

HV-ImpACT February 2020 Webinar

In partnership with HRSA

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Helping Local Implementing Agencies (LIAs) Support Families Facing Critical Challenges: Homelessness, Teen Parenting, and Incarceration

>> Hello, everyone. And welcome to HV-ImpACT Webinar on helping Local –Implementing Agencies support families facing critical challenges, such as homelessness, teen parenting, and incarceration. I'm Karen Cairone. I'm the Universal Technical Assistance Manager with HV-ImpACT. And we're very pleased to bring you this webinar today. I am going to give you a little bit of an introduction to the room. You should see up in the left-hand corner the presenter photo, so you'll be able to see who's talking to you today. There's a large chat pod right beneath that photo where we can have conversations with each other, ask questions, share resources. And we'll start by just asking everyone to go into the chat pod and introduce yourself so we know who's here today. So if you'll take just a moment, let us know your name, your program, your title, where you're calling in from, what organization. We'll just have a good opportunity to see who's with us on the line. You should see the slides in the middle of the screen. We will be going through and sharing on that PowerPoint, but you also will have all of the slides in the file share pod, which is just beneath the PowerPoint deck. So if you can see beneath the deck, there will be a PDF file called Critical Issues February 11, 2020, Webinar slides. You can feel free to grab those slides at any point during the presentation. The call-in information is available to you and also a technical support pod.

So with that, I'm going to just make sure that we have a general reminder, please mute your computer speakers if you hear any kind of echo. Please use the technical support box if you need to reach out to our support team. We would really welcome you to chat during the course of the presentation, ask questions, make comments, and again, a great place to also share resources. I know a lot of you are doing such excellent work in these areas around working with families facing critical issues, so please do share your additional resources. And finally, we are recording this session. This session will be available on HRSA's website within a few weeks after

the presentation, so we will make sure that we have that up and the link is available to you at that time. We'd like to ask you at the end of this webinar to take a moment to provide some feedback. We really do value your feedback. There's an evaluation that will pop up and ask a few questions. We have so far used your feedback to make some changes in the way we deliver webinars. We now have one-hour webinars instead of 90-minute webinars. We have now limited to inviting three awardees per hour. We've had some sessions where we had invited five to six awardees, and it seemed too much and not enough time to really dig into what every awardee had to say in depth. We also have brought in subject-matter experts to present on the topics as they relate to MIECHV awardees.

And finally, based on your feedback, we have now provided a PDF version of the slides in the handout pod. So please do keep your good ideas coming, and take a minute or two after the presentation to give us additional feedback. The objectives for our session today, we will hear from Dr. Jones Harden. She will share strategies for engaging parents experiencing significant environmental risks in home-based programming. We also will delve the successes of MIECHV awardees from Illinois, Louisiana, and Connecticut.

Finally, I'd like to introduce you to our presenters today. We have Dr. Brenda Jones Harden. She will be joining us as our first presenter, and she will share about 20 minutes of information, a lot of great detail with her work at the University of Maryland School of Social Work. We will then hear from Dr. Aileen McKenna and her colleague Jennifer Wilder. And they will present information again from the MIECHV awardee from Connecticut. We were hear from Shawanda Jennings the program specialist at the Ounce of Prevention. Here with us Julie Arnold, Samantha Crawford, and Tara Wallace who will be sharing with us from Region 8. So without further ado, I'm going to turn the presentation over to our subject-matter expert, Dr. Jones Harden.

>> Hello, everyone. I hope you can hear me just fine. I'm so glad to be talking to my favorite audience, which is home visitors. And one of the things that I like to tell home visitors is I have been doing this since the late '80s -- actually the early '80s, now that I think about it. And so I'm

excited to talk to you. So I'm going to talk to you about a few things that I think are important no matter what your model is. I'm going to focus on the power of relationships. I'm going to talk about how to match your services to family needs. And I'm going to talk about building a system of care that includes taking care of yourself. So first to think about relationships, one of the beautiful things that has come out in the research and clinical world nowadays is the import of relationships. And we know now that even at the level of the functioning and the structure of the brain, our early relationships matter.

So think about that in terms of what you're doing in the home with our families. I'd like to first sort of talk about something that I learned from Jeree Pawl many years ago about the import of a corrective emotional experience for parents who are in home visiting and other kinds of programs. And as you all know, you live this every day, parents may not have received high-quality parenting when they were kids themselves. They also might be in conflictual relationships with spouses, partners, siblings, and parents, and they may have had terrible, terrible experiences with helpers in their lives. So you, as a home visitor, are trying to give them a corrective emotional experience. As you Jeree Pawl says, "You do unto others as you would have others do unto others." In other words, you want to support them so they can support their children, that parallel process. But I also want to think about how powerful relationships are in some other ways.

