

Local Leadership Group Notes
10.5.2016 1:00pm-3:00pm
Harley Franks Educational Center

Members Present: Effie Alofoje-Carr, Kae Dubay, Michelle Nicholson, Emily Brewer, Lisa Chambers, Jessica Baker, Fran Jozefowicz, Kelly Uhlmann, Blanche Schaudt, Dana Watson, Kellie Jones, Dorothy Cook, Jodi Spicer, Kristen Donnelly, Jamie Yeomans, Melea Bullock, (Tiffany Kostelec MDHHS)

1. Welcome and Introductions
 - a. Parent Café (Jessica Baker): What have you learned about parenting and how?
 - b. Assigned note taker (Emily) and Timekeeper (Effie)

2. Meeting/Notes Review: November and December's meetings are in room 104 at Family Growth Center (549 E Mt Hope) at Bethlehem Lutheran Church from 1-3. There will be 2 spots for childcare reserved there. Still call 371-1347 and reserve slots (we can have more than that if needed)

3. Parent Voice
 - a. How did you get involved with your Home Visiting Program?
 - Parent shared that oldest son had a speech delay and pediatrician told her to talk to Early On. She shared that she did not

know the process from the start. She had a home visitor every other week and a speech therapist came about every 6 months. His speech did not really get better, but because of the services he had, he was enrolled in speech therapy through the schools and also identified some sensory needs and also receives OT. Shared that at Williamston can get the OT only because he has the speech. Also had outpatient OT (\$20 copay). Shared that husband had a hard time with accepting that something was wrong with his son. Shared that in the community she has had challenges and been asked to leave (dermatologist office). She has been told by many that she did not know how to parent.

- Do you remember how things went in the beginning, with the doctor? Pediatrician (Dr. Hemming) gave some sort of checklist. Pediatrician tried to get her son to mimic sounds, and he did not. Pediatrician “pushed”
- Pediatrician did not contact Early On, asked mom to do it
- What do you think about the pediatrician giving mom the number vs making the referral herself? For her it was ok, can see

how others would not have followed through.

- Reflections on the importance of identifying needs early and getting services through life experiences with her brother
- Group reflected on how important it is to hear the story.
- The IEP has helped get services
- Parent program questions comments and concerns.
- Surveys were all geared toward provider and she would like to have had an opportunity to share on the program as a whole.
- Suggested to write who to contact if there is a problem in the welcome book
- How are the playgroups advertised? Seems like word of mouth is the most common way
- Parent voice back to pediatrician has been shown to work

b. Current Successes and Challenges.

- Parents have a challenge of getting services and keeping services (shared that

service providers are moving kids through and getting them off their caseload)

- Notebooks in pediatrician's offices with ASQ's, maybe add playgroup calendars into those notebooks
- Her son is doing well in Kindergarten and teacher uses him as an positive example in class!
- Now people have told her that she did and is doing a great job (even though they did not support her initially)

November question: What was your first contact from a home visiting program and how did it feel?

4. Home Visiting Agency Updates/General Announcements:

- Lisa shared that CTF grant filled their position
- New supervisor, Jonathan for the ? program
- HFA home visitors (Blanche and Kellie) are not GPGS home visitors due to the HFA program closing

Healthy Families America (Michelle Nicholson/Jodi Spicer/MDHHS): Michelle shared that IISD had

concerns with sustainability of the program and the extra cost that IISD was incurring to run HFA. In addition, IISD was awarded 32p funds. The decision was made that this was the time to close the program. Jodi is 14 of the 25 families are transitioning to GPGS, a few were picked up by CMH and a few families chose to exit.

Tiffany Kostelec shared that the state has fluctuating funding as well. They are also facing a federal sequestration. Other programs in the state and county are have challenges with flat funding as well. The state would like to ensure that the families are being served. Now the state is looking at what to do with a potential HFA program in Ingham. Ingham was identified, through a statewide needs assessment, as a community with high needs. Federal government has asked for a new needs assessment. Not sure what HERSA (federal funder) will do with the new needs assessment (change communities or expand funding to other communities).

Questions:

Benefits of HFA in Ingham County?

- Could be used for non first-time pregnancies
- Originally could be used for out of county
 - Families who don't live in Lansing
- Families not in poverty (not Medicaid eligible)

Is there still a need?

- 32 p data – statewide – struggled to have data to show need (poverty factors, unemployment data, etc)
 - Ingham was able to drill down deep for this
- NFP and EHS are both at capacity
- Last month had 7 referrals (primarily from shelters) from CareHub. This was the largest month of referrals
- This funding was very specific (most vulnerable, and research based program)
- Is there a gap to fill?
- Justification and documentation for making the decision to change a population
- Goals of needs assessment;
 - May need to get this from Michelle
- Both needs assessments (HFA original and 32p) would hopefully be taken into consideration
- Still have a need to enroll families outside of infancy (later infant, early toddler)
- MIHP can enroll up to one year

Who may be willing to take the program?

- Concern that everyone is stretched with funding and looking for ways to supplement (e.g. with

Medicaid outreach dollars) and that would limit who could be a part of the program

- The agency that takes the program does not have to restrict target populations, depending on how the budget is written (may require a certain percentage of Medicaid families)
- Current HFA programs with Health Department: LMAS and District 10 (northern Michigan)
- What would the costs be at ICHD?
- State will need to report on cost per family

Could we expand another program: NFP or EHS? Gaps and needs should address.

Most recent needs for the 32p expansion showed need for 3 year olds, highest concentration of need in Lansing.

September PMD Training Recap (Effie Alofoje-Carr)
CareHUB Updates (Kristen Donnelly): Had 7 referrals this past month to HFA. Continue to get a couple of handfuls of referrals a month. HFA is reaching out to all referral sources to ask them to refer to the HUB