



# Poster Session and Reception

**Wednesday, January 29, 2019**

## **Advocacy & Policy Community of Practice**

**Carol Brady**, Maternal Child Health Advocate – Brady & Associates

**Anne Gunderson**, Policy Analyst – Ounce of Prevention Fund

The goal of the Home Visiting Advocacy and Policy Community of Practice is to provide national, state and community advocates with sound policy information and outreach strategies in order to promote greater investment in effective home visiting services for children and families across our nation. The CoP was formed to extend and strengthen advocacy activities around issues raised by participants in the annual National Home Visiting Summit. As an integral component of advocacy, this community delves into policy issues that cross innovative financing mechanisms, a broad range of policy arenas, such as health, early childhood, anti-poverty and child welfare, among others, and outreach strategies to engage federal, state and local policymakers. The CoP will kick-off 2020 with advice from election experts, national advocates and public policy lobbyists on strategies for getting home visiting and early childhood investment on the agendas of candidates!

## **Competency Alignment for Pre-Service Home Visitors**

**Carla Peterson** Ph.D., Professor – Iowa State University

**Bridget Walsh** Ph.D., Associate Professor – University of Nevada, Reno

The purpose of home visiting programs is to provide family-centered support for pregnant women, infants, and toddlers in the family's home, particularly for families facing challenges (Weiss, 1993). Home visiting programs promote secure parent-child relationships and help parents provide high-quality learning experiences across developmental domains (Walsh, Mortensen, Edwards & Cassidy, in press; U.S. Department of Health and Human Services [HHS], 2016). In 2017, at least 3.5 million home visits were provided to families with pregnant women or young children (National Home Visiting Resource Center, 2018), and in February 2018, federal early childhood programs were reauthorized for five more years of funding. A variety of outcomes are targeted by home visiting models, including child development and school readiness, linkages and referrals, parenting practices, maternal health, among others (Sama-Miller, Akers, Mraz-Esposito, Zukiewicz, Avellar, Paulsell & Del Grosso, 2018). As support and enthusiasm for home visiting have grown, so too have the expectations for home visits and home visitors. It is not surprising that workforce development is a top agenda item in evidence-based home visiting programs (Home Visiting Applied Research Collaborative, 2018; West et al., 2018). One important area of home visitor workforce development is the promotion of high-quality pre-service training in higher education. This poster aligns the Collaborative for Understanding the Pedagogy of Infant/Toddler Development (CUPID) home visitor competencies (CUPID, 2017; Roggman, et al., 2016) with the Certified Family Life Educator (CFLE) competencies as a combined framework for high-quality pre-service home visitor training. One goal for this framework is that the National Council on Family Relations (NCFR) can use this alignment to better support the growing and important work of home visitors. This comprehensive alignment may inform the scholarship of teaching and learning in home visiting coursework and FLE content area coursework. This alignment may also promote developing new courses on home visiting, enhancing existing courses to address home visiting competencies, or modifying existing pedagogy.

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## Does Prenatal Home Visiting Improve Birth Outcomes?

**Erika Lichter**, Associate Research Professor – University of Southern Maine

A retrospective cohort study design was used to compare maternal health during pregnancy and birth outcomes among women in Maine who had home visits during pregnancy, those who enrolled in home visiting postpartum, and those who did not have home visits. Maine birth certificate data from 2014 to 2016 were linked to Maine Families home visiting data. Regression analyses and propensity scores were used to gauge differences between groups. Results indicated that women prenatally enrolled in home visiting were less likely to have a premature or low birth weight infant compared to those who enrolled in home visiting after their child was born. There were no differences in the rates of low birth weight, prematurity, and small for gestational age between women enrolled in home visiting prenatally and women who never enrolled. Women enrolled prenatally were more likely than non-enrolled women to breastfeed upon hospital discharge, and were more likely to receive more than 80% of expected prenatal care visits and receive WIC services during their pregnancy than women who enrolled postpartum. These analyses suggest that in the areas of encouraging prenatal care attendance, educating women about breastfeeding, and connecting women to resources that promote health nutrition during pregnancy, home visitors are having a significant impact. Family visitors connect women to health care providers (i.e., prenatal care), community providers (e.g., WIC), and encourage bonding and healthy infant development with infants through breastfeeding.

