

HEALTHY FAMILIES ILLINOIS REGIONAL CLUSTER GROUP MEETING

SUMMARY

Date of Meeting: August 14, 2017 Location: Children's Foundation

Sites in Attendance:

**Macon County Health Department
Sangamon County Department of Public Health
Livingston County Health Department
Children's Home and Aid, Children's Foundation
Child Abuse Council Rock Island
Good Beginnings**

Guests in Attendance:

Elaine Duensing, PCA Illinois

Major Issues Discussed:

1. Anyone getting paid? Has the passing of the budget changed things? – No one has been paid, no signed contract, Budget passing hasn't changed.
 - a. Children's home and Aid – is hiring a supervisor – will hire home visitors when they have signed contracts. They are hiring MIECVH workers.
 - b. Good Beginnings is also hiring MIECVH workers.
 - c. Sangamon is hiring a total of 5 FSW's. They have two hired they are hiring nurses.
 - d. Macon County is struggling with recruitment.
 - e. Child abuse council is planning to hire one person.
2. MIECVH reauthorization – Contact your representative and senator to encourage them to support the bills.
3. New HFA Best Practice Standards – do you want to have monthly phone calls to review? Yes! We want to do this.
4. PCA IL updates – Elaine
 - a. Conference and summit registration – October 18 is the summit. October 19 and 20 are the conference. Dinner is the 18th. All at the Hilton Lisle Naperville.
 - b. Summit Breakout - what direction do you want to go? Really interested in HFA presenting. A panel discussion is a good idea – Collaboration what does it look like? How do we work with restrictions on spending. How can we do incentives

like gas cards? Staff are asked to do more and more but without any additional compensation or time to do. It would be good to tie the panel discussion to the standards – especially if the forms are live.

5. Monitoring of Family Support Workers & Doulas at home visits and reviewing files:

It is good to have a weekly itinerary with all visits, and match that against home visit logs in supervision. This acts as a quality assurance check. Some supervisors do random calls to families to get feedback.

Shadow visits these are to help with growth and developing trust among the program as a whole and the participant.

How do FSW's let supervisors know that there is a change to their schedules?

Supervisors can do drive by's to ensure that the visitor is where they are supposed to be.

Supervisor going to visits

Family satisfaction surveys

Vikki puts a blurb in the newsletter to call her if there is a problem.

Audit files quarterly or twice a year. Shadow visit 2x per year. File corrections went down after regular review. Review of files during supervision each week.

Strengthen the reflective supervision to address deficits - do they need more coaching or help? No one wants to be micromanaged.

You must hire for reflective capacity – the other things can be taught.

6. Family Connects – Vikki reported on the program that she is involved with through MIECVH. Family Connects is a nurse home visiting model. They hire nurses to provide a visit right after birth. The supervisor and the nurse go to every birth if you live in Peoria county and give birth at OSF. They schedule a visit within three weeks of a new birth. They are a Certified Lactation Consultant. The nurses do a standardized assessment and make referrals to those programs that the parent agrees to. This program is universal and provides the home visit with no guidelines, all folks are eligible. Acceptance at 80% rate – up to 4 visits for the family but typically one visit. Upper middle class seem to be declining a visit. The nurse will go to the hospital on the weekend to enroll a family. The nurses communicate directly with the pediatrician with parental consent. Program is going well.

Trainings/ Presentations

None

Issues/Questions/Needs to be brought to state system level

None

Program Committee Topic Suggestions

September 11, 2017 at Ounce in Springfield and Chicago

- a. Topics? - Addition to the cell phone – strategies to address this? How do you attach and bond if you are always on the phone . Time change to address not taking a lunch break? No cell phone policy during program committee?
- b. Incentives and engagement – no relationship built yet – some programs in the area are offering major incentive but how do you “argue” with that? The programs are not playing fair with coordinated intake. Strategies about how you work with a program that doesn’t work with you to ensure that there isn’t duplication of services.
- c. Mental Health Issues – Trauma focus is important. Changes in type of people being referred to the program? Shift from prevention to intervention – How to work with parents who have Developmental Disabilities?

Date & Location of Next Meeting: November 13, 2017 11- 2