



ASSOCIATION OF STATE AND TRIBAL
HOME VISITING INITIATIVES

Home Visiting Through Coronavirus

Updated June 15, 2020





Overview

Congress is considering a request from the home visiting field to provide additional funding and legislative language creating additional flexibility for MIECHV-funded voluntary home visiting programs to respond to the emergency needs of families with young children. The following stories, examples, and survey data have been provided to the Association of State and Tribal Home Visiting Initiatives (ASTHVI) to give policymakers a clearer picture of how home visiting programs (funded by MIECHV or other sources) are continuing to serve families through the COVID-19 pandemic, and the challenges and obstacles preventing home visitors from doing even more. ASTHVI is a nonprofit, nonpartisan collaboration of state, territorial and Tribal administrators of home visiting programs supporting pregnant women, young children, and families. Please contact us at staff@asthvi.org if you have questions or if additional detail or context would be helpful.

Italics in the table of contents below indicate additions in the June 15 updated compilation.



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California

March 2020 Home Visiting Local Site Update Summary

What successes are you having?

- Staying connected with families virtually
 - Staff have been able to keep their clients informed of resources for food, diapers and educational/tutorial needs for the families during the Safer At Home time period. They keep in contact with clients via phone calls and text messages.
 - We have been able to connect with most of our families and provide resources and services to them.
 - We have been able to connect with clients using virtual visits and thus far have closed only a few cases due to lost contact.
 - We successfully began conducting virtual and phone visits with our clients.
 - Our Office has had an average of 70-80% of families that have agreed and began to use Zoom to continue with home visits due to the impact of covid-19. Due to the great rapport our home visitors and families have, it was pretty smooth transition.
 - Staff have been very patient with all the new changes and updates due to this crisis. A success has been that in the month of March our Parent Educators were able to meet most of their visits via phone or video chat despite the current situation.
 - Clients are keeping in contact with our F5LA Parent Educator in this time of crisis and have been open to conducting virtual video/phone visits. This shows their dedication amidst a time of uncertainty and fear!
 - Our staff have been able to adapt to the changes and have been able to keep up with phone calling / virtual calls, assessments over the phone, and dropping off essential items to our clients. Throughout the month of March, we have been able to keep families informed about the daily changes in their cities regarding COVID -19.
- Connecting families with community resources
 - Staff have switched to virtual and telecommunication visits and linking clients to basic needs via drop offs and linkage to community resources.
 - Families are coordinating with their parent educator about any resources they may need, such as diapers, and our Director of Programs has been able to deliver diapers to families.
 - Home visits have been calling resource agencies themselves to ensure that families will be able to receive services before referring the family.
 - We gave families referrals to food banks, updated about school, and unemployment.



- Family stories
 - Parent educator reported that client, mother of three continued to be consistent with her prenatal visits all month. Client also has demonstrated parent resiliency in managing taking care of her family while practicing self-care in the mist of the recent challenges faced with the COVID-19 changes.
 - One client remained positive about her life and family while experiencing hardship during this pandemic. At one point, the client felt sad thinking about returning to work after the end of her maternity leave. In spite of the challenges associated with the "Safer at Home" health order, the client now appreciates and values the opportunity to spend more time with her baby and her husband as she now does not have to return to work.
 - A mother enrolled in the home visiting program returned to work after her medical provider cleared her to return to work. The mother became inconsistent with attending scheduled home visits, cancelled home visits, and altogether stopped communicating with her home visitor. This month, the mother contacted her home visitor because she was concerned about her 9-month-old baby not crawling. Due to COVID-19, the home visitor and mother were unable to schedule an in-person visit, however, they agreed to meet via a virtual visit. The mother, father, and home visitor completed a virtual visit. During the virtual visit the home visitor was able to complete and ASQ-3 and provide child development education to the parents. The parents agreed to continue to meet with the home visitor for virtual visits, especially to receive information and activities to support their child's gross motor skill development. The home visiting program is essential to this family and others who need support in understanding their child's growth, development, and identifying new protective factors to help their children grow to be healthy.
 - Our clients are showing their resilience during this challenging time. They have been going to the schools to pick up breakfast and lunch for their children. They have been going to the food banks when needed. They have also contacted Spectrum to receive free internet services. Our clients are taking advantage of the resources that we share with them.
- Working remotely
 - Our PAT Team currently works from home, leaving home only to drop off essential items on porches and other safe, designated areas.
 - Staff has been both challenged and stepping up to growing in areas that were unexpected. We have been working remotely since mid-March and HV's have continued with visits through phone calls and video calls.
 - We began conducting virtual team meetings and virtual reflective supervision meetings with staff.



What challenges are you seeing?

- Technical issues
 - The first two weeks working from home we experienced delays in connectivity. Our I/T department was working 24 hours to try and best support the agency. It was not easy as we are an agency who does not work from home. The internet connection has improved a lot and it has helped to diminish the stress that the team was experiencing, being asked to work and being unable to do so.
- Challenges of connecting with families remotely
 - During the Safer at Home period, home visitors have had a tougher time scheduling call or video visits with parents. Most of the times parents have their other children at home and it is hard to find time to schedule a visit. Staff are remaining proactive with their families by keeping a flexible schedule and doing periodic mini-calls during the week.
 - I think the first challenge was learning virtual visiting pretty much overnight. HV's haven been successful with most of their families but do have some families who do not have access to virtual visits or run into technical difficulties during virtual visits. HV's continue to do the best they can under the circumstances.
 - HFA staff identified barriers to virtual visits such as families not answering scheduled virtual visits, and families finding it difficult to complete virtual visits due to increased number of family members being at home because they were displaced from work and/or school due to the COVID-19 crisis.
 - Challenges included the anxiety of COVID-19, making sure staff and families are supported, while supporting the well-being of yourself and family.
- Challenges of working remotely
 - Some staff prefer to work from the office and are hesitant/resistant to working remotely.
 - One challenge includes the staff's learning curve in becoming more familiar with conducting virtual visits with their clients. This serves as an opportunity for staff to increase their capacity for digital literacy (including navigating various websites as needed, etc.).
 - Having staff to move to remote working due to COVID-19. Staff had to quickly transition to working remotely without much preparation time and without all of the needed assessments, screeners, and consent forms.
 - Start up of virtual visits was challenging as staff worked hard to first make sure clients had basic needs and access to needed resources and helped clients navigate apps and tech issues.
 - Balancing/adjusting family/personal schedules to working remotely/onsite in the mist of COVID-19 order and regulations.
 - Due to all the cancellations for trainings my new staff has been unable to be fully trained to start seeing families. We are waiting and hoping most of these trainings can be done remotely to complete all necessary trainings.



- HFA staff are challenged with working from home during the COVID-19 crisis. Staff expressed challenges with managing time between working and providing home school for their children. Referrals
- Referrals
 - Referrals have remained low. Coronavirus crisis has definitely impacted our ability to enroll new referrals.
 - Two referrals that were in the early stage of engagement have not responded. Due to COVID-19, trainings for our newly hired staff has come to a halt. They are waiting on pending trainings.
- Additional needs
 - There has been an increase in need for Mental Health services in families. We have seen a spike in Anxiety in both MOB's and FOB's. Our families have experienced the loss of employment, which has created extreme uncertainty in their housing and living expenses. We have also anticipated an increase in family violence due to all these changes.
 - Many of our clients have lost their jobs or their hours have been drastically been reduced bring lots of stress and strain to the family. The staff have shared the resources available to assist them during this time.
 - Due to COVID-19, Model Implementation and Curriculum trainings were cancelled. We continue to not have capacity for Spanish speaking referrals and due to this training delay our home visitor will not be able to service additional Spanish speaking clients until she completes the required trainings.

Which of the following basic essentials are you seeing as needs for the families your site is serving (top 3 only)?

ANSWER CHOICES	RESPONSES
Diapers	97.30% 26
Wipes	94.59% 25
Food	54.05% 20
Baby formula	32.43% 12
Soap and sanitizer	16.21% 6
First aid supplies	2.70% 1
Masks	10.81%
N/A	37
Total Respondents: 70	



Lake County Tribal Health Consortium (CA)

The Lake County Tribal Health Consortium (LCTHC) was established to improve the physical, mental, spiritual, emotional, and social health status of the Native Americans of Lake County through the provision of culturally sensitive health care services.

The LCTCH Gouk-Gumu Xolpelema Tribal Home Visiting Program in Lakeport, California has been continuously working through the COVID-19 crisis serving our families with the Parent Child Assistance Program Home Visiting Model. When the shelter in place order in our county went into effect on March 19th, families we serve were already experiencing county-wide shortages in toilet paper, hand sanitizers, diapers, wipes and formula. All schools in the county closed on March 16th and some parents lost jobs. Our program quickly shifted our services to telephone and video conferencing and was able to drop off and mail items that families needed (in accordance with COVID-19 agency policies and CDC Guidelines). We continue to provide families with diapers and wipes, along with our monthly parenting packets, quarterly newsletters, and children's activity packets. We were also able to provide one cloth mask made by a member of our Community Advisory group to each of our families.

During this time, our home visitors have stayed in constant contact with their families, providing tremendous support in a variety of ways, including: connecting them with other helpful service providers whose services had changed; providing information and education on COVID-19; explaining what "shelter in place" means and how to safety plan; helping families build new daily routines with their children; facilitating Zoom parenting groups; sharing and practicing social emotional skills with families; and just being there to talk and support families through this crisis. Home visitors have shared that their families have found our program to be an important source of support for them during this time.



Native American Health Center (CA)

The Native American Health Center is a nonprofit Native American tribally designated organization and Tribal MIECHV grantee serving the California Bay Area Native Population and other underserved populations.

Tribal Home Visiting has been a valuable resource for supporting our pregnant moms during the coronavirus pandemic. Since our local counties mandated the Shelter-in-Place ordinance beginning on March 17th to curb the spread of COVID-19, Strong Families Tribal Home Visiting Program has supported three pregnant women (two of which are Native American and one is the mother of a Native American baby) through safe and healthy deliveries. Given that pregnant women are immunocompromised and may be more susceptible to complications of COVID-19, we were blessed to be in a position as home visitors to conduct regular virtual check-in calls with our pregnant moms before and after their labor and delivery. As a result of these pre-existing relationships we built through home visiting, we have been successful in maintaining constant communication with our clients—who otherwise have difficulty receiving medical care at hospitals and clinics.

Two of the three moms who gave birth in March and April had never been pregnant before and their home visitor provided emotional and mental health support to alleviate any prenatal stress, stress heightened by uncertainties in light of COVID-19. Though the third mom had given birth before, she still expressed fear over her scheduled cesarean delivery as well as her elected tubal ligation procedure. Our home visitors were able to deliver resources, health education, and parenting support to these three moms and help them transition well through delivery and into parenthood.

Given the racial disparities and barriers affecting maternal and infant health among the Native American communities, our work as tribal home visitors to ensure safe and healthy births among our clients is an act of health equity and justice.



Colorado

Stories from programs across the state:

Focus Points Parents As Teachers Program:

Despite COVID-19, our participants are still learning though home visiting! BN is a new participant in our PAT program, and she is currently receiving visits through Zoom. Due to the current situation, her husband lost his job and the family has been struggling with food and utilities. She likes the home visits because it is a welcome distraction from family problems and because she has received referrals that are alleviating her situation. One of the topics that she has appreciated the most during this difficult time is safety, especially around the home. She shared with her parent educator that her little one almost choked because he was left momentarily unattended. After this scary event happened, she sat down with her husband and older children and shared one of the PAT lessons that her educator facilitated through Zoom. The family, with the help of the parent educator, worked as a team to do a home safety inspection and develop an emergency plan. BN wants to make sure her family knows what to do in case of an emergency and wants to avoid going to the hospital. She also shared that PAT is giving her parenting skills and awareness that she did not have before.

Growing Home:

During one of my Parent Educators' first virtual visit with one of her families, the educator planned to provide information about COVID-19 safety measures and stay-at-home guidelines. The family told the educator that she didn't believe the virus really existed. The mother said she was not going to pay attention to the guidance because she was tired of living in fear, and that the virus was created by the government in order to "scare us." The parent educator went on to talk with the mom about how the virus truly did exist and it was killing many people at an alarming rate. She went over the social-distancing guidelines (which at the time did not include face masks) along with the guidance around the stay at home orders. The educator encouraged the mom to go to the CDC website (and sent her the link) so that she could read the information and make an informed decision as to what they should do as a family. At the start of the second visit, the first thing the parent did was to thank the parent educator for giving her all of the information. Between visits, she followed the educator's advice and went to the CDC website. The mom then went on to share the plan they had developed as a family in order to ensure their safety, including the use of face masks. To me, as the educator's supervisor, this story not only demonstrates the value of home visits in delivering critical information to families, it also highlights the importance of building a trusting relationship. The trust this family had in their educator allowed the mother to be open to the educator's advice and to be receptive to what she found on the CDC website. Little things like this can make a world of difference for families and, at times like this, may even be life-saving.



Pueblo Catholic Charities Diocese Home Instruction for Parents of Preschool Youngsters (HIPPY):

The HIPPY program at the Pueblo Catholic Charities Diocese has completed over 500 virtual visits from March 15 through June 9. Since the pandemic we have done weekly distributions where families have had the opportunity to drive through and receive a food box, diapers, wipes, formula, children's books and other needed supplies. For our high-risk families and families who are not able to pick up needed supplies, we have offered no-contact deliveries to their home. We have continued to reach out to families through phone calls, text and social media, reminding them that they are not alone, giving them resources, and keeping them updated on the latest COVID-19 information. For our program's graduation, we decorated our cars and offered a drive-through celebration in which families also decorated their cars and allowed us to cheer and celebrate as they drove through. Each graduate received a backpack for kindergarten with supplies, books, certificates, and more.

First person testimony from a home visitor:

The past couple of months have brought on so many new challenges for our families to deal with. They have had to overcome loss of income due to decreased hours at their jobs, or even losing their job. They have struggled with getting basic necessities, including diapers, wipes, and food. One of my families had to move in with another family. The mother has raised three girls by herself and she is now pregnant with a set of twins. During this pandemic she lost her job and is now living with her grandmother. She is trying to get a job to get back on her feet. Until that happens, she has been trying to find ways to feed her family while trying to ensure her three kids continue to learn. That is where I have been able to help her the most. I assisted with food boxes and diapers as part of a food distribution. I've been giving her tips on how to keep her two oldest daughters engaged with their school by setting up routines, which has been helpful. The mother then asked a question about her three-year-old, who is in year one of the HIPPY program. She was worried that the HIPPY program was going to end for the year since we were unable to do in-person home visits. For a time, I wasn't sure what was going to happen, either. Then we were introduced to the HIPPY website. The HIPPY website gives families a way to continue with the HIPPY program from home. The mother was very happy that she was able to continue, as they really enjoy being part of the program. The family moved here from Denver not knowing anyone in the area. At one of the group meetings, the mother happened to see a neighbor from her apartment complex. They began to talk, and their kids became friends. They found out that their kids even go to the same school. The two families are now friends, and both single mothers now have a new person to lean on. The mother likes to say that if it wasn't for the HIPPY program, she wouldn't be where she is today. The mother is able to help her kids grow and learn in some of the best ways. I look forward to seeing this family grow even more in the next year.



Delaware

Healthy Families Delaware

What successes are you having?

- Some families are more open to having virtual visits, opposed to in person
- Clients receptive to change
- Effective resources and tools

What challenges are you seeing?

- Client isolation and/or lack of positive support
- Clients surrounded with people that negatively impact their decision making
- Clients have increased anxiety
- Clients' increase in mental health crises
- Marital disputes within client households
- Unemployment
- Engagement of new referrals
- Delay in pediatric appointments (cancelled/rescheduled)
- Unresponsiveness amongst some current families

What essentials are you seeing as needs for the families you're serving?

- Transportation
- Mental health
- Baby formula/supplies
- Support with children for single mothers

Additional feedback:

- Healthy Families Delaware, with the guidance from national Healthy Families America and Children & Families First, has been able to adapt to the changes of home visiting from this pandemic within a short amount of time. During this quick change, the Family Support Specialists have been able to provide continued support to the families they serve. Even though obstacles may be present, HFD continues to find ways to improve services for the community.



New Castle County Parents as Teachers

Successes:

- Staying connected consistently with families. Parent educators have been able to effectively support families' mental wellness and self-care by keeping more regular contact/check-ins via phone calls, text messages, email and virtual platforms.
- Program permitted parent educators to immediately connect with families using the most familiar/accessible virtual platform for each family (i.e., Facebook, Google Duo, What's App, Messenger, Zoom).
- Through established/ongoing relationships with community partners, parent educators have successfully referred families for food (including fresh fruits and produce), paper/household products, diapers, wipes, and formula. Basic essentials have been delivered expeditiously and directly to households experiencing transportation barriers.
- Items previously donated by community partners have also benefitted families in the areas of enrichment and recreation, (i.e., sidewalk chalk, bubbles, books) and supported social-emotional development for both children and parents/caregivers.
- Rapid response from Teri Lawler, Education Associate, DE Dept. of Education, Office of Innovation and Improvement to provide mindfulness and self-care webinars/training opportunities virtually to support educators/practitioners as they made the unexpected turn towards virtual visits.
- COVID-19 specific resources shared regularly with staff and enrolled families to address safety, basic essentials, physical and mental health, recreation and enrichment (CDC, food distribution sites, DE Thrives, DOE, Project LAUNCH, Christiana Care. . .).
- New families have been referred and enrolled during pandemic quarantine
- Parent educators have been able to participate in virtual monthly staff meetings to maintain consistency, comradery and connection.
- Parent educators engage in Reflective Supervision sessions both individually and in small groups to support their own mental well-being and self-care. Parent educators are also receiving information, resources and training to address the needs of their families and children at home as well.
- Parent educators successfully adapted curriculum to deliver virtual creative activities that engage and enrich learning for children and families. Staff also continue to implement foundational curriculum with fidelity.
- Celebrating resilient parents recognizing their role as child(ren)'s first and most important teacher(s) and establishing new routines and schedules to create consistency in their homes that fit their families' specific dynamics and needs.
- Referring families to Dual Gen Ctr. for assistance with social services benefits (i.e., SNAP, WIC, TANF, Medicaid).

**Challenges:**

- Technology access for families primarily used to using cell phones and not acclimated to email is not as effective for the Zoom platform. Parent educators avoided frustrating families or hindering communication with specific/unfamiliar technology requirements.
- Parent educators are not accustomed to working from home and required support in setting up adequate and productive workspace without prior preparation time.
- Planning to engage families with multiple children and age groups is especially challenging when there is a single cell phone being utilized by the entire family.
- Providing support for parent educators to develop new technological proficiency without prior training or preparation. Strengthening parent educators' personal comfort levels with technology, multiple devices, websites and virtual platforms.
- Meeting the required numbers of enrolled families, frequency of visits, and screening reports in the PAT data system as established pre-COVID-19.

Additional needs:

- Strategic and incremental plans for return to school.
- Intense, quality trauma-informed care for teachers as they prepare to address a myriad of mental health needs for the students placed in their care.
- Organized and well-planned family engagement opportunities to proactively address the likely unaddressed trauma for parents/caregivers.
- Partnerships in place to offer collaborative team approaches to children and family needs as they arise.
- Establishing a trauma-informed school climate that offers flexibility, compassion and patience that will be distinctly different from the former/outdated traditional educational pedagogy.
- Budgeting and financial information for families.
- Technology in Penelope (PAT data system) being updated to support efficient method for sharing handouts with families.

Basic Essentials requested:

- Food (especially fresh fruits and produce)
- Paper/household products
- Pampers/wipes
- Masks
- Books/sidewalk chalk/crayons & paper/activities



District of Columbia

Local Implementing Agencies (LIA) feedback on Evidence-Based Home Visiting during COVID-19

Parents As Teachers Program:

There are many families enrolled in the MIECHV Parents As Teachers program who continue to struggle in light of the COVID-19 disruption across the District. While these families are demonstrating incredible resolve and resiliency, they are wondering how their rent will be paid, if they will be able to get diapers and other needed supplies, how much food is left, and much more. Two families shared what they are facing with their home visitors:

Family 1: Since March, this family's income has been cut by more than half. Our participant's work hours have been cut to only 16 hours for the entire month, and her partner lost his job at a local restaurant. They have two children and are only receiving financial support for one.

Family 2: With support from her home visitor, this mother immediately sought to apply for unemployment assistance. Her partner also lost his job in the local restaurant industry. Together the mother and home visitor spent hours trying to traverse the online system and the internet traffic that has overwhelmed sites established to help families like this one.

Healthy Families America Program:

Home visitors continue to provide support and technical assistance to families transitioning from in person visits to virtual visits. This includes introducing families to the allowable applications and tools for virtual visits, as well as supporting their continued learning and use of these resources. One home visitor created a how-to video to support a participant with low literacy with getting access to video calls. The home visitor continues to provide support around other technology learning gaps.

All home visitors are supporting participants through emergency situations involving access to benefits, diaper resources, and challenges related to loss of employment due to stay-at-home orders.

Family 1: A home visitor helped successfully walk a participant through the completion and submission of their SNAP benefits application.

Family 2: A home visitor supported a family by locating resources for diaper delivery during the stay home orders, and the participant was able to receive diapers delivered to her door.



Multiple Families: Multiple participants have lost their employment or have been unable to continue working as a result of the stay-at-home orders and schools moving to virtual classrooms. Home visitors continue to support these families by ensuring they are aware of and have access to resources and information about food, legal services, and economic support.

All home visitors continue to support families struggling with mental health crises due to preexisting conditions as well as anxiety and depression exacerbated by COVID-19. Home visitors have successfully referred participants to mental health service and completed warm hand-offs with the agency's behavioral health staff.

Needs families have shared that are not being addressed:

- Participants face barriers when accessing food, diapers, pack 'n plays, and other essential resources during the pandemic and stay-at-home order. Staff are working diligently to identify means of connecting participants to resources and brainstorming creative solutions to barriers.
- Participants do not want to attend well-child visits for fear of exposing their children and themselves to potential contact with COVID-19.

Additional feedback:

Examples of how home visiting is helping families in the coronavirus pandemic:

- Families feel they need more support, so in turn we are able to meet that need by doing extra virtual visits with them or extra check-ins.
- For isolated families, our contact may be the only positive voices they hear. The children are seen via video chat and the encouragement to moms and dads during this time is crucial.
- We are able to connect them with the resources they need and make them aware of changes in resources due to COVID-19.
- We are able to assist parents with developing routines for preschool children who were used to being in a school setting.
- Home visitors are providing CDC based COVID-19 information.
- Home visitors checking in with families may be providing a "safety" net to prevent child abuse by checking in on children and by offering parents a place to process feelings and frustrations.
- As trusted professionals, home visitors can reinforce the stay-at-home guidelines and other safety measures that families may be hearing from government officials. They may be more willing to listen to their home visitor than an official they see on TV.
- Many home visitors are providing current information on local resources, such as food banks, schools, etc.