## Engaging Early Childhood Partners in Tribal Communities through Authentic Storytelling

**Jovanna Archuleta**, Pueblo Outreach Coordinator - LANL Foundation

**Anna Maria Garcia**, Early Childhood Director - LANL Director

**R.J. Martinez**, Early Childhood Coordinator - LANL Foundation

This presentation will present an innovative way to map tribal communities for family support systems through a process that engages new and existing partners in guiding community-based strategies by sharing their own stories. The Eight Northern Pueblos Council (ENIPC) in northern New Mexico partnered with the LANL Foundation to develop the Pueblo Outreach Project. The project examined eight Native American Pueblos to better understand what early childhood services (e.g., home visiting) were being provided, and assess any gaps. The history of the tribal people in the pueblos is a remarkable story of struggle, survival, and resilience. Each pueblo has its own singular characteristics and a unique history, hence the importance of storytelling in tribal culture. Eight pueblo planning teams prioritized goals and timelines, identifying community strengths and challenges with which Early Childhood plans were developed for each pueblo. At the core of this work was establishing the trust to ensure that the voices of all tribal members were heard and respected.

## Engaging Families Now and Beyond

**Yvette Montaña**, Alumni Relations Manager- Nurse-Family Partnership

**Ashlei Watson**, Parent Advocacy Coordinator - Nurse-Family Partnership

**Faraha Nia**, Health Assistant - Solano County

This session will share strategies for engaging clients, families, and program alumni in organizational advocacy efforts to communicate the impact and outcomes of home visiting. Representatives from Nurse-Family Partnership (NFP) will provide an overview of two recent initiatives to increase engagement of families and alumni: the National Alumni Group and the Parent Ambassador program. The National Alumni Group was formed based on feedback from program graduates who wanted to stay connected and give back to a program that changed their lives. Alumni are a key constituency with a unique perspective that is essential in advocating for the program. Now with over 700 members, the group contributes to recruiting efforts and helps boost program and brand awareness in their communities and across the nation. To further engage alumni in advocacy work, Nurse-Family Partnership established the Parent Ambassador Program, a two-year voluntary leadership and advocacy program for select alumni who help increase the visibility,

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accessibility and sustainability of the program nationwide. Parent Ambassadors receive specialized training to be leaders in their communities, advocate on behalf of NFP families, help advance public policy priorities, and grow our national advocacy network by engaging with other alumni and current clients. This session will share strategies, best practices, and lessons learned from these unique programs that other home visiting programs and models can apply to boost advocacy efforts among clients and alumni.

### **Engaging Grantees to Develop Measures for Tribal Home Visiting**

**Kate Lyon**, Vice President - James Bell Associates

**Tess Abrahamson-Richards**, Research Associate - James Bell Associates

**Nancy Rumbaugh Whitesell**, Professor - University of Colorado Anschutz Medical Campus

The Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE) went through an intensive process engaging Tribal MIECHV grantees, MIECHV funders, and implementation research experts to design a rigorous study to answer implementation questions prioritized by these stakeholders. In this process, key areas of inquiry were identified where existing measures were inadequate for this population, thus requiring new measures. New processes for extensive stakeholder engagement and enabling iterative feedback were introduced, the first of which was a screener for economic strain, the Family Resources Check-In (FRC). The FRC built upon existing screeners for economic strain, adapting and adding items to adequately capture strain as reflected in the particular contexts of many tribal communities. Two additional measures – one for home visitors and one for caregivers receiving home visiting services – were designed to capture what takes place within home visits. The use of observational measures was not acceptable or feasible in many of the communities participating in MUSE, but there was a strong desire on the part of grantees to understand what actually happens during visits. Rapid Reflects (RRs) were created to ask home visitors and caregivers to reflect briefly and immediately after their visits. The processes used to create the FRC and the RRs and the measures themselves will be shared, along with preliminary plans for how data from these measures will be analyzed.

### **Enhancing the Home Visiting Workforce through Partnering with Post-Secondary Institutions**

**Anita Brown**, PhD, Associate Director - Center for Family Research

The Georgia Department of Public Health (DPH) Maternal, Infant, Early Childhood Home Visiting (MIECHV) program received an innovation grant to create the first multi-tiered model for professional development growth of the MIECHV workforce. One key priority area of the model included improving the skills of the current workforce by developing partnerships with technical schools and colleges in areas surrounding MIECHV Local Implementing Agencies (LIAs). These partnerships were created by contacting the career development office and/or the Early Childhood Education (ECE) program of identified schools and requesting dialogues with staff and/or students about the career of home visiting. The program yielded engagement with over 250 students, staff members, and educators at 61 colleges and technical schools; many were unfamiliar with the field of home visiting. Additionally, the DPH MIECHV program was able to collaborate internally with the DPH University Relations program to create internship opportunities for students at MIECHV and non-MIECHV home visiting sites. This effort not only increased interagency collaboration within DPH, but also established or expanded relationships between home visiting agencies and post-secondary institutions where none existed previously.

