

Home Visiting Task Force – Health Connection Workgroup meeting
Monday, March 19th 2012
1:00 – 2:30 pm
33 W. Monroe, Chicago – 5th floor

Meeting Minutes

<p>Health Connections Workgroup Charge: Develop recommendations for increased coordination between the maternal child health and home visiting systems.</p>
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Member participation: Anita Berry, Juanona Brewster, Rebecca Bunn, Shannon Christian, Elissa Gitlow, Shellie Harden, Alicia Hawkins, Teresa Kelly, Xuan Le, Janine Lewis, Jennifer Martin, Janet Patterson, Olivia Roanhorse (staffer), Christy Serrano, Barbara Shipp, Glendean Sisk (Co-Chair), Gwen Smith, Claudia Quigg (Co-Chair), Deb Widenhofer.

I. Welcome and Introductions

Glendean Sisk began the meeting at 1:05 pm and welcomed everyone to the second meeting of the Health Connections Work group of the Home Visiting Task Force. Everyone was asked to introduce themselves.

II. Brief Review of February meeting

Claudia Quigg provided a brief overview of the first meeting of the workgroup in February. At that meeting members were presented with a proposal from the Illinois Chapter on the American Academy of Pediatrics (ICAAP) on how to better strengthen the connection between home visiting programs and the medical home. Following the presentation members expressed concern that, while an important part of the overall charge of the workgroup, the focus on medical home connections was only one part of the larger health care system. As a result of that discussion, the workgroup will spend some time today discussing the broader work group charge and the connections to the larger health system.

III. Review WG charge Discussion

Given the work group's broad charge, members were given two handouts and a brief overview on each of them (handouts are noted below). Members briefly reviewed the various health components of the four home visiting models; Early Head Start, Parents as Teachers, Healthy Families and Nurse Family Partnerships. Members felt the grid would serve as a very helpful document and wanted more time to go through it to better understand the various health efforts being done in the existing four home visiting models. Following this overview, the majority of the meeting was spent discussing the following key questions.

Documents: Draft Grid of Home Visiting Program Model Health Components and the MIECHV Benchmarks.

Key Discussion Questions:

1. What are the MCH systems that we want to improve coordination with home visiting programs?
2. How does this compare or align with the medical home focus and ICAAP's proposal?
3. Where are the gaps and areas of need in the existing home visiting models/programs to improve connections to health? Are there areas that need to be further developed or enhanced?
4. What health constructs/benchmarks is the Maternal and Infant Early Childhood Home Visiting (MIECHV) grant measuring that we need to be aware of/consider in our recommendations?

The following are comments/feedback shared with the workgroup during this discussion:

- Rebecca Bunn, as staffer of the HVTF, shared that recently she, Anita Berry and Gaylord Gieske, Co-Chair of the Home Visiting Task Force, met with the National Director of the Healthy Steps program. Although Illinois does not currently recognize Healthy Steps as one of the home visiting models to be replicated in communities at this time, they acknowledged that there are some key strategies/components within the model that the workgroup should consider as part of strengthening the connection between home visitors and the medical home.
- Anita Berry further explained that the Healthy Steps (HS) model uses a healthy steps specialist, who is based in the medical office, to strengthen the connection between the medical home and the family through office-based meetings as well as home visits. The HS program has developed key training resources for providers and developed community resource connections in seven IL communities that may prove helpful for this workgroup to consider.
- Juanona Brewster provided a brief update on the ICAAP proposal: Phase I will hire 6 ambassadors, representatives from agencies working in the MIECHV communities, to be the "liaison" between the home visitor and the medical home. ICAAP will review existing training materials/resources, identify barriers from the home visitor, provide perspective, and develop training and technical assistance support and resources to improve coordination of services to families. Phase II will develop a toolkit with key materials and resources based on the work from Phase I to assist home visitors and providers strengthen their relationship. ICAAP will be using the learning collaborative structure focused on the PDSA (Plan, Do, Study, Act) cycle used in many of the previous and existing medical home pilot efforts. Given the large number of children seen by family physicians, particularly in Federally Qualified Health Centers, ICAAP will also be working closely with the Illinois Academy of Family Physicians as part of this proposal. Juanona further noted that as part of the proposal, this work would need to be completed by the end of September 2012.
- As this work group considers recommendations on how to increase coordination between home visitors and health systems, another HVTF workgroup will also be making recommendations on how to develop a universal screening and coordinated intake process to determine not only which families are eligible for

appropriate home visiting programs, but to refer families to appropriate community resources. Information across these workgroups will be shared to inform appropriate recommendations for each group.

- In thinking about the continuum of health care for families with young children, beginning with prevention/education to intervention and then to treatment, the workgroup discussed that the home visitor is a key resource in working with families in the early part of that continuum. They serve a key role as health educator and connector when the family needs additional resources. The work group would like to better understand what some of the existing challenges home visitors encounter in this role and how the work group could address them. One initial challenge voiced by members was that the medical home did not always understand or value the critical role of the home visitor in helping connect families to appropriate community resources.
- Work group members were interested in better understanding if home visitors needed additional training and/or education related to areas of health (i.e. need for consistency of message across models?) and/or if there was a need to address the barriers and/or challenges home visitors encounter in making their referrals to certain health systems.
- In looking at the draft MIECHV benchmarks that all home visiting programs will eventually be required to track, the work group was interested in if the existing four home visiting models already collected this information and if this could be discussed at the next work group meeting. There was some discussion about what our deliverables could be and that this would need to be an iterative process because each of the communities may have different needs.
- In thinking about what health systems the workgroup may want to address for better connecting home visitors, the following areas were raised as potential areas of focus; Early Intervention, Local health departments, mental health, domestic violence, substance abuse, dental home, hospital services, vision screenings.
- Members discussed that they would also need to consider which key health stakeholders and experts to include in future work group meetings to help the work group understand barriers and opportunities for home visitors within specific health arenas such as substance abuse centers, mental health centers and oral health.

IV. Next Steps

The next meeting will be scheduled after the MIECHV Kick off date (April 19-20th) so that information from the kick off can be shared with the group. In addition to these updates, the following would also be discussed at the next meeting;

- ICAAP will share more information on their proposal
- The Grid of the Home Visiting Program Model Health Components will be updated to include the NFP information and the MIECHV benchmark

The meeting ended at 2:30 pm.