- Many home visitors have helped clients navigate the challenging bureaucracy of applying for unemployment, food stamps, and childcare.
- Some of the families that we serve have minimal support systems, so they do not have contact with anyone during this time other than the home visitor. Home visiting allows us to provide social and emotional support.
- We are providing connections to free online classes, resources, giveaways, and food drives when they are available in the area.
- Home visits have been beneficial to families who now have their school-aged children at home because they use that hour visit as an opportunity to focus specifically on their baby, but staff are also able to provide activities to do with the older children.
- The majority of families really are sheltering in place, and the virtual home visits give them an outlet and someone to talk to as well as a fun time to focus on their issues, needs, concerns, and fun, joyful, developmental play with their child or children.
- Home visitors are able to assist with working out financial concerns or other barriers through reflective strategies with families during home visits.
- We have been able to address several safety issues that were able to be worked through with the help of appropriate resources.
- Home visiting allows us to support families who have mental health needs and who haven't been able to access services due to no transportation, etc., and have helped bridge that gap and prepare and support them in virtual therapy sessions.

Examples of what families need in the emergency that they aren't getting:

- Some families are having difficulty getting to prenatal or well visit appointments
- Transportation services may be affected
- Some families are not receiving PT, OT, and speech services
- Families are afraid or feel insecure using public transportation due to COVID-19 safety precautions
- Limited sick and well child visits due to quarantine
- Phone cards for families that do not have sufficient data plans or use their card data up.
- PPE for families and children
- Child care assistance
- Assistance with home schooling
- Materials for creative play and education for children



Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- **Phone (call and data) minutes.**
- Groceries for families who have lost wages due to COVID-19.
- Being able to provide families with developmental toys/activities for families to use during visits and in everyday life.
- Breastfeeding support.
- **Gift cards for food, diapers other staples**
- There are limited times that caregivers can contact home visitors or vice versa. Some families can't connect due to lack of minutes/connectivity.
- It would be helpful if we had more access/quicker shipping times of client support items that we could get to families when needed.
- **I would love if we had the ability to loan out devices to families that would allow them to use Zoom or other virtual platforms.**



Idaho

Examples of how home visiting is helping families in Idaho during the coronavirus pandemic:

- When the COVID-19 virus started spreading in Idaho, home visiting programs (such as Nurse-Family Partnership and Parents as Teachers) pivoted immediately to provide virtual visits to serve families. While appropriately distancing, programs have been putting together “drop-off” kits with supplies and activities for families. Home visitors have also been collaborating with local food and diaper banks to provide families with necessities such as food, formula, and diapers.
- Now, more than ever, home visiting is an essential service for families. Social isolation and families living in cramped conditions can lead to increases in domestic violence. Home visitors can help mitigate these situations by maintaining contact with families, screening for intimate partner violence, and providing support. Families are also experiencing the devastating impacts of lost income, balancing work without childcare, and difficulty finding food and other necessities. For many, home visitors provide vital connections to community resources.
- For MIECHV-funded home visiting programs, enrollment has been at an all-time high, as families are eager for social connection. Collectively, MIECHV home visiting programs enrolled nearly 40 additional families since converting to remote service delivery in March.
- Families continue to be engaged during home visits. Since the home visitor is no longer physically present for the visit, parents have taken a leading role, which has allowed them to deeply connect with their children. Virtual home visiting has allowed parents to build self-efficacy and engage with their young children through developmentally-appropriate activities.

What Families Need:

- Families in Idaho are struggling with economic insecurity. High unemployment rates caused by the pandemic have left families without income to pay for necessities, such as rent, food, formula, and diapers.
- Some of the families we serve have issues with network connectivity. Families would benefit from the provision of internet services and technological devices for virtual home visiting. Currently, Nurse-Family Partnership has partnered with Verizon to provide families with cell phones and four months of free data, so that they can maintain their visits or enroll in the program. This has made a big difference for several families; however, many are still missing these resources.



Illinois

Survey of Illinois Home Visiting – Impact of COVID-19

The Governor's Office of Early Childhood Development (GOECD) sponsored an online survey of Illinois Home Visitors and Home Visiting Supervisors to gather information on recent changes and adaptations to their work during the COVID-19 health emergency.

Methods

The MIECHV COVID-19 Home Visitor and Home Visiting Supervisor survey was administered online from April 13 to 17, 2020. Building on the information that Illinois MIECHV learned from several group calls in early April with home visitors and home visiting supervisors who reported that they were continuing to engage with families and conduct virtual visits, the survey was designed to expand this knowledge in order to understand the approaches being used for virtual visits, current challenges, successes, and supports needed by home visitors.

A link to the online survey was emailed to Illinois home visitors and home visiting supervisors by the GOECD and other home visiting funders and partners in the state. Each home visitor and supervisor were asked to complete the survey one time. The total respondents to the survey was 322, of which sixty-nine percent were home visitors and thirty-nine percent were supervisors. Respondents were funded by more than eight funding streams and represented more than seven home visiting models.

Overview of Key Findings

Virtual Visits

- More than half of home visitors (59%) have remained engaged with 75% to 100% of their families.
- The majority of home visiting agencies (80%) are still receiving referrals.
- Home visitors are currently delivering virtual home visiting services to families via phone calls (94%) and video visits (82%).
- The typical length of a visit/call at this time is at least 30 minutes.
- The biggest challenge with scheduling visits is that families are busy with children/family at home.
- 67% of home visitors are completing assessments or screenings virtually.
- The biggest challenge with conducting phone visits is that families have limited phone or data plans.
- The biggest challenge with conducting video visits is that families have technology limitations such as lack of computer and unstable internet connection.
- The following resources have been difficult to provide to parents at this time: diapers and wipes; basic household items including disinfecting products; and food/formula.



Remote Work

- A third of home visitors indicated that it is challenging to work remotely.
- The number one resource that home visitors said would be helpful for them with remote work is a printer (66%).
- Additionally, 35% said a headset with microphone would also be helpful, 27% need an internet hot spot, and one fourth indicated that “adjusted/flexible schedule outside their previously held office hours” would be beneficial.
- More than half of home visitors (53%) indicated that supervision has increased.
- Almost all home visitors (93%) are able to access online training.

Demographics of Survey Participants

Where does your funding for home visiting come from? (Check all that apply)

ANSWER CHOICES	RESPONSES
MIECHV	27% 86
DHS	29% 92
EHS	3% 11
ISBE PI	35% 113
DFSS	8% 25
Private	3% 9
Ounce of Prevention Fund	28% 90
Other (United Way, Title 20, local funding)	3% 11
Total Respondents: 320	

Which program model are you currently implementing? (Check all that apply)

ANSWER CHOICES	RESPONSES
Parents as Teachers	45% 144
Healthy Families Illinois	46% 147
Early Head Start	2% 7
Baby Talk	6% 19
Family Connects	2% 5
Home Instruction for Parents of Preschool Youngsters	0% 1
Family Spirit	0% 0
Other (Family Case Management, Better Birth Outcomes, Teen Family Support, Doula, PI, Partners for Healthy Baby)	3% 10
Total Respondents: 321	



Is your program receiving referrals at this time?

ANSWER CHOICES	RESPONSES
Yes	80% 258
No	20% 64
Total Respondents: 322	

Virtual Visits

Please indicate how you are currently delivering virtual home visiting services to your enrolled families. (Check all that apply)

ANSWER CHOICES	RESPONSES
Text messaging	63% 200
Video visiting (FaceTime/Zoom/Skype or any other digital platform)	82% 260
Phone calls	94% 296
Mailing information	25% 80
Other (delivering education information and activities to client homes, emailing or mailing education information and activities), texting links to information and curriculum materials, Facebook groups, What's App, etc.	11% 34
Total Respondents: 316	

What is the typical length of a visit/call? (Choose one)

ANSWER CHOICES	RESPONSES
1-15 minutes	4% 14
16-30 minutes	17% 52
31-45 minutes	36% 112
46-60 minutes	39% 123
Over 60 minutes	4% 11
Total Respondents: 312	

Are there challenges with scheduling visits? (Check all that apply)

ANSWER CHOICES	RESPONSES
Families not comfortable with phone/video visit	40% 122
Families not interested	26% 78
Families too busy with children/other family members at home	63% 190
Other (no response from some families, difficult to find a time with families who are essential workers, some families are overwhelmed, some families are in crisis and cannot commit to a specific time, families not able to use the same technology as the home visitor)	21% 63
Total Respondents: 303	



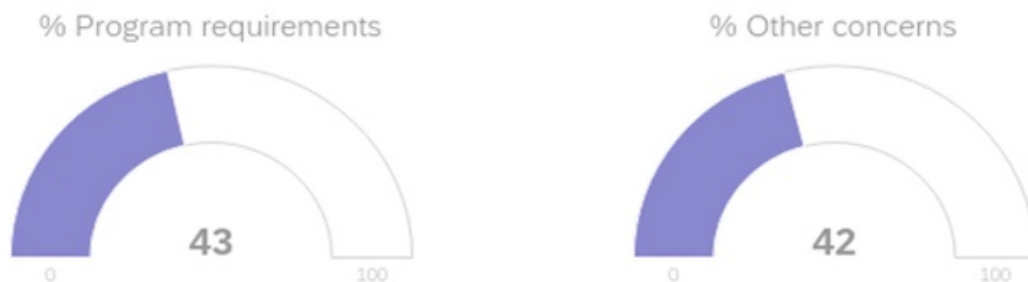
What methods are you using to share activities? (Check all that apply)

ANSWER CHOICES	RESPONSES
Mailing prior to visit	19% 58
Dropping off handouts prior to visit	21% 67
Emailing/texting activity sheets	80% 251
Posting on Facebook or other social media or digital platform	19% 61
Describing over phone	71% 222
Demonstrating on video call	58% 180
Other (sending via What's App, sharing my screen via Zoom during visit, using materials the family already has in their home, creating a video of reading book or doing an activity, pre-existing online formats such as YouTube)	5% 17
Total Respondents: 313	

Have you completed any assessments or screenings virtually?

ANSWER CHOICES	RESPONSES
Yes	67% 198
No	33% 99
Total Respondents: 297	

During your virtual visits, what amount of time is typically spent on program requirements vs. other concerns related to family issues such as loss of income, lack of childcare, lack of resources such as diapers, etc.?





What are the most challenging limitations of completing **phone call** (without video) **visits** at this time? (Check all that apply) If you are not doing phone visits, please skip this question.

ANSWER CHOICES	RESPONSES
Confidentiality/HIPPA concerns	15% 42
Families in crisis	41% 115
Families with limited phone plans or data plans	50% 142
Family not comfortable doing phone visit	26% 173
Home visitor has children at home and hard to focus without interruption	37% 106
Home visitor using personal cell phone	11% 30
Lack of guidance on how to complete visit over phone	7% 19
Lack of home visitor confidence on how to complete visits over the phone	11% 31
Limited time available due to other demands at home	37% 105
No access to printer for activities and handouts	37% 105
Older children and other family members in the home during the visit	56% 158
Other (see below)	11% 32
Total Respondents: 283	

Responses from those who selected “other” referenced challenges with phone lines not working well such as a poor connection, no phone available or low audio quality with six (2.1%) responses in this area. Other issues with using technology for sharing curriculum (blurry photos, viewing on a small screen, access to trustworthy and safe platforms, and a lack of experience with technology) surfaced from another five (1.7%) respondents. Three respondents reported that families not responding or maintaining communication, difficulty engaging families for a complete home visit that includes activities, and being unable to see the parent do activities while facilitating parent-child interaction are additional challenges. Working with a primary caregiver who has a learning or cognitive disability that is a barrier to communicating over the phone was reported by two home visitors.

Participants who selected “other” included the following comments:

“Families that are connected to foster families and visits require other officials or to be in person but cannot because of virus.”

“Families prefer in person contact. Virtual is not the same or necessary in some families’ eyes.”

“It is hard to do 45-minute visits on the phone. After talking about the different areas that are in the PAT program, I feel like there is a lot of time left. You don't have that quiet time when you watch mom and child interact.”



"I've found the biggest challenge (besides my own children at home that I am now "homeschooling") is not being able to sit and personally be with my clients. It's hard when they are struggling and I can't be sitting in the same room with them."

What are the most challenging limitations of completing **video visits** at this time? (Check all that apply) If you are not doing video visits, please skip this question.

ANSWER CHOICES	RESPONSES
Confidentiality/HIPPA concerns	16% 42
Families in crisis	34% 89
Families with technology limitations (lack of computer/stable internet)	71% 188
Family not comfortable doing video visit	46% 121
Home visitor has children at home and hard to focus without interruption	30% 80
Home visitor uncomfortable doing video visit due to limitations of work-at-home set up	10% 27
Lack of guidance on how to complete video visits	6% 16
Lack of home visitor confidence on how to complete video visits	9% 25
Limited time available due to other demands at home	29% 76
No access to printer for activities and handouts	28% 74
Older children and other family members in the home during the visit	48% 127
Other (see below)	9% 24
Total Respondents: 264	

Although twenty-four respondents wrote comments, several of the comments detailed multiple challenges and limitations. Most expressed were challenges related to children (e.g., child is crying, wants to grab the phone, parents give the phone to the child, child reacts differently to virtual visits than home visits, child is confused as to why the home visitor isn't there in person or performs better when the home visitor is present, or several children talking at once). Various comments (5) clustered around phone and computer issues (e.g., *"Different types of communication not available to all families and home visitor. The constant direction on what types of platforms/apps we are allowed to use," "Some of the first virtual visits "cut out" due to poor internet, so the visitor feels it is just "easier" to call the family", "No computer access. Not able to save PG/PVR forms onto computer when completed,"* phone reception issues, and *"We live in a small rural area and it is difficult to do visits when our internet doesn't work well and some families have had to borrow phone from friends or family members that have phones with data on them"*). Other challenges mentioned more than once center on difficulties with (1) activities (mom does not want to gather items for activities or does not encourage child to do activities, *"...Some children have no interest in showing me and doing the activity even if mom is doing her best to get them to cooperate"*), and (2) handouts (*"I wish the curriculum would let me share the activity pages so I can email my clients", "Having to share the handouts through*



picture,” and “According to the mothers, they do not have time to read all the handouts including (ASQ’S)”. Six participants noted they had no challenges with virtual visits.

Several unique comments and sentiments were offered:

“New parents that want to come in the group and we are doing visits without physical signature from parent survey or intake paperwork”

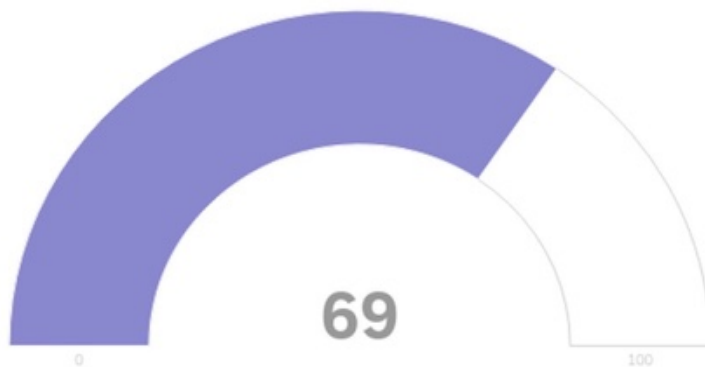
“I feel like I have to ‘chase’ more families to get them to agree and keep virtual visits”

“Feeling like I can’t do as much for participants going through a crisis”

“We have one of 6 home visitors who is uncomfortable doing the video visits and just finds that the phone visits work for her better”

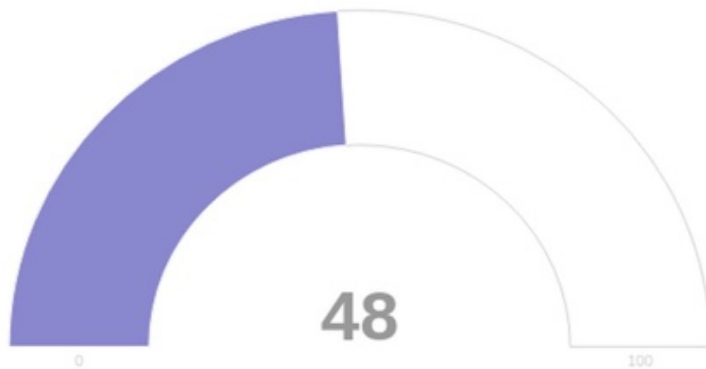
On a positive note, 1 respondent stated “Parents skillfully use social networks like WhatsApp - Skype - Zoom - Facebook - Instagram etc.” and another noted that “she enjoys hearing the moms describe what the child’s actions and reactions are to the activities over the phone. Moms are really learning to verbalize what they are seeing the child do.”

What percentage of your families have phones with sufficient minutes available for phone visits?





What percentage of your families have both a computer, tablet, or smart phone and internet access for virtual/video visits?



Some programs have implemented virtual group connections. Have you started any virtual group connections (prenatal, teen parent, parenting group, etc.) to engage families?

ANSWER CHOICES	RESPONSES
Yes	32% 91
No	68% 194
Total Respondents: 285	

What percentage of your caseload have you been able to keep engaged after switching to virtual visits? (Home Visitors – please answer for your caseload; Supervisors – please answer for your overall program.)

ANSWER CHOICES	RESPONSES
1-25%	3% 9
26-50%	9% 26
51-75%	29% 86
76-100%	59% 177
Total Respondents: 298	

What percentage of your families have recently lost employment or experienced reduction in working hours/pay related to COVID-19? (Home Visitors – please answer for your caseload; Supervisors – please answer for your overall program.)

ANSWER CHOICES	RESPONSES
1-25%	31% 90
26-50%	30% 88
51-75%	28% 82
76-100%	12% 34
Total Respondents: 294	



What resources are you having difficulty in (connecting parents to) due to the impact of the coronavirus on agencies and organizations? (Check all that apply)

ANSWER CHOICES	RESPONSES
Bill assistance	38% 104
Child care	28% 76
Food/formula	41% 111
Diapers and wipes	50% 136
Basic household items including disinfecting products	50% 137
Housing/rent assistance	44% 121
Transportation	29% 80
Mental health services	25% 69
Well-child doctor visits	31% 84
Unemployment services	35% 95
Legal services	10% 28
Other (Doula services, shelter, DHS services – Medical Card, SNAP, Physician Offices are cancelling well-child and immunization visits, Child and Family Connections, Referrals for Early Intervention	8% 21
Total Respondents: 273	



Indiana

Indiana asked LIAs serving MIECHV-funded families the following questions as part of the data collection for Form 4 – quarterly Performance Measure.

Are you conducting home visits: a) in person, b) via virtual visits, c) combination of both?

- All of the Indiana MIECHV LIAs are conducting home visits via virtual visits. (Note: We are aware of a few non-MIECHV HFI sites that are still conducting some in-person visits with screening procedures in place to protect families and home visitors. Here are a few qualifiers offered in addition to the virtual visit response:
 - *We are continuing to do non-contact outreach by dropping off materials at the door for families who aren't engaging. Also, for assessments and enrollments, we are doing a non-contact paperwork handoff system.*
 - *Virtual visits with some regular phone calls*
 - *We have a few clients who are disengaged because they do not like using the phone or video chat. We have discussed meeting them outside on a nice day using masking and social distancing...no touch. We have not done this yet.*

If you are conducting Virtual Visits, what software / media are you using to connect with families?

- FaceTime, Zoom, WhatsApp, Viper, Google Duo, WebEx, Skype, Microsoft Teams, Facebook Messenger, "additional platforms" and regular phone calls
- Some additional qualifiers and information:
 - *Some dependency on each family's access and comfort level.*
 - *We are also encouraging our clients to stay connected on our Facebook page where we have been posting story times and craft activities they can do with their children. Additionally, we have been lucky enough to have some really great community support and have been able to get donations of formula, diapers, wipes, food, craft supplies, etc. Our home visitors have been able to stop by the office every other Monday and grab things to drop on the doorsteps of our clients.*

Have you enrolled new families since 3/15/2020?

- All MIECHV LIAs reported they have enrolled new families since March 15, 2020. Some feel more successful than others, but all sites are continuing to engage new families.



Is there any information you would like to share with the state MIECHV team at this time? (celebrations, concerns, etc.)

- *My team is incredible! They have pivoted so quickly, maintained a positive attitude, and been creative to continue serving families. I am truly humbled and full of gratitude for them right now.*
- *We are concerned with our budget and generating enough revenue to cover our expenses with unit rates.*
- *We are hanging in there and adapting to virtual visits. Most all of our families have been receptive to virtual visits and they have been going well!*
- *We greatly appreciate the opportunity to continue to serve families via telehealth during this uncertain time. The nurses have adapted well to this change and continue to safely drop supplies off to families in need. We are continually evaluating the needs of our clients and nurses and supporting them in any way we can.*
- *We have been successful in engaging some clients that were disengaged with the implementation of telehealth. Concerns: some clients are disengaged due to telehealth. Staff are concerned about the possibility of furloughs; many spouses have been furloughed or laid off.*
- *We were short staffed prior to COVID-19 and will need to do a lot of hiring when things return to “normal.”*
- *I have been so impressed with our team and what we've been able to accomplish. HFA has been instrumental in providing guidance and support. Also, the support and flexibility of our central admin team has really empowered sites to do what it takes to serve families.*
- *From a staff standpoint we are trying to make sure to stay connected to our staff as much as possible as well. We have been doing weekly staff meeting games over zoom and then breaking off into teams to talk about challenges and successes. For next week's zoom game, everyone is sending in baby photos and we will guess which photo is of which staff member. Supervisors are also checking in with home visitors and assessment workers daily in addition to their weekly supervision.*

Additionally, the HFI Quality Assurance team informally reported that many sites have indicated the virtual visits have allowed engagement with families that had previously been resistant to in-person visiting, and that anecdotally, enrollment was improving.



Iowa

Overview

The Iowa Department of Public Health (IDPH) serves 649 families with young children in 13 counties in Iowa. A survey was conducted in March to assess enrolled families' barriers to communicate with their home visitor during the public health pandemic. Ten of the 649 families had no telephone or any way to reach the family other than by mail. Approximately 300 families had access to a smart phone with a data, text and talk plan. About 200 of those families with a smart phone had very limited plans for talk and data. The remainder of families, (339) had a phone and could talk to their home visitor but did not have the ability to video conference.

IDPH began providing weekly listening sessions for all home visitors (not just MIECHV) in order to provide updated COVID 19 information and provide timely resources. A secondary function was to provide support to the home visitors as we all navigate through this unprecedented time. Some sessions we have offered were:

- Video Conferencing applications that are free or low cost
- Changes in SNAP (food assistance) benefits
- Changes in WIC benefits
- Unemployment benefits
- Food Insecurity
- Parenting in a Public Health Emergency
- Returning to Normal and What is Normal Anyway?

Home visitors are reporting that families are initiating contact, reaching out more frequently and seem to be adapting really well to video conferencing and phone calls. Capacity has increased for the MIECHV program. We are well over full capacity. Home visitors are facing difficult personal situations not unlike those faced by the families they serve.

Important accomplishments over the past weeks include:

- IDPH developed program policy for the public health emergency that was then adopted by three other state departments for a consistent response across departments.
- IDPH was already using video conferencing to meet with local contractors so the change was not so dramatic. Our home visitors were already familiar with the Zoom platform and were able to immediately begin using video conferencing to connect with families.
- IDPH and Early Impact Virginia received a grant from the Heising-Simons Foundation to provide a Rapid Response to the home visiting field. The Institute for the Advancement



of Family Support Professionals (Institute) has a website with free, unrestricted access to resources including recordings of weekly webinars.

