

Listening Forum Notes

Region/Date: NYC - 3/31/20

PMs Present: Marlene, Jaime, Allana, Sofia, Soraya, Lydie, Brandi, Tamara, Laura, Rayza, Roxanne

CA Present: Erika, Samantha, Melanie, Corinne

Successes:

- ☐ Some programs are continuing parent surveys by phone and are enrolling families successfully; Bushwick is using welcome family visits to engage families and build trust pre-assessment and this has been effective
- ☐ Brandi noted encouraging staff to take a trauma focused lens with families. CAMBA is focusing first on helping families with basic needs resources and attending to social isolation/basic needs deficits before trying to present curriculum
- ☐ Staff in some sites have remained upbeat and proactive about helping families, giving referrals and keeping in touch with families more frequently
- ☐ Some sites are still able to purchase emergency supplies and get them dropped off to families
- ☐ Laura's staff doing wellness check-ins with families by phone: "what are you worried about?" "what do you need?" "how are you coping?" "what is your support system?"
- ☐ To address basic needs challenges, sites are supporting breastfeeding and teaching families how to make homemade diapers and wipes
- ☐ Sites are encouraging and sharing parent/child activities to help families stay connected; they are also encouraging families to "unplug" from social media to protect their own mental health
- ☐ Most staff using Level TR but using the visiting schedule of the family's previous level to determine frequency of contact
- ☐ Staff in some sites are continuing to remain connected through group chats, sending humorous memes or stories to each other, keeping regular supervision with staff (sometimes in (2) 45min sessions), doing team building during team meeting (wear your craziest hat, put on your craziest make-up, biggest mug of coffee)

Challenges:

- ☐ Staff are feeling anxious about their own health and the health of their own families; staff are also anxious because they can't always meet families' basic needs
- ☐ Families in some sites are struggling with basic needs (food, diapers, illegal eviction threats, formula). PMs are trying to find resources for families and weed out those that are scams. This takes a lot of calling and researching which is labor intensive. Some families are afraid to access basic resources due to the fear of scams/ICE
- ☐ Some families are overwhelmed with having kids home to "homeschool." Families that don't speak English or who have literacy issues are feeling stressed and lacking in

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confidence; visits sometimes last 15-30 mins max because parents are now managing multiple children. For families renting a room or sharing a house with someone else, they now have less time and privacy for visits

- ❑ Staff with their own kids at home are struggling to figure out their schedules; some are trying to work in between nap time or after hours to connect with families
- ❑ Dense neighborhoods that are already resource poor are overwhelmed; food pantries are running out of food and support services are drained
- ❑ Some programs have supplies like diapers in their offices but can't get them to families due to the lockdown; staff are also afraid to travel to give items to families and some staff themselves are feeling ill and are under quarantine
- ❑ Some programs are struggling with outreach and capacity. FRSs want to know how and where to do outreach. One program expressed challenges with families trusting the agency and fears that their information will be leaked to ICE once they access HFNY services
- ❑ One PM expressed concerns about doing Parent Surveys electronically due to the presence of DV for some families whose partners might be listening in; how do we assess safety before presenting questions for the PSCO?
- ❑ One PM noted "information overload" with the number of emails being received by her staff etc
- ❑ Staff are fearful about the repercussions of not doing business as usual. Will staff still get paid? Will there be future repercussions with funding? Is it ok to structure things differently? (Specifically: shorter visits, more flexible work hours, less curriculum and more focus on crisis/basic needs)
- ❑ 1-2 PMs were confused about whether families should be on Level TR or their regular levels due to more than 1 communication being sent out about this; in addition, some sites are concerned about using Level TR due to it sending the message that staff don't still need to contact families regularly

Resources/Ideas Shared:

- ❑ Food delivery service for families who cannot leave home:
www.nyc.gov/getfood.comdelivery
- ❑ Contacting local restaurants to have them donate food to families
- ❑ Homemade baby wipes:
<https://www.favfamilyrecipes.com/homemade-baby-wipes-recipe/>

Questions/Areas to be Addressed:

- ★ **Level Change:** Clearer guidance is needed on what Levels families should be on as well as expected visit frequency
- ★ **Documentation:** Clearer guidance is needed on where to document virtual visits (narratives or case notes)