### **Integrating Home Visiting into Systems of Care: Where is the Science?**

**Patti Manz**, Professor – Lehigh University

This poster will present a comprehensive synthesis of scholarship published between 1987 and 2018 regarding the integration of home visiting to other health and developmental services for infants and toddlers. Forty-five publications met the criteria for inclusion and were analyzed. Findings indicate that the prevailing topics include procedural elements related to identifying and referring children for services, and administration of mandates such as those from inter-agency coordinating councils. Minimal attention, however, was given to inter-agency training and financial resources/barriers.

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One striking finding was the lack of attention to parental roles and engagement in the integration of services for their infants and toddlers. In addition to content coding, the articles were ranked according to a five-stage implementation framework. The majority of articles were labeled as recognizing the need for integrated services, while a small portion of the publications presented research findings pertaining to preliminary strategies and full implementation of integrated models.

This literature synthesis will be presented in order to:

- Stimulate research for developing evidence-based integration models of birth-to-three services
- Increase empirical attention to parent engagement
- Illustrate the need to increase reciprocal communication and data sharing among researchers, practitioners, and policymakers.

### **Integrating Oral Health Promotion with Obesity Prevention for Home Visitors**

**Kristin Haegele Hill**, Program Director, Healthy Teeth Healthy Children - PA Chapter, American Academy of Pediatrics

**Amy Requa**, CRNP, CPNP-PCT, State Oral Health Coordinator - Pennsylvania Head Start Association

Poor oral health, inadequate nutrition, and chronic diseases such as diabetes and obesity all share a strong causal connection due to the frequent consumption of convenience foods, such as highly processed, high-calorie, low-nutrient foods and beverages with added sugars. By weaving together oral health literacy and obesity prevention concepts, we will present a unique approach to oral health literacy for underserved populations. This session offers new and innovative educational content with instructional supports, tools, and approaches to educate community-based home visitors on the intersection of oral health with physical health and wellbeing. This session will educate health advocates to actively promote oral health using simple and engaging materials while presenting tools to convey dental home concepts. Obesity prevention strategies include using health messaging through story kits, lively music, and movement to increase levels of physical activity and reinforce healthy nutrition habits. By focusing on self-care and wellness concepts, we are providing strategies for role-modeling and reinforcing optimal oral health and physical health habits for children and families in local communities.

### **Intimate Partner Violence and Home Visiting: What the Evidence Says**

**Katherine Niland**, Research Analyst - Mathematica

**Emily Sama-Miller**, Senior Researcher - Mathematica

**Marykate Zukiewicz**, Researcher - Mathematica

Home visiting interventions that target pregnant women and families with young children offer an opportunity to support mothers at risk for intimate partner violence (IPV). While research has demonstrated home visiting's effectiveness in areas such as child and maternal health, less is known about its effectiveness in reducing IPV. To fill this gap, the federally funded Home Visiting Evidence of Effectiveness (HomVEE) project systematically reviewed studies about the effect of home visiting on IPV. HomVEE examined effectiveness research that tested how home visiting models impacted measures of IPV. This included both research on models that HomVEE has prioritized for inclusion in its usual review, and other research that is not yet part of the overall HomVEE review but that has an IPV focus. Preliminary findings indicate that effectiveness research on IPV is limited in quantity, especially research in rural settings. However, the available research does suggest that home visiting can have an almost immediate effect on improving IPV outcomes. In addition, preliminary findings from this review suggest that home visiting's effects on the reduction of IPV may especially be possible in certain types of families, including families that enroll in a home visiting model during the mother's pregnancy. The review will be finalized and released publicly prior to the 2020 HV Summit.