One of the things that all of you know from your very good work with families is that you have to build trust. And my sort of three mantras is listen, listen, listen carefully. I used to call it listening with a third ear. I'm listening to what a parent is telling me about their relationship with me, how they perceive me, how they perceive others, how they perceive their children. I have to keep my word more than I have to keep my word even with my own family because they're expecting me to neglect them. And I have to be a safety net in the broadest sense of the term for them in order to have the kind of relationship that will allow them to sustain their interest and involvement in the home-visiting program. You don't want to get into a power relationship. It needs to be egalitarian, and we have to work extra, extra hard to show empathy at all times, even when we don't feel like being empathic. And I know many of you have had families where it's very hard to be empathic. We have to show unconditional positive regard

and a sense of genuineness. We have to be who we are with families because I like to tell my supervisees that they sort of have radar and can read us in ways that other people even can't. Of course, and all of you certainly I know do this in your program, provide some kind of concrete hook, because our families feel like we don't care sometimes. And even though that's not exactly true, certainly sometimes providing some kind of concrete support helps them to feel like we do care. So I want to talk a little bit about some of the things that we've discovered, and certainly the research has backed us up in that, that if we are too direct, parents get resistant. And I know many of you have probably experienced this where you're really trying to help parents move and think and move toward a goal, and they just get more resistant. If we sort of step back and sort of be more supportive and not so sort of telling them what to do, we find that in the end they're much more likely to do what we are trying to support them to do. And certainly, context matters.

One of the things that we always ask parents and ask them throughout is: How's it going? How are they feeling about the home-visiting program? How are they feeling about us checking in to see what can we do to make this a little easier for them to be involved, and sort of thinking about that all through? And one of the other things that we've discovered and actually we kind of put this into all of our work now, they can tolerate a brief intervention longer than they can a long intervention. And I know many of the home-visiting models are two, three, four years. One of the things that we might want to think about doing is engaging them in the short term, and then that'll move them into more long-term work. Okay. I want to talk a little bit about what we know helps parents to be engaged in programs.

First, if their goals are aligned with program goals. So we have to be really, really careful about this. We talk about our program goals, certainly we have to, but we have to show them how it meets their own goals, sort of like the old social work adage, meeting them where they are. If the family perceives the program is relevant and beneficial to them, well, sometimes it's really inconsistent with our goals, so we can always make that connection. They're much more likely to stay engaged. Also, something I call with my supervisees, being graciously persistent. I mean, to tell you the truth, we're pains in the butt. And I know that, but we're pains in the butt in a gracious way. So we do make unannounced home visits, but we do it in a way where we say,

I'm not going to bother you. I just want to leave a note. I just want to check and see how you're doing. We text them now of course with technology. That's one of the things that we found our families really respond to. And we revisit constantly the offer and the contract, I call it, about being a part of the program. Again, going back to reflecting, what will make it easier for you? What can I do a little better to help you stay involved? And sometimes, as many of you know in certainly some of our other presenters are going to talk about this a little later, you might have to elicit the support of a trusted person, like a family member or an interventionist who happens to be in a jail or shelter.

What we often do is engage early childhood providers and childcare, etcetera, to help families stay involved. And then certainly be very, very flexible. I know with models you have to make sure you're faithful to the model, but there are certain kinds of flexibility that we can do, scheduling home visits around their request, sometimes increasing doses, which is one of the things that I want to talk about in a minute. So clearly, we're talking about not the sort of middle families, the ones who are in the 66% of our caseloads. Here we're talking about the families who are really, really tough. And one of the things that I really believe is one size cannot fit all, so we have to in the spirit of our models, in the parameters of our models, really try to individualized services to meet the complex needs of particular families. So one of the things that I like to think about, there's a National Academy of Sciences volume that I cite all the time now that talks about the importance of having specific services for parents facing adversity. And they say lots of other things, which I have on this slide, but I'm not going to go through. I just wanted to highlight for you in red, that they, even in this National Academy of Sciences Report, talk about specific targeted interventions for parents facing adversity. One of the other things that they talk about when they go on to talk about effective interventions and what you need to do to address family with, they again say, tailor interventions to meet the specific need of families. They talk about integrating services for families with multiple service needs. And of course, as many of you know, they talk about addressing trauma. So those are the kinds of things that even this National Academy of Sciences Report that really go through every, every, every intervention really talks about for these kinds of families.

Now, I want to talk a little bit about sort of this idea of doing a brief, intensive intervention early on. And motivational interviewing is part of that kind of thing, but there are other ways to do it where you're really sort of trying to pull a family in by addressing the practical and psychological barriers to being a part of your program. For example, they might not like their home visitor. And you might want to help them think about that. They may not like the mission of the program. And you have to help them think about that before you go in and say, sign this form. But also, again, I think it's important to kind of address this throughout the intervention. Okay. So I mentioned to you all previously about the import of being flexible. One of the things that we have started doing with families who present with these kinds of challenges is just starting from the point of knowing that the families are going to miss half the visits. And certainly we have data from the home visiting world writ large about missed visits and nutrition and things like that. So for these families we start with knowing that we're going to increase the dosage to try and make sure that they get what we think they need, in terms of the number of home visits.