- Registered users on the Institute has tripled. Foot traffic has tripled in volume since pre-COVID 19.
- Home visitors are reporting that coaching for parent-child interaction during virtual visits is much easier when they are observing through their webcam.
- Home visitors are also reporting that that working with an interpreter has actually been easier because of the webcams and their ability to offer translation right into the chat.
- Braiding federal MIECHV funds and state general funds in partnership with US Cellular and a faith-based organization, we have been able to secure 221 smart phones with data, text and talk plans to enable families to video conference with their home visitor, physician and other helping organizations. US Cellular listened to our needs and provided a significant discount for their services to make a “phones for families” program work with our limited funding. The phones will be loaned to families that are lacking phone services and video conferencing abilities for 90-day periods of time that may be renewed.

What are unmet needs?

- Technology needs for the families we serve. The digital divide is glaring between the families we serve and other non-risk families. Low income families used libraries to access the internet and that has not been an option. They need both connectivity and devices. Our data indicates that we have only met about 50% of the current needs for connectivity and that this need will continue to grow.
- The organizations that employ home visitors also are lagging in equipment. Some do not have computers with webcams available making video conferencing impossible.
- Residential wi-fi is too slow in most cases for video conferencing.
- Differing responses between home visiting models has not been helpful as states attempt to implement policy across all models.



Kansas

Examples of how home visiting is helping families in the coronavirus pandemic:

- We have been able to connect with families, virtually and by phone, to support them and continue to provide stable, consistent, and caring interactions during a very out of control time. We have one mom who has started doing virtual mental health visits and then calls her home visitor to talk with her about how the suggestions made by the therapist will impact her relationship with the baby. We also have a mom that has asked for more activities that she can do with the baby that will also include her older children since they are home with her now.
- We have been able to connect with families virtually, by phone, and the occasional drop off of resources in a socially distanced manner. Families have been able to maintain their regular resources with our community outreach programs, i.e. WIC, Happy Bottoms, with the help of home visitors. Home visitors have played a big part in helping families positively adjust to having their children in the home, full time, due to COVID19. Home visitors are also working diligently to overcome the virtual barrier in order to continue working the family service plan by continued work on family goal plans, curriculum, and implementation of reflective strategies.
- Families are receiving ongoing support from home visitors through virtual home visits, by phone and video. Home visitors are able to help families access resources by doing things like having conference calls with the family and providers such as WIC, DCF, Medicaid. Families have received help with diapers and wipes. One family received a food box which their home visitor picked up from a community resource and dropped off with the family.
- PAT has transitioned to providing virtual visits through the use of Microsoft Teams. When families are unable to access virtual visits due to device or technology needs, phone calls are used to maintain contact and support with families. Focus during the visits is family wellbeing and mental health. We continue to connect families to resources and encourage families to utilize their protective factors. Activities are provided that support how talk with your child about COVID and supporting siblings' educational needs at home.
- We have provided connection, reducing social isolation. We have helped relieve parenting stress and create strategies to deal with anxiety for both parents and children. Specialists have scoured myriad resources to which we have access to develop a brief toolkit for suggestions and ideas as well as vetted websites and videos for parents to use that we mailed out in English and Spanish. We have mailed child coloring books and other literature to some families when needed. We have provided emergency assistance (meals, food, diapers, formula) and at least fabric masks when no other resources were available or families could not get to them.
- Many of our families have needed resources for food, diapers, utility assistance, etc. The parent educators have helped families with those connections. Many families who don't



speaking English have struggled getting connected with their older children's schools to get paper packets or understand online learning. The educators have helped the families get connected with the teachers when the parents didn't speak English. A parent educator has been working on connecting a mother to free mental health services as the mother has been experiencing anxiety with the pandemic. It has also helped families see their own resilience as they are coming to terms with "If I can get through this, I can get through pretty much anything."

Examples of what families need in the emergency that they aren't getting:

- At this time, there has only been one emergency for a family that was quarantined due to a suspected exposure at work for dad. The family was about to run out of food and formula and the home visitor was able to access a food pantry for a bag of food and pick up formula from the health department to drop off on their front porch.
- So far, families have been able to meet their needs but we are planning for the future should these families run into financial trouble. Also, families are asking about PPE for themselves, i.e. masks, gloves, and the proper disinfecting materials.
- We have one family where both parents have lost employment due to COVID and they are facing possible eviction.
- We would love to be able to help families with basic needs, such as diapers, wipes. We know the risk of child abuse decreases when families have their basic needs met.
- We regularly were given donations to pass on to families such as toilet paper, body wash, and laundry detergent. We are unable to provide these items or diapers during this time. Happy Bottoms (diaper bank) is not accepting new clients, and food pantries are becoming harder to access. Child care is a need since most child care centers and homes are closing. We serve many families who work at fast food and grocery stores who are still required to go to work. Some of these families have had to increase their working hours. Without school in session, there are no eyes on these children.
- We are still trying to find out how families receiving cash assistance and others who have not filed tax returns for 2 years get their relief payments because all families need cash to meet their needs. With children home from school and limited child care, food insecurity increases. Though there have been many valuable food programs, families need support for basics including housing and utility payments. And accessing ongoing resources for behavioral health for parents and children is a real challenge. Several of our parents are working in essential positions and they often do not have appropriate protections in place (nursing homes, groceries, fast food) and worry about their exposure. Families also need transportation to essential services and health care, but I don't know how to provide that safely.
- Protective masks, diapers, food, cleaning supplies such as disinfectant wipes.



Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- Monthly supplemental supply of diapers and wipes.
- Supplemental supply of diapers and wipes, PPE, activity supplies/games for the family to use while being sheltered-in-place.
- Largely basic needs: shelter, food, clothing, PPE
- Monthly supply of diapers and formula.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

- We have approximately 5 families that have a lack minutes and/or data space on their phones.
- We have 3 families with no reliable Wi-Fi and 2 others in need of improved phones or tablet/laptops in order to do effective video visits with us and/or behavioral health provider.
- A couple of families are on "hold" because their phones are off. Another runs out of minutes and runs short on data for virtual visits as she saves those for FaceTime visits with her child in foster care. Other families run out of minutes on their phones. Almost all don't have any devices other than their phones to do visits on.



Kentucky

Home Instruction for Parents of Preschool Youngsters (HIPPY) program at Brighton Center

The HIPPY program at the Brighton Center has four home visitors who work with about 75 families in Campbell, Kenton, and Boone county to empower parents to be their children's best teachers and help their kids be ready for kindergarten. Before the pandemic, HIPPY home visitors went to the homes of families about once a week. Each visit, home visitors brought a packet of school readiness activities for parents to do with their kids, one activity for every day. Home visitors talk with moms and dads about how things are going, and role-play the activities to help the parents see how they can do them with their kids through the week. Now, home visitors are being as creative as they can to help families with so much more than school readiness and parenting tools and techniques: now it's food, cleaning supplies, helping file for unemployment or getting help with their rent or mortgage.

Now that home visitors are no longer able to meet with parents in their homes, we are doing virtual visits, by videoconference or by phone. About 10 to 15 percent of families are having troubles connecting because of Wi-Fi issues or limits on their minutes. The HIPPY national office sent electronic versions of the curriculum, but a lot of families don't have computers or printers. More than 70 percent of our families were working prior to COVID-19, but they didn't get enough hours or enough money to make ends meet. They were just one or two paychecks away from a catastrophic situation. Budgets definitely didn't stretch to extras like printers. But they need the activity pages to do with their kids, for cutting and gluing and making things that develop fine motor skills. So we are printing the packets and dropping them off at families' homes, 2-4 weeks at a time, and then connecting by Zoom call, regular call, or FaceTime.

When home visitors do porch drop-offs, they aren't just leaving packets. They bring books for parents to read to their kids, because sometimes the paycheck won't stretch to books, either. This HIPPY program is located at the Brighton Center, a non-profit social service agency that has been here since 1996. The Center works holistically to partner with families on their path to self-sufficiency. Brighton has a food pantry, which is now serving four times as many people as it was before coronavirus hit. It can provide personal care items and cleaning supplies, which families are struggling to get elsewhere. Brighton Center can help with rent and utilities. It runs the KY Career Center, which is fielding 2,000 calls every week from people needing help accessing unemployment benefits. Things that HIPPY home visitors can't do for their families, they can connect families to the Brighton Center for help we can't provide.

What hasn't changed through coronavirus is that home visitors are still connecting to families and still helping parents prepare their kids for kindergarten. Families are leaving messages in chalk on the sidewalk for when our home visitors are coming, saying "we love you"



and “we miss you!” The kids watch out the window for their home visitors and yell “hi” when they get there to drop off packets.

It’s hard – staying connected through the stress and anxiety, through taking care of your own family, takes hard work. One of our home visitors was exposed to coronavirus, and had to quarantine. With a few more staff and a few more resources, there’s a lot more we could do to help families through coronavirus, and a lot more families that could use the help.

Many of the families we serve haven’t had support systems that are reliable, that are there for them through thick and thin. But even through COVID-19 and being disconnected, HIPPY home visitors and the Brighton Center are there for our families, connecting people as best we can through this time. At the end, we are going to be better off. We will still be here, and we will continue to get the kids ready for kindergarten. We are here. We are all in the same boat. We are all doing the best we can. Even with all of this, we are not going to give up on anybody. We will continue to partner with families, even if it looks a little different than it did 8 weeks ago.



Louisiana

Examples of how home visiting is helping families in the coronavirus pandemic:

- Staying connected with and supportive of families
 - Staying connected with families to provide support/guidance during this time of crisis.
 - Contacting clients by phone is really helping the families during this time. One nurse home visitor has been able to reconnect with a few clients that she wasn't previously able to connect with.
 - Ability of nurse home visitors (NHVs) to stay in contact on a weekly basis (or more frequently as needed) with their families in order to provide resources that respond to the financial and emotional impact of COVID-19.
 - NHVs are able to decrease a client's sense of isolation. NHVs are still able to access support from their infant and early childhood mental health clinical specialists.
 - Home Visitors/Family Support and Coaching Professionals are providing emotional and social support as well as guidance on how to parent during this pandemic. HV are providing additional resources to manage challenging behaviors, as well as enjoyable, developmentally appropriate activities to help families engage their children.
 - Many home visitors are reporting that they are able to connect more with families who they had difficulty engaging with prior to the pandemic.
 - One client who was not able to participate in home visits because of her work schedule (possibly going to be discharged) is now able to consistently participate in televisits.
 - With televisits, multiple families are participating in weekly visits, which are occurring more frequently compared to visits they were engaging in prior to COVID-19 due to increased stress about the pandemic and needing extra support.
 - Our team stated that the clients have a sense of normalcy by continuing to talk with their nurse. They are more consistent with visiting and keeping appointments.
 - Home visits are helping families by continuing to provide the parent education that we have always given. Also being a listening ear for clients who are facing additional stress from the pandemic whether it be finding sites to help children with schoolwork or reduced or no hours at work. I recently had a client that was terminated from her job because there was little to no work for her to do at the agency.
 - Giving families support during a time when many feel like they have no other support services. Giving resource information, tips on how to relax and relieve anxiety, tips on how to cope with loneliness, and activities for children. We are helping them connect to the related services that they can't reach because businesses are closed. Example: I have a client that applied for SNAP benefits before



COVID and still has not heard back from them and can't contact anyone; I have contacts there and am able to help her.

- We have helped clients by being able to FaceTime with families and being able to support them during this time to offer reassurance to them, supporting breastfeeding moms from afar, creating different versions of activities that parents can repeat easily in the home or from their yard allowing clients and children to get outside some, helping by just being a listening ear to have someone to talk to them about what all is going on in this world today, guidance for getting things ready for babies that are being born, helping clients deal with the regulations imposed for labor and delivery, helping clients find activities that help them with relieving stress surrounding different issues they are facing, offering support to new fathers using the fatherhood materials, sending emails prior to visits so that families can get materials needed for activities and give them the opportunity to review materials and formulate questions concerning the materials.
- Connecting families to helpful resources
 - Working with a client who exhibited safety concerns due to mental health status, and the nurse home visitor/Family Support and Coaching Professional was able to call the mobile crisis line with the client on the line to assist with providing emergent psychiatric telehealth visit.
 - Several NHVs expressed that their clients have felt supported during their postpartum period as the nurse can connect clients with various virtual resources, where many of these clients would not be able to access with challenges in transportation.
 - The nurse home visitors are able to monitor the mental health status of clients and provide needed resources (we have had increased depression, anxiety, and one threat of suicide).
 - One client experienced the death of her father and cousin due to COVID within a 24 hour period. The NHV was able to offer support and to provide appropriate referrals. This NHV was also able to provide factual information re: COVID from reputable sources to educate the client re: multiple family members working in health care and how she can keep herself and baby physically safe.
- Increased family engagement
 - There have been about 5 clients in our region who were previously disengaged from the program who have reached out to reconnect with their home visitors to be connected with resources as well as receive emotional support.
 - The NHVs on our team have also expressed that the televisits have allowed them to keep regular visits with clients since they are following stay at home orders and are more available for visit times.
 - Remote visits are occurring more often. These visits give families an opportunity to discuss life challenges occurring during the stay at home order and explore ways to overcome obstacles.



- Sharing COVID-19 updates and information
 - We are helping keep families informed with CDC recommendations about the pandemic. We are also providing a means of stability with continuing care/meetings.
 - Providing regularly updated resources/information about the coronavirus to keep families safe (e.g., handwashing, social distancing, wearing masks). Resources are mailed and discussed during the televisits with families.
 - Resources related to mask and food drives and distribution sites provided to families. These resources were mailed to families and discussed during the visits.
 - Clients reported that by talking to their NHV about their fears associated with COVID-19 it helped ease their anxieties and fears.
 - NHV was able to speak from a medical perspective to a particular client about the virus and the steps to take. She was also able to provide reputable resources for additional guidance which assisted with easing the client's anxieties regarding the crisis when there were a lot of unknowns.
 - NHVs have been pivotal in providing accurate information on infection prevention and other safety measures. NHVs have been able to provide guidance and support particularly for pregnant and recently post-natal clients.
 - We are also able to help keep them abreast of the COVID-19 news and different changes as they happen. We also have ties in the community which allows us to inform them of any food, masks, hand sanitizer and other such like giveaways.

Examples of what families need in the emergency that they aren't getting:

- Basic supplies
 - Baby supplies and formula.
 - During this pandemic, a mom has run into the issues of lack of adequate amounts of baby formula in her local grocery store. Mom receives WIC benefits, however, the type of baby formula that her baby was currently drinking was out of stock. Mom said that the shelves were completely empty. I provided the mother with contact information to Women's New Life Clinic because they were giving away free baby formula. Mom does not have transportation so she would have to utilize public transportation to arrive at the clinic. I advised mom to call before she left the house to ensure they had the brand of formula she needed. Mom informed me that they were out of the formula that her daughter needed. I informed mom that she could try calling the number on the back of the formula bottle because some companies do have sample formula that could be shipped out. Mom said that the company was no longer shipping out any samples. Mom and I discussed how stores are restocking daily. I advised mom to check back in her local grocery store in the early morning, however, this was nearly impossible for due to her lack of transportation. Her daughter is approaching one years old, so I informed her to check with her pediatrician to inquire about other milk options. Mom's daughter was able to switch



- to cow's milk. If her daughter was younger this would have been a major problem without an easy fix.
- Later on, during the pandemic I ran across an organization that was giving out baby supplies at the end of April however it was a drive-up event. A lot of our clients lack personal transportation so it's difficult for them to take advantage for certain resources.
 - Many clients have struggled to find their WIC items on the shelves in grocery shelves. They are not allowed to substitute items and they have to use their WIC funds by the end of the month. They each had to give up some items for the month of March and are hoping to find everything by the end of April.
 - There are multiple families who have lost their food stamp benefits during COVID-19. They are unable to call in and speak to someone to mediate the problem.
 - Technology
 - Families need more minutes on their cell phones. Phones are being used more for other telehealth connections such as MD visits and staying connected to family. So far, we have only had one client with minute issues (that interfered with home visits), but the families are still sharing with HVs that they need more minutes on their phones.
 - Financial assistance
 - Families need assistance with bills due. More people being at home all day has increased electric and gas bills.
 - Many clients have inquired about financial assistance for their families, as they have not been able to work during COVID-19.
 - Lack of available jobs.
 - One client had challenges in her Medicaid eligibility, and another described losing WIC.
 - Some of our clients have been delayed in getting unemployment benefits and stimulus checks. Their work hours were reduced for 1-2 weeks prior to being laid off.
 - Transportation
 - Altered transportation routes and schedules.
 - Many clients are dependent on public transportation.
 - Health care
 - Lack of support during delivery due to restrictions in birthing hospitals.
 - We have found that some clients needed medical care but were scared to go to the ER with their sick child. Our home visitors/family support and coaching professionals were able to connect the clients with small local clinics that would take walk-ins during this time.



Examples of things home visiting could be doing to help if we had additional resources and flexibility:

- Technology
 - Provide electronic devices and internet services to conduct virtual visits with video capabilities (e.g., smart phones, iPads, computers) with their home visiting team and other providers (e.g., OB, pediatrician, mental health provider).
 - With the electronic devices and internet services, assist clients in completing applications to receive services and supports (e.g., nutrition – food stamps, employment, financial assistance and transportation).
 - Host/facilitate virtual peer group meetings.
 - We could support them more if we had funding to help them with phones and computers that they could do virtual visits. Also we could help them more if we had money to help them with car seats, bassinets, and things that are essential to keep children safe. I feel that it would be beneficial for us to be able to mail out books at least monthly and also tummy time mats to our new mommas. We encourage reading with children and are able to keep our families with a book every month or so. The children are missing this as are the parents.
- Transportation
 - Clients are unable to get to medical and mental health appointments because they have no transportation. Transportation is currently not providing rides.
- Utilizing other resources
 - The only issue we have identified is with mental health services-clients are having difficulty obtaining mental health services during this time, all the way down to just making contact with the agencies. Many of these agencies aren't answering the phones, and sometimes even if they do, they are not getting back to them to establish care or any follow-up appointments. This has been a huge stressor for those trying to access these services, and they are becoming weary of pursuing services that don't seem interested in assisting them. We have been making efforts to make contact with these services as well but have mostly been unsuccessful.
 - Our team expressed that clients are not having adequate access to birth control. Some health units are not providing family planning and doctor's offices are not doing IUDs or implants. If the client has not been to the doctor recently, the office will not call in a refill for birth control pills.
- Staying connected with families
 - Some clients have picked up more jobs and are working 2-3 jobs. If they could do meetings on the weekend or later at night that would help them to be able to stay connected.
 - Some of them are not getting virtual visits because they only have government phones. Some of them cannot do phone visits because of their limited minutes.



- Providing supplies
 - Most families are lacking hand sanitizer, rubbing alcohol, toilet paper and some even food. Any kind of support to let them know that they are not alone in this time.
 - Clients are expressing needs for diapers and wipes. Some of the local resource centers where they could receive these items have been closed.

Examples of families that can't connect due to lack of devices or minutes/connectivity:

- We have had 3 clients that could not connect due to lack of cell phones. They were all put on the list to receive a cell phone through the National Service Office with Nurse-Family Partnership.
- Many of our clients, especially in the rural areas, do not have stable phone or internet connection. Many of our families do not have internet in their home and have to go to a family member's house to use their internet, which can be a big hurdle in keeping the engaged in the program and checking on their health and well-being of them and their families.
- We have eight clients/families that currently are having issues with connectivity, minutes, or devices. This number changes on a weekly basis. I have provided two examples of current issues and can provide more if needed: on 4/24/20, I attempted to complete a visit with a client and was unable to do so due to connectivity and phone charging issues. The client has a government-issued phone and connection issues are a consistent problem for her. On 4/13/20, K was attempting to complete a visit with a client and her phone was disconnected at 18 mins 23 secs. NHV tried for 30 minutes to reconnect with the client. Client could only respond to text, was unable to answer a call. They were unable to reconnect due to connectivity issues. She lives in a very rural area.
- There were eight clients that had connection/minute issues. Many clients are only able to have phone visits without video capabilities (e.g., FaceTime, Google Duo).
- 10-12 clients on my team do not have a cell phone. We have requested that they receive a phone through the phone program and NFP.
- Many clients have government issued phones and limited minutes and sometimes minutes run out before or during their televisit/virtual visit and they cannot afford to purchase more minutes. They can only participate when they get more minutes on their phone.
- We have had four clients without minutes and could not do telehealth visits. We have requested phones through NSO. One client who did not have minutes received her NFP iPhone & is very thankful!
- Our team has had a total of four with issues: three clients had minutes run out and had to wait for a certain day to add minutes. These visits were postponed until the minutes could be added. One client's phone broke and it took approximately 2-3 weeks before she was able to get it repaired. Once repaired, visits were completed.



- I have three clients that do not have a phone or minutes. I have one client who has to stand outside to complete our visits because she lives in a very rural area. I have another client that has poor cell service so the call drops often during the telehealth visit.
- I have one Mom who always kept her visits before COVID-19, but now I am not able to have phone visits because of her lack of minutes. This has placed a hardship on her.
- I have several whom I can only phone visit with because of government phones and they cannot FaceTime, Skype or Duo.
- Some families are able to connect via phone but can't do virtual visits due to the type of wireless device or internet service that they have.



Maryland

Response to Covid-19 Summary

On April 1, 2020 a survey was sent to Maryland MIECHV funded home visiting programs that asked questions related to what was happening on the ground, what priorities and needs seemed to be surfacing and what challenges as well as priorities were currently being addressed. Out of 109 total funded staff, 89 people (81.7%) responded to the survey and indicated the following:

Table 1. Roles

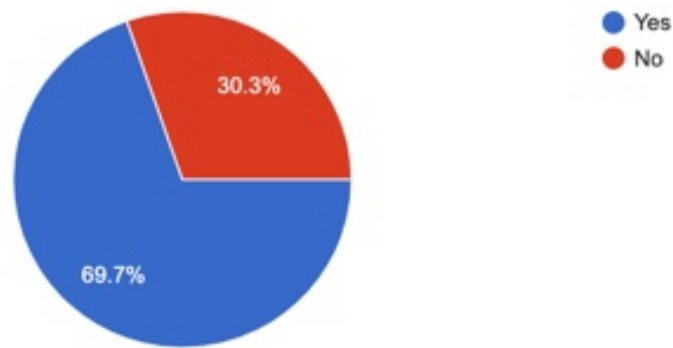
Role	Number of People Responding
Supervisor	15
Program Manager	9
Home Visitor	52
Family Resource Specialist	4
Program Coordinator	2
Secretary	1
Executive Director	1
Data Manager	3
Quality Assurance Manager	2
Total Number Responding	89



Finding Everyday Items

Are your families having a difficult time finding everyday items (diapers, wipes, sanitizing products, personal hygiene, etc)?

89 responses



Altogether, the top mentioned items needed for families were diapers, wipes, hand sanitizer, toilet paper and cleaning supplies.

List Items Families Report Needing Most

Item(s)	# of Responses	Percentage
Diapers	39	17%
Wipes	35	15%
Cleaning Supplies	26	11%
Toilet Paper	25	11%
Food	23	10%
Hand Sanitizer	21	9%
Formula	12	5%
Paper Towels	12	5%
Toiletries	9	4%
Hand Soap	9	4%
Bottled Water	4	2%



Gloves	3	2%
Masks	3	2%
Laundry Detergent	3	2%
Dish Soap	3	2%
Clothes	1	< 1%
Thermometers	1	< 1%

When asked how home visitors are reaching families, most responded that they are using a combination of phone and video internet platforms. The following table depicts the tools home visitors need to adequately conduct these visits. Phone minutes and WIFI capabilities were the top challenges home visitors listed in terms of trying to connect with families. When asked what kind of support they needed, hotspots, curriculum and a work phone were mentioned the most frequently.

