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|  | **SIM X Subcommittee**  **Date:5/21/14**  **Time:2:30**  **Location: Maine General: Alfond Center for Health** |

**Chair and Staff:** Lee Andrews, Barbara Ginley, Ben Hummel, THeresa Mudgett, Becca Matusovich, Kolawole Bankole, Sally Healey,, Vicki Foster, Betty St. Hilaire , Dd Swan, Kristen Thomsen

**Member Attendance (A-Z):**

**Ad Hoc Attendance:**

**Interested Parties:**

**Members Absent:**

*Subcommittee documents available at***: (**insert web address)

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| **Agenda Item/Related SIM Objective (if applicable)** | **Obj. SST ID** | **Risk/concern discussed** | **Escalation to Steering (y/n)** |
|  |  | Issues with getting Adobe connect operating properly. We need Jim Braddick! |  |
| **Agenda Item** |  | **Discussion Points and Decisions** | |
| Presentation: Maine Families Home Visiting |  | Lee Andrews as Maine Families Systems Coordinator  -Works on Federal Grant regarding contracting and reporting  -Serves as a liaison for program managers of Maine Families Home Visiting Program and the state  -Looks for opportunities for inter-agency partnerships  **Power Point**  Slide 2: strength based approach, a partnership with families to improve sense of stability, empowerment, self-sufficiency by linking them with resources in their community  Slide 3 no income criteria to qualify  Slide 5 project encourages community partners to refer clients when pregnant  Through referrals get a sense of family needs and interests  Low income and other stresses in the home determine an ongoing need for visits after 4 months  Slide 6 Program managers meet once a month  Project tries to work with families when they move from one county to another  Slide 7 intensive training big that takes upwards to a year to complete  Slide 9 Provide resources like: care seat installation; home safety inspections, lactation counseling  Slide 10 Accountability, visiting staff hold families to the goals and visit typically once per week  Use questionnaires to track child development  Communicate results of screenings with primary care  Play group activities and presentations to get people out of the house and interacting  Slide 12 At the state level work to streamline referral process and services available so as not to duplicate  **Questions**  KB & BG: Similar Are home visitors selected based on their understanding or connection to the communities they serve?  LA: Definitely effort to recruit home visitors with shared traits at the tribal sites and those sites serving new Mainers.  BG: Is there a discussion among your peers about potential reimbursement for preventatives services like lactation counseling under the new Medicaid rule?  LA: Ongoing conversation but there is hesitation because the reimbursement process is complicated; easier for a doctor to bill for preventative services than a home visitor  BG: Do home visitors take on a lot of care coordination?  LA: Care coordination is a big part of the job, although the project has a goal of self-sufficiency for clients it is not always realistic and it is important that client is linked to resources before they age out.  Currently working with Eastern Maine Med Center on pilot to develop referral algorithm that clarifies between the work of public health nurses and home visitors. Matter of short vs long term care.  KB: Would components of the training for home visitors be accessible to CHWs?  LA: It depends on the training and the space available but it would be possible to invite CHWs to attend trainings if there is interest and space available. You can contact me moving forward to see if we can coordinate  VF: What is the pay range for home visitors considering they have a bachelor’s degree?  LA: That depends on where in the state they are located.  KB & BG: Is there a reason for bachelor degree requirement?  LA: Not sure.  LA: Question for the group, do CHWs do development screenings? It would be great if CHW could team up with a home visitor to complete screening because so much time is devoted to care coordination.  VF: What is the definition of care coordination?  LA: Whatever help family needs to be stable, connecting someone to case manager, health insurance, primary care provider, not clinical definition necessarily  BG: Are home visitors embedded in a clinical team at a hospital?  LA: In the tribal communities home visitors are integrated into the community health centers. | |
| **Public Comment** |  |  | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | | **Due By** |
| **Presentation** | Ben Hummel will circulate the two page handout from Lee Andrews’ presentation to the group. |  |  |  | |
| **Future Meetings** | Only MMHP and MGH host were in person to participate in this month’s meeting. There has been markedly less participation at both central Maine meeting locations which here intended to give southern and northern/eastern groups’ time together. Will need to revisit this scheduling to see how to move forward. |  | BG | 06/14 | |

**Outstanding Actions**

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| **Reference** | | **Action Items** | **Status** | **Who** | **Due By** |
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