So for example, with some of these families we start -- we don't talk about having a long-term intervention because that scares families off, but sometimes we talk about trying to make two visits a week; one visit where we might work on parent-child interaction, for example, and the other visit where we're trying to help them with all their case-management issues and things like that that they really want us to help them with. The other thing that's really important, I'm going to go down for that bullet number four, is to be more explicit about promoting the child's development in the context of our different models and focusing on skill building. Like I say to my supervisees, this business of sitting and reflecting on the couch is over. One of the things that we know, and many of you are getting training in this I know, is that the coaching model where you're really on the floor with parents, coaching them to respond to their child in a different way, really looks like it matters more. So my supervisees know that if they haven't done that kind of parent-child interaction coaching, they got to go back in the house. They can't end the visit because that's the kernel that really seems to work with families in terms of enhancing their parenting, but also because it's so active that families are more likely to want to stay engaged. And then of course, addressing issues that are specific to the families risk and I

want to talk about my four S's: Helping them to feel safe, helping them to feel secure, supporting the stability of the home-visiting relationship and their relationship with their children, and sustenance, which has to do with those kind of concrete kinds of things. Now, I got to sort of take a moment to think about how we do these kind of parenting interventions in the context of models. And we were recently part of the buffering toxic stress consortium, which were a group of grantees who worked with Early Head Start Programs, Early Head Start Home-Based Programs, to try and enhance the effectiveness of those kind of programs. And one of the things that we really focused on is this idea of experiential coaching, that I mentioned before. But I want to point out to you that we to the one of us use videotape feedback. And we were told that families wouldn't want to do it. They didn't like to be videotaped. And that is not what we found at all.

Now of course, we had to talk to them about it. We had to talk to them about confidentiality. But I cannot tell you how powerful it was for parents to see themselves. They were witnesses to their own parenting, which is very different than hearing it from us. And they would say, "I can't believe I did that. I want to change." So I always say to programs, if you have any extra money, get some videotape, get some cameras, and have somebody train you on how to use that in the context of home visiting, because it is a very, very powerful, powerful intervention. The other thing that I want to point to is that sort of -- one, two, three, four, five -- fifth bullet that talks about cultural adaptations. And one of the best examples I can give is from what they've done with PITC where they've adapted it for Native Americans. So they put in emblems and things like that to help this model. This is a parenting intervention that has been done around the country really to reduce child abuse and neglect. And they adapted it for use with Native-American families. And I like to give an example from my own work where I was working so hard with this one teen mom and trying to get her to do parent-child interaction. She just wasn't interested in play, turned on the radio, just accidentally she did, and music came on. And she and her daughter had the best interaction through dance.

So one of the things that I want to really suggest to us is that it doesn't have to look the same for parents. And we can certainly use the kinds of cultural things that make them feel better. Okay. I do want to say a word about some of the issues that we know are affecting some of our

families. So in the early Head Start world, and that's the world that I know best, we found in -- and actually this was confirmed by national data -- that one in two families reported symptoms of depression. And you all know when they report it, there's probably a whole lot more who have them. So that's really at epidemic proportions. So one of the things that we really think about is the import of bringing in kinds of things that help parents who feel depressed to improve their parenting, like helping them to rethink their cognitions about the world. As you know the depressed folks tend to see the world from the glass-half-empty kind of approach. And we want to sort of switch them around and help them see that the glass is not always half empty. Now, we can do that in different ways. We can think about adding mental health interventions, certainly referring them to infant mental health interventions where people can get help with this, but we can also think about using our own mental health consultants to help us embed some of those strategies into our own work. I'm not going to go through the other three. You're going to hear from awardees who are going to talk about those, but certainly, we have to think about special ways to help parents stay connected with their children when they're incarcerated -- having a space for us to do the work when parents are homeless, we do a lot of work in shelters. Fortunately, a lot of our homeless parents are now in hotels so that gives us a little more kind of space to do parent interaction. And of course, we have other things.

So I want to talk about the importance of not doing it alone. And really what I'm suggesting here is that we need to have home visiting embedded in a system of care. So we can think about primary prevention, home visiting falling in that category, but some of our parents, particularly these who are challenging, need secondary support and need tertiary support. So we should not think that our home visiting is going to make everybody better. It can certainly raise the boat, but we want to make sure that certainly the families we talk about have an opportunity for some of these other kinds of services. So one of the things that I like to think about, this is from Deb Daro some paper she has written, and we've tried to do this in our own work, is creating an early childhood system of care, where certainly home visiting becomes a part of evidence-based parenting interventions, mental health screening treatment and consultation, certainly high-quality early care and education. I work primarily with families who

are at risk for maltreatment. And my sort of mantra is: Get the kid into quality early care and education, preferably Early Head Start as soon as you can, because while we're working with the parents, hopefully the child can be getting some support and certainly connecting them with healthcare and other kinds of concrete sources. We should be screening and assessing them all in every program for trauma, depression, and stress. And we're more likely to do it for depression and trauma, but now we've started adding something called a parenting stress inventory to all that we do. And we're finding that a lot of our parents even when they don't report depression and don't report past experience of trauma, are reporting these high levels of parenting stress, which certainly we can address.