Reaching Families

Method	# of Responses	Percentage
Phone Only	23	30%
Phone/ Face to Face Internet Platform	53	70%

Needed Tools to Help Families

Tools/Support	# of Responses	Percentage
Better quality tech items	6	13%
Work Cell phone	6	13%
More Support	5	11%
Money	5	11%
Internet	4	9%
Laptop	4	9%
Available resource info	4	9%



Curriculum	4	9%
Hotspots	2	4%
Zoom	2	4%
Portable Printer	2	4%
Minutes for families	1	2%
Food Pantry Info	1	2%
Home Visitor Support Group	1	2%
DocuSign	1	2%
Wireless Routers	1	2%

Challenges Making It Difficult to Connect

Challenge	# of Responses	Percentage
Minutes on phone	18	34%
WiFi Capabilities	20	38%
Both	12	23%
Having children at home	3	6%



Massachusetts

State of home visiting within Healthy Families Massachusetts network:

- Programs are having to spend a lot of time on family basic needs - food, diapers, etc.- and this has only been possible because of the state funding. We are concerned about the state budget for FY21. If there are any cuts to state funds, we could lose that flexibility, as MIECHV does not permit that right now. Referrals to economic assistance have doubled during this crisis and many families were not prepared with stockpiled food.
- Families have struggles getting medical supplies, especially masks and sanitizer.
- Transportation to resources, even grocery shopping, is a challenge.
- Programs are also struggling somewhat with families who have limited or no access to technology and/or adequate data plans. This is especially challenging for participants in shelters that have no Wi-Fi. In some cases, programs are buying minutes and devices to support families' ability to participate in home visits and to decrease isolation.
- Home visitors also needed printers and scanners at their home; programs have been able to make this happen with the state dollars very quickly. This is a one-time issue, to be sure, but something to consider given that MIECHV has the administrative spending cap.

MA MIECHV Update on COVID Impact on MA Families

Background:

Staff within the MA MIECHV program reached out to local implementing agencies (LIAs) to learn more about how they are continuing to operate during the COVID-19 crisis and what the families they serve are struggling with. While all the LIAs have implemented telehealth to protect the health of participants and home visitors and to comply with state requirements for social distancing, closing of schools, and shelter in place for non-essential workers, families throughout all programs are experiencing high levels of stress as they manage a changing landscape and juggle multiple priorities. These themes emerged across the agencies and reflect feedback they have received from the participants in their programs: needs for material supports; access to services including benefits for which they are eligible; and inadequate connectivity as home visiting services transition to telehealth because of a lack of devices or data plans to support telehealth.



What are families' current needs/what resources are they unable to access?

Concrete and Material Needs

- Rental and other financial assistance – while home visitors are assisting with applying for unemployment, WIC, SNAP and other benefits, the need exceeds the capacity of home visitors.
- Food; baby formula (WIC & SNAP approved foods are not always available in the supermarket or mislabeled) – home visitors have connected with local food banks and schools and assisted with food distribution.
- Diapers and wipes – home visitors have been connecting with community resources and participated in community level diaper drives, but this remains an area of need for many families.
- Self-care, basic hygiene products, and medication (i.e. Tylenol to manage COVID symptoms).
- Household cleaning products.
- Masks, gloves, and hand sanitizer for families to safely leave the house.
- Viable technology (computers, tablets, etc.); access to Wi-Fi.

Services

- Transportation (i.e. to food pantries, grocery stores, pharmacies) – many families have been dependent on public transportation which is both limited and presents challenges with maintaining social distancing.
- Access to mental health and legal services – while home visitors continue to refer to these services, there are long delays for mental health services and agencies providing legal support are overwhelmed with requests.
- Access to on-going healthcare needs – families with members with chronic health conditions are unable to attend appointments or have had appointments cancelled.
- Virtual access to customer service for health and social services is challenging due to technology limitations and preference for in-person support – families and home visitors have experienced long waits for phone customer services and have often been able to get through at all due to heavy phone volume.
- Support with home schooling and remote learning including special education services due to technology limitations.
- Support for applying for benefits such as unemployment, health insurance, WIC, SNAP, etc.

What could home visiting programs do to support/help families if there was additional resources/flexibility?

While all home visitors continue to support families through telehealth and by participating in community efforts to support families such as delivering diapers, wipe, school supplies and food, the need far exceeds the capacity of home visiting programs. Recently, HRSA/MCHB has lifted restrictions on use of funds to allow for emergency assistance, and this



will help LIA's directly contribute more to providing material supports to families. MA MIECHV has also been producing a weekly COVID Massachusetts Home Visiting Digest with a specific emphasis on COVID-19 related resources and strategies. This digest is sent to over 1,260 recipients including providers, families, and community partners.

Families:

- Provide gift cards for families to purchase food and basic necessities.
- Purchase and deliver food and basic necessities for families, including formula and specialty formula, diapers, wipes, hygiene supplies, and household cleaning products.
- Support families in accessing benefits for which they are eligible (e.g. unemployment benefits, WIC and SNAP benefits).
- Purchase devices (e.g. computers, tablets, smart phones) and support phone bills and data plans to help families connect to home visiting, other vital services, and to work remotely.
- Purchase transportation vouchers to access food pantries and grocery stores, emergency childcare for families who are essential workers, etc.

Home Visitors/Programs:

- Fiscal support to purchase updated devices (e.g. laptops, tablets) to support telework.
- ASQ (Ages and Stages Questionnaire) online licenses.
- Zoom (other video conferencing platforms) licenses.
- Provide training to support home visitors with how to engage families in telehealth home visits and to help families set up video conference platforms.
- Support database modifications to accurately capture telehealth home visits.
- Additional child enrichment supplies and activities for families, including activities that do not require the use of technology.
- Support increased social media presence to share resources with families and increase awareness of virtual home visiting services.
- Case consultation for home visitors with professionals to support staff as they navigate family challenges related to mental health, intimate partner violence, tenants' rights, and trauma including secondary and vicarious trauma for staff during COVID-19.
- Translation services.

Examples of families that can't connect due to lack of devices or minutes/connectivity.

- Many families are not able to participate in video conferencing without access to smart phones, tablets, laptops, robust data plans, or due to internet connectivity issues.
- Some families do not have a cell phone or have a single phone that parents share.
- Families with multiple school-aged children do not always have enough devices for schoolwork, virtual visits, and remote work to happen simultaneously.
- May need to physically help families set up technology or platforms.
- Some families have out-of-date devices that do not have the capacity to use video conferencing platforms.



Michigan

Parents as Teachers Program in Kalamazoo County

In mid–March, a family started receiving services from a family support specialist in Kalamazoo Michigan. The mom, a mother of 5, was excited about joining the program and also shared her excitement at having housing after quite the journey of getting it. She was walking to the store each day to get enough food for the day and had to take the younger ones with her. A week later schools closed, and she reached back out to her home visitor because she was in desperate need of a refrigerator, and now she was having to take all 5 kids on her daily walk to the grocery store. Her food stamp allotment did not cover the meals because of the older kids being home from school and not having access to the food offered there. The family support specialist put out a call to social media. Families wanted to help. Several families donated, and one of the families made the purchase of the fridge and delivered it to the family. The remaining donated funds were used to shop and deliver enough food to fill the refrigerator. Lots of tears & joy at the delivery. A pack-n-play for the youngest was also purchased to alleviate a congested sleeping situation.

Healthy Families America program in Kent County

A Family Support Specialist (FSS, the home visitor) received the following text from one of her families:

I had the greatest day with these kids after talking to you. You're like magic. So thank you. Sometimes it's what you say that helps, but other times it's just knowing that someone is truly listening that's helpful. You build me up and make me feel like I can do anything.

The mom that sent it experiences severe anxiety and intimate partner violence in her marriage. The issue was not disclosed initially, but through her professional observations of behaviors, the FSS was able to offer gentle interventions that ultimately led to mom sharing the secret. She is often beaten down emotionally as a result of the violence in the relationship, and the FSS provides encouragement and hope through regular connection and having a non-judgmental approach.

Another parent in the program is from China, and the dad is in Seminary. 100% of the parents' time is devoted to school and raising their children. The budget is tight. The school supports them with food through a food pantry, but the food insecurity is an ongoing stressor for them. The FSS working with the family has a relationship with a couple who owns two local restaurants. When the Stay at Home order went into effect in MI, the couple contacted the FSS



because they had fresh produce and dairy that would go bad with the closing of the restaurant. The FSS contacted her other team members and let them know of the food that was available.

After picking up the food, some of the team worked together at one of the FSS's homes to sort food and put it in labeled boxes and bags so the food could be distributed to the families most in need. When the food was sorted, the boxes were set up on the FSS's driveway so that other team members could pick them up and distribute them to their families. When the FSS working with the family from China dropped off the box on their front porch, the mom, who is very socially isolated and looks forward to her FSS's visits, cried as she waved through the window.

Home visitors are reaching out to Facebook friends asking for donations of diapers and wipes, which are being dropped off at her door. She is then making the donations available to her families, as well as to other FSSs who also have families in need due to layoffs.

Many FSSs are mailing activities and information packets to families so they can do the activity packets "together" virtually.

So many of the moms struggle with mental health, whether it be depression, anxiety or addiction. Staying connected to them is more important than ever, since the FSS may be the moms' only support system. That support comes in many ways, including understanding where they are and how far they have come with their struggles. It's important that they don't fall back into their self-doubt or negative talk that can lead them to spiral backwards. There are days when home visitors are the only ones checking in on them and providing them with some guidance. We ask the questions "How are you really doing today?" and "On a scale of 1 to 10 how much do you want to use today and what is keeping you from using today?" These moms trust us, and when the answers are scary, we are there to provide resources like "Warmlines," ER, or their mental health workers. Sometimes these conversations are fun and it's stories of the simple joys like their baby rolling over or saying a first word. It's helping these moms find joy with being home.

One mom who is 18 lives on her own with her 8-month-old daughter. The father is incarcerated due to a head injury inflicted on his daughter when she was 4 months old. This mom has been in and out of the foster care system, and is just now starting to rebuild her relationship with her own mother, who lives on the other side of the state. This mom is consistently asking for more activities and information about her daughter's development and what she can do to be a better mother. Staying connected to this mom is key for her to build trust with adults so she understands that not everyone "leaves or hurts her." Since her daughter is behind in some areas due to the head trauma, without the work that this mom does to help get her caught up, this child would eventually cost the government more money on physical therapy and other related medical costs. As a home visitor, I continue to help provide this mom with developmental activities and keep providing encouragement to help mom keep on track with her goal of getting her daughter caught up by her first birthday.



Healthy Families America program in Muskegon County

One participant is pregnant and due this month. She recently moved into a rented room in someone else's house but doesn't have access to their kitchen. The FSS was able to secure a small dorm refrigerator, electric skillet, diapers, wipes and a car seat through social networking. She was able to deliver all the items to the mom's door before she had the baby so she could feel more adequately prepared.

Staff from both Kent and Muskegon home visiting have started working additional hours at a food pantry to meet the needs of the community.

Parents as Teachers program in Branch County

Families are in need of internet, added minutes for internet, and devices to be able to do virtual visits. We are also collecting local school breakfast/lunch meals for families with no transportation and bringing them food on a weekly basis for their children to have adequate meals.

Many families have multiple children, and all teachers are requesting work to be done online or join an "online classroom" experience from home visiting, PreK, all the way up to 12th. Families are overwhelmed with all the varied demands on them.

Families are still finding it difficult to have affordable housing that is safe during COVID and are in need of safe/affordable housing.

Families are appreciative of the outreach of help/support they are receiving from home visiting programs supporting the day-to-day and week-to-week needs of the family, not just the child, and checking in on them regularly for any changes and new supports needed.

Parents as Teachers program in Cass County

Family Support Specialists are reading books on Facebook live and are using video to share how to make things like pudding in a bag. Families are posting pictures of the kids listening to the book and making pudding. Literacy calendars, PAT materials and Family Activity Packets were mailed to families and they are talking with the FSSs about how they are doing the different things with their children. Ages and Stages Questionnaires are being done virtually with families.

We've managed to find ways to continue bringing books into homes, which include making sure families are signed up for Dolly Parton's Imagination Library, sending books in learning packets,



and sending books through Books by the Bushel, a company offering very reasonably priced books. Families are taking advantage of the free food services offered across the county. Rural families have connectivity issues, and some have limited minutes on their phones which has impacted how visits are done. There is one family that has lost touch with the program. Another of the challenges presented during this time is not being able to go to homes to do a wellness check. Another family had a baby right before the stay at home orders went into place and they learned that the baby has cystic fibrosis. This time has been particularly challenging for them, trying to navigate the medical system in its current state. The program has supported them in connecting to the right providers.

Home visiting during COVID-19 Survey

1. Since the Stay Home, Stay Safe order, how has your home visiting program been operating?

ANSWER CHOICES	RESPONSES
We are checking in with families but not completing an interaction that could be billed or counted as a visit	17.31% 9
We transitioned to virtual and telephone visits and are able to count and/or bill them as a visit	88.46% 46
We have stopped contacting families	0.00% 0
Total Respondents: 52	

2. If you are continuing to reach out to families, what percentage of families are you reaching?

ANSWER CHOICES	RESPONSES
Between 0-25% of our normal caseload	1.92% 1
Between 26-50% of our normal caseload	5.77% 3
Between 51-75% of our normal caseload	34.62% 18
Between 76-100% of our normal caseload	57.69% 30
TOTAL	52



3. What are the primary challenges in contacting women/families (may choose more than one)?

ANSWER CHOICES	RESPONSES
Hardware (phone, laptop, tablet) availability for staff	7.69% 4
Hardware availability for woman/family	57.69% 30
Internet service and/or minutes for staff	13.46% 7
Internet service and/or minutes for woman/family	65.38% 34
Inability of staff/families to find a mutually agreeable time to connect	7.69% 4
Maintaining privacy/confidentiality (finding ways to engage with families from my home or when others are at their home).	9.62% 5
Training and skills to effectively communicate virtually	17.31% 9
We have not experienced challenges completing visits.	
TOTAL	52

Other comments:

- The only connecting issue has been with families who are unable to pay their phone bills.
- Initially staff and families experienced a learning curve in regards to learning virtual ways to communicate as well as adjusting to issues with internet speed.
- Some families prefer not to have virtual visits and asked to resume once in-home visits return.
- Some families are too busy or do not have privacy with everyone in home to do a telehealth visit since children are home and many families have other adults at home not working
- Connecting with families that are not responding to texts or telephone calls. Uncertain if phone has been disconnected, out of minutes or just not wanting to connect. Unable to "drop by" and check in with clients that are inconsistent with visits. Clients that do not like to talk on the telephone and prefer in-person visits.
- 80% of staff have been working on COVID response. 20% of staff are reaching out to clients and maintaining MIHP supports. We plan to begin telephonic visits with 20% of staff soon.
- Since we are a small health department, our MIHP nurses are primarily working on COVID-19 activities, which leaves them limited time to connect w/ clients.
- Home Visitor has also been on medical leave. Other staff are touching base.
- Families not wanting to meet unless face to face.
- Some of our families are working from home as well as caring for children and are overwhelmed with trying to do a visit at the same time.
- What we have found is that families are actually very willing to engage via telephonic/telehealth means. Visits must be a minimum 30 minutes to "count" and we are finding they are 45-60 minutes. Moms are more relaxed and willing to share. We are extremely interested to see if those we have admitted via telehealth remain engaged after we are able to transition back to home visiting. We currently are still doing some face to face visits and using PPE based on individual situations.



- Much harder for some clients to open up to us. Definitely not as warm and “fuzzy” as a home visit but still allows clients to know we care about them, their feelings and concerns.
- Allows for education to our clients but may not always be as effective as a face to face in their home.

4. Has your program experienced additional costs related to contacting enrollees or providing virtual visits (i.e. hardware purchases, Internet connection or service costs)?

ANSWER CHOICES	RESPONSES
Yes	34.62% 18
No	44.23% 23
Unsure	21.15% 11
TOTAL	52

If yes, please describe the costs:

- Initially, we provided activity packets that were delivered for families. We then used those packets as part of the parent/child activity that was done during the virtual visit. So, just materials and time needed to prep a drop off. We are also in need of some portable printers for specific staff who do intakes. The biggest issue is that we are a consortium and dependent on funders who may or may not be funding us at the same levels so some of the partners may not be able to maintain our current staff levels to continue providing these services for all of our families.
- Yes, we are experiencing cost related to virtual home visits. DocuSign, Zoom costs...etc
- Purchase of tele-health platform.
- Many have had to upgrade Internet speeds, 4g data calling to avoid forcing patients to use cell minutes at the expense of clinician. Need more tablets for clinicians and computers for a few of them.
- Ink cartridges, paper, printers, disinfectant spray, hand sanitizer, masks and gloves for workers to be self-sufficient at home because our office building is closed, to give our workers PPE to do drop off on porches or porch visits and cleaning supplies to deliver clean and sanitized items to clients.
- Minimal at this point - needed to obtain remote access for admin assistant otherwise were set up to work remotely.
- Hardware purchases.
- Anticipating that there may be some additional costs, but still working things through
- Home office costs: printer, ink, laptops, internet.
- Zoom account costs.
- We have had to provide upgrades to staff internet hotspots.
- Costs are different. We will be using mail and postage more than we have in the past 5 years.



- If we have to make an in-person visit, the staff has to have the proper PPE. Most of the car seat and Pack n' Play sources are closed. Our agency is providing those at a cost to the agency. Many families do not have transportation, so our staff are assisting with obtaining essential items for the clients.
- We have added a notable number of Zoom licenses so that has added to our cost.
- Internet access for staff, laptops and computers

5. When the Stay Home Stay Safe order is modified it may allow home visitors to have more in-person contact with families. Understanding that the return to "normal" may happen in stages and may require social distancing for some time please share with us any thoughts or concerns you may have about re-engaging families. What do you believe will be the most prevalent barriers when your home visitors are able return to making in person visits with families?

ANSWER CHOICES	RESPONSES
Staff availability will have changed - need for/access to childcare, transportation	21.57% 11
Staff willingness to enter homes	72.55% 37
Staff need for protective gear such as masks/gloves	80.39% 41
Loss of connection to enrolled families, caseload decline	56.86% 29
Loss of referral network	21.57% 11
Total Respondents: 51	

6. Are you concerned that without additional financial supports specific to home visiting programs that your agency is in danger of not being able to return to serving families as you did prior to March 16?

ANSWER CHOICES	RESPONSES
Yes	42.31% 22
No	57.69% 30
TOTAL	52

7. What types of support do you think are critical for the future, including funding, equipment, etc.?

- Masks, gloves, soap, hand sanitizer, for staff and clients. Funding to cover the gaps that used to be maintained by community resources. A holistic evidence-based guideline of how to increase immune function and wellbeing through nutrition, exercise, mindfulness, and sleep for staff and clients.
- Funding, equipment, training, and support.
- Our seasoned staff are the most critical for continuation of services. Families and staff are reporting renewed and developed connection due to the consistency of virtual and telecommunication visits. It has also been a wonderful opportunity for staff to hone their



coaching skills. Some of our partner agencies in the consortium are non-profits and funding is currently a huge concern. We are mostly grant funded.

- In future, provide emergency pandemic funds for online transition.
- Funding to support therapeutic interventions that can be done remotely/virtually such as tools and materials for families that can be mailed to families prior to treatment sessions.
- Technical support for families identified at the start of treatment. Expanded technical support for staff. Training that focused on the population that staff are working with that is focused on virtual interventions and interactions. How to provide the best treatment in a virtual format.
- Continued funding will be necessary as well as PPE (sanitizers, wipes also) to ensure our HVs feel safe returning to homes.
- Will need PPE ongoing.
- Paper, ink cartridges, PPE, help with childcare for children out of school, cleaning supplies, tablets and internet for our clients.
- Protective equipment for staff, staff concerns related to entering homes as well as families nervous about others entering their home.
- Our program is currently funded through this fiscal year primarily through state/federal monies but also with local monies (United Way). I am concerned that due to the amount of money being directed to support COVID-19 response that funding could be reallocated or not continued in the future which may require staffing reduction. There is required training for our model that won't be able to be completed this fiscal year and if funding reductions are put in place that training will also be impacted.
- Increased Medicaid Reimbursement rates & local PH funding to help offset the changes & challenges that we will be faced with as we have to change the way we will be able to provide home visiting services as we move through the phases of dealing with a pandemic. Telehealth equipment assistance with the fees/ subscription cost for HIPAA compliant telehealth communication needs.
- Protective equipment.
- As the caseload decreases and more paperwork, case management increases, it would be nice to receive funding for that type of work -case management. Billable visits alone do not help cover the cost of the doing the necessary work of case management and paperwork.
- Help for our organization to be prepared to work remotely for example having laptops or tablets to work from home.
- Families need resources to work remotely with staff. Phones, pads, internet connections.
- We need a higher reimbursement rate from Medicaid for our visits. This has always been a problem and will continue to be a problem. We need to be reimbursed fairly for the amount of work we put into each family. MIHP is the largest home visiting program in Michigan and we are touted as being one of the best. The compensation should match that!
- State-wide messaging/promoting relating to the supports and benefits that a home visiting program will provide to each individual family - even when visits are done remotely. Grantors to acknowledge that reporting, family enrollment, data collection, spending of grant dollars, etc. have all been impacted and will continue to be impacted and these



requirements must change if not be removed for the time being. Willingness/ability (high-risk health circumstances, fear, etc.) to participate in any type of face to face activity by the home visitor and/or by the family. New scope needed to support a more remote type of home visit support, including internet and technology support to home visitors and families. Including those working with rural communities, those working with low-learning families, those working with families without the means to participate in remote visits and finally, engaging families that are already burnt-out from remote information/technology.

- Proper Guidance for safe in-person visits related to COVID Funding to provide low-income households with phones and minutes. Secure, confidential tele-visit software and equipment.
- Hazard pay for home visits. Not just during COVID-19, but in general, home visitors are exposed to many contagious or dangerous situations without additional compensation.
- PPE is not widely available and is being prioritized for the medical professionals. There are several workers, because of child care and quarantine, who are trying to work from home, while caring for children and are really struggling with doing both effectively. They are reticent to do a layoff, or leave of absence because of \$ as well as worry about consumers ability to adjust, and coworkers' (in)ability to take on more cases.
- Continued flexibility in how services are rendered. We've learned that telehealth reaches families unwilling to have home visits or whose mental health make it hard to engage in person.
- Training as new policies/practices are released.
- Program specific computer programs, easier to operate from home.
- Equipment and internet connectivity for families.
- Some of the staff are feeling slightly fearful when time to re-enter home visiting as it was prior to Covid-19.
- The most critical support is to have the commitment from MDHHS to reimburse, and pay timely, for services.
- Staff needs hazard pay. We are not being reimbursed for Medicaid telehealth services.
- Funding is essential for this critical work serving rural communities.



Missouri

Summary of home visiting concerns and considerations going forward compiled by a Missouri Department of Health and Senior Services supported home visiting supervisor for ASTHVI.

Virtual Visits

Virtual visits are going well for the most part. Some families are unable to do video calls, but have still been contacted regularly through the use of texting and phone calls. Families that have been involved in the program the longest and have had time to develop a rapport with their visitor have had the most success with video calls and more relaxed comfort levels.

