

Board members in attendance: Nancy Vorobey (MSDE), Sonya Satterlund (Dept of Family Services; HFA), Kimberli Hammonds (Healthy Families), Erin Wagner (DHMH), Colleen Wilburn (Family Tree), Laina Gagliardi (Hopkins)

On phone: Loan Vo (HFA), Akima Copper (EHS), Celia Engel (HIPPI)

From UMBC: Carlo DiClemente, Robin Barry, Rebecca Schacht, June Sutherland, Lisa Shanty, Shelby Jones, Wendy Pinder, Elisabeth Groth, Alicia Wiprovnick

- Welcome and introductions from Carlo

Training Center Updates

- **Summary of project activities**
 - Attended GGK training
 - Audit meeting
 - Project timeline
 - Pilot training schedule
 - Future tasks: creating videos (enhancement grant)
- **Home visiting consortium (report from Nancy)**
 - Has been around for a while, but with the increased emphasis at the federal level around HV, now is the right time to extend membership and activity
 - Recent focus on annual statewide conference
 - Next meeting: Howard County, December 15th
- **Review of completed pilot trainings**
 - **Communication training (Carlo)**
 - **Is it typical for HVs to have this much training in motivational interviewing?**
 - *This varies by site; some programs received an MI training this summer*
 - *The group consensus was that more practice is always good, and our training is not exclusively MI training but rather a communication training with MI skills embedded*
 - **Healthy relationships training (Robin)**
 - HVs seem to have less training in healthy relationships and more in domestic violence. It's difficult to balance both in a single training (used stages of change to scaffold thinking about domestic violence)
 - Training evaluation showed small improvements in comfort and confidence
 - Useful exercises included validating emotional responses of HVs and normalizing stress
 - We need greater processing of HV's personal feelings about DV
 - Shorten safety-planning piece for HVs and caregivers

- One of the hardest things HVs have to do is address DV when the family is not ready to change
- It is important to extend beyond just partner relationships
- Some HVs from the Washington County team attended the Healthy Moms Happy Babies (Futures without violence) conference earlier this year. The implementation of screening seems to have become more sensitive

Discussion of future trainings

- **Parenting/Child Development (Lyn)**
 - Change the term “teaching” to “helping” or a different term (*incorporating feedback from advisory board that HV’s role is not to “teach” or “give advice”*)
 - **MSDE: Is there a place for early brain development research?**
 - *Some may not know that certain ways of interacting help to build a baby’s brain (e.g. “what gets fired gets wired”); especially important for teen mothers (need nurturing and support as their brains are also reorganizing themselves at that point in development)*
 - Parents often have their own cognitive delays (substance induced, etc.); limits what they can do; needing to gear things to the parent’s developmental level
 - More than 25% of the population that Baltimore City works with is cognitively impaired (work with a lot of lead-affected moms)
 - Encouraged the team to add a component on behavioral expectations for parents into our training (e.g. cognitive impairment → need to hear things more than once in smaller segments)
 - It is important to include information on developmental stages
 - **Washington County: How are the HV’s personal views about parenting addressed in the training?**
 - *We have not directly addressed biases, but this comes up in the Culture module*
 - *We will consider building in a reflective component on personal experiences being raised*
 - Emphasize promoting positive behavior more (i.e. acknowledging children’s social and emotional skill building; help parents see where the child is coming from; pull from CSEFEL)
- **Mental Health (Lyn)**
 - HVs are often not even comfortable asking if there are any types of mental health issues present, let alone treatment options. They probably don’t ask because they don’t know what to do about positive screen
 - Discussed concerns about teaching HVs to label (Lyn clarified that we are just giving HVs information they need to understand moms’ diagnoses).

- Baltimore City site has a screening protocol for all referrals. Family Social Worker gets involved and has a conversation with the mother (e.g. *how have your days been? What are you thinking about yourself and the baby? Is there a plan for harming oneself or someone else?*) → call 911 if necessary → sit with parent until emergency service comes and walk parent through whatever challenges/fears they have about 911 coming. Engage family supports and set up a care plan for baby.
- Emphasized the importance of tying mental health concepts back to parenting and the safety/health of the baby
- Utilized the mobile crisis team on several visits; Caroline County site has a mental health consultant on staff who visits the center several times a week to troubleshoot family issues
- **Substance abuse (Carlo)**
 - Many moms are on treatment medications for a long time and not everyone understands treatment effects on baby (particularly breastfeeding)
 - Include some information on bias and stigma against mothers who may still be on drugs even after treatment (e.g. *methodone*)
 - HFA receives online training about substance abuse but the level of comfort they have in dealing with it comes down to personal experiences
 - Comfort with substance abuse depends on how often HVs are confronted with SA issues. SA issues are common in Baltimore city programs. Family Social Workers struggle with whether the entities they refer families to will act with dignity and respect → will influence whether or not they accept a referral in the future
 - **Is there room to address eating disorders?** This may be an issue related to both mental health and substance abuse. → May consider including this in future trainings
- **Culture (Rebecca)**
 - **What role plays should we prioritize?**
 - Caroline County's team is generally prepped with client's family history, but cultural insensitivity is revealed when HVs begin working with families on issues of parenting in particular
 - Family retention is an issue: some African American communities are not as welcoming to HVs as Hispanic families, for example. It's challenging when families start disengaging from services and HVs have a lot of trouble re-engaging
 - "Cultural issues" that arise are almost always about age. Teenagers are teenagers, and their social lives tend to overshadow any other issues

Supervisor Involvement

- **Has the presence versus absence of supervisors made any difference in the training?**
 - For the learning community, the supervisor has to attend. Getting them to attend is a continuing challenge, and we struggle between wanting to include supervisors to empower them to use these skills and not wanting to add too much to their already full plates
- **What about reflective coaching skills?**
 - We've created a parallel piece for supervising within MI module (a sheet with ideas for having these conversations with supervisees)
- Encouraged separate training track for supervisors. Supervisors should be knowledgeable about what trainings their supervisees are getting but also have a separate track to build their competencies. Family Support Workers are normally more receptive to training if supervisors are not in the room. They can feel free to ask questions about things they "should" know and not feel like they're being "drilled." Supervisors may also not feel comfortable with content and may not want to call themselves out as being not knowledgeable
- Home visitor believed it was important to have both supervisors and HVs in trainings
- Suggested having a supervisor's booster training to build on competencies they already have
- Mixed feelings. Support a separate learning track as well as combined training for supervisors and home visitors

Other business

- **Update on certificate**
 - In communication with professional development/certificate folks at UMBC; will continue to work toward this and provide an update at next meeting
- **RCT update (Laina)**
 - 24 sites across state; randomizing using standardized mothers at baseline and 4 months post communications training
 - Plan is to recruit sites in December/January and begin RCT in February (not finalized yet)
- **Discussion for next time:**
 - What is the best way to roll out these trainings?