And then I want to talk a little bit about staff support. One of the things that I've found with all of my working with my supervisees is that when we work with these challenging families, we are drained. We are drained. So it is critical for us always to think about ourselves, to ask ourselves how we are doing, do a check-in, to get the kind of supervision we need and the kind of support we need, including reflective supervision, peer support. We've been doing mindfulness activities, not just for parents with their babies, but for staff, just to try to help ourselves get more regulated, focusing on safety training. We found of course when we -- we bought our home visitors flashlights because the police person who came to talk to us about safety said every home visitor needs to have a flashlight. So we bought that. How often do our home visitors use it? Probably never, but the point is that we really wanted to show them that we cared, we cared about their safety, so it was important to do it; creating an organizational culture of support and then encouraging home visitors to have self-care rituals that they do all the time and doing something outside of home visiting that's not helping somebody else, because many of us are helpers in all of our lives, but something that's just for themselves.

So in conclusion, I just want to say that clearly, you all know this, that parental adversity, all these kind of challenges that we talk about, affect parenting and ultimately child outcomes. We know that the families that we are engaged with are at high risk for depression, stress, and trauma, which can all negatively impact their parenting. So our work has to be trying to ameliorate the impact of these risks. That's our goal. So we want to incorporate evidence-based parenting interventions, but we also want to be specific about adversities and what those risks

are. So if a parent is suffering with depression, get your consultation from your mental health person and try to do that. They're suffering with trauma, focus on the trauma in the context of your home-visiting project and approaches and that will certainly enhance their parenting.

So I'm ending, but I just see a question: An example of mindfulness activities. I'll give you some examples that we have done with our home visitors. We have had a group, and this is a little extreme, but we were trying to help them do this. We had somebody come in and do belly dancing with our home visitors. And it was sort of getting us in touch with our bodies in space because as you all know, the body is so connected to the mind, but that's probably the most extreme thing. But the other things that we do regularly is the breathing. And if any of you have come to ZERO TO THREE -- which I'm a part of ZERO TO THREE, been for many years. We've now even incorporated this into our plenary sessions, where you just take three or four deep breaths. You make your breathing go in. You make your breathing go out. And we have found that settles us down as home visitors and things like that. The other thing that we have done is really encouraging them to write in journals, write their feelings down, and things like that. The other things we have done is help them to sort of get in touch with what part of their bodies is telling them something. Like when they're with a certain family, do they start itching? Do they start getting anxious? Do they move their foot more? So getting in touch with that kind of thing. We've also had them put an app on their phone where they have music that sort of helped them to get in touch with their spirit. So all those kinds of things that we've done with home visitors, and we encourage them to do with their families, but obviously, we're trying to help home visitors to kind of settle themselves because we know this work is so hard.

>> Thank you so -- did you have anything else you wanted to say in conclusion, Dr. Harden?

>> No. That's it.

>> Okay. Thank you so much and thanks for addressing that question and giving us lots of good examples of mindfulness activities as well. We're going to move forward in the presentation. And I'd like to turn it over to Shawanda Jennings from Illinois.

>> Good afternoon, everyone. This is Shawanda Jennings. And I am so glad to be here with you guys this afternoon. Dr. Harden did an excellent, excellent job with her presentation. I definitely

agree and echo a lot of the information that she shared and strategies she is serving our precious families. So I'm going to spend just a few moments sharing with you all what we are doing here in Illinois as it relates to serving families experiencing homelessness. So the Ounce of Prevention has launched a demonstration project called Home Visiting with Homeless Families. And it started in 2012. And we believe that home visiting can improve the parent-child relationship, as well as help to increase the developmental trajectories of children and families experiencing homelessness. So what we're doing with this project is we're exploring, like, what exactly does it take to serve these highly-mobile families? What considerations need to be made when trying to remove barriers to home visiting for families experiencing homelessness? How do we make home visiting more responsive to the needs of these families? How can we inform practice, policy change and future program development? And how can we increase integration and alignment across homeless services and home-visiting systems? So when we think about why we aren't enrolling more homeless children in programs, there are a lot of reasons. Some of that has to do with the tremendous barriers that homelessness creates for families, like high mobility, lack of required documentation, competing priorities, and distrust of service providers based on past negative experiences.

