Healthy Families America

Model Day Session

August 6, 2015

Dara Williamson, MSW: Ounce of Prevention, Chicago IL
Cynthia Zagar, LMSW: Michigan Public Health Institute
Introductions

* Who are we?
* Who are you?
9:00-10:15 Increase your understanding of how to integrate key new standards into your practice

10:30-11:45 Increase your understanding of how to establish an overall culture of quality
Key Practice Standards

* Transition Planning (4-4)
* **Addressing All Risk Factors** (6-1.B, C)
* **CHEEERS** (6-3.A, B, C)
* Evidence-Informed Curriculum (6-5.A, B)
* Challenging Issues (7-4.A, B)
* Depression Screening (7-5, A, B, C, D)
* Safety Training Prior to Work with Families (10-1.F)
* Stop Gap Training for Home Visitors and Supervisors (10-2.C, D)
* Training on Prenatal Issues, the Family Goal Plan, Annual Child Abuse and Neglect (11-5. B, C, D)
* Reflective Consultation Groups (12-1.C)
* **Supervision Inclusive of the 3 Required Components** (12-2.B)
Key Challenge Practice Standards

- Addressing All Risk Factors (6-1.B, C)
- CHEEERS (6-3.A, B, C)
- Supervision Inclusive of the 3 Required Components (12-2.B)
The Standard:
The supervisor and home visitor **review** each family’s risk factors and stressors as identified in the Parent Survey/Family Stress Checklist (or other HFA approved tool) and **plan activities** and **the appropriate timing** of these activities, to address **all issues** with families **initially and during the course of services**.

From the Intent:
Activities **reflect a thoughtful, purposeful discussion** that assists the home visitor in understanding how early childhood trauma and the stressors experienced by the family impact parenting. **Discussions acknowledge and build on family strengths (protective factors) and guide the home visitor’s strategies to support the family.** The content of these discussions is **documented in the supervisor logs.** **Clear documentation** of these supervision discussions **assures continuation of services should there be any staff changes.**
What has worked for your program in demonstrating the primary components of the standard and intent?

* Review each family’s risk factors
* **Plan activities** and the **appropriate timing** of these activities
* Address **all issues** with families
* **Initially and during the course of services.**
* **Discussions acknowledge and build on family strengths** (protective factors) and guide the home visitor’s strategies to support the family. The content of these discussions is documented in the supervisor logs.
Home Visitor and Family Review of Risk Factors (6-1.C)

The Standard:
The home visitor reviews and implements with the family activities/strategies to address the risk factors and stressors identified in the Parent Survey/Family Stress Checklist (or other HFA approved tools), during initial home visits and over the course of services.

From the Intent:
It is not expected that a home visitor discuss all of the risk factors and stressors at one time, or that the home visitor “enforce” behavior-change or issue-resolution prior to a family’s readiness to do so. However, evidence of implementing the activities discussed in supervision to address those issues over the course of services is present, implementation is collaborative in nature (meaning family input and changing family dynamics are incorporated), and discussions/activities are documented in the family file. Documentation of the content of these discussions in the home visit notes clearly links back to the initial assessment and the activities to support the family developed during supervision.
What has worked for your program in demonstrating the primary components of the standard and intent?

- **Reviews and implements** with the family activities/strategies to **address the risk** factors and stressors identified in the Parent Survey/Family Stress Checklist **Plan activities** and **the appropriate timing** of these activities
- **Address all issues** with families
- **Initially and during the course of services.**
- **Evidence of implementing the activities discussed in supervision to address those issues over the course of services is present**, implementation is collaborative in nature (meaning family input and changing family dynamics are incorporated), and discussions/activities are documented in the family file. **Documentation of the content of these discussions in the home visit notes clearly links back to the initial assessment and the activities to support the family developed during supervision.**
The Standard: The site has policy and procedures that require the use of CHEEERS and indicate **how the staff will assess (either informally or formally), address, and promote positive parent-child interaction, attachment, and bonding**

From the Intent: **Sites develop clear policy and procedures for how home visitors will assess parent-child relationships and how home visitors will partner with supervisors to develop plans for increasing positive parent-child interactions that strengthen the parent-child relationship, beginning prenatally when services are initiated prior to birth.** Policy and procedures include **how sites plan to use the strength-based intervention tools introduced in HFA’s role-specific Core training and indicate which curriculum is used and how often.** It is expected that **the parent-child relationship is observed each visit in which the parent and the child are both present and used for planning purposes.**
Sample

1. During each home visit the home visitor observes parent child interaction using CHEEERS and determines areas of strength, needs and concern. The home visitor consistently uses teachable moments to reinforce the parent’s positive interactions, to promote nurturing relationship skills and provide coaching and redirection.

2. All observations are documented on the home visit record. Documentation includes parent strengths, needs, and any concerns observed during parent child interactions.

