at State health reform – maybe there could be reimbursement for home visits and to include work with pediatric offices.

Lynn Johnson suggested that within the next week we pull together a group (Heidi, Heather, Elisabeth, Melissa, Darcy) to further explore these topics, the capacity of CT-AIMH and the viability of these suggestions. Lynn Johnson reconsidered this proposal and decided given the time constraints of submitting a proposal by May 17<sup>th</sup>, Lynn would by tomorrow (April 13<sup>th</sup>) provide a framework based on these conversations. OEC would also reach out to CT-AIMH to discuss capacity.

Cathy Lenihan announced that the Office of Early Childhood was recently notified that we had received the full MIECHV formula award of 9.1 million.

In summary, the ideas that were generated include:

### **Care Coordination Hubs – (fulfills C)**

*There is a HRSA grant in place to evaluate the Care Coordination Collaborative hubs around Title V*

*Kellogg foundation has research on this concept of Care Coordination Collaborative*

*Currently these are primarily medical and this innovation is to bring home visitors into the system*

### **CT AIMH endorsement (fulfills B)**

*Home Visitor endorsement at Level 1 or 2 (5 days of training)*

*Clinical Supervisors endorsement at Level 3 – 18 month training (8 days of training and 18 month of consultation)*

### **Link the professional development activities to the CT CKC's and the work of the HV consortium work group (fulfills b)**

*This could provide a framework for the application if the group decides to focus on staff development*

### **Work with an academic organization to offer professional development and Bachelor and Master level credits as related to the Home Visiting field (fulfills b)**

*CCSU, St. Joseph's, Uconn, Charter Oak*

*Classes on motivational interviewing and trauma informed care*

### **FAN training / Fussy Baby – Erickson Institute (b)**

### **Parents as Teachers has developed curriculum for reflective supervision and is piloting it (b)**

### **Trauma Informed Care training should be included (b)**

### **Other trainings to consider adding - Working with Parents with Cognitive Limitations (b)**