Region/Date: CAP#2 - 4/17/20

PMs Present: Treena	
Sups Present: Holly (filling in for E	Esther)
CA Present: Samantha, Corrine, M	aile, Ann Marie, Fatima
Successes:	
Virtual home visits, welcome staff in Esther's program	e family visits and parent surveys are being done by
·	ce place and is divided into two one-hour meetings. and conversation went well. Informed parent of HV
program, right now conducti	ng virtual visits, and would like to keep in touch. iving referrals from pre-existing referral sources
· -	the guidance sent out for FRS and FSSs re: home
Challenges:	
have been covering as man agency considers essential	aff on administrative leave so herself and a supervisor y families as they can. They are the only ones the staff. Families are really grateful for the check-ins, nat might constitute a home visit
 Security of Zoom: one staff's ensured security. 	s account was hacked. IT has resolved the issue and
Resources/Ideas Shared:	
	entire 5 day training is being offered online for full eady be trained and certified)
 Consents can be mailed to the email or text back to the pro 	families and they can take a pic of their signature and gram
Questions/Areas to be Address	ed:
☐ Are spending adjustments s	till being done?

Region/Date: CW#2 - 4/16/20

PMs Present: Joe, Joanne, Sarah, Jill, Deanna, Kyra, Dawn, Carol & Natasha CA Present: Corrine, Tom, Maile, Fatima & Lisa Successes: ☐ Many programs have reported that staff and families are staying connected electronically and families remain engaged. Programs are not only doing virtual visits but adding other things such as virtual baby cafe, zoom support group with arts and crafts, a COVID and parenting group etc. ☐ Staff settling in better with working from home ☐ Programs are sending out resources to families, updating community resource lists, posting resources on the program's Facebook page and dropping things off (food baskets, family activities) at their doors "door dash" style ☐ Staff continue to remain supportive of each other and connected using Zoom, Microsoft Teams etc ☐ Stimulus checks have really helped families financially ☐ Some programs are reporting an increase in HV rates since going virtual ☐ One program is making masks for staff and families ☐ Parent Surveys continue to be done at some programs ☐ More fathers have participated in services **Challenges:** ☐ Some staff struggling with having young kids at home while they are working ☐ Some sites are dealing with families that are not coping well and are worried about whether conditions downstate will change as well as their employment status ☐ One site had to reduce contact to 1 phone call and 1 virtual visit /week with families because staff was becoming overwhelmed – compassion fatigue. Resources/Ideas Shared: □ IPV: ☐ Carol: HV did a PS over phone and Mom decided she would go outside with her toddler and was able to disclose IPV. HV ensured the safety by

posing question before discussing the sensitive/ relationship questions.

		Natasha: HVs call ahead of time and talks in general to plan. What will be
		a good time to speak, and just share some preliminary info about the call.
		She does a full introduction before beginning the PS.
		Mask making video:
		https://www.facebook.com/carol.tytler.9/videos/2886322124748042
		Guidance on ASQs: https://cpeip.fsu.edu/webinars/ ;
		https://agesandstages.com/resources-to-help-during-covid-19/
		Stephanie has a GGK that has conversations about focusing on PCI
		FSU has some webinars available
		Additional webinars: https://institutefsp.org/covid-19-rapid-response
		Home kits with books and activities for families: Thinkequal.org/freebooks
Ques	tions/ <i>F</i>	Areas to be Addressed:
	What	should happen to families on Level CO?
	What	to do with new hires? Some sites are still recruiting and filling positions due
	to inte	ernal agency pressure
	Does	a 20 minute visit count or is it a check in?
	For fa	milies that were supposed to graduate in May or June, should a virtual
	gradu	ation take place (and close families out in MIS) or should services be
	exten	ded so they can graduate in person?

Region/Date: MH#2 - 4/15/20

PMs Present: Erin Castiglione (Ulster), Pat Bennet (Sullivan), Nora Engelhard (Dutchess), Terri-Ann Anfang (Rockland), Brigette Grant (acting PM for Orange), Rayeann Fox (Assistant PM for Delaware)

CA Present: Caroline Chant, Ellen Butowsky, Safiya Ihklas, Corinne Noble, Maile Ray			
Succe	esses:		
	Even though staff are asking about when they might go back to the office, many see staff "falling into a pattern now" and getting the work done in this new way; they've "acclimated."		
	In two programs where staff had tested positive for the virus, they are now back at work or on the road to recovery.		
	Some programs are finding they have more contact with families. The group discussed that families who may have been hesitant to have someone in their home initially are getting accustomed to the program virtually. Some families who were on CO have now engaged. Dutchess described a 14-year old pregnant teenager who after several months of outreach has engaged and enrolled.		
	Sullivan did 10 parent surveys last month!		
	Orange reports seeing an uptick in families accessing mental health services since they don't have to leave homes to get it		
	PMs generally shared appreciation for the FAQs. When asked about communication, they said they liked getting a single email from Sue/Allison with all the most important items for that week.		
Challenges			
	PMs noted they are starting to see the wear and tear on some of their staff, especially those staff with children. Those with older children who have homework that needs to get done seem to be particularly stressed right now. One staff person has a child with special needs and it is very challenging for her to work.		
0	Many staff are struggling with their own anxiety about what is happening and PMs and supervisors are giving them room to talk about this in supervision. For some staff who are struggling most (have tested positive, have families who've been hospitalized, etc.) supervisors "are trying to give them a wider berth and not assign new families."		