3. The home visitor supports positive interactions between parent and child by using the Reflective Strategies and helps parents practice skill building activities during home visits. This includes activities from the Growing Great Kids and Partners for a Healthy Baby curricula, which are used at a frequency planned by the supervisor and home visitor for each family.

4. The home visitor and supervisor discuss parent-child relationship and parent-child interactions during supervision and develop plans to address any needs or concerns based on the observations of the home visitor.
CHEEERS (6-3.B)

The Standard: The site assesses positive parent-child interaction, attachment, and bonding with all families, utilizing CHEEERS on all home visits.

From the Intent:
HFA requires that **CHEEERS is used as a parent-child observation strategy during each home visit** (with exception of when it is documented that the child is not present or not awake, or when a separate measurement tool is being used during that particular visit, i.e. KIPS, NCAST or PICCOLO). **CHEEERS is also documented prenatally beginning in the 2nd trimester**, as discussed in HFA Core training for Home Visitors. It is also expected that any **group session being counted as a home visit (1/month allowed while a family is on Level 1)** also include some documentation of CHEEERS. In both situations **(prenatal and groups)**, not all aspects of CHEEERS are required to be documented. In all other situations **all components of CHEEERS are to be observed and documented**
The Standard: The site addresses and promotes positive parent-child interaction, attachment, and bonding with all families based on observations made using CHEEERS.

From the Intent: Sites are to document observations of parent-child interaction and how they used these observations to develop and implement home visit activities and strength-based interventions that promote positive parent-child interaction. It is helpful for staff to document how they build on parental competences and promote healthy relationships in a thoughtful way using teachable moments. Other sites may incorporate videotaping to promote parental sensitivity, understanding, and a secure attachment. As above, it is important to document parental competencies and struggles and what the home visitor is doing (i.e. through use of reflective strategies, use of curriculum activities, etc.) to promote and support the parent-child relationship.
What has worked for your program in demonstrating the primary components of the standard and intent?

- How do you expect CHEEERS to be documented knowing that the requirement is facts/observations?
- How is CHEEERS reviewed in supervision?
- How do you demonstrate your use of the observations in order to develop interventions?
- How are you linking the use of the Reflective Strategies to the observations?
- How are home visitors being supported in utilizing the CHEEERS tool?
- Is anyone working with video tape?
- How are you using curriculum in relationship to the CHEEERS assessment?
The Standard: The site has supervisory policy and procedures to assure that all direct service staff (e.g., assessment and home visiting staff) and volunteers and interns (performing the same function) are provided with professional support and supervision that includes administrative, clinical, and reflective components.

From the Intent: All direct service staff (assessment and home visiting) are provided with supervision that includes administrative, clinical and reflective components, are held accountable for the quality of their interactions with families on a regular and routine basis, and are provided with professional support. Sites are encouraged to develop mechanisms to measure the quality of work as well as develop strategies to provide feedback on performance measures.
Supervision (12-2.B and C)

The Standard 12-2.B: The site implements supervisory policy and procedures to assure that all direct service staff (e.g., assessment and home visiting staff) and volunteers and interns (performing the same function) are provided with supervision that includes administrative, clinical, and reflective components to continuously improve the quality of their performance.

The Standard 12-2.C: The site implements supervisory policy and procedures to assure that all direct service staff (e.g., assessment and home visiting staff) and volunteers and interns (performing the same function) are provided with professional support to continuously improve the quality of their performance.
HFA Guidance around Reflective Conversations:

Reflective Conversation Guidance

3 areas to think about when documenting the reflective component of supervision:

* Emotion Regulation- Explore the staff member’s emotions, feelings, experiences in her interactions with a family. Work to expand the staff member’s emotional vocabulary or emotional intelligence

* Healthy Relationships- Supporting the staff member in maintaining appropriate boundaries and noticing when she might be falling into the pit hole of doing too much or too little for the family. Notice when the staff member might be feeling frustrated with a family member’s behavior. The supervisor would reflect on these feelings and how they might be impacting her work.

* Parallel Process- How might the staff member’s relationships be impacting the process of connecting or interacting with a parent. What role is each person playing in the dynamic including the supervisor, the staff member, the parent; what is the baby experiencing?
HFA Guidance around Reflective Conversations:

Reflective Conversation Guidance

Examples of Reflective Questions:

* What are your feelings about the intensity of the trauma this parent experienced? What might the potential impacts on her relationship with the baby be?

* Asking questions about sexual abuse seems to be an area where you regularly get stuck. They can be really difficult to ask and many people feel uncomfortable with the topic. What’s going on for you when you are moving towards asking the questions? What makes them difficult for you to ask?

* I notice that you are moving quickly into solving the problem for the family by providing them with lists of referrals when they express a need. What reflective strategy might you be able to use instead of giving them the answer? How might using problem talk be particularly empowering for them? What might be going on for you when you jump to giving the answer?
Your Turn:

How has your site begun to demonstrate the reflective component now required in supervision?