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### National Home Visiting Network

**Melissa L. Kelley**, Facilitator, National Home Visiting Network

The purpose of the National Home Visiting Network (the Network) is to inspire the growth of a well-networked field that catalyzes and magnifies the collective reach and effectiveness of early childhood home visiting. Guided by an Advisory Committee, the Network serves as a connector and a catalyst for collaboration across the many centers of activity in the home visiting landscape. Our engagement with one another is influenced by four network principles: Mission, Not Organization; Node, Not Hub; Humility, Not Brand; Trust, Not Control. The Network is a designated charitable activity of the Heising-Simons Foundation and we are currently in year two of a three-year network development process. In our first year, our work centered around establishing the underpinnings and strengthening the relationships and connections to create a well-networked field of home visiting. This year, our work centers around organizing, performing, and adapting a network infrastructure that supports shared goals. We are working to frame, connect expertise, and elevate three critical conversations: the Home Visiting Continuum (from universal to intensive/targeted), Racial Equity, and Parent Voice. We are also working to advance the network mindset across the home visiting field. Our work next year will center around determining how the network assets (including knowledge and social capital) are transitioned, transformed, and re-deployed to the larger field.

### Professional Development Community of Practice

**Tracy Small**, Program Manager, Illinois Birth to Three Institute, Ounce of Prevention Fund

**Janelle Weldin-Frisch**, President, Prairie Learning Options

The community of practice on professional development will provide community-based program and state leaders, policy makers and researchers a forum to engage about professional development within the home visiting field. This community explores facets of professional development to promote research-based and promising practices by practitioners and supervisors that advance their professional effectiveness. It also explores state level strategies and national initiatives that promote professionalism of the home visiting workforce. Membership in this community offers a venue for new connections to leaders in home visiting professional development. It also encourages members to add their expertise to an ongoing national discourse and to collaborate between webinars to endeavors that advance home visiting professional development.

Areas of focus include:

- Dimensions of professional development including classroom and web-based training, coaching/mentoring, technical assistance and continuous quality improvement
- Research efforts that shape and inform home visiting professional development
- Innovations, initiatives and resources in professional development that advance practice and professionalism of the home visiting workforce

### Rural Home Visiting Systems Coordination: Using data to Navigate, Motivate and Drive Decision – Making

**Bliss Bryan**, Home Visiting Systems Coordinator - First Five Siskiyou

**Vanessa Pingleton**, Home Visiting Systems Coordinator - Douglas ESD/South Central Early Learning Hub

**Corinne Potts**, Home Visiting Systems Coordinator - South Coast Regional Early Learning Hub

Embedding data collection and use throughout the Ford Family Foundation's rural Home Visiting Systems Coordination (HVSC) project has engaged community stakeholders as participants in the evaluation process, enabling them to observe changes over time and identify areas for continued work. In addition, HVSC has equipped coordinators to facilitate

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data-driven decision-making with system partners. Session attendees will learn about our evaluation strategies, lessons learned, and concrete examples of the ways data has changed the trajectory of collaboration in five rural counties.

### **Strengthening Coordination between Primary Care & Parental/Early Childhood Home Visiting: A Pilot Intervention**

**Beth Barnet**, Professor of Family Medicine - University of Maryland School of Medicine

**Margo DeVoe**, MS, Clinical Research Scientist - University of Maryland School of Medicine, Department of Family and Community Medicine

Prenatal and early childhood home visiting (HV) targets disadvantaged pregnant women/families. Coordination with primary care (PC) might improve effectiveness, but proven strategies are lacking. This study's objective was to pilot a strategy to improve PC-HV coordination aimed at improving/creating mutual awareness, relationships and trust, mutually agreed-upon content, and workflows and electronic communications through dedicated staff. Using a mixed-methods design, qualitative data was used to design intervention. The program was piloted over 12 months, and evaluated with pre- and post-program surveys and focus groups. A total of 18 patients enrolled and were followed for five months following the program. Findings of this study indicate 79% of contacts initiated by UFP-CC trying to reach HV staff required multiple attempts over days or weeks. At baseline, HV staff expressed low satisfaction with the ease of coordination (9% satisfied); non-significant post-intervention improvement (31% satisfied). Home visiting staff perceived pre- and post-program improvement in effectiveness (27% to 57%,  $p=.02$ ) but reported worsening electronic access to information over time (29% to 17%). In follow up, UFP-HV pts reported coordination helped with access to primary care (e.g., help with appointments), navigating referrals, understanding and/or aligning messages from PCP/HV, and with an enhanced sense of stability and caring from UFP-CC-HV staff. Conclusions: Training PCPs/HV staff can increase mutual awareness and dedicated staff can facilitate coordination, though neither is sufficient without trusting relationships and infrastructure that support real-time connection. Shared access to the electronic record or secure messaging might also be considered.