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- ★ **Outreach:** How are attempted visits being handled for families who agreed to virtual visits then fell off the radar? How many attempts should be made to reach the family? Is this documented in the case notes or listed as “attempted” in the narrative?
- ★ **Supervision:** How is supervision to be handled? Is weekly 1.5 hour supervision still expected or can multiple shorter sessions be put together? Some supervisors have to check in with staff daily (which is more than 2 short sessions to string together).
- ★ **Resources:** programs are in need of more legitimate, active resources to help families meet basic needs (food, diapers, formula, toiletries)
- ★ **Safety:** how do we ensure safety for families where there is DV and the partner is home while doing home visits and Parent Surveys?
- ★ **Reassurance:** sites need reassurance that they won't lose funding or be penalized at a later date due to not doing “business as usual.” Sites need more guidance on where it is acceptable for them to be more flexible right now and what things are still required to be done “as usual.” Sites want something in writing from HFNY

** Some PMs agreed to having forums every other week going forward*

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Region/Date: Mid-Hudson - 4/1/20

PMs Present: Erin Castiglione (Ulster), Pat Bennet (Sullivan), Nora Engelhard (Dutchess), Katie Bierlein (acting PM for Dutchess), Terri-Ann Anfang (Rockland), Brigitte Grant (acting PM for Orange)

CA Present: Caroline Chant, Ellen Butowsky, AnnMarie Johnson, Corinne Noble, Erin Berical

Successes:

❑ Communication with Staff:

- ❑ Sites are having at minimum a weekly check-in using Zoom or WhatsApp. (Web Ex is not reliable). Sullivan and Orange have a group chat on Google and they “are talking to each other all day long.” Google Meet is what some schools are using for its stricter privacy settings.
- ❑ Erin C shared ideas about connecting with the team virtually: 30 minute coffee; just talking - not work related; doing games throughout the week like: “Whose office is it anyway?(a photo is sent to the supervisor who sends it out to everyone) and “My co-worker did...” saying coworker instead of dog, child, husband etc.
- ❑ Brigitte said that her team has really pulled together. What could have been really stressful and difficult was made easier; without prompting they are staying connected to each other and are a really great support to each other.

❑ Virtual Home Visits & Assessments:

- ❑ Nora told staff to keep connecting with families as if on their regular level. Most staff check in with families weekly.
- ❑ In Dutchess, they have modeled how to ask questions to assess CHEERS offered on the HFA guidelines. Staff are trying to observe for CHEERS, but the reality is “we’re in damage control mode.”
- ❑ Terri-Ann is finding families more open to the videocall than a regular call. The newer families seem less comfortable with the video option. They are creating some fun activities for parents to do with other siblings who are now at home. They have done some parent surveys on phone calls. This is hard because staff are trained to get all the information and that’s not possible now. They are having many more phone calls and general check ins with families.
- ❑ Brigitte shared that some of their staff are very sophisticated with communication technologies and have been very good at using it with families. They are sending families activities that can be done with items found in their own houses, and then the staff are having conversations while the family engages in the activity with their children.

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- ❑ In the Ellenville office, 8 participants who graduated have reached back out to their former FSS for support.
- ❑ Erin did two assessments before the stay at home order hit. They made sure they were 6 feet apart. One of these families enrolled. "We're connecting in any way we can, even if it's just through text message. We're trying to find the light in the darkness. This might be the thing that keeps people connected to our program."
- ❑ **Supervision:** Supervision is being done mostly on Zoom. All sites said they have more individualized conversation with staff outside of the usual. Some sites are doing informal check ins with staff as well
- ❑ **QA observations:**
 - ❑ Nora observed a parent survey over the phone and shared that she noticed the worker used more verbal acknowledgement. She realized with phone visits, we need to focus on how we demonstrate more audibly that we are "here."
 - ❑ Erin listened to supervision over the phone.
- ❑ **Administration:** Ann Marie reported no contract or budget issues at this point. Spending adjustments being approved super quick. Shared the message from OCFS that "they are all here for programs" and "we see you."