We also are finding out that there is a lot of under identification and under reporting as it relates to families experiencing homelessness. Also, a lot of our programs have pretty rigid enrollment and attendance requirements or multi-step complicated enrollment procedures that really make it hard for our families to navigate the program -- the process. I'm sorry. And not enough programs are intentionally targeting outreach efforts to identify these families that are experiencing homelessness as well. I think I went too far. Yes. Okay. So some strategies that we have identified through this project, it's really being flexible with all of our services and components. So for example, being flexible with home-visit frequency, really trying to find the right dosage to serve these families experiencing homelessness, being flexible with timelines for completing assessments, having a grace period for obtaining documentation, things like immunizations. Because we know they're highly mobile, it's not always possible to have those things on hand. Maybe they have to find them. Maybe they were at their last placement and things like that, so we really need to be mindful of having a grace period for these highly-mobile

families. Being flexible where home visits take place. Some of our families are in shelters. And a lot of the shelter programs are able to provide us with a private space for us to have home visits with these families, but for those families that are couch surfing or doubled up or living on the streets, we really have to be flexible with where home visits can take place. And we have to think about what's safe, having a safe place to have the home visit as well. Being able to follow families once they move; that's the big piece of this project.

A lot of our programs are allowing their home visitors to follow families from placement to placement. And that kind of helps with continuity of services. It helps with supporting these families through these changes. We know that once they move from the south side to the west side and oftentimes, they have to start all over again with enrollment processes for medical providers and public aid and WIC and things like that. And so if we're able to follow these families, we can continue to support them through these difficult transitions. Flexibilities for the model and the ability to adjust curriculum, that's another priority with this project. We have obtained permission from like Healthy Families and Parents as Teachers to kind of be flexible and lenient with some of the outcome measures and requirements for enrolling and serving these families. And it's really so we can find out what considerations need to be made by these models for future program development. Also, the need to balance crisis and trauma, along with the parent-child interaction. Dr. Harden talked about it earlier about maybe one visit can be about providing the space to focus on the parent-child interaction. And another visit can really be to address their case-management needs. And so we see that there's a tricky balance of dance that home visitors have to do with these families experiencing homelessness around the same things. Some of the challenges that our home visitors are experiencing when serving these families experiencing homelessness are probably the same as some of the challenges that we're seeing everywhere else; transience and communication. So because these families are highly mobile, you never know when you're going to be in touch with them or when you're not going to be in touch with them. And so our home visitors have really been savvy around having multiple ways to keep in contact with these families. Complexity of the needs of the parents or the families, they aren't just homeless all the time. They have a multitude of issues that are coming around, mental illness or maybe developmental delays or domestic violence or

substance abuse. And so these families have a lot of things going on. And so we really want to be mindful of that, but we also are seeing that it creates challenges for home visitors because that's kind of a lot to unpack with these families, especially when you have a whole caseload of families. Low levels of parent engagement, obviously, because they are highly mobile and just because they do have a lot of things going on, sometimes we see lack of parent engagement. They kind of go in and out. But what we have noticed is that we can't just write them off the first time they disappear.

We have to continue to reach out to them to make sure that -- to let them know that we're here. We support them. We understand what they're going through. But it can be frustrating for home visitors at times, especially when there are outcomes you have to meet and things like that. I talked about balancing case management with child development and parent-child activities already as a huge challenge with working with these highly-mobile families. And then the lack of collaboration across multiple systems that impact homeless families, that's a huge challenge. A lot of community-based agencies really don't know how to work with these families experiencing homelessness.

Like I said earlier, they're not intentionally targeting or identifying these families. It's not what comes readily to mind, so they probably don't have provisions created or the ones who do have provisions, they're jumping through several hoops to just access services. So just the lack of collaboration is a huge challenge for home visitors as well. Lastly, I just want to take a moment to talk about some things that make it work when trying to serve families experiencing homelessness. Building a rapport with families is critical for engagement and retention. And we know that this takes time. I think that's one of the things that we pride ourselves on is being relationship based and starting there first. Once we build that relationship, then we can get back in the door next week or we know even if they have to move from one placement to another, they're going to remember us and they're going to reach out to us and let us know where they are so that we can continue to work with them. So building a rapport is huge. It's critical. Consistency, that goes a long way to building trust with families and proving that you care and that we're here to help them. Home visiting includes like another level of skills, like we almost call it like detective skills and creativity that don't come with traditional training. It's a

little bit of above and beyond that our home visitors go through to make sure that they stay in touch with these families, they stay connected, they have a way to communicate, and they can continue to provide support for these families. And it does take a lot of time.

A wise person once said, homelessness isn't just from 9:00 to 5:00. Being available pretty much around the clock is needed to make home visiting work sometimes with these families experiencing homelessness. Having the right support, home visitors need regular supervision and other clinical support so that they can have a space to process their work with these families. There's a lot of trauma that comes with this and a lot of challenges and frustrations. And home visitors just need a place to process their experiences and have some peer support with other home visitors who are serving the same population. And a host of professional development opportunities is another vehicle of support that we found here in Illinois, being able to provide a host of different trainings to help prepare home visitors for working with this population. And then when I talk about right disposition, it's just really believing that change is possible and really celebrating small successes, that goes a long way with these families and helping them to be confident and competent in their parental skills, even in the midst of experiencing homelessness or being highly mobile. And I think that that is all I have. Yes.