☐ Several mentioned that working on the quarterly report is hard right now including for Dutchess who is a supervisor picking up tasks a PM would have been doing.

	Where parents live separately, staff report a challenge with trying to do 3-way calls to keep both engaged.
	FSU text curriculum is great but if more than one person tries to use it at a time, one gets bounced out.
	Safety : Rockland shared in their community they've seen a 30% reduction in calls coming in for abuse and neglect, with children not being in school or out in the world in any other way, "we may be the only other set of eyes on these children." Orange shared that with families they know have IPV, they are more comfortable with the virtual dynamic but with newer families they are treading very lightly, asking, "is this a good time?" "Do you feel comfortable doing X now?"
Reso	urces/Ideas Shared:
	Resources for webinars: Programs are asking for more resources for training and team meetings. Orange shared that they are using the National Home Visiting Institute website. There is a webinar on this site for administering screening tools virtually. Erin has an extensive list and will send.
	Consent: Some sites are having folks text a consent message and then they are printing it.
	PHQ9 : Staff are concerned about doing this over the phone in case someone answers yes to harming themselves, they don't want to hang up to make a call for help. The group shared text crisis lines that exist in most counties that would allow them to keep the person on the line.
	Curriculum: One site shared that it's important to plan for curriculum and have plans to fill most of the visit as there isn't "filler" now with watching and observing. Staff have to be "really prepared" for their visits.
	Accountability : At the end of each day, staff in some sites send a log with ID numbers of everyone they've interacted with so the PM/supervisor can check that things are getting documented appropriately.
	Other providers: Group stressed the importance of making sure other providers (who may know we're open for business) understand that we're not physically in the homes. This may be especially important for child protective staff to understand.
Ques	tions/Areas to be Addressed:
	ASQs: Sullivan wondered if the forms were available electronically. (They are only available via a CD you received when you ordered the ASQ manual etc.) Rockland uploaded all of the screens on their shared drive. Ulster sends a pdf to families and they do the ASQ and go over with the home visitor afterwards. Sites are doing ASQs and putting into the MIS but cannot have the Child Development

Specialist sign off. Wondered if they need to go back and do that once we're
back in the office or not?
CHEERS Check In: Ideally you'd do it at 5-7 months but since the requirement is
1 x year (2x for MIECHV sites), programs can wait to do it in person. <i>Is CA OK</i>
with families sending a video clip to home visitors, as HFA's guidelines
suggest?
What do we do if someone reports suicidality during a virtual PHQ-9?

Region/Date: NYC#2 - 4/14/20

PMs Present: Allana, Angel, Lydie, Laura, Rosemarie, Tamara, Jaime, Sofia, Roxanne, Vivian CA Present: James, Samantha, Melanie, Corinne Successes: ☐ Teams are remaining connected, having staff meetings, and supporting each other with problem solving ☐ Families continue to be receptive to virtual home visits, but some families are having multiple virtual visits with other providers which can lead to some "virtual visit burnout." Some families might also be running out of devices because their children are using computers for homeschooling ☐ Staff are providing technical assistance to families struggling with "home-schooling" technology ☐ Teams continue to have high quality supervision virtually. Roxanne reported that she had her first virtual supervision, and was surprised by how well it went; she may even prefer it. ☐ Programs who have received PPE from OCFS are very grateful for the supplies ☐ Parent surveys are still being done virtually (sometimes they have to be broken into more than 1 visit because of parents' more limited attention spans on devices and/or limited ability to focus due to family demands) ☐ To address DV risk, one program has had the FRS ask "is there a better time for you to call me back?" and have the parent initiate the call when it's convenient for them. **Challenges:** ☐ Sofia and most of her staff are now able to work from home again but 3 of her staff still have to work at the office ☐ Some programs are having challenges with obtaining emergency supplies (diapers/wipes etc) for families and getting items shipped to them ☐ Challenges with utilization and replacing families that have moved out of their program's service area. ☐ Challenges with outreach - many previous referrals sources are closed down. Resources/Ideas Shared: ☐ To keep new staff busy: TOL workbooks, FGP stop gap, HFA website trainings, research articles on HFNY website, GGK stop gap webinar (free now, with full training to occur within 4 months), community scavenger hunt - to find out what resources are up and running at the moment, create Jeopardy games and other games to use for staff; Melanie shared that new staff can browse the HFNY website and BPS to use their time wisely learning the system and the model

	Outreach suggestions: reach out to hospital social workers and offer support - "we're here;" email labor and delivery units at hospitals; reach out to previous referral sources by email and phone (parents are home/reachable, and may want/ need our services now); brainstorm outreach ideas in team meeting; see question #23 of FAQs for more ideas.
Quest	ions/Areas to be addressed and added to the FAQ
	Trainings: what are some webinars/trainings for staff who are new and are running out of trainings tasks to keep them busy?
	Site Support: Can PCANY Site Support trainings be done virtually, now?
	Outreach: What does outreach look like now? Guidelines and suggestions for obtaining