Challenges:

- ❑ **QA observations:** These are not occurring at every site
- ❑ **Health and well-being of staff:**
 - ❑ Terri-Ann likely has COVID-19. Several of her staff were exposed as well.
 - ❑ Brigitte's site: one staff person confirmed COVID-19 positive. All of them have quarantined.
- ❑ **Accountability:**
 - ❑ Some programs shared that they are not sure their board or administration understands how much they are doing and are needing to prove they are working their 7 hours a day.
 - ❑ Terri-Ann: "We need to be doing so much more, everything we do takes longer. Just staying on top of all the changing information is a full time job."
 - ❑ Both Pat and Terri-Ann are having their staff track their time and hand in at the end of each day. Terri-Ann has them submit a plan for the next day.
 - ❑ Erin is using Google Hangout for accountability.
- ❑ **Virtual home visits:**
 - ❑ Erin said that many families are not that open to the virtual visits as they "aren't comfortable and don't want to" and "they don't have a camera on their phone."
 - ❑ For those that are doing video visits, DoxyMe is not working very well as the video cuts out. Ulster and Dutchess cannot use anything other than DoxyMe due to their organization's rule for HIPPA compliance. Others discussed that HIPPA's rules were relaxed. Katie to look into this. Erin has directed staff to use phone calls and document it

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- ❑ Pat shared issues with their IT department and at this point can only do phone visits. They are using the guidelines and suggestions which have been helpful but finds “on the phone, families have a short attention span.”
- ❑ Some Sullivan staff have not been trained yet in GGK. Information shared about free use of FSU materials.
- ❑ **Family needs:**
 - ❑ Everyone shared how much of their energy goes into staying on top of resources and trying to help families meet their basic needs. WIC checks are not useful because there is nothing in the stores.
 - ❑ Pat is working with an emergency center and they are waiting for a big delivery from the Salvation Army.
 - ❑ Erin said that they typically do not give out items, but are planning to do this now. She is spending time fact checking resources since there are scams out there.
 - ❑ Terri-Ann noted that many of the fathers in their program have lost their jobs, they are concerned about housing.

Resources/Ideas Shared:

- ❑ WhatsApp is a great resource. Phone calls can be problematic as some families have limited phone minutes. WhatsApp has good video technology.
- ❑ Some wanted ideas for team meetings:
 - ❑ Brigitte said staff are asking for more around self-care as staff try to take care of others
 - ❑ Nora is focusing some team meetings on what labor and delivery will look like with the new restrictions
- ❑ FSU Handouts Link: <https://cpeip.fsu.edu/resourceFiles/digitaltexting.pdf>

Questions/Areas to be Addressed:

- ★ **Orientation requirements:** can shadowing virtual visits and supervision meet the orientation shadowing requirement?
- ★ **Attempted visits:** what’s considered an attempted visit and where is it documented? Case note or HV narrative?
- ★ **Level Changes:**
 - It was explained that families on Creative Outreach would just age out as normally if not re-engaged.
 - What about families who were about to level change before COVID-19?
- ★ **Virtual visits:** how often should they take place?
- ★ **Specific MIS questions:** do ASQs and ASQ-SEs still need to be completed on schedule?

* PMs Would like to come together every other week. Date set for April 15th.

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Region/Date: Central Western - 4/2/20

PMs Present: Joanne, Jill, Clarice, Sarah, Joe, Deanna, Rebecca, AnnMarie, Karen, Carol

SUP Present: Stephanie

CA Present: Corrine, Lisa, Tom, Fatima

Successes:

- ❑ Staff are staying connected. Many programs are doing daily and/or weekly Zoom or Outlook team calls, group messages, phone conversations and check ins. Programs have learned that staff need more frequent check in times because everything is now virtual. One program has a virtual water cooler where staff can chat and another program has a program Facebook page where they stay in touch. In one program, FSSs have a group text to share resources. One program has activities planned for CAP month (Wear blue day – wear blue, take a picture and try to make a collage to put on our FB page).
- ❑ Programs continue virtual visits with families based on the family's preference. Some programs expressed that families were easier to engage and have responded well to video (Google Duo and Facetime were mentioned as some of the video technologies used). One program noted that families with older children liked video. Staff also stay in touch with phone calls and texts. They make sure they ATP families for their resilience and staff for keeping up the good work.
- ❑ FRSs have been doing well. Referrals are received through local agencies either by fax or picking up referrals in the parking lot of a referral source etc. One program found referrals have increased and families were more open to the Parent Survey because it was virtual and they didn't have to open up their home to anyone. Programs just have to ensure the family completely understands the content of the consent form before they give verbal consent. Warm transfers are still happening virtually.
- ❑ Deanna – Two staff delivering soon gives us a perspective on how to support the families that are delivering shortly.
- ❑ Programs have found creative ways to get resources to families. Rebecca: Not finding that there is a lack of resources and formula is being delivered to food banks; AnnMarie: Board members have purchased diapers and formula for the families; trying to use community partners as resources. Karen: staff drop off sanitized supplies, diapers, wipes and take into consideration the older siblings (they're dropping activities for TC and siblings).
- ❑ Programs continue to reach out to families in creative ways: virtual breastfeeding class, dads groups, Easter event, PCA month event, making Easter baskets to drop off to the families with things to do with kids.