Pros and cons of telehealth are:

Pros:

- Can conduct at any time
- Get a glimpse of “regular life” of families
- Allow visual contact (video) to maintain a personal relationship

Cons:

- Tend to be shorter - due to attention span on a phone call
- Difficult to share handouts & do activities together
- Difficult to recruit/receive referrals and develop a relationship over the phone
- Can be difficult to conduct screenings - depending on the length of time the family has been a part of the program and which screening we are doing. ex) domestic violence screening would be difficult to conduct, not knowing who is in the room. Also, depression screening is more difficult without visual cues and observation of body language.

Concerns from COVID-19 outcomes

Stay at Home Orders and Social Distancing brings on a whole new set of concerns in families. Some concerns are listed below:

- Increase in isolation in young parents
- Increase in child abuse/domestic violence due to extended time together and stresses within the home from finances, fear and isolation
- Fear in families with health problems - especially those without family to help with their children if they were to get sick
- Lack of regular healthcare due to canceled appointments: by the family from being afraid to go to the hospital or Dr. office; or cancellations by the physician for any regular, non-emergent appointment
- Childbirth expectations, especially for first-time mothers, could be disappointing as extended family members are not allowed to attend or visit the hospital - which could



lead to depression, increased isolation and fatigue. Depending on their level of support from the father of the baby, it could be a lonely experience.

Where do we go from here?

- Listen to local and state government recommendations as to when it is ok to get back into the home
- Talk to families about their level of comfort in having home visits in their home - we may need to adjust by visiting outdoors first and then gradually getting back into the home
- Group Meetings will have to be determined based on the current recommendations - may have to split up groups if less than 10 is recommended
- Try to get more referrals and families on the program - how to reach more families
- Concerns over families that are working in Healthcare (specifically Nursing Homes) and the comfort level of the home visitor to be in the home with families that are not social distancing or unable to avoid possible exposure

Successes

Families have been very accommodating to our program and virtual visits. They are trying to keep their children safe and pregnant mothers are trying to not let the stress of the situation derail their excitement and childbirth experience. Former families have been contacted and communication has been maintained during the pandemic to ensure ALL families have support and determine if there are any emergent needs. Porch drop-offs have included previously purchased supplies of diapers, wipes, craft items, curriculum, requested resources, safety items, and any current information related to health and COVID-19.



Montana

Examples of how home visiting is helping families in the coronavirus pandemic :

- My work since COVID19 has shown me that supporting my families is even more important during this time of crisis. My families have continued to be engaged and need several things:
 - Check in support – How are you doing during this crisis? What do you need (basic needs of food, supplies and safety items such as masks and disinfecting wipes) as well as a check in of their mental health status during this time.
 - Families that we work with are already overwhelmed much of the time with financial worries, substance use, Domestic violence, parenting etc. so adding a pandemic and possible loss of jobs, as well as the added stress making staying sober more difficult and domestic violence increasing.
 - I do frequent check-ins with my families along with actual visits which is more than I was doing before the pandemic. Feeling connected is very important now more than ever.
- Families with children in care have experienced some disruptions in their (Child Protective Services) visitation and treatment plans. Some of their services for behavioral health/substance use were difficult to access for a short while. I understand that AA/NA meetings are being held online and that the groups are very large. It sounds like some families would appreciate more options for recovery work and support.
- Although home visiting operates virtually or on the phone, home visiting has brought comfort and assistance during the time of need.
 - One mother I work with has recently returned from inpatient rehab for methamphetamine use. During coronavirus she is unable to attend group therapy classes in person (does Zoom); has had fewer individual sessions with her chemical dependency counselor; and has lost her job. She is unable to do home visits with her daughter and has felt very isolated. I have been calling mom to check in beyond our visits to see how she is doing. One day I called her after she was feeling down and encouraged her to reach out to her counselor. She is very thankful to continue having the support and encouragement to keep her hope alive.
- In more general terms, several the mothers I work with struggle with anxiety and depression and during this time they feel isolated and scared. Many appreciate the connection made through Parents as Teachers.



- Another family has been going through crisis and I have been able to assist them with housing options. In one week, I was able to get mom out of a less than ideal situation on her way to her own apartment through helping her sign up for section 8 and the Mod Rehab program.
- Ongoing parenting support and assistance trouble-shooting difficult family situations. Parenting certainly doesn't get easier when we're under a stay-at-home order!
- No-contact infant weight for mother of premature twins. Mom was worried about taking her two babies out of the house to be weighed at the pediatrician's office, so I sanitized an infant scale, dropped it off on her front step and waited in my car for her to use it to weigh the babies and put it back on the front step to be picked up. I then discussed weight gain with the mom and contacted the pediatric office to report weights and coordinate care.
- Prenatal education for pregnant women receiving abbreviated prenatal care or a delay in prenatal care. This includes two clients who are at high risk for preterm labor but who didn't have enough time at their OB visit to receive info on signs and symptoms of preterm labor which would enable them to identify it early so it could be treated and stopped until the baby is full-term.
- Linking clients with food and other emergency resources including unemployment and continued medical services.
- Clients have said they feel that home visitors have helped with their anxiety about coronavirus, and that it gives them social connection to help with feelings of isolation.
- I have been sending my families information about coronavirus in the mail. I share ideas how to talk to your kids about what is happening around them. I feel that the families need the correct information, unlike some of the false and misleading information they find on the internet. In the long run, I feel like my families are more educated about the coronavirus and are well informed.
- Food bank box pickups and delivery. Taking baby scales to the front doors and letting families weigh their babies when there is a need for frequent weight checks. We've provided diapers, wipes, fuel cards. We've served as someone to talk to if they have concerns to process or if they just want to talk about life in general.
- One of my families is overwhelmed with handling the home-schooling part of quarantine. I've been working with this family on transitions/routines and how to manage this new task for this family, and on controlling the things you can and letting go of the things you cannot control. I have had more interactions with this family as the Mom is not working and is



home so we can connect more and are getting some good work on several areas such as goals, routines, learning through play.

Examples of what families need in the emergency that they aren't getting:

- One of my very young clients was out of food and unable to shop for her WIC benefit, living alone with her 4-month-old in subsidized housing. Her SNAP had also ended because of a missed piece of mail. We were able to reapply for her SNAP and get a phone interview scheduled. I went shopping for her WIC benefit with her permission and permission from the WIC program. We also ensured that she was able to do her SNAP interview over the phone when her phone was out of minutes by providing a phone card. Just ensuring that both she and her baby's basic needs were met when relatives who live on the reservation weren't able to help during the shelter in place order.
- I have 5 families that are utilizing the school lunch program for daily breakfasts and lunches for any child 0-18. However, they are having transportation issues (no working vehicle or not enough gas money to go every day) as well as two single moms who work during the food pickup hours. Therefore, I am picking up their school meals (now on a weekly basis as worked out with the school) and delivering this to them. This is something different for me, but I believe a very important thing for me to do as it is literally putting food on these families' tables. I sanitize anything I touch, use gloves and wear a mask to ensure my safety as well as theirs. The families are very grateful for this extra thing that I'm able to do during this time.
- Helping families connect to supports in the community such as unemployment website, mental health crisis lines etc. has been even more needed during this time.
- The local Community Resource Center is the go-to for many families needing rental assistance or food box vouchers. I have had some clients call me in a panic saying they called the center and were told there are too many people waiting for services, and the center cannot take their call. These families have called me in tears because they are in need of food. I have been able to get them in touch with St. Vincent de Paul Food bank and they were able to get them food boxes. However, if it was not for that connection, they would have gone at least the weekend without sufficient food. Some families do not have daycare so they have had to quit their job to stay home with kids. Others are not getting sufficient mental health support in the virtual platform. Others may have access to a food box or a resource but without bus transportation they either do not have a vehicle or enough gas to pick up items.
- Money for paying rent – some of the resources we've provided them (through local social service agencies) either do not have the capacity to meet the needs or the families are over the income limit to receive support.



- Job security – some families have been laid off; some have been furloughed.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- Needed supplies: diapers, wipes, formula, cleaning supplies – these have been challenging to obtain during this crisis.
- We have seen an increase in domestic violence on our referrals. I would like to see some planning for immediate services/supports to mitigate the impact of this trauma on children and families. These are often services that lack funding. This would be a great time to add a Masters level therapist to our team to support families alongside our program through the existing relationships we have with families.
- Families have felt an economic impact and basic housing, food, clothing will be challenging for them to obtain.
- Funding to do the Ages and Stages Questionnaire online for the families so they could fill the screening out on their own time and then we could discuss at the visit. The end user agreement does not allow for emailing the ASQ and Brooks Publishing recommends using the ASQ online for families if you want to give them the opportunity to fill it out outside of a visit.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

- Technology has been a challenge. Different devices, poor internet connections and connections with either audio or visual difficulties. This has made some visits more challenging for sure. One family has moved to the very edge of our service area for our county and they don't have tablets and their laptop is on its last legs. Internet is spotty as well so phone calls are the only way we can communicate now but yet this family is engaged, and our phone visits have lasted the full hour and even longer. I currently have 6 families out of 13 (I work 3 days a week) that have technology challenges. While I have found that some other visits tend to be somewhat shorter, we talk more often since I've been working from home.
- Having compatible devices such as tablets would make virtual home visits easier.
- Since it's quite difficult to do an activity with a family over a virtual/phone visits, I have been giving more ideas via text/email to families about activities to do at home or in their



backyards. This is taking up some of my time to find thoughtful, manageable things that are truly helpful for families.

- We appreciated the flexibility to adjust visit types to electronic and phone visits.
- We request support to slowly add face to face visits back in for our families. Many of our families live in conditions with poor hygiene. This is a risk for families (thus the request for cleaning supplies above) and a risk for our staff. We would like to continue to offer virtual visits gradually through the transition to reopen services.
- We appreciated the support of Zero to Five (MT non-profit) to purchase some supplies for families to conduct parent child activities. These supplies would be a valuable addition to our program to continue to engage families. Communities without funding to provide this, would benefit from MIECHV funds to support this.
- I am able to reach most. A few cannot do virtual calls due to data limitations.
- One I cannot connect with due to lack of working devices (she can only text) and one has a home phone so we can call but cannot do virtual visits.
- I think the biggest setback is that some of the families do not have internet access at home. Many have phones have limited data or cracked screens. Many do not have computers, laptops, or tablets.
- I have been sending all my family's activities to do on a weekly basis with their kids along with activity and coloring pages to keep them busy during this time. I miss the one on one contact with them.
- I've had a mom say that her phones microphone & sound don't work anymore because her baby's slobber has ruined it. I have a few parents who don't have big enough data plans to allow for virtual visits. One of my moms does not even have a phone right now and we contact her through email but it's very sporadic on when she checks it and responds. Sometimes even when they have the electronics to connect – it is difficult to try to keep the babies or toddlers from grabbing for the phone, knocking it over, putting it in their mouth, etc. It can become frustrating for the parents or simply overstimulating. There is usually extra noise at the participants house if more kids or family members are at home & if the home visitor is having to work from home and their kids are home from school or daycare the noise level is really overwhelming at times on both sides of the device.



Technology needs for families and home visiting during COVID-19 and beyond:

Technology needs of families in order to have a virtual/phone visit

- Notebook/tablet/laptop per home visitors- so they can drop off and pick up before and after visits to the families who don't have any other technology. (repeatedly stated need from almost every site that responded).
- Families need a phone and/or phone card to maintain contact.
- Hot Spots for home visitors to bring with the notebook/tablet to the family.
- Wi-Fi or data to connect to technology.
- Families need access to data plans that support a virtual platform.
- Phone / data cards. Some clients do not have their own phone.
- We have clients that buy new phones when their phones are used. There is no place in town to buy minutes so if the state bought those in bulk and distributed that would be helpful.
- Microphones, headsets, or headphones for the client to reduce background noise with so many others in the home during a visit.

Technology needs from home visitors and programs in order to effectively complete their jobs and connect with families:

- Webcams for home visitors.
- Upgrades to versions of Outlook/Microsoft to enable encrypted email for HIPPA compliance.
- Hotspots for our homes because of multiple people in household working and schooling from home or live in remote areas.
- New phones for visits. I, and my team, are using VERY old flip phones that do not have the capability to have apps, FaceTime, or any other technology capability. We've been using our own personal cell phones for visit.
- Laptops to replace old, outdated, and slow computers. Using old equipment makes it very hard to work from home. (repeatedly stated need from almost every site that responded)
- Ink for printers to print materials for families (dropped off on doorsteps) and for day-to-day needs as a home visitor.
- Printers to be used while teleworking.
- Phone plans for home visitors that do not have unlimited data plans or internet at their own homes.
- Microphones or headsets to reduce background noise with other teleworking in home.

Other technology needs:

- Upgrades/subscriptions to the professional versions of virtual platforms (repeatedly stated need from almost every site that responded).



Nevada

Stories from the Lyon County Human Services Parents as Teachers program

Providing Support Through Pregnancy and Childbirth

I had a younger, pregnant first-time mom who was due in late May. We started visits in early March right before all the restrictions went into effect. In late March, she thought that the restrictions would only last a few weeks and that things would be back to normal by the time she was ready to have her baby. Virtual visits were hard for her because of where she lives and because she has limited data, so we kept in contact on the phone. By late April, she began to realize that restrictions would probably still be in effect when she delivered. She had a car seat but needed it installed; she did not have a pack and play for the baby. She also was unable to take a birthing class because they had been canceled.

Though these are all fairly common, easily fixed problems, dealing with them in the middle of the COVID-19 pandemic was a bit more complicated. I was able to coordinate with one of our car seat tech's at our agency to get the car seat installed, while still practicing social distancing guidelines. She was able to go to a place where she could sit in her car and have access to Wi-Fi, so we were able to complete our safe sleep class virtually. I was able to drop off the pack and play when she got her car seat installed along with paper materials so she had the power point for the class. I went over birthing concerns and the whole process of labor and delivery with her and also provided her with a book, DVD and some additional reliable websites with good information. By the time we had completed all of this, she was feeling much better and more ready to deliver. She delivered her baby in late May and both Mother and baby are doing very well! While we typically offer these services to help an expectant mom prepare for the birth of her baby, the pandemic made everything a much longer complicated process.

Diaper Drop-off for Family in Need

I had a family who was having trouble finding diapers for their son. They had a few days left but were running low and could not find them anywhere. They had looked in stores and online, and everywhere they looked was sold out. During our virtual visit, she asked me if we had any. I checked our supply which was getting very low and we happened to have his size. I was able to drop the diapers off for them. They stayed in touch with me, and three days later were able to find diapers and avoid running out.



New Hampshire

Examples of how home visiting is helping families in the coronavirus pandemic:

- In New Hampshire, the home visiting field swiftly pivoted to remote visitation delivered by phone or video following the COVID-19 emergency declaration. Home visitors are reporting that most families are engaged and appreciate feeling connected and supported. Remote visitation is working well for many families, and some families prefer it or have found it easier to connect virtually.
- Home visitors have been provided with information on COVID-19 from reliable sources, such as the NH Division of Public Health's COVID-19 webpage and the CDC. Home visitors are listening to family concerns during the health crisis and are providing coaching and support to address or resolve family concerns.
- Home visitors have researched how local community resources are operating in the stay-at-home environment, so they can share this information with their families. They have also linked with referral partners to share updates on the continuation of home visiting services, and how they can help to support families during this difficult time.
- Some home visiting programs have partnered with resources in their communities to deliver food to their families when they are dropping off other critical supplies like diapers, wipes and formula. This has been particularly helpful for families where there isn't an alternate caregiver available to stay at home with the children while one adult goes to the store or food pantry.
- Programs have led and/or connected families to virtual opportunities to connect with others through virtual platforms to do activities that promote parent-child interaction and child development, as well as build community in a time of physical distance. Examples include cooking activities, crafts, reading, infant massage, and family yoga. Although not facilitated by the MIECHV program, some agencies who implement evidence-based home visiting using MIECHV funds have worked with The NH Children's Trust to distribute supplies to participate in the *NH Gives Color* campaign to support protective factors. More information about this can be found here: <https://www.nhchildrenstrust.org/nh-gives-color>.

Examples of what families need in the emergency that they aren't getting:

- Like many states, families receiving home visiting in New Hampshire are struggling to meet basic family needs including food, formula, diapers and wipes.
- Cleaning (soap, bleach, household cleaners) and sanitary products (toilet paper, paper towels, menstrual hygiene) have been identified as needs for several NH families. Many of these products have been sold out in stores across the state, with limited supplies being restocked.



- While there is a moratorium on rental evictions during the State of Emergency, there is a great deal of anxiety regarding how families might make up missed rent due to loss of income or unemployment related to COVID-19. Affordable housing is often a challenge in normal times; many families will not have the income to pay current and back rent at the same time.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- Some home visitors have wished that they could assist families with broader concrete supports in times of need.
- Being able to supply the family with video capable devices and internet connectivity as part of the home visiting service would help those that may be unable to participate in home visiting or telehealth visits due to limited or no access. Even in circumstances when a family may have an internet-capable device, high demands on internet bandwidth due to children participating in remote learning, or limited data on a cell phone plan are impacting families' willingness and ability to participate in telehealth and virtual home visits.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

- We have heard that certain areas in NH, such as the North Country, have inconsistent connectivity or a complete lack of internet service. We have also heard that lack of minutes, Wi-Fi, and hardware is a limitation creating barriers in connecting virtually.
- We've heard that most families do have smart phones. However, they are limited by minimal access to internet services. One site looked into getting a family internet access but was told that due to the location of the family's home, it would cost \$10,000 to install the proper equipment and towers to get the family internet.



New Jersey

Overview

The biggest urgent need is supplying families with diapers, wipes, formula, and food. New Jersey home visitors are working with local food pantries and grocery stores to accommodate as many no contact deliveries to families as possible.

Another challenge in NJ is that we have home visitors testing positive for COVID-19, which results in an extended medical leave and has the other home visitors at the site picking up their caseloads temporarily to ensure these families stay engaged during these difficult times.

Home visitors have also began assisting families with creating easy face masks that do not require sewing/many materials. The sites can mail/drop off instructions and materials if needed, and then walk the family through the process as a home visit activity during the week.

Our New Jersey home visitor completion rates for Healthy Families and Parents as Teachers programs in March were at almost 90%, so families had positively responded to the transition of virtual visits (WhatsApp, Zoom, FaceTime, and telephone calls are most common platforms being used here) and remained engaged with their home visitors during these challenging times.

Quotes from NJ home visitors and families

- *Thank you so much for taking the time to go out your way to prepare a box of food. Also, my home visitor taking the time to make sure my youngest son who is three has something to do too while my other children are busy with their school packets. It is nice to continue to communicate and share whatever needs to be shared during the virtual visits.*
- *It is important to keep our distance since one of my children is at a high risk of getting any type of sickness. We try our best to keep up with the virtual visits since we do not have a laptop, my children take turns using my phone to keep up with their homework. I appreciate the extra work Caring for Kids is doing, bringing in food and checking on our wellbeing.*
- *I appreciate my home visitor checking on my family and making sure we are safe. I also appreciate her bringing in food and information on development. It has helped since I rarely leave the house only to go to my daughter's doctor visits.*



- *I'm very grateful to the program, because despite the difficult situation we're all going through, they have found a way to continue helping us and giving us the support we need. For example, my baby was born a few days ago, and despite the quarantine they found a way to send me a car seat and a crib, so that my baby is safe.*
- *As I was dropping food off to one of my less fortunate families I was greeted by the husband as he was working outside in the yard, the father thanked me many times and stated I was one of the reasons for them to get through this because of the food and calls to check in on them. He and his wife really appreciate everything our agency does.*
- *One NJ site said that they had a family who tested positive and they didn't have any diapers and could not leave the house to get any, so the program provided them some today and they were really thankful and relieved.*



Pueblo of San Felipe (NM)

Tribal Community Overview

Shedding light on the impacts that COVID-19 has had on our tribal community is not only important, but necessary. This experience has reverberated certain realities that are all too common for tribal communities across the nation, realities that we try so hard in our everyday work to dispel and rise above. COVID has revealed just how much further we need to go in getting resources to tribal communities to help us perform at the same level as the rest of the nation. We have struggled in the last few weeks, and COVID has disrupted our community and our natural way of being and connecting. But we will not be broken. We will rise and use all the strength instilled in us from our Spirits to fight and persevere.

In this time, we've been reminded that anyone can be a helper. Kindness and love are not restricted but can be shown by anyone. Our community and all its members (including those that may only be affiliated as tribal employees) have banded together and stepped out onto the frontlines to help out each other. We have all seemingly become protective of one another, and the responsibility that comes with being relatives, neighbors, and community members has never been so pronounced. While each day seems to bring a new and overwhelming sadness because of loss of a community member or another positive case, we are also reminded daily of the strength of our people and the determination to continue to support those around us. We have all embraced our roles to love, protect, show kindness and compassion, pray, spread joy and hope, and give what we can of ourselves.

Examples of how home visiting is helping families in the coronavirus pandemic:

Our Family Health Educators are conducting virtual visits and are doing their best to provide comfort, hope, and some sense of normalcy. While things almost seem to change on a day to day or minute to minute basis, home visits that offer a familiar face or voice, familiar material (home visit structure and content), and a voice on the other end of the phone that tells you "you're enough" and "I'm here with you," are priceless during these times. While our staff continues to check in on resource needs, parenting successes and challenges, and baby development and share strategies and best practices with parents, we are also offering ourselves - our time, our fears, hopes, and dreams - and sharing a personal connection that is sometimes lost in the hustle and bustle of everyday life. We are connecting with families, and I think this gives them some light during these dark and uncertain days.



Examples of what families need in the emergency that they aren't getting:

Our community has come together and responded in such an inspiring way. Crisis response teams were put in place and individuals were designated to take on roles within the community that made many resources available and facilitated distribution to community members. Some things may have taken some time to get in place, but there are various programs reaching out to families who have been directly impacted to identify their needs and direct them to the appropriate agency.

Some areas in which we have more need are those of mental health, physical health and safety. For example, the limitation of devices like phones and laptops have made it difficult for providers to connect with families. Another challenge has been getting families the resources they need without compromising the health and safety of staff. For example, we have some prenatal participants that are in need of car seats, but distribution of a seat requires that we provide education and demonstrate installation. While the state program has provided guidance for alternatives to distribution practices, the lack of available technology makes it difficult for individuals to access education online and implement other suggested adapted methods. We still want to ensure “best practices” and while we understand families have pressing needs, we need to make sure that the alternate protocols don't compromise the safety of our enrolled families.

Numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

Access to devices (laptops) has been a challenge for staff. Internet connectivity has also been a challenge for working remotely. Our program recently received devices to be able to work from home, but the limitations of internet bandwidth in our community mean connecting for a virtual meeting is not always realistic. Our staff are frequently unable to connect, face long wait times for programs to load, or have been kicked from a virtual meeting once they were finally able to join. We've even had staff park outside our community library (it's closed for the time being) to try to get a stronger internet connection. Staff are resorting to creative ways to try and just get on a meeting or enter data for a home visit. Staff can't even load a Shared Folder on Google Drive because it can take up to 20 minutes to load, if it loads at all. This has negated our attempts to make resources more accessible by having them centralized because those resources are not easily reached.

Another limitation is when families don't have access to devices or internet connection. Many of the households we serve don't have a way to connect through video, so we've been conducting the majority of our visits through phone calls, meaning some of the recommendations for conducting “virtual visits” are not a possibility for our program.

While recommendations for conducting “virtual visits” are available and flexibility has been granted to adapt our services, the reality is that while we are allowed to work from home and are trying to equip staff with ways of doing so effectively, challenges come up that make seemingly simple work turn into large and frustrating tasks.