>> Thank you so much, Shawanda. You do have a few questions that I'm going to ask you to please head over to the chat to address. So that we can move on to our presenters from Louisiana. So you have a question that came through from Maggie and also another question that came through from Annette and an excellent comment that came through from Kelly as well. So if you would just head over to the chat, we'll move on to our Louisiana presenters. I would like to turn it over at this time to Julie Arnold, Samantha Crawford, and Tara Wallace.

>> Julie –

>> Yeah, it's your turn to present.

>> Okay. All right. In Louisiana here we have two home-visiting models. One of them is called Nurse Family Partnership. We actually deliver this model across all 64 of our parishes. We have another model called Parents as Teachers, which is available in our northern parishes. And then also we have a team that sits around New Orleans and deliver services to the surrounding

parishes. During the 2018 and 2019 fiscal year, we served about 4,485 families with both of those models. It's very interesting, out of these families 30% were under the age of 20. Our largest model that we deliver, which is our Nurse Family Partnership Model, 34% of those mothers were under the age of 20. 13% of the Parents as Teachers families were considered in that teen-age range. The average age of our primary caregiver or mother within both models was 19. And within this timeframe we had 19 mothers that were 13 years and under. And our youngest parent that we enrolled was at the age of 12, and she was actually in our Nurse Family Partnership Model. In 2018 we had the opportunity to purchase Specialized Parents as Teachers Team curriculum for our parent educators to be able to use with these young families. We plan to be intentional this year with our professional development by having a content expert come and present at our statewide education event. She actually will present about strengthening young parents, discussing brain development, youth [indiscernible] protective factors, family systems, and promoting child interactions. We have group connections. And this past year one of our PAT teams intentionally had a focus on teen parents to emphasize on finances and reading to their children. And we also had the opportunity to be able to promote portable devices and technology in our homes. We gave our home visitors MiFi devices so they had access to 174 short parent clips from INJOY that they could show in the homes to help incorporate technology, but also to be able to talk about different topics, especially fatherhood and be able to share teen parent videos. We try to promote apps with our teens. We like Text4Baby and the VROOM app, which is a child development app. And we also have a really good game on our parents Partners for Healthy Babies website that is a give your baby space interactive game that teaches the client about how to keep a safe space for their babies. And it's -- our teams have really found value in it.

>> Hi, everyone. My name is Tara. And I just wanted to offer up some tips that our home visitors have found useful when working with these teen moms and teen dads. So first on the list is a client-centered approach; basically, asking them what they want and what they need. They really don't get asked that question very often. So that's a big question, just asking what they want what they need. Keep in mind of their stage of development. Their thoughts and desires tend to be self-centered, and always respect their need for privacy. Use discretion as to

when to share knowledge and information. Talk with these teens on their level using common language. Avoid the big huge technical or large medical terms and make sure information is presented in a way they can understand. Be very open and receptive to her particular set of skills or their talents or gifts and especially their knowledge. Using praise and accomplishment -- acknowledge those accomplishments that can be such a great tool to promote empowerment for change in these teens.

If you'll keep in mind, they are not always task oriented, as we all know in teenagers, just using frequent reminders and prompts for helping them complete their tasks is a great idea. So never ever leave homework, forms, or surveys for them to do because they feel, of course, like you're just piling it on them. Acknowledge that with the parent and ask them if they would like the additional information. They don't want the extra homework, so just being very mindful of this is important. Flexibility is necessary when working with teens. Some of these girls require shorter visit times. Change a visit to allow them time to talk about what's important to them. Remember, always meet them where they are. A 13-year-old girl is going to be much different than an 18-year-old girl. This is seen with making accommodations for change, like in their visit locations or topics due to crisis that they may be having. Maybe use shorter visits or even activities to keep their attention on the subject or the topic matter. And even whoever is joining the visit, asking them who they want to invite to the visit, whether it be the FOC [phonetic] or other friends. And always allow them to maintain autonomy by being in control of their schedule. That's super important. But just make sure you're very, very careful not to promote inconsistent scheduling and appointments.

So we always want to make sure that we do the crafts and the creativity with our teen moms. They love these hands-on activities, things like coloring and painting. These are all just great tools to help promote communication. They always talk while you're completing a craft. Just be very creative and keep their interest up in the visit. And of course, use more videos, apps, like Julie talked about. They love technology. So be very specific with affirmations so teens feel that you're honest with them and that you're being personable with them. This really promotes self-efficacy, really promotes them feeling great about their selves. Center affirmations on their goals or relationships with the child to highlight that parent-child interaction. And just

remember, empowerment is increasing the capacity for an individual to make choices and to transform those choices into desired actions and outcomes.