Challenges:

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- ❑ Sarah – Staff have so much more that's on their plates that they're trying to work through – young children and home, caring for elders
- ❑ Carol – It's tricky getting referrals because WIC has gone to phone appointments. Much concern about possibility of being called in to response team
- ❑ Clarice – Things are getting back on shelves at the stores, but families can't get there. Transportation is a big issue. The program has provided Uber or Lyft cards or staff bring items out to families. Access to the things they need is the issue for families
- ❑ Rebecca – We've identified to hire but not bringing on board. Experiencing some challenges with the training as she and a supervisor are planning to attend a May training. Has put us behind a little bit more.

Resources/Ideas Shared:

- ❑ Asking community partners and advisory board to donate diapers, wipes etc to families

Questions/Areas to be Addressed:

- ★ Staff want to hear more regarding the home visit achievement calculation, HV achievement rates and other performance indicators
- ★ Are the budget modification and new contract still on the same timeline?
- ★ More guidance needed on cheers check-in
- ★ For phone supervisions, do you still check off family discussions as in depth?

**PMs wanted to meet again in 1 month*

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Region/Date: CAP - 4/3/20

PMs Present: Colleen, Sandra, Wendy, Esther, Treena, Milyn, Rayanne

CA Present: Safiya, Corrine, Erika, Fatima

Successes:

- ☐ Programs continue to host staff meetings using Zoom, Outlook Teams, Google hangouts, Google Chat, Chat groups etc
- ☐ Sites continue to do virtual visits and staff are being creative, persistent, upbeat and positive. One site purchased 3 months of the digital subscription for the virtual curriculum and is able to text handouts from the curriculum to families. It is easy to search for content on the site as well. For families that are not working, receiving virtual visits has makes them feel important and that they have something to do outside of being home.
- ☐ For sites with limited internet service, they continue to use calls and texts to reach families and document this in the case notes. WhatsApp has been a good resource to use video with families as well
- ☐ Colleen's program has 5 assessments scheduled for next week. She noted "even though we're in 12 different locations it has brought us closer together." Wendy's program had 8 enrollments and was able to do virtual consents.

Challenges:

- ☐ Some sites are having technical issues due to limited cell service or broadband and have had challenges with doing interpretation for families over the phone
- ☐ Some sites are really struggling with program capacity, as referral sources (i.e. WIC) are closing down or not sending screens at all
- ☐ Staff at one site have not been able to do home visits because they are not considered essential
- ☐ Sites noted some challenges with basic needs resources (diapers and formula) being in short supply
- ☐ Staff are adapting to working from home and juggling the needs of their own children, especially those with younger children. Some staff have had to use more PTO time or flex their time. Their stress is palpable.

Resources/Ideas Shared:

- ☐ Ideas about receiving referrals:
 - ☐ Scan referrals to the email address
 - ☐ Screenshot the form with the phone
 - ☐ Scan feature on the iphone
 - ☐ Do the screen over the phone, collect the information, and put into the MIS
- ☐ Ideas about virtual home visits:

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- ❑ Sandra: Staff sending the Zoom link to download to the families instead of depending on the family to set up their Zoom accounts. They have more and more families doing Zoom each week
- ❑ One site sent an ASQ activity calendar to the families so that they had real things to do with their child at home
- ❑ Resources:
 - ❑ One site has families make the arrangements for resources they need then tell their worker the arrangements. Staff then drive through to pick up the items for the family.
 - ❑ Trena mailed a letter with general resources and food banks for the whole county to families.

Questions/Areas to be Addressed:

- ★ Accountability: how do sites develop tracking mechanisms to hold staff accountable for time? (Some sites are already doing electronic timesheets and Google calendars)
- ★ Some staff are not able to commit 7 or 8 hrs each day. Sites are being flexible, allowing staff to use PTO when needed and assessing the need for Paid Family Leave for some staff