New York

Examples of how home visiting is helping families in the coronavirus pandemic:

- Home visiting programs have strong community connections
 - Connect families to the many organizations that are providing food and infant supplies.
 - Provide guidance and support for connecting to healthcare providers and other resources.
 - Keep clients up to date on constantly change information about community resources/services.
- Home visitors provide accurate information in response to false information in the community
 - Families have unanswered questions from canceled, rescheduled, and virtual appointments.
 - Families not receiving healthcare information as frequent with canceled or virtual visits.
 - Families receive false information from family, friends, and the media regarding the safety of and protocol for healthcare appointments and delivering in a hospital setting.
- Mental health issues
 - The strengths-based approach of home visiting builds families' confidence and resilience.
 - Families report talking with their home visitor eases their anxiety and fears.
 - Home visitors have called mobile crisis for mental health situations.
- Intimate Partner Violence (IPV)
 - Home visitors have called Domestic Violence Registry and connected clients to shelters.
 - IPV systems and shelters are still operational and responding properly.
 - Home visitors are finding creative ways to handle IPV with their clients. Some programs connect with clients ahead of their appointment to ask if they are comfortable with the time/date scheduled. This allows the client to reschedule to a time/date. For clients who have previous incidences of IPV, this gives them a chance to reschedule when their partner is not home.

**Examples of what families need in the emergency that they aren't getting:**

- Families are unable to access baby supplies and sanitary items.
- Local stores are out of toilet paper, diapers, and WIC-approved formula.
- Community resources/services are constantly changing their times/locations.
- Families lack the resources to stock up on items when they can locate them.
- Increased crime rate has increased families fears of leaving their house.

Examples of things home visiting could do to help with additional resources/flexibility:

- Infant supply items.
- Clients could assist clients in obtaining diapers, formula, and other needed items that they are not able to locate or purchase during the pandemic.

Examples of families who can't connect due to lack of devices or minutes/connectivity:

- Internet access is not consistent.
- Some families are not on a data plan with their phones and do not have data/minutes.
- Some clients have not been able to locate due to their phones being off.

Example from a NYS Nurse-Family Partnership program:

- A first-time mom in her last month of pregnancy was confused about prenatal care when she was told her next appointment would be in four weeks. Her nurse home visitor (NHV) knew she should be seen weekly at this point in her pregnancy. She was able to help her advocate to be seen and clear up the misunderstanding. In this same case mom was diagnosed with a severe urinary tract infection at the ER. The pharmacy did not have the prescription, and she went home untreated. The NHV informed her of the importance of the medicine and finding a pharmacy. Through virtual visits, the NHV was able to support the pregnant client in self advocacy for her health and pregnancy. The mom subsequently delivered a healthy baby boy, was treated for the urinary infection and is healthy and well in her postpartum period.



North Carolina

Blue Ridge Healthy Families (HFA): Blue Ridge HFA has purchased laundry baskets and filled them with diapers, wipes, detergent, cleaning/hygiene products, books, and resources/information for all their families and referral families as a way to check in and support them during this difficult time. This site has also purchased 34 tablets and 3-months of data/internet service per family to lend out to all their families so virtual visits can be conducted.

Buncombe County NFP: Home visiting staff were required to man the COVID-19 call center for their county for two weeks, which impacted service delivery to enrolled families. Some families have no internet or phone connection, and Buncombe NFP is working with the NFP national office and Verizon to establish a short term plan for these families (4-months). Staff are also figuring out what to do about client graduations that are scheduled to happen right now. How do we wrap up a 2+ year relationship virtually, and in a meaningful way for both families and home visitors to have closure?

Gaston County NFP: The quality of visits with clients is very different with virtual visits vs. in-person visits. Some new clients are enjoying the weekly phone calls, and it's a helpful way to still connect even if home visitors haven't met new clients in person yet. There are still a few families that are difficult to connect with due to lack of technology or broken technology.

Additional resources for video calling would be great- a lot of clients don't have enough data on their phones or storage to make video calling possible. Quote from one home visitor: *"I wish I could say that I am helping them left and right but I don't feel that way. I am starting to think that a lot are stressed and overwhelmed, and my calls are adding to their stress instead of helping them deal with it. Wishing I was doing better!"*

Northeastern NFP Collaborative: This site serves multiple counties in northeastern NC and they ensured all their satellite offices in all counties had adequate supplies for nurses to do porch drop offs for families who need items such as diapers, wipes, etc. They have just moved their Local Implementing Agency (LIA) to a new location and are working incredibly hard to connect with referral sources to ensure their clients can still complete needed referrals for their health.



Eastern Band of Cherokee Indians (NC)

The Eastern Band of Cherokee Indians (EBCI) Nurse Family Partnership (NFP) program serves eligible mothers in the Great Smoky Mountains of Western North Carolina. Due to COVID-19, the EBCI closed all non-essential operations to protect the health and safety of its people and workforce. However, the EBCI NFP Nurse Home Visitors continued to serve their clients through telehealth. Making a phone call might sound like an easy task, but challenges come with the beauty of the mountains. Nurse Home Visitor Ann Mehaffey has no cell service at her home or anywhere on property. In order to make her calls, she drives a few miles a way to an abandoned house site on the side of the road. She sits alone for hours, with the comfort of her little dog, to call and text her clients. She receives lots of strange looks from curious neighbors and has several missed calls, but she doesn't quit. This is the heart of what the Nurse Family Partnership is - always being there for those in need and never giving up!



Ohio

SOUTHWEST OHIO INPUT

Every Child Succeeds

An Ohio Help Me Grow Program

Serving Butler, Clermont and Hamilton counties

Survey Results from Five ECS Agencies

What's working with virtual visits:

- There is more flexibility in scheduling virtual visits (easier to reschedule missed visits, too) and in being able to reach moms wherever they are living/staying at the time. Moms are appreciative of this.
- We recently held a graduation for a family at 9:00 pm on their baby's third birthday.
- Ability to continue to provide moms and families with social connections.
- Video conferencing allows us to still get "eyes" on the child.
- Moms are more hands on during virtual visits, doing more with their child rather than watching the home visitor.
- Home visitors are making the adjustment and finding a space to work at home, sometimes changing hours a bit to meet the moms' needs (and fit with their own home schedules).
- One provider had success using original translators and interpreters vs available tele interpreting.
- Continuing to share Growing Great Kids curriculum activities, providing directions regarding how mom can put materials together. One agency has a lot of material to share (top box pictures, etc.) that a company has donated. Moms are sending videos to their home visitors... creative way to build rapport!
- One agency is adding things for the mom to do for herself - poster board and magazines for goal boards, values, vision boards and items to bring structure for day.
- Providing lots of diapers - bought them directly from Sweet Cheeks – and have had food distribution all this week (50 lb. boxes).

Challenges of providing services at this time:

- Completing forms and inventories over the phone: time involved, assessments of home environment/safe sleep is difficult, and ASQ's (missing teachable moments, unable to verify by observing).



- Technological issues: poor wi-fi, no internet connection, poor reception, unwillingness or inability to use videoconference.
- Some moms don't want video conferencing.
- Distractibility and inattention on the part of the mom. Moms have answered for scheduled visits while in the store, in the car, on a bus, walking around, and talking to other people.
- Some curriculum activities are difficult to complete over the phone.
- Serving moms with heavy accents or who are difficult to understand.
- It is difficult for moms to juggle a phone while holding their baby.
- Visits are held at the client's convenience (ex: 10:00 am scheduled visit didn't happen and mom calls the home visitor back at 6:00 pm).
- Inability to use all senses for assessment or to reinforce memory of what happened on visit.
- Immigrant families: resources not there, of 25 families on one home visitor's caseload, 18 lost jobs or had work hours reduced; their landlords (non-public) have not lowered rent.

Are there certain visits where telecare would be desirable?

- The additional flexibility is good!
- Prenatal period (especially early prenatal). Mom is not as distracted as she will be when she has an infant or older child at home. Also, if mom is on bedrest.
- First visit after baby is born.
- Moms who have full schedules.
- When someone in the family is sick.
- Higher functioning moms (ECS Lite).
- Should be on a client- by- client basis.

Are there certain visits where telecare would be less desirable?

- When certain assessments/forms are due.
- With moms with thick accents or whom you are unable to understand on the phone.
- Moms with mental health challenges, interpersonal violence or child welfare concerns.
- Moms with little to no social support.
- 36-40-week gestational period and six weeks postpartum - lots to cover!
- Developmental concerns
- Graduation visits



Stories from the field:

The Director of Early Childhood at The Children's Home notes that there were more units billed in April than in February. Home visits were much more frequent, though shorter at 1.5 hours total including prep and wrap up. Home visitors shared developmental milestone accomplishments including a baby walking for the first time during a virtual visit. A teen mom began consistently reading to her baby to address language concerns. A mom with depression enrolled in Moving Beyond Depression virtually and her outlook and self-care improved.

An ECS Home Visitor with Pathways to Home has noticed a different relationship with moms. Visiting by phone is more personal and she feels a closer connection, with some phone calls exceeding two hours. She is seeing a lot of resilience and optimism in moms.

An ECS referral representative explains that it was difficult to engage with moms early in the crisis, but there has been a shift. She is seeing more self-referrals through the newly updated website along with referrals from other enrolled moms. Having phone calls with kids in the background is becoming more normal and seems to make moms less uncomfortable.

CENTRAL OHIO INPUT

Healthy Families Ohio

Help Me Grow Home Visiting

Nationwide Children's Hospital

The Center for Family Safety and Healing

Successes

- Increased ability to schedule with patients/families at times that are convenient for them.
- Video solutions allow for observations of parent-child interaction – telehealth via Epic MyChart and/or WhatsApp.
- Home visitors report learning to balance work and life demands as they are working remotely or from home.
- We are still able to use interpreter services to provide either telephonic or even video interpreting for non-English speaking families.
- Home Visitors are engaging families via short video messages that the home visitor records and then sends to the family.
- Home Visitors also creating unique “welcome” or “getting to know you” materials for new enrollments during the pandemic.



- Leveraging the reimbursement being made available through ODH for diapers and wipes and doing lots of “drop off” home visits with families. We are able to obtain diapers at substantial savings through our connection with NCH.
- Through the generosity of our partners and Board, we have been able to leverage client direct assistance funds related to COVID-19 specific needs in a really innovative, and hugely helpful way

Challenges/Barriers

- Completing forms and consents over the phone – everything is being done verbally. We have placed program consents on our website to direct families there as we review the paperwork with them over the phone.
- Technology does not always work – sometimes the internet access that client families has creates challenges.
- Very few, but some families, do not want to participate in video/telehealth services.
- For families engaging via telephone only, the home visitor’s ability to observe/assess parent-child interaction is diminished.

Success Stories:

Healthy Families America

Mom (29) shared with her home visitor that her breast pump broke and she was desperately wanting to continue breastfeeding her four-month-old baby, while facing several other issues during the quarantine. For many reasons, the mother was not able to get another pump through her insurance. We were able to provide the pump in a timely manner, with the home visitor and supervisor collaborating quickly to purchase the pump through our direct assistance fund, and meeting up to get it to the mom so that she did not have to stop breastfeeding her baby for any length of time.

Nurse-Family Partnership

One mother (29) has an 18-month-old baby and is pregnant. She shared with her home visitor that a family member had tested positive for COVID-19. The family had to quarantine, which greatly impacted their income and family stability. Our home visitor has been able to link the family with supports that could help pay rent and bills and provide food while they are quarantined. This made a huge difference for the family.



Oklahoma

Examples of how home visiting is helping families in the coronavirus pandemic:

Local Implementing Agency (LIA):

There is a consensus among all my 11 providers that the home visits are helping the families by being a source of support to them. Home visiting has always helped families in various aspects. It has provided emotional and social support during these times by simply having someone outside of their family to talk to and vent with as well as someone to ask questions and provide guidance about COVID-19 etc.

Families who are having a crisis find the worker's call and videos a relief because they have someone to talk about it and get help to decrease their stress. Just having conversations about being realistic with their child's behavior during these stressful times can make a difference. For a lot of the families, it has been an emotional rollercoaster and my workers believe that having these virtual home visits is one of the few things in these families lives that brings stability. The children enjoy the visit over a video because the visits are part of their routines.

The providers feel that the home visits are very helpful because on top of what the curriculum teaches, they are helping clients with resources in the community like food banks and food distribution locations. Providers are checking in with clients and performing screenings like PHQ-9 and are making the necessary referrals. Providers are giving clients the tools to survive this pandemic by providing protective factors, self-care tips, and daily activity schedules to help with their children routines.

This is what one of my providers said: "I have found that the biggest benefit to home visiting during the pandemic is that home visitors offer SO much concrete support. There are some attitudes that have changed from the first virtual to the second or even third. Their thoughts changed from, "Oh we're at home, listening to the news. I am not too worried, we [the family] are doing good," and then rightfully so transforming to being stressed and worried. The parent educator also is not just family support but a chance for the families in isolation to speak to an adult that they can ask questions without judgment and express their concerns. Best of all, the virtual visits serve to suit the wellbeing of the child, being able to see if the child is acting the same as before.

Model:

- Families are staying connected: families have someone outside the home to talk to throughout the week, and providers are able to provide supportive listening to parents as they learn how to handle the changes.



- Families are educated on Covid-19: Providers have educated families on preventative measures, symptoms to watch for and how to communicate with medical providers when needed.
- Families have received parenting assistance during this time: Providers have educated families on creative activities to engage children, and assist with developing new routines that assist with children's educational, mental and physical needs.
- Parent educators (home visitors) are providing emotional and mental support to our families. Families are over stressed currently with kids being home from school and now becoming teachers in addition to the virus concerns. PE's become a life link to some parents.
- PEs become the "other" adults they need to talk with about things other than the pandemic.
- PEs are instrumental in providing community resources for practical family needs/wants. Provide ideas for the everyday raising of children that parents may not think about due to being over stressed.
- PEs provide a break from stressors of life by being there to talk to.

Home Visitor:

I have a client that, when I was checking on her, would tell me everything was fine. She did not want to do the virtual visits but had agreed to do a telephone visit instead. As I began to talk to her and talk about self-care during this time of isolation, she told me that she was feeling depressed because the house that she was planning on closing on at the end of April was now being postponed. The client was ready to leave her neighborhood due to gang violence and other things that had been happening in the neighborhood. She was excited to be able to finally leave it all behind and start fresh but was delayed when not only did the closing get postponed, but then her husband lost his job due to the virus. Another obstacle that she had to deal with is the fact that she found out she was 8 weeks pregnant. As she thought things couldn't get more complicated, she found out that her husband's identity was stolen, and someone was trying to get unemployment using his social. This delayed his own unemployment benefits causing the family to be in a bind. I was able to talk to the client as she was telling me that she just broke down and cried, but in secret, as she is trying to be strong for her husband and kids. By the end of the conversation, the client said that she felt better to be able to talk to someone else so openly about her feelings.

Examples of what families need in the emergency that they aren't getting:

LIA:

- Assistance with legal services.
- One of my families had her cell phone service cancelled because she could not make the payment. She asked her daughter-in-law for a cell phone to continue with the visits.
- Many families cannot help their children with homework because of their lack of education.



- There are places that give food, but the lines are long and sometimes there is not more food, some clients leave without it.
- Pregnant women are concerned and try to avoid going to the doctor because they could get sick.
- A family is homeless because she could not agree with the landlord who rents a room in her house.
- Section 8 funds are done and public housing's waiting list is long.
- Families do not have money to buy diapers or wipes.
- Families do not have WIFI.
- Families do not have laptops or tablets.
- One client that has a family of 5 only has one cell phone in the home and the connectivity is not great. They have to share the phone to do the home visits and the homework.
- One client has not been able to obtain her unemployment due to some errors in the system and the lack of personnel answering the phones in the unemployment office.
- Utility Assistance.
- Lack of sanitizing items that are not able to buy due to lack of money or not be able to find them at stores.
- Rent assistance.
- Respite funds for those overwhelmed moms.
- The stimulus checks even though they pay taxes.

One of my providers said: "Families are losing income either due to being furloughed or having their hours cut." Food banks and supply drives have been an excellent source for families but even the food banks are struggling to meet demands. People's Church supply drive earlier this month had a fantastic turnout, but the majority of families attending waited for up to two and half to three hours to get supplies only to get very little or no supplies. It leads me to believe that there is a high need for more supply drives for families that can be localized so that families do not have to travel so far for basic necessities. Cleaning supplies and the now suggested face covering is also something I see that families are struggling to find. Lastly, some sort of funding to help cover bills if needed is something that families need.

Model:

- Transportation to various food and supply giveaways, physical activities for children to use like coloring books, crayons, markers, diapers, wipes, formula, baby food, and safety supplies.
- Legal help regarding job loss, rent and payment of bills.
- Money to pay the rent.
- A computer and free Wi-Fi (during school).
- Learn how to use a computer.
- Child care.
- English tutor (moms feel frustrated because they do not speak English).
- Food pantries/diapers (some of them require an Ok ID).



Home Visitor:

As the agency we have been flooding out clients with resources from activities that they can do to providing materials for their activity as well as diapers. I also have been giving them resources for food. The clients have been grateful for everything that they have been receiving but for the clients that are still having issues, it is because they are not able to have the financial help that other individuals are receiving to help with bills and other financial debts. Most do not qualify for the benefits and are struggling to be able to pay their debts week after week. I have a client that has two children and her husband is the bread winner of the house. The client has been looking for ways to get income in the house and has resorted to making desserts from home to see if she can bring in some extra money since the husband is no longer employed. The client says that without him having a job the stress level in the house is high and she is trying to be supportive but admits she worries about their future.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

LIA:

- Money to buy food or grocery store gift cards.
- Tablets or computers.
- Basic baby items such as: diapers, wipes, formula.
- Providing the families with cleaning supplies.
- Providing the families with masks and gloves.
- Books, crafts items for each child.

Model:

- I feel like our contractors have been flexible in our delivery of services and have provided us the resources need to serve our family's needs.
- I believe resources are good right now, but I am concerned for our families when things start returning to a level of "normalcy" and resources are not as available.
- Create drop off sites for clients to pick up diapers without seeing them face to face.
- Provide clients with resources to get transportation.
- Provide computers, hot spots, phones to families for connection.

Home Visitor:

As a home visitor, if we had more resources I would try and go see the clients in person but through a window just so they can see a familiar face and have some interaction even if it is non-contact. I would sit in front of the window and do a whole visit with the client but with the barrier of the window. I would also bring more educational materials such as books, toys, or



anything else that I feel would help the client with her children and lift some of the stress even if it was just for an hour.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

LIA:

- Many families do not have laptops or tablets and the majority do the home visits through their phones. Because they are doing the home visits through their phones, many times they have interruptions because of the phone calls or texts they are receiving.
- When schools started the virtual learning, many clients started to have difficulties with the time to connect for the home visits because their children needed help or because they only had one phone or one laptop and everyone was needing it.
- Many families are not technology savvy and are stressed about how to create an email or a zoom account. The providers had to help them step by step.
- Many families do not have good connectivity and constantly get frozen during the home visits.
- One family does not have internet or computers at home and she has to send her oldest children to their relatives' home to do their homework.
- If the family's internet or WIFI is weak the workers do telecommunications. The providers prefer face to face videoconferencing, but if that is the only way to do it they are flexible with the family.
- There are a couple of families that their phone stopped working or not work properly. They have to wait until the stores opens to get the phones fixed. For now, one of them has given the provider's her son's phone number to do the home visits, but she started to have difficulties to reach her because her son is not telling her that she is calling.

Model:

- Parents seem to be confused with the technology of virtual visits/calls. They need some training and of course staff have also had to learn to use the new technology.
- Our program has had approximately 12 families we have not been able to reach. Two families we have not been able to reach were in a shelter, so we have no way to track them currently but do continue to reach out to them with texts.
- NorthCare has been on top of trying to get devices to families that need them to provide services and has allowed for purchasing of data plans if needed.
- NorthCare is also applying for grants to order additional devices incase families are in need.

Home Visitor:

The ones that haven't connected are because they are not comfortable with virtual visiting. There are however numerous times that in the middle of the virtual visit the video will freeze,



echo, or drop in the middle of the client or educator talking. Staying connected is more the issue with my clients than families not being able to connect at all. Most families that did not have internet were giving information by me or the school on how to connect. Also, some schools have given the kids tablets that have internet on the devices and the clients have used those as well to conduct therapy for the kids as well as help in the virtual visits. I have had no clients that have told me they were limited on minutes. Most of us have found apps or other ways to be able to connect with the families without worries of minutes.

Home Visitor:

As a parent educator, I have been working extra diligently to provide virtual visiting and telecommunication options to serve my clients in the last few weeks. Since the pandemic started, I have been helping my clients identify some of the concrete needs that they have, help them manage their anxieties about parenting, and helping them identify and calm the stress of their children. The most common concrete need expressed by my clients is food, but also bill paying assistance, and information on renter's protections and rights. Thankfully, we have been connected to great resources through the public school system, Oklahoma City County health, Oklahoma State Department of Health, as well as another nonprofit, private, and religious organizations that have generously organized food distribution events and programs, as well as provided great information to help clients. Providing links to these services not only satisfies the immediate needs of the family, but also provides mental relief and an opportunity for these parents to provide their children with the nurturance and guidance that they need during these trying times.

Connectivity can sometimes be an issue as many of my clients are quite technologically illiterate. They often have devices, such as smart phones, but don't really know how to access their features and capabilities. It usually takes several attempts to connect a family to a virtual visit. And many times, even once connected, we may have difficulty maintaining the audio or the video feed. Additionally, the children don't always understand what is happening, so they grab phones, touch buttons, and I find myself trying to coach a parent while the camera is whirling around in a toddler's hand. Some visits have taken over an hour of troubleshooting before being able to finally connect or deciding to reschedule.

However, the effort has been met with success stories. For example, in the last week of March I contacted a client, "PC", through the telephone as she did not want to do a virtual visit with cameras at that time. When I asked PC how she and her family had been in the last few weeks, PC told me "para que te voy a mentir, muy mal" ("Why would I lie to you, it's been very bad"). As PC elaborated on this, she told me that many of her house cleaning clients had cancelled her services, including her most frequent client. PC also said that her husband's work hours had been reduced. Furthermore, she confessed that she was very scared and afraid to go to the few clients remaining because she was afraid that she could bring the virus home. Throughout the



phone call, I could hear her two young boys in the background, trying to play and occasionally getting rowdy. PC frequently paused to snap at them to be still or to be quiet. When I asked her how she was feeling about the boys, she confessed that she was very overwhelmed and lamented that she couldn't go outside. PC said that she had not allowed the boys to go outside at all, not to the front yard, or back yard, or even the short distance from the house to the car. PC had understood that the virus could be in the air and that any contact with the outside might get them sick. Therefore, for at least the last 7 days, she and the boys had been confined to the interior of their approximately 800 sq ft house. As a result, both the parents and the children were exhibiting increased stress that was manifesting in more sibling rivalry, more whining and crying, more yelling, and less quality sleep. I asked PC if she could find a comfortable spot to sit as we went over CDC information, and state recommendations regarding COVID-19. I discussed the concept of social distancing, and explained that the chance of contracting the virus in their own backyard was virtually nonexistent and expanded on how the CDC explains that the virus is spread. We also had a conversation about how important it would be for the children's wellbeing to have space to run and exercise so that they could manage the stress of everything that was happening. Finally, we identified good resources so that the family could use to access food. Two hours after this exchange, PC called to let me know that she had obtained a box of food from one of my referrals to the Oklahoma City County health food box program. In between visits I was contacted by this same mother regarding how to contact her eldest son's teachers and start distance learning, as well as questions regarding activities for my 4-year-old target child.