>> Hi. This is I'm Samantha. I'm one of the home visitors in North Louisiana also. I guess -- [off mic]. So I'm here to talk about keeping teen parents engaged. The first thing we want to do is build safe zones. Building those healthy relationships are one of the biggest things we can do, letting them know upfront what the expectations are, the responsibilities are, and then just work on getting to know them, getting to know who she is, listening to her. A lot of times they've never seen a healthy relationship before, so modeling that for her, being non-judgmental, open, consistent, reliable, never talking at her, but rather asking those good, open-ended questions, the motivational interviewing, letting her think through situations and explore consequences. That way she can come to conclusions on her own, that is big for them. Honoring that teenager and respecting her as an individual, that's so important and realizing that developmental phase, those -- teenagers their prefrontal cortex is not fully developed. They are not going to be able to rationalize like an adult. They are going to be sullen and moody and dramatic and hard to keep up with and hard to track down. And so just kind of tolerating that and accepting some of that is so powerful. Being armed with good, solid information and knowledge so that when a teenager does reach out to you for your opinion in your guidance, we can seize the moment and then help her, support her in making the changes that she needs to make in that moment.

And lastly, developing that connection and that relationship, that is going to be the most important part of all of this, because it is the gateway to be able to effectively deliver the valuable information that we have. Real quick, we have to gain the trust and respect of the family because with teenagers, they are still a child. And so their caregivers have to see us and realize and understand what we're doing. So it is so important that we respect that caregiver, respect their home, their culture, their input. Point out every positive that we see for self-esteem building. And then lastly, make them feel valued and important by going that extra mile and sending birthday cards and thank you cards and accomplishment cards.

>> Thank you so much. We're going to move right into our Connecticut presenters so they have some time to share their great strategies as well.

>> Seven minutes. We can do it. Hi. This is Aileen from the Office of Early Childhood -- Aileen McKenna. And I'm going to run through my two slides quickly so I can hand it over to Jen. So we had a very simple and straightforward plan from the beginning. We wanted to provide groups on early childhood development and parenting support to the moms that were at York Correctional Institution in Connecticut. That is the only female prison in Connecticut. We also wanted to link their children and their caregivers to our part C [phonetic] services and home-visiting services. We have staff. We have funding. We just needed access. Did anyone notice how many times I said we? When I said we, I was talking only about the Office of Early Childhood. I was not including the prison in that talk. So very quickly we learned some basic lessons learned. Number one, you need to have patience when you're breaking into Corrections. We have two staff here at OEC who literally spent years trying to cultivate a relationship with the folks at York Prison. You also need a champion. When we finally found that champion in the prison, everything started to move forward. Whose plan is it? We had all these incredibly great ideas, but we never asked the prison about the ideas that we had, so we never included them in our planning. Safety, one of the things that we don't understand necessarily in our work is the culture of prison and that safety is at the utmost importance for the prisoners, for the incarcerated inmates, for the corrections officers, for any staff, and for any people coming in and out of the prison system. Mindset shift, as I mentioned, York is the only prison for females in Connecticut.

So they have a variety of incarcerated women in there that range from people who have had their third drunk-driving offense, all the way up to murderers, people who are in there for murder. And so there was a real mindset shift for the corrections officers for many of them who had a very penal viewpoint of what corrections is about. Staff development was something that we hadn't really considered when we began our work with the prisons. We found out that that was something that they identified. This is a very, very volatile population to work with. It's tough. The trauma that the corrections officers face every day, the trauma that the incarcerated folks have gone through in their lives, it's really tough. That was not anything that we had considered.

Also, consistency, the more that we came in to the prison system doing groups, the more familiar everyone came with us and the more welcomed we were. So what we did on our groups, and then I'm going to pass it over to Jen, is we have a circle of security group. We also have a group where we talk about parenting issues. We talk about child development. We talk about mindfulness. We bring in books. We try to have it be as something that the moms at York really, really enjoy. So now I'm going to pass it over to Jen to finish up to talk about the work with the men's prison.

>> Okay. So it's said that fathers who are involved with and connected to their children are less likely to return to jail. So at the OEC we're working to support the creation or maintenance of secure attachments for the children to the parents who are incarcerated, looking ahead at the bigger goal of reducing recidivism and increasing positive developmental outcomes for children. And so how do we do this? We have father-focused home visitors who are men who are trained to use Inside Out Dad and 24/7 Dad to evidence-based models to lead the group. We have a lead trainer, Alberto, who created a six-session training that speaks to important topics, like child development, men's health, co-parenting, effective communication, defining fear, hopes, and dreams. So in the last couple months we've had 83 men participating at a 99% participation rate.