What sorts of professional development opportunities have been helpful around the topic of reflective practice?

How have you been able to support all home visiting staff in being receptive and open to the reflective practice?

How have you supported home visitors to understand their active role in the supervision process?
Wrap-Up

Final Questions/ Thoughts/ Comments????
Break

It’s Time For A Break
Establishing a Culture of Quality

“Quality is not an act, it is a habit.”

Aristotle
Establishing a Culture of Quality

Why?
Who?
When?
How?
Now this is Teamwork...
# Establishing a Culture of Quality

## Quality Assurance Plan

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Why</th>
<th>Who</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Call to 1 family/FSW/FAW to survey for satisfaction</td>
<td>GA-2.B Supervisors/DM</td>
<td>Use of satisfaction questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HV Completion Oct-Dec</td>
<td>4-3.B Supervisors</td>
<td>Use of HFA spreadsheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st home visit completed by 3 mos (previous year-January)</td>
<td>1-3.B Operations Mgr</td>
<td>Data base report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of service population training provided in previous year</td>
<td>2-3 Supervisors/DM</td>
<td>During monthly QA meeting</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>Call to 1 family/FSW/FAW to survey for satisfaction</td>
<td>GA-2.B Supervisors/DM</td>
<td>Use of satisfaction questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Required Annually</td>
<td>4-2.C Supervisors/DM</td>
<td>During monthly QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measure Retention</td>
<td>3-4.A Operations Mgr</td>
<td>Data base report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analyze Retention</td>
<td>3-4.B Operations Mgr</td>
<td>During 2nd full team mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/address depression screening completion</td>
<td>7-5.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive depression screening are referred for service</td>
<td>7-5.C Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calculate supervision completion for FSWs, FAWs, and supervisors (July-December)</td>
<td>12-1.B Supervisors/DM</td>
<td>Use of HFA spreadsheet</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>Call to 1 family/FSW/FAW to survey for satisfaction</td>
<td>GA-2.B Supervisors/DM</td>
<td>Use of satisfaction questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measurement of acceptance rate</td>
<td>1-4.A Operations Mgr</td>
<td>Data base/Use of HFA spreadsheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compile info for 6 mos on level I (previous year-July-Dec)</td>
<td>4-1.B Supervisors</td>
<td>Data base/Use of HFA spreadsheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete satisfaction reports (or conduct focus group)</td>
<td>GA-2.B Operations Mgr</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analyze supervision reports</td>
<td>GA-2.B Operations Mgr</td>
<td>During monthly QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analyze supervision completion and new plan for improvement</td>
<td>GA-2.B Supervisors/DM</td>
<td>During monthly QA meeting</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Call to 1 family/FSW/FAW to survey for satisfaction</td>
<td>GA-2.B Supervisors/DM</td>
<td>Use of satisfaction questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HV Completion March</td>
<td>4-3.B Supervisors</td>
<td>Use of HFA spreadsheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measure % of target population that has received a screen</td>
<td>1-1.C Operations Mgr</td>
<td>Data base report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review and address of forms (completion July-December)</td>
<td>7-2.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review and address of developmental screen completion</td>
<td>6-6.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review and address of delays on developmental screens</td>
<td>6-7.B Operations Mgr</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/address data for 6 months on level I</td>
<td>4-1.B Supervisors/DM</td>
<td>During monthly QA meeting</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Call to 1 family/FSW/FAW to survey for satisfaction</td>
<td>GA-2.B Supervisors/DM</td>
<td>Use of satisfaction questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review timing of assessments that have been completed within 2 weeks</td>
<td>1-2.C FAWs/DM</td>
<td>During monthly FAW meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address decline post assessment</td>
<td>1-2.E FAWs/DM</td>
<td>During monthly FAW meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide feedback on FAWs post assessment</td>
<td>1-2.F FAWs/DM</td>
<td>During monthly FAW meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/address of intrs. (Jan-June)</td>
<td>7-2.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/address of intrs. (July-September)</td>
<td>7-2.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/address of intrs. (Oct-Dec)</td>
<td>7-2.B Supervisors/DM</td>
<td>Data base report/File review/QA meeting</td>
<td></td>
</tr>
</tbody>
</table>
Your Turn:

At your tables talk about:

What does the culture of quality at your program currently look like?

What needs to be done differently or be added to your current processes to improve it?
At your tables talk about:

What barriers currently exist to consistently implementing a culture of quality?

What are some ideas about how to break down those barriers?

What would you need to make that happen?
Your Turn:

At your tables talk about:

How team meetings are used to support a culture of quality?

How could team meetings be better used to support a culture of quality?
Your Turn:

At your tables talk about:

How are home visitors directly involved with support of the culture of quality?

What are some things that might be able to be done to enhance their involvement?
Wrap-Up

Final Questions/ Thoughts/ Comments???
THANK YOU!