Two weeks after that initial conversation, PC answered a video call. On this virtual visit, we were able to complete a parent-child interaction activity with the children and talked about the activities she had done as a family. Both parents had gone to work in the places they could go safely. PC happily described family picnics in the backyard, and how she had established routines that included exercise times with bikes in the backyard, and reading time in the evenings. Additionally, her eldest son had started his school work to finish the semester.

This is just one of many examples of how virtual and telephone visits continue to serve our community. Virtual visits help support parents in their goals with their children, help correct misinformation, provide concrete supports and provide connections to services and information that the families might otherwise never know about.



Oregon

Examples of how home visiting is helping families in the coronavirus pandemic:

- In Oregon, the home visiting field swiftly pivoted to remote visitation delivered by phone or video. Further, attitudes on remote visitation rapidly changed from “how can we” to “this is great”. Home visitors are reporting that families are engaged, appreciate feeling connected and supported and that remote visitation is not that much shorter than in-person visitation.
- Home visitors have provided information on COVID-19, especially where to find reliable information such as their local public health authority, the state health authority and the CDC. Home visitors are listening to family concerns managing during the health crisis and provide coaching on resolving family concerns.
- Home visitors have researched locally how referral services are operating in the stay at home environment so they can share this with their families.
- Some home visiting programs have partnered with local food banks to deliver food boxes to their families when they are dropping off other critical supplies like diapers, wipes and formula. Doing this prevents the need, for some families, for the whole family to go to the food bank because there isn’t an alternate caregiver to stay at home with the children.
- Programs have arranged video reading time with their families to promote reading and decrease family isolation. They deliver a copy of the same book to each family, based on child age, and schedule a time for the group to read to the children together.
- Home visitors have been able to promote the Health Authority message to stay on schedule with immunizations.

Examples of what families need in the emergency that they aren’t getting:

- Like many states, families receiving home visiting in Oregon are struggling to meet basic family needs including food, formula, diapers and wipes.
- While there is a moratorium on rental evictions for the time being, there is a great deal of anxiety regarding how families might make up missed rent later. Affordable housing is a challenge in normal times. Many families will not have the income to pay rent and make it up at the same time.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- Some home visitors have wished that they could assist families with food (in addition to what they might get from the food bank) and other household supplies.



- Being able to supply the family with video capable devices and connectivity as part of the home visiting service. Even in circumstances when the family may have a device, it may be
- in high demand as most appointments are on-line and school is happening through distance learning.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

- In Oregon we have not received a lot of feedback regarding connectivity that goes beyond standard connectivity issues that have always existed in rural parts of the state. That said, and as noted above, sometimes the device capable of interactive video is needed by more than one household member.



Pennsylvania

Challenges related to implementing interactive video conferencing with families:

A high percentage of the families served in this area do not have access to computers. Many have phones, but their minutes are limited which would limit video conferencing as well.

Our home visiting staff were directed to work from home beginning April 16 at which time they were also directed to cease all face to face home visiting. During the first 2 weeks home visitors were contacting families and assisting with immediate needs and also discussing how the program might continue under the Covid-19 circumstances, which were unclear during the first week. Since April 16, supervisors and home visitors have been trying to keep up to date with webinars that give information about offering virtual and phone options for completing visits, but also being inundated with community resource information, cyber security webinars, updates from agency administration, remembering passwords that were saved to office equipment but not to tablets or personal home computers to access secure web sites for data entry, learning how to log into time sheets from home, etc.. We are currently set up, going forward to concentrate on offering families the full components of each home visiting model. It will take some time for staff to feel comfortable, families to feel comfortable, but we are experiencing some success.

Video conferencing is very new to the staff and we have had to "train" them quickly and remotely. They are doing their best to adapt during these changing times. We are happy to have access to this platform now and believe it will continue to be useful after the pandemic.



Rhode Island

Examples of how home visiting is helping families in the coronavirus pandemic:

- On March 2, after the first two presumptive positive cases in Rhode Island, the Rhode Island Department of Health (RIDOH), which oversees the MIECHV program in RI, provided home visiting agencies official notice that home visits could shift to virtual visits. On March 18, RIDOH provided notice to MIECHV home visiting agencies that all in-person home visits had to end. Since March, home visiting has helped families survive during the COVID-19 pandemic.
- The home visiting agencies had to quickly make plans to work from home and assess the supplies that they had on hand to support families. Most home visitors had never conducted a virtual home visit and the first few weeks of the virtual service delivery model included addressing home visitor and supervisor comfort levels and adapting best practices from telehealth and other services to meet the needs of home visiting.
- A few weeks into the pandemic, many of the families in home visiting began experiencing the effect of job loss and/or the loss of childcare, which prevented parents and caregivers from working. In just a few weeks, many families that were relatively stable became unstable and the needs put upon the home visiting programs and staff rose dramatically. In Rhode Island, many of the home visitors reflect the communities that they work in, are parents themselves, and began experiencing challenges similar to those faced by the families in home visiting they were working to support.
- Since March, home visiting has played a critical role in helping families meet basic needs. Immediately, home visitors began going to food pantries for families that were unable to or would not leave their homes and dropping off food. Families that rely on public transportation were often too scared to bring children on a public bus to go to the store even if they had money for food. Through RIDOH, home visitors were able to communicate operational changes to the WIC program and help them transition to virtual WIC appointments. From one family that had food from a food pantry dropped off to her, “Dad still hasn’t received his check and if it wasn’t for you guys we basically were left to nothing. I was only allowed to get food once from one pantry and the home visitor so caught me off guard today and helped my family have meat and foods that we haven’t been able to buy. My kids cried of joy to see the foods they like! I am so truly grateful!”
- Home visiting has been able to work the state’s non-profit diaper distribution provider, Project Undercover, to assist families in finding free diapers and baby wipes in their community, as well as feminine hygiene products.
- Home visiting has supported families in filing/obtaining restraining orders as domestic violence has increased during the pandemic. With the courts closed, families required additional support to stay safe.
- After the first two to three weeks of the “stay at home” requirements, home visitors found families eager to engage in virtual visits when they had the technology to do so. One of the first challenges that home visiting assisted with was the technology challenge. Home



visitors worked with families that had multiple school-aged children in the home that were sharing one device to do distance learning and had the technology to do so. Home visiting agencies worked with the Department of Health and others to ensure that all school age children in a family were able to access the technology resources necessary for distance learning.

- Home visitors have provided timely information on COVID-19 directly from RIDOH and the CDC. Home visitors have helped families find the closest testing location, understand the difference between isolation and quarantine and how to access health services during COVID-19.
- Home visitors have dropped off supplies so that families can do activities with their children, including supplies that support child development.
- Home visitors have held virtual groups for families, including groups on self-care and meditation, group story time and “ask the nurse” with a maternal child health community nurse.
- Home visitors have provided virtual breastfeeding support for expectant and new moms.

Examples of what families need in the emergency that they aren’t getting:

- Like many states, families in Rhode Island are struggling to meet basic family needs including food, formula, diapers and wipes.
- Families are not able to use their SNAP and WIC benefits to order food online and have home delivery, creating a food access equity issue.
- Parents and caregivers are worried about their children’s health, but have not accessed their pediatrician, even when telehealth is available. Home visitors are stressing the importance of well child visits and timely vaccinations, but parents are scared to visit a pediatrician’s office or health center.
- There are limited behavioral health resources for children.
- Families are worried about what will happen to them once evictions and electricity shutoff moratoriums are lifted. Many families will not have the income necessary to pay for basic needs and/or have childcare to be able to return to work.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- If more funding were available, home visiting agencies would be able to provide supplies and activities that promote child development and positive parent child interaction.
- Technology has been a challenge for some families. When multiple children share a device, the home visit is the first support that the family cancels, as education is the priority. Funding to support more devices for families is a necessity.
- Funding to support the use of common online platforms, such as Zoom.



- Funding to support PPE for home visitors, as the transition to in-person visits begins.
- Overall, the COVID-19 pandemic has demanded more of a home visiting workforce that should be adequately compensated for their work. More funding could support a more equitable wage for home visitors, most of whom are women and parents. Home visitors did not stop working, despite distance learning and no childcare, during a time that required increased flexibility to meet family needs. This included more evening and weekend visits.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

- Rhode Island has received little information on families with internet or phone challenges, specific to COVID-19. Many of the challenges that existed prior to COVID-19 still exist. Families run out of phone minutes. Families do not have enough devices to meet the work and school demands on their household.



South Carolina

Overview

The Children's Trust of South Carolina, a state leader in improving the health and well-being of SC families and children, serves as the state's lead agency for the federally funded Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The aim of the South Carolina MIECHV program is to provide voluntary home visiting services to at-risk families with the intent of preventing child abuse and neglect, and improving health, development, and early learning outcomes of its participants. SC MIECHV addresses the coordination and delivery of critical health; child development; early learning; prevention of child abuse and neglect; and family support services through evidence-based home visiting expansion to bring programs and models to scale in South Carolina, increasing access to services for families in targeted, high-risk communities. Additionally, the initiative looks to improve and achieve greater enrollment and retention outcomes of families served, continue the efforts and emphasis of research and evaluation, and provide services to high-risk populations through strategic systems-building for areas of unmet need.

The SC MIECHV program seeks to sustain evidence-based home visiting in the state by concentrating on the areas of greatest need with strategic home visiting implementation through integration into primary healthcare and/or the medical homes and community-based agencies, with 16 local implementing agencies (LIAs) in South Carolina. Target areas and populations include those with the greatest need, with a specific focus on child maltreatment, maternal and infant health, school readiness, Latino populations, and families with children with special needs. Supports and strategies also support early childhood and infrastructure system building. The program continues to build from the established "hub and spoke" approach in reaching out to rural communities through metro and perinatal regional centers, to connect more richly-resourced areas to contiguous, high-risk communities that lack strong resources, establish a continuum of home visiting services in the supported communities, and explore opportunities to expand implementation through family resource centers.

In response to the COVID-19 pandemic, the Children's Trust HV team rapidly developed and issued guidance to its contracted LIAs on March 19. On March 25, all LIAs also participated on a follow up call that included an overview and provided clarity on the guidance and peer-to-peer interactions for the sites. Additional activities pertaining to COVID rapid response include:

- Based on guidance from HRSA, CDC, SCDHEC, national models and several internal conversations, Children's Trust strongly suggested that all sites:
 - temporarily discontinue all in-person home visits and use video-conferencing and teleconferencing methods
 - limit enrollment and active recruitment of families—with the exception of high-risk, high-need referrals and identified families



- allow MIECHV-funded staff to work remotely under the guidance and practice of their respective agencies/organizations.
- All sites provided a brief plan to Children's Trust that included: method of secure documentation practices, data tracking for virtual/teleconferencing, staff absenteeism, staff time and effort with supplemental duties/activities (workforce development, data cleansing, etc), and procurement of any needed equipment for staff to work remotely. (Due 3/26).
- Additional recommendations and support have been given to LIAs by Children's Trust HV Team and will continue to be provided as needed.
- All sixteen LIAs have moved to virtual home visits.
- No sites are currently planning to discontinue services at that this time, as Children's Trust reiterates its full support for all LIAs—financially and collaboratively.
- Children's Trust has worked with HRSA to get additional guidance on allowability of redirecting funds on the grantee (Children's Trust) level and the LIA level; that was distributed to LIAs on June 8.
- Through its convening of the SC Home Visiting Consortium, Children's Trust has worked to build a concerted approach and response to COVID19 with other home visiting initiatives in the state, funded through both public and private dollars.

Additional anecdotal feedback:

Via email, 3/25/2020

Hi Eric and Cathy,

*I just wanted to follow up with our conversation earlier. Our team has been so grateful for the ability to use visual methods (Skype and FaceTime) to connect with our clients during the COVID-19 crisis. As you know, our model (NFP) already allows for intermittent use of telehealth, but until this time that has only been completed through traditional phone calls at our site. Skype and FaceTime allow us to still complete (informal) parent-child interaction assessments, like coding for DANCE behaviors. They allow us to demonstrate developmentally appropriate activities and view ASQ-related skills. Skype and FaceTime allow us to complete a more thorough assessment of both physical and mental/emotional health of mom and baby. They also allow us to provide nonverbal cues instead of relying only on verbal cues (for example, to let the client know we are listening). They further protect the client by allowing her to give us a visual signal if a conversation needs to end abruptly. Visual platforms allow us to interact with our babies who are too young to carry on phone conversations. **One nurse this week was even able to assess and correct a breastfeeding latch with her client and newborn via FaceTime!***

Nothing will ever replace an in-person visit. But in times where those visits are not possible, visual methods like Skype and FaceTime are the next best thing.

XXXXXXXX, RN, BSN, CLC

Nurse Supervisor, Nurse Family Partnership



2) New Mother with COVID-19 Gives Birth in Clarendon

Pregnancy, childbirth, and motherhood are challenging enough without the addition of a highly contagious virus. For first-time mother Shaquilla James, that challenge was all too real, as she became the first COVID-19-positive woman to give birth in McLeod's seven-hospital system. Alongside the incredible work and support of hospital staff, Shaquilla also had the help of her Nurse-Family Partnership nurse, Allison Baggette, who had been working with her since she was six weeks pregnant. When her daughter was born, Shaquilla was asked if she wanted to isolate herself from her newborn, saying, "At first, I said no, but then I changed my mind because I didn't want nothing to happen to my baby." While Shaquilla fought the virus, Allison went to Shaquilla's sister and mother, bringing them diapers and teaching them how to install a car seat and make the newborn's sleeping space safe. Allison also regularly checked in on Shaquilla in the hospital. Shaquilla and her baby are now safe and healthy, and she returned to McLeod Health Clarendon recently to donate plasma in the hopes that the antibodies in her blood from the coronavirus can help save someone else.

Shaquilla's full story is detailed by the Sumter Item here:

<https://www.theitem.com/stories/new-mother-with-covid-19-gives-birth-in-clarendon,345209>

Local Implementing Agency feedback:

On April 15, 2020, Children's Trust surveyed all contracted local implementing agencies about their interest and needs in assisting and supporting families during the rapid response to the pandemic. Questions included: 1) Would additional monies be helpful to your program; 2) Would there be organizational barriers to using these funds; 3) Could you use these funds to assist families (e.g. diapers, formula, cleaning supplies, food, school supplies, etc); and 4) Could you use these funds for connectivity with families (technology, tablets to loan families, mobile/cellular data support)?

With our Board of Directors' guidance, Children's Trust developed a matrix of its sub recipients evaluating the number of families served, rural/urban reach, organization's capacity to distribute concrete supports to families, vulnerable populations served, current organizational resources and if they've managed funds effectively in the past to determine the most equitable approach to distribute any additional funding to support programmatic and/or family needs. Some of the practices and protocols that will be used include:

Each agency will sign a MOU agreeing that:

- Families must be served by that agency and represent a vulnerable population.
- Monies may be used to provide at least one of the following areas of support:
 - Concrete supports
 - Parental resilience
 - Social connections
 - Technological connectivity.



- Any distribution of gift cards and technological equipment must follow a tracking protocol.
- Funding cannot be used for indirect salaries and expenses, fundraising, staff bonuses, entertainment, alcohol, or internal improvements unrelated to COVID-19 response.
- Costs should be reasonable and consistent with agency policies.
- Sites must submit an expense itemization and written report. A simple template will be provided by Children's Trust.

Of all the agencies we surveyed, we heard a resounding need for concrete supports including diapers, formula, baby wipes, food, hygiene products, cleaning supplies, and potentially rental assistance. We also heard that technological connectivity was vital to parents having the ability to stay socially connected and access services. These two protective factors are important in alleviating family stress and building family resilience, ultimately preventing child abuse and neglect. Allowing each agency to utilize and braid these dollars with other community resources will ensure that they are distributed based on each community's needs and current assets.



South Dakota

Coronavirus Response and Effects on Home Visiting

South Dakota Bright Start Nurse Family Partnership program

South Dakota Department of Health, Office of Child and Family Services

Contact Person: Carrie Churchill, RN Home Visiting Program Manager

Background: The South Dakota Department of Health has provided home visiting services to young families since 2000 using the Nurse Family Partnership model. Trained nurses support pregnant women and families with children until age two (three in some communities). Services are available in:

- **Pennington county and the Sioux Falls metro area** since 2000, and are funded with state Medicaid and TANF dollars
- **Pine Ridge** initiated services in 2008 and uses both state and federal MIECHV funds
- **Spearfish/Belle Fourche, Pierre/Lower Brule, Beadle County and Sisseton** were added in 2012 with MIECHV funds.
- **Aberdeen** was added in 2018 with a grant from the Nurse Family Partnership program

Examples of how home visiting is helping families in the coronavirus pandemic:

- Nurse home visitors are committed to supporting families through this pandemic using almost exclusive telehealth visits. We have been pleasantly surprised by the very high acceptance rate of telehealth visits, increased number of completed visits in March and April, and continued enrollment of new families. However, reports from the end of May and June show clients may be starting to disengage from telehealth as the weather warms and restrictions are lifted.
- We believe this transition was improved by Nurse Family Partnership's prior integration of telehealth as a standard component of services, allowing for greater flexibility to stay in contact with families. During "normal" times, very few families requested telehealth visits, preferring to meet in person with their assigned nurses. However, the prior introduction of phone or video visits as an option eased the transition in March. It is common for clients to request more frequent "check-in" visits rather than longer visits every 2-3 weeks.
- As registered nurses, our home visitors are uniquely equipped to help families interpret what they hear about the coronavirus, provide them with factual information from the CDC and SD DOH, and assist them with making decisions to keep their families safe, especially during pregnancy and with new babies in the homes. This is in addition to the standard areas of support that nurses are trained in.



Examples of what families need in the emergency that they aren't getting:

- In the early days of the pandemic, all nurses checked in with their families to make sure they had access to needed community resources and to keep them informed of food, mental health, housing, economic assistance, and health care resources. The 211 Helpline was a tremendous source of information and is available in most of the communities we serve – except for Pine Ridge and Sisseton. We are very excited that the SD Department of Social Services is providing the funding for 211 to 'go statewide' starting in July so that all areas of the state have access to information about local community supports.

Examples of things home visiting do be doing to help with additional resources/flexibility:

- Bright Start nurse home visitors continue to be available during extended hours (evenings) for telehealth visits. They have also been very creative at finding ways to drop off needed supplies for families such as diapers, breast pumps, pack-and-plays via Cribs for Kids, and gifts for birthdays and graduations, as pandemics cannot stop us from celebrating!
- They are also continuing to complete assessments of mental health, child growth and development, parent child interaction, and intimate partner violence (when safe to do so). These assessments help us to support families who may be at increased risk due to isolation or decreased access to other services.
- The Bright Start NFP program integrates Continuous Quality Improvement initiatives, and the local teams continue with their projects focused on supporting families to stay up to date on infant/toddler vaccinations, make referrals to the SD Quitline for smoking cessation, promote safe sleep practices, and assess the accuracy quality of referrals to other services.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

The Nurse Family Partnership program provided a unique opportunity to local sites to provide cell phones with a data plan to clients who needed a way to stay in touch with the nurse home visitors to complete telehealth visits. Verizon partnered with NFP to provide the phones and data, and local agencies could request the number of phones they would need. South Dakota nurses requested 14 phones for clients and report back that these have turned out to be a lifeline for families.



- A nurse in Pine Ridge reports that a client would take her baby to Indian Health Services for well child visits and wait all day for an open appointment because the family did not have a phone to schedule a time. When she received the phone, the young mother made an appointment at the pediatric clinic so she didn't have to wait hours in the waiting room.
- A nurse in a rural community reports that one young mother only had access to a single phone she shared with the father of her baby, who took the phone to work with him. The home visitor dropped off a new phone for the mom. Within hours, the client called her nurse to report "he's not going to know I have this phone" and shared her experiences of violence in the home. She had also used the phone to call her family in Puerto Rico and ask them to buy her a plane ticket to return home. The nurse and the client made a plan to keep the phone hidden from the baby's father and to program into the phone the number of the local violence shelter (the client chose not to go there).

We do have some clients who are not enrolled in Nurse Family Partnership services, as we also provide non-evidence-based programming in some areas. These clients are not eligible for phones and their nurses report wishing they had the same access as NFP clients – especially in tribal areas. The nurses serving Pine Ridge are not aware of any additional access to data, Wi-fi, phones, etc. provided by the Tribe or outside entities.



Tennessee

Examples of how home visiting is helping families during the coronavirus pandemic:

Local Implementing Agency (LIA) 1

- Families feel they need more support so in turn we are able to meet that need by doing extra virtual visits with them or extra check ins.
- We are able to connect them with the resources they need and make them aware of changes in resources due to COVID19.
- We are able to assist parents with developing routines for the preschool children who were used to being in a school setting.
- Despite being isolated we are able to keep families supported.
- Home visitors are providing CDC based COVID19 information.

LIA 2

- For our isolated families our contact may be the only positive voices they hear. The children are seen via video chat and the encouragement to moms and dads during this time is crucial.

LIA 3

- Home visitors checking in with families may be providing a "safety" net to prevent child abuse by checking in on children and by offering parents a place to process feelings and frustrations.
- As trusted professionals, home visitors can reinforce the "stay at home guidelines" and other safety measures that families may be hearing from government officials. They may be more willing to listen to their home visitor than the president/governor!
- Many home visitors are providing current information on local resources, such as food banks, schools, etc.
- Many home visitors have helped clients navigate the challenging bureaucracy of applying for unemployment, food stamps, and childcare.

LIA 4 (from a rural TN county) –

- By doing virtual visits, it allows home visitors and families to stay connected.

LIA 5

- Some of the families that we serve have minimal support systems so they do not have contact with anyone during this time other than the home visitor. Home visiting allows us to provide social and emotional support.
- We are providing resources to free online classes, resources, giveaways and food drives when they are available in the area.



- Home visits have been beneficial to families who now have their school aged children at home because they use that hour visit as an opportunity to focus specifically on baby but staff are also able to provide activities to do with the older children.
- The other benefits that we're seeing is that the majority of families really are sheltering in place and the virtual home visits give them an outlet and someone to talk to as well as a fun time to focus on their issues, needs, concerns, and fun, joyful, developmental play with their child or children.
- Home visitors are able to assist with working out financial concerns or other barriers through reflective strategies with families during home visits.
- We have been able to address several safety issues that were able to be worked through with the help of appropriate resources.
- Home visiting allows us to support families who have mental health needs who haven't been able to access services due to no transportation etc. and have helped bridge that gap and prepare and support them in virtual therapy sessions.