And you may think they're incarcerated, they have to be there, but that's not the case. They have to get up in the morning, get dressed, and come on down to class. And so to have participation rate of 99% means that the men are choosing to participate. They see value in what we're doing. And they also have made a connection to our father-focused home visitors who are an amazing group of men. So they're changing their parenting language and finding ways to create secure attachment through the bars, but every child deserves to have a parent who's prepared to connect with them. And so just those small cohorts of 18 to 20 men that were capped in those training classes wasn't enough.

So we had to figure out a way to pour hope into more men. And so Supervisor Muckman [phonetic], who is our champion in the inside, and I decided to give up 10 Saturday mornings and bring in seven amazing men to deliver what we called the Mind, Body, and Soul Series: tackling topics of self-esteem, developing a radical imagination, goal-setting, childhood,

boyhood, and male hood while exploring the power of poetry, physical fitness, and planting literal and figurative seeds of hope. So we all laughed. We cried. We celebrated aha moments. It was extremely powerful. I'm excited to share that we are rolling that same program out to a youth facility, MYI, which is Manson Youth Institute. So there is over 200, 300 men that are incarcerated there, but 40 of them are reported to have children. And so those are 20 -- men that are 20 years old or younger who are fathers. And we have our first cohort. So Louisiana, we feel you. It's working with this population is different and extremely important. And I know it's four o'clock. I apologize, guys. [Cross talk]

>> If you're still with us. So we're talking about mindset shift and leaving a lasting imprint. We have continuous parenting cohorts rolling. We had an amazing speaker series, but it's more important to share that we are supporting a mindset shift for the staff, the incarcerated men, and the families that are serving the sentence along with these men. The happy faces that you see in front of you are the product of that mindset shift. This dad participated in the parenting series. He attended the speaker series on the Saturdays and also was able to be a part of the first-ever family dance in the state of Connecticut. So the Department of Corrections gym was transformed into a typical elementary gymnasium where caregivers and dads sat with their children, had a meal, read books, created a craft, and danced until they sweat. We all forgot for just a moment where we were. It was beautiful. The Commissioner required all of the wardens from across the state to attend. So this was a mindset shift activated.

So OEC is partnering. We partnered with this event and there are other events that are planned in the work for York, which is the women's facility, as well as MYI. Let me show you something. This is a typical waiting room, trauma, anxiety inducing for adults. So you can just imagine what it feels like for a child. The Office of Early Childhood is really proud to share that on March 4th, the commissioners of the Department of Corrections and the Office of Early Childhood are cutting a ribbon on a family-friendly visitation room, complete with a private visit room. And this is maybe what it will look like, but not really. Visiting room in the facility for home visitors to actually conduct home visits with dads and caregivers. So again, a mind shift activated. And so how is this getting done? It's getting done because we have a seat at the table. The staff at the Office of Early Childhood has seats at critical tables to push this effort. Firstly, the

Fatherhood Initiative of Connecticut is over 20 years old and has been working to bring together all major departments in the state to support father-friendly experiences through various systems. So membership includes Department of Corrections, rehab services, social services, Child Protection, judicial, of course the Office of Early Childhood and more. The Cybulski Re-Entry Advisory Board aligns transition support so that men re-entering the community can do so through integrated support systems across the state. So Dr. Jones Harden, I know you touched upon the integration of support services, and that's what we're trying to do. We met with wardens throughout the state, as each facility operates very different. They are an island of their own. And the Commissioner has actually attended some of those joint meetings, as well as come to some of the trainings. The Fatherhood Roundtable is a monthly meeting that I have with father-focused home visitors centered around sharing best practices, professional development, and networking.

Additionally, how else do we support our incarcerated dads? We incorporate male perspective in all the trainings that we have. So we're preparing not only our home visitors for working with this population, but also working with community partners as our father-focused home visitors are out in the community, training at national conferences, local conferences, and with all of our networking partners in the community. And lastly, we're working -- we have research goals. So how can we prove that the work that we're doing here at the OEC is impactful so that we can roll out and make a real mindset and system change? It's through research. So we're working with the University of Connecticut to figure out just that; how can we prove that these programs have valuable impact on the community? So that's our next step. And I think that rounds us out. I think we did it; four minutes over.

>> Great job. Well, thank you to all of our presenters. If you are still with us, I'd love to ask you to take just a moment and answer some questions about if you will take an action step based on today's call, if yes, what it might be, and if no, what might -- [inaudible] be able to take an action step. We also have some polls here to let us know how you're doing on working with homeless families, working with families with one or more incarcerated parents. And then there's one more poll that will pop up as well that will focus specifically on working with our other population -- I'm so sorry, a little bit overtime here today. There it is. Thank you -- our

teen parent population, so you can see that kind of off to the side as well. So please take a moment, answer these polls, and thank you again for being with us today. We will edit out our audio portions that didn't quite work on this and apologize for the inconvenience. And we will have this up on HRSA's website shortly. So thank you again for being here with us today. We'll leave the polling up for just a moment.