### **Supporting Families through Collaborative Referral Networks**

**Mary Orem**, Research Project Coordinator - Center for Public Partnerships and Research at the University of Kansas

Home visiting programs that participate in collaborative referral networks are well-positioned to meet the diverse needs of their families. Regions in Kansas have developed multi-sector referral networks to meet the needs of families across the life course. Utilizing our Connected Communities, Connected Families framework, we will highlight key milestones for successful referral network implementation including strategies for assessing and building community readiness, approaches for engaging healthcare and community service providers, and critical community-based conversations and decisions. Case studies from communities that have implemented this approach will be shared, including family feedback about the referral process, lessons learned from community partners and the implementation team, and the impact of this collaborative work. Attendees will gain insight into the next steps for engaging partners in their own community to develop a collaborative referral network.

### **Supportive Relationships with Differential Engagement in Doula Home Visiting Services**

**Renee Edwards**, Research Professional - School of Social Service Administration, University of Chicago

**Sydney Hans**, Frank P. Hixon Distinguished Service Professor, Deputy Dean for Research and Faculty Development - School of Social Service Administration, University of Chicago

It has been well established that home visiting participants with varying psychosocial resources demonstrate different levels of engagement with service providers. However, less is known about the structure and quality of participants' past and current relationships, which may shape their perception of, trust, and bonding with their service provider, as well as decisions of whether and how to receive services. This study collected data from 147 young pregnant women, prior to

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enrolling in doula home visiting services, regarding the quality of their relationships (trust, communication, alienation, and support) with their parent figure (usually their mother; PF) and the father of their baby (FOB), the level of childhood rejection from their parents, and closeness in relationships in general. Findings indicate that there is great heterogeneity among young, low-income mothers regarding their past and current supportive relationships. This session examines the comparison of mothers who have already had experiences of strong relationships with mothers who experienced a high level of rejection from their parent in childhood and felt alienated from their current parent figure during pregnancy. Participants who had a good relationship with a parent in childhood and have a close relationship with their parent figure in adulthood, even including those who experience conflict with the FOB, are more successful in establishing strong working alliances with doulas and utilize services at a higher intensity. Home visitors may gain insight into why some mothers are more difficult to engage by understanding her current and past relationships, particularly those with parental figures. Program developers may need to consider ways to tailor interventions and provide tools for home visitors to support their engagement with clients who have a history of and ongoing difficult relationships with their own parent.

## Surveillance Bias in Child Protective Services Reporting by Home Visitors

**Denise Esserman**, Associate Professor - Yale University

**Margaret Holland**, Research Scientist - Yale University

A number of research trials report that home-visited families have higher rates of incidents reported to Child Protective Services (CPS) than comparison-group families. One possible explanation is that home visiting (HV) families have more opportunities for reports than the comparison-group families, who do not have a mandated reporter (home visitor) entering their home regularly; this increase is called surveillance bias. We estimate the magnitude of surveillance bias in a statewide HV program that uses the Parents as Teachers curriculum by linking HV program data to state birth certificate data using probabilistic record linkage, and creating a comparison group with the remaining birth certificate dyads using propensity score matching. These groups were matched within the CPS data system to provide the age of the child at each CPS report, if any. We estimated the likelihood of having any CPS report, or any investigated report, during and after HV engagement. For the comparison group, we used dates of HV engagement for the matched HV dyad to estimate and investigate reports in the comparable time frames. We used a generalized estimating equation for a binary outcome (any report or any investigated report) with a log link to conduct a difference-in-difference analysis and estimate the absolute risk difference in the change in overall reports and investigated reports in the pre- and post-HV intervention vs. the comparison group over six months. Although propensity score matching was successful for the full sample, when the sample was restricted to HV families engaged in the program for at least six months and equivalent comparison families, the groups were not equivalent on ethnic distribution; ethnicity was therefore included as a covariate. Analyses were conducted using SAS v9.4 PROC GENMOD. On average, children were one-and-a-half years of age (SD: 1.5) at the end of HV engagement. In the six months prior to the end of HV engagement (or equivalent for the comparison group), 3.7% of families had any report and 3.1% had investigated reports; in the following 6 months 3.6% had any report and 2.8% had investigated reports. In models adjusted for ethnicity, we found no change in overall reports (0.08% higher in the HV group compared to control; 95% CI: -0.89%, 1.05%) and no change in investigated reports (0.03% higher in the HV group compared to control; 95% CI: -0.83%, 0.89%). Adjusting for ethnicity, HV families were more likely to have any report (OR: 1.68, 95% CI: 1.50, 1.87) and an investigated report (OR: 1.62; 95% CI: 1.44, 1.82). While no evidence of surveillance bias in this program was found, higher levels of reports and investigated reports for the home-visited families were observed. This result is inconsistent with previous findings, which suggests either that there may be variation across HV programs or that this approach produces a different estimate.

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### **The Home Visiting National Landscape: Meeting Families Where They Are**

**Allison Meisch**, Project Director - National Home Visiting Resource Center

The National Home Visiting Resource Center (NHVRC) is a source for comprehensive information about early childhood home visiting. Its goal is to support sound decisions in policy and practice to help children and families thrive. The annual Home Visiting Yearbook explores home visiting nationally, but also dives deeper to look at home visiting in specific states, territories, and tribes. The most recent data release, also includes information about where families are served. In this poster presentation, we will highlight the latest information on the state of home visiting across the country, including information on how many children are being served, and how many families could potentially benefit. Additionally, we will share data on the locations where home visiting programs are located and where families receive those services.

### **The Relationship between AEPSi and Team-Generated Child Outcomes Summary Ratings**

**Amanda Dunlap**, Consultant - Public Consulting Group, Inc.

DEC Recommended Practices in the areas of assessment indicate that practitioners should work with families and others to gather assessment information (A2) and monitor progress (A9). This session focuses on appropriate strategies for gathering assessment information for reporting child functioning and progress for required OSEP reporting. Identifying strategies that are efficient, result in high-quality data for all children and families, and detect progress for all children (A10) is critical for accurately demonstrating the growth of children. Data for the current study were generated through business-as-usual practices within one early intervention program serving 93 children. Child Outcomes Summary ratings were determined using two independent methods: team discussion and processes electronically generated by the AEPSi. During the team process, professionals (i.e., developmental therapists or service coordinators) completed the Child Outcome Summary Form by engaging in a conversation with the family about the child's functioning related to each outcome. During the AEPSi process, the child's AEPS item scores were entered into the electronic system resulting in a AEPSi-generated rating for each outcome. Fifty-two of the children had entry scores from the AEPSi and the COS, while 67 of the children had exit scores from the AEPSi and the COS. Results of the Spearman's Rho calculations for all entry and exit scores indicated that there was a statistically significant positive relationship between COS ratings generated through the team process and those generated from AEPSi. Cross tabulations also indicated that specific variances in ratings were evident.

### **Weaving Four Modalities into a Nurturing Home Visiting Program**

**Beth Enson**, BA, IMH-E II, Home Visitor - First Steps Home Visiting/Holy Cross Medical Center

**Jaci Imberger**, BSN, IMH-E II, Program Manager - First Steps Home Visiting/Holy Cross Medical Center

**Molley MacCracken**, IMH-ET, Program Coordinator/Home Visitor - First Steps Home Visiting/Holy Cross Medical Center

This presentation will introduce participants to the program design of a highly effective, multicultural infant mental health-based Home Visiting program serving a low-income county in an extremely poor state. Over its 12-year evolution, four key modalities — Emotional Intelligence (EQ), Circle of Security, Trauma Stewardship and trauma-informed care, and the FAN — have proven essential to the program's vision, staff orientation and training, reflective supervision, and daily work in the parallel process. The organizing principle of creating an attuned holding environment defines the nesting relationships of parent to child, home visitor to parent, and up the line to program manager, state supervisor and national mentors. By emphasizing self-awareness and offering hands-on exercises, EQ nurtures the emotional flexibility required for incorporating other modalities. The program has created a unique organizational culture that is now rippling outward to influence its funder, fiscal agent, and community partners. This model has impacted retention and satisfaction for both clients and staff. Clients often continue in the program with their second and subsequent children. Staff retention is high due to the amount of support they are given to carry out their responsibilities, opportunities for professional development, and time to understand how the work impacts them through reflective supervision. Information, modeling, and practice will give participants first-hand experience of the modalities and skills to be covered.

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