LIA 6

- The WIC offices in some neighborhoods were located in malls that were closed. The system had a short period when the phone calls were not going through. The store shelves were empty of formula as people panicked and rushed to stock up. The staff polled all of their clients that had infants needing formula. Arrangements were made with the nutritional department at Le Bonheur to receive a one-time shipment of formula for clients in need. 54 cases in all.
- Access to toilet tissue. The store shelves were empty. We made arrangements to purchase tissue from the office supply company using donor funds. The need was shared with our marketing department and we soon received a truckload shipment of toilet tissue.
- Access to diapers. Bi-weekly request to our local mid-south food and diaper bank resulted in access to diapers, wipes, hygiene packs for needy families.
- Schools made arrangements for lunch pick up, but soon some sites had to stop distribution due to positive Covid-19 cases. The need was shared and soon we received a shipment of food and snacks.
- The utility company announced that there would not be any cut-offs nor late fees during the pandemic. Many families had work hours cut or loss of jobs totally. We looked again to our generous donors and found funding to use to apply a \$200.00 utility credit to 261 families.
- NFP took to social media to let clients know that we are here to help. The National Service office surveyed staff to see how many of their current clients were unable to communicate with them virtually because they did not have phones or data plans. NFP partnered with Verizon to supply iPhone 7s with 4 months free services to 9 NFP clients, enabling the families and nurses to stay connected. Staff used Instagram, Facebook, twitter and other apps to stay in contact with families.



- The home visitors put on their masks, load up their vehicles and make no-contact visits to drop off needed supplies. Supplies are loaded on the porch; staff go back to their car, call the family, and watch the family get the packages.
- The coronavirus has caused loss of loved ones, isolation, close/crowded family contact and frayed nerves. Families need to know that there is someone to call when they are feeling stressed and sad. Staff are geared up to check in frequently and to screen for depression using the Edinburg Postnatal Depression Scale. Staff are making referrals to mental health providers and available counselors offering COVID-19 services.

LIA 7

- I have linked families with resources, such as TANF emergency benefits, unemployment insurance benefits and various websites where they can obtain diapers, wipes and formula delivered to their home since there has been a shortage of this due to Covid-19.
- I have a mom that desperately wanted mental health services for her 8 year old and the child wanted it as well, but could not receive the mental health services due to Covid-19. However; after another trip to the hospital (and another situation), she is currently receiving mental health services in a residential setting.
- I currently have three families that have connectivity issues at times, but only one has consistent connectivity issues. That one also may have issues with maintaining minutes on her phone every month as well. I also have one mom that does not like to do video calls and chooses to do phone calls primarily. I think as long as we have the flexibility to offer video calls through Facebook Messenger, FaceTime, etc., my families will continue to primarily use video calls as their method of communication with me. However; if we are only limited to Zoom or WebEx, it could look very different, due to “space” on their phone for the app, etc.
- Families stating home visitors being able to link them to resources and help them with filling out applications they would not have access to if they did not have a home visitor.
- Families being able to be linked to resources that are not advertised well, including free school lunches and the ability to receive access to those.
- Families being linked to emergency funding through their home visitors, including resources such as local food banks who are not advertising.
- Home visitors could be delivering items for families who do not have transportation if we had additional resources and flexibility.
- Personally, some of my families I am unable to contact due to them not having minutes or access to a phone with video; therefore, I have to complete their visits through phone calls.
- Some families do not have good cellular service at their home.
- Families that need childcare due to schools being closed.
- Sharing stress management techniques has helped my families during this time.
- Families need access to their counselors during this time and that has been a direct issue for one of my families.



- Home visiting has been able to provide some of my families with consistency of a worker being there are caring for them during this time.
- Families not having access to diapers, wipes, and formula has been a concern with some of the retailers being out, home visitors with flexibility and resources could be delivering these items if they had access to them.
- I have provided my family with a comprehensive list of resources. I have helped each family to look throughout the list and explore those that were specific to their needs. These resources include:
 - Food banks
 - Unemployment benefits
 - Food stamps
 - Energy assistance
 - Stimulus check information
 - Free daycare for essential workers
 - Daycare for anyone
 - Virtual zoos
 - Online libraries with audiobooks, videos, and eBooks
 - 24 hour Crisis support/Suicide prevention
 - Educational resources
 - Summer nutrition program for children 1-18 years
 - Mental health peer support
 - WIC benefits
 - Housing
 - Employment
 - Insurance
 - Legal support
 - Domestic violence
 - Substance abuse
 - Maternal Health
 - Child Safety.

Examples of what families need in the emergency that they aren't getting:

LIA 1

- Some families are having difficulty getting to prenatal or well visit appointments. Transportation services may be affected.
- Some families are not receiving PT, OT and Speech services.
- Families are not able to get car seat assistance.
- Some families in rural areas are struggling to find basic necessities.
- Area support groups are not meeting.
- Families are afraid/insecure to use public transportation due to COVID19 safety precautions.



LIA 2

- Special medical formulas that WIC does not provide and families do not have the resources in these times to secure. We have been helping families secure this with our funding.
- Car seats for newborns for the same reasons. Families are not able to secure resources for these.
- Limited sick and well child visits due to quarantine.
- Phone cards for families that do not have sufficient data plans or use their card data up.
- PPE for families and children.

LIA 3

- Assistance with unemployment applications.
- Child Care assistance.
- Assistance with home schooling.
- Materials for creative play and education for children.

LIA 4 (from a rural TN county)

- Donations dropped off on the Families porch. (Diapers, Wipes, Formula and Clothes) Frees up cash and Food Stamp dollars for the family to use for something else.
- Referrals for Community Resources help with much needed programs available to these families.

LIA 5

- Thanks to the network of community resources, any needs that our families have had have been alleviated fairly quickly. There have been concerns with finances because several of our families have been laid off and are out of work due to COVID-19, but this is reflectively discussed during visits, and they all have solid plans and have either been able to work them out already, or have plans worked out for the next couple of months.
- The biggest barrier has been that items needed are sold out (diapers, baby wipes, cleaning supplies, etc.)

LIA 6

- Local transportation is an issue. It is very difficult to practice social distancing using public transportation. The need for safe transportation to medical appointments is great.
- Families with school age children need safe activities.
- Families need face masks. Local agencies donated face masks that were delivered to families.
- There are many area in Memphis classified as food deserts. People need financial assistance that will allow them to shop in local communities. Efforts are being made to purchase VISA gift cards that can be used at local stores and pharmacies.



LIA 7

- They are not getting is reliable, affordable childcare.
- If I had additional flexibility/resources, I would like to help families with transportation, face mask, gloves, toilet tissue, disinfecting wipes, food, art supplies, toys to borrow, stress relief packets, diapers, wipes, and gift cards for items that they may need to purchase.
- I have one person that has a flip phone and is unable to do video calls. I have three families that cannot afford a phone with minutes.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

LIA 1

- Phone minutes.
- Groceries for families who have lost wages due to COVID19.
- Home visitors are currently using personal devices to conduct virtual home visits and assessments. Boundary lines are blurring due to families calling after hours.
- Home visitors are using their own phone data to conduct virtual home visits without reimbursement.
- Being able to provide families with developmental toys/activities for families to use during visits and in everyday life.
- Breastfeeding support.

LIA 2

- Gift cards for food, diapers, other staples.

LIA 3

- Delivering toys, books, creative playthings to children at their homes.
- Use of agency Facebook page to record activities for children; families could do activities and then process with home visitor.

LIA 4 (from a rural TN county)

- The one thing I have found a little difficult is doing the activities virtually. I have been e-mailing or Facebook messenger pictures all the activities and handouts. That way the family can get the things needed together to do the activities that take supplies.
- Limited times that caregivers can contact HVs or vice versa. No or limited minutes on caregivers phone. Some families can't connect due to lack of minutes/connectivity.

LIA 5

- It would be helpful if we had more access/quicker shipping times of client support items that we could get to families when needed.



- I would love if we had the ability to loan out devices to families that would allow them to Zoom.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

LIA 1

- We currently have 2 families that do not have minutes on their phones.
- There are several families that have connection issues so home visits start and stop a lot.
- There are 3 families that do not have cell services or Wi-Fi at their homes due to their rural location.
- We have 3 families that are not available for home visits due to work schedule becoming more demanding because they are essential employees.

LIA 5

- We have several families who do not have internet or smart phones so they are only able to talk via landline. This has not been a problem with getting in contact with the home visitor since they are still able to do a visit over the phone, but they aren't able to access the online resources that are being provided. To make up for the inability to connect to the internet, home visitors are printing out curriculum, activities and resources and mailing those to the families.
- Half of our March visits were virtual and we were still able to maintain a 98% home visit completion rate as an agency.



Texas

Texas Prevention and Early Intervention Division: COVID-19 Response

Provider Innovation in Home Visiting:

- All home visiting programs, including subcontractors, have pivoted to providing programs virtually.
- Food distribution:
 - Some home visitation programs have served as the community contact for food distribution. This has included soliciting donations from local restaurants to prepare meals for families for a curbside pickup.
 - Some providers have received local authorization to place outreach flyers in food boxes in order to continue to serve families.
 - One provider reached out to a local book distribution organization, Little Free Libraries, and asked them to include a few non-perishable food items in their library when they refresh the book supply as another means for families to get food.
- Parent-child activities:
 - Using Facebook groups to regularly post content on their page with resources, story times, and activities for families.
 - Delivered family fun packs that are individualized for each family but include activities to support family wellbeing such as board games, sidewalk chalk, blocks, bubbles and books. An insert explains that the packs have been packed using gloves but that families should also wipe/sanitize before using.
 - One provider is sending out a “tip of the week” that includes self-care via email.
- Bright by text: Utilization of local news outlets to promote PEI texting project, Bright by Text, that sends developmentally-appropriate content to parents of children ages 0-8 years, as well as weekly texts regarding local resources. Other Bright by Text communities have promoted the platform as a means of connection in this time.
 - Longview HOPES BBT news story
 - Beaumont HOPES BBT news story
 - Local PBS stations are running ads for BBT.
- One Texas provider is using the Remind App to stay in contact with families.
- One provider has access to a radio station and is organizing to broadcast parenting information via this station.
- Websites: Posting resources and information on websites.
 - Updated website with educational resources and tips
<https://unitedwaydallas.org/updates/kids-education-resources/>.
 - Updated website with parenting resources and tips:
<https://unitedwaydallas.org/updates/parenting-during-coronavirus/>.



- TBRI practices to help children and families feel safe and connected. The guide is now online at www.tinyurl.com/stayathomenavarrocounty.
- Increase in productivity: Some NFP providers have noted an increase in productivity in the past month due to increased utilization of telehealth modality.
- Positive feedback: anecdotally, Texas providers have reported a positive response to virtual visits. Some NFP providers are reporting that they've been able to connect more routinely with families that they had lost contact with. It's been reported that these families have made themselves available in ways that they haven't before because they're needing connection.

Parenting Education – Group Format

- All programs have pivoted to providing groups/classes virtually. Some have needed to purchase licenses to applications, such as Zoom, to provide these services.
- One provider is working to offer its domestic violence support group online.
- Provision of Alcoholics Anonymous and Narcotics Anonymous groups online.

Youth Development Programming

- Providing virtual mentoring via phone and virtual meetings.
- Organizing a Pen Pal program between mentor and mentee.
- Distributing basic needs kits for families that include information and activities for youth/families via curbside pickup.
- Conducting virtual Youth Advisory Committee Meeting.
- Organizing a Facebook Live art time with youth.

Counseling Support

- Utilizing in-house infant and early childhood mental health professionals to provide resources to families and staff.
- One provider's trauma therapists have begun telehealth visits with families and delivering basic needs for the baby such as diapers or formula as needed.
- One provider received a generous donation from a community member to purchase Chromebooks for 1st and 2nd graders in their programs who did not have a mobile device at home so they could continue school remotely.
- One provider is producing 1-minute videos sharing tips related to Trust-Based Relational Intervention® as well as a series of Parenting Tip Packs that help parents manage during this extraordinary time and balance family time and the new demands of helping their children attend school online.
 - Real Help for Real Life's Facebook: <https://www.facebook.com/RealHelpForRealLife/>
 - Instagram: <https://www.instagram.com/realhelp4reallife/>. It is a relatable video about self-regulation and the "Check Engine Plate" activity.



- Using social media posts to drive traffic to their blogs and website with bright and vivid messaging to ensure that viewers are aware of ACH's commitment to supporting the community.

Challenges in the Field

- There have been some families not interested in engaging virtually.
- Some communities have struggled with the tech needed to set up remote capacity.
- Some communities have reported that families are concerned with phone minutes in regard to virtual visits. Some programs are addressing this with phone cards.
- Some programs have leveraged local donors to purchase equipment for virtual visits.

DFPS Response – Other Efforts

- From March 16– 27, staff delivered about 104 snack packs and 176 emergency kits.
- On April 13 & 14, 165 packages of curriculum were delivered.
- From March 23 – April 16, home visitors have conducted approximately 660 virtual/telecommunication visits which equate to roughly 495 hours of service.
- From March 23 – April 16, Case management has made approximately 241 contacts.



Vermont

Examples of how home visiting is helping families in the coronavirus pandemic:

- Home visiting are ensuring access to day-to-day supplies that families need, including formula, diapers, breast pumps, and food.
- Mobilizing community resources.
- Answering questions related to COVID-19 and providing education on practices to stay safe.
- Helping families continue to work towards their personal and parenting goals.
- For families with no transportation, home visitors have found and connected them with services that are willing to provide drop off options.
- Connecting families with mental health resources.
- Sharing Mothers & Babies Curriculum to help reduce stress for pregnant women and new mothers.
- Local coordination to obtain car seats so families can drive to the grocery store and get essential supplies.
- Being a proxy to help families get their WIC foods.
- Providing families with play kits that have activities that utilize household items appropriate for their age.
- Automatic check ins and follow ups with resources in their community. One nurse stated that sometimes the home visitor is the only person who is checking on families or calling them.
- Lots of coaching around accessing emergency funds.
- Sharing anticipatory guidance on what to expect with telehealth access to obstetrical and pediatrics care.
- Providing support at birth for family who can't travel and have no other support networks.

Examples of what families need in the emergency that they aren't getting:

- Face-to-face contact.
- Reliable phone and internet service/cell phone minutes.
- Daily necessities. Diapers and formula have been particularly difficult to access.
- Informal supports during the immediate postpartum period have been the highest needs with not a lot of options.
- Adult mental health providers who visit in home and do meetings over the video or phone.
- Providers specializing in perinatal mood & anxiety disorders.



Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- Leading private, online mothers groups to build social capital.
- Phone minutes/internet access for clients.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity:

Out of 16 participants in my caseload:

- 1 family with no device.
- 2 families with issues with minutes.
- 1 family with connectivity issues.



Virginia

Virginia Home Visiting: Examples of Supporting Each Other & Families

Organized a huge diaper drive - 100 per parent, resource drop offs
Distributing diapers, wipes, and formula (based on family size/needs); using United Way emergency funds to purchase more diapers, wipes, and formula to distribute to broader community needs (CCAP is closed, so HF will be advertising this 2-day distribution, tied to prevent child abuse and neglect).
Dropped off books on request
Due to new hospital restrictions prohibiting more than 1 person in delivery rooms this team made an appeal to their community partners and with 24 hours they raised \$30,000 for doula services so now 4 MOBs will be able to have 1 person and a doula with them at delivery (their site paying for doulas' services). Team also engaged several additional doulas willing to work pro bono.
Each staff member has created a Facebook page to stay connected with families; They are having weekly All Staff Zoom meetings to stay connected.
Linking families up to food resources, providing dental hygiene packages, feminine hygiene, children's books, gently used clothing for adults. Are partnering "It Takes A Village Baby" who provide baby items (cribs, clothing, books, etc.) and diapers for infants 0 to 12 months. Also, partnering with Tin Cup, which donated food and diapers which site distributed last Thursday.
Made a TikTok video with the team
Management/supervisors are hosting a staff happy hour and virtual Bingo game every Friday at 4 p.m. over Zoom; they are also having different themes each day, like spirit week, with pajama day, crazy hair day, show off your co-worker day (pets, kids), etc. and are posting those photos on their agency's Facebook page.
Program Coordinators and Project Director, Zoom meeting weekly to discuss challenges and success. Great info sharing and problem solving between sites.
Regular check-ins, resource sharing, and a virtual staff meeting is scheduled for 4/3/20.
Sharing donated diapers and formula with Emergency Programs within their communities. Program is still taking referrals and working with community partners to provide a layer of referrals and services until families can be fully enrolled. The team is having weekly Zoom meetings to stay connected. Exploring virtual group connection meetings . Each Parent Educator has a closed Facebook group for parents and are continuing to use it to stay resources and information.
Staff contacted all currently enrolled families, families that have exited the program in the last 6 months, and all outstanding referrals to see how the program could assist them and provide COVID-19 education. Family care packages included any donated items the program had on hand including limited food, hygiene items, diapers, cleaning supplies, paper products, etc.



(they have great pictures on their Facebook page of the care packages). Having a brief staff meeting every morning to make plans for the day and to check in with the staff on their health and well-being. Partnering with local United Way and local food banks to increase donations of non-food related items. Exploring virtual group connection meetings
Supervisors are communicating with staff daily to stay connected. Weekly Zoom huddles with supervisors to check-in and talk about what is going on, any questions, challenges, concerns, resources needed during this teleworking period.
They delivered bags of fresh fruit and produce to families, and their van drivers will be delivering Easter Baskets to families. Using Facebook to connect with families. They put together a CHIP Wiggles Band and staff and recorded songs and nursery rhymes for families to do together. They've been posting them daily.
They developed simple instructions for using Zoom and translated them into Spanish. FLL's Community Liaison is staying abreast of all available resources. The CL then sends to all EC staff who in turn communicates with their families. They are having regular team meetings, meetings with the CEO, and supervision meetings through Zoom to stay connected.
Using Zoom for weekly team meetings to check in on each other and for individual supervision. Staff now seeing a shift to more video visits as parents are wanting to have more of a visual connection. Supervisors report that staff are starting to feel more comfortable with their new normal and are working hard to stay connected with all of their families! Staff are sharing COVID-19 resources with families who indicate that they are not interested in having any of the options available for a visit during this time. Just starting to send "Check-in Cards" via snail mail to the families they have lost connection with via phone.
Weekly sharing of information via text; mailed out packets of flower seeds to plant, doing porch drops of additional donations they're receiving (baby carrier and bassinet; personal hygiene products; condoms).
Weekly staff chats via Zoom. Sharing self-care tips and healthy recipes. Group connections being offered through Zoom.
Weekly support groups virtual for families and home visitors.
YouTube page reading to children.



Washington

Examples of how home visiting is helping families in the coronavirus pandemic:

- The Washington State Department of Children, Youth and Families provided guidance to funded Home Visiting Local Implementing Agencies (LIAs) on March 18, 2020, allowing LIAs to cease in-person visits. This [guidance](#) has been updated multiple times throughout the pandemic, continuing to allow for virtual visits.
- From March to date, LIAs in Washington continue to offer virtual services to families. Overall, home visitors and families have adapted well to this new virtual environment. The shift has been more challenging for some LIAs, home visitors and families.
- Current data in Washington shows fairly stable enrollment across programs, reporting about 2,000 total families served for both March and April. While new enrollments have declined in April, Washington still had just under 50 new enrollees for Nurse-Family Partnership and Parents As Teachers, demonstrating the continued need for families to receive services even as services are adapting to this new environment.
- LIAs have been able to provide essential supplies to families including diapers, wipes, formula and cleaning supplies and dropping off items on families' doorsteps. Home visitors have also dropped off materials for families to do activities together. Some home visitors are doing calls outside of families' homes to have more connection when they don't have access to video. Overall, home visitors have been creative and flexible in thinking about how to engage families in a meaningful way.
- Home visitors have noticed that new moms are having decreased lengths of stay in the hospital following birth. Home visitors have been filling this gap by connecting with new moms to provide additional immediate post-partum support for moms and their newborns who are released early from hospital care.
- Home visitors continue to connect with other community resources and have been able to offer and leverage additional services for families in need. Home visitors have been helping to connect families to resources such as unemployment, mental health services and rental assistance.

Examples of what families need in the emergency that they aren't getting:

- Many families still lack basic needs during this time such as diapers, wipes, formula and cleaning supplies. While home visitors have provided some of these supplies, they continue to be a need for families.
- Technology continues to be a struggle for many families as well. Access to technology, internet, and service continues to be a challenge for families to engage in home visiting services, especially those in more remote areas of the state. Some home visiting programs have been able to link families with technology services, such as the older



model iPhones that were distributed through Nurse-Family Partnership National Service Office.

- Some home visitors, especially those home visiting programs housed in public health departments are being called to COVID-19 response. This has reduced the availability of home visitors to meet with families on a regular and consistent basis.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- With additional resources and flexibility, home visitors could further provide for families' basic needs such as cash assistance for items including but not limited to car seats, food and technology that are currently not allowable under this funding. Home visiting could also continue to supply basic needs such as diapers, wipes, formula and cleaning supplies more frequently.
- Many home visitors continue to provide services to families, while also caregiving for their own family members and providing schooling for children. The sustainability of this highly skilled workforce is critical. Allowing flexibility around caseload variations and policies related to emergency or extended family leave would continue to provide relief and support for this critical workforce.
- Additional resources would also allow create opportunities to expand access to home visiting. As our state begins to come out of the initial phases of the pandemic, we anticipate more families needing supports and services. Additional prevention funding would allow for an increase in services to meet the demand of referrals for families in need.

Quotes from home visitors and families during the COVID-19 pandemic:

- "The communication helps us feel less alone and your partnership assures me that I'm doing well with my son's development. Also, Bobby started walking over the weekend!"
- "A client was in tears on the phone when she called to thank me (our program) for taking the time to gather supplies for them. She said she was struggling with having enough to pay rent and didn't know how she was going to manage diapers and baby wipes."
- "Having Zoom visits during COVID has given me an opportunity to have face-to-face conversation with someone in my home, without having to worry about social distancing. It has provided me with someone to connect to, voice my concerns, and get an easy peace of mind as to how I am parenting during a time when a lot of other avenues of support are hard to reach. I am very thankful to have been able to continue my visits and have such a smooth transition. 😊"



- “Visits have helped me because I have nobody to talk to without judgment besides you, and you’re always here for me and support me in everything I do. Anytime I need something, you’re there. You’ve helped me so much with learning how to be a mom and about babies. You brighten my days and give me reassurance that I’m a good mom when I feel low. I don’t know how I’d make it without you to be honest. I appreciate everything you do so much.”
- “It has helped me to stay informed. It makes me feel that the relationship we have with this organization is not all about business, but it truly cares about how the clients are in this time in our lives where life has been rough for the world.”
- “Thank you for calling me. I feel so stressed and afraid. I was worried I would start using again, so I’m glad we talked today.”



Port Gamble S'Kallam Tribe (WA)

Overview

The Port Gamble S'Kallam Tribe is currently in shut down mode, operating with just critical staff. Tribal offices are not open, with the exception of essential trips to gather supplies. During this time, our home visiting team has been doing little bit of everything, from supporting education and connecting families with tools and resources (both tribal and non-tribal) to being the one adult they can connect with during the day. Our program delivers printed curriculum, intake/new-mom paperwork, books, diapers, car seats, gas vouchers for doctor appointments, and other program incentives offered to those enrolled. We are also working to improve our online offerings for parents. We have invited tribal storytellers to contribute to our YouTube library of virtual educational materials for children, are forming a Virtual Zoom Parent Support Group, and even held a live Facebook stream offering a demonstration on how to prepare a healthy meal from your commodity box. Staff are doing their best to connect with families virtually or by phone depending on the available technology, and we continue to accept new enrollments and referrals.

The Port Gamble S'Kallam Tribe has a wide variety of resources available to tribal and community members. Our Health Clinic provides on-site testing and as needed medical/dental services, both virtually and in person. All Children Family services (TFC, WIC, Foster Care, ICW, TANF, Child Support, Elders, Food Bank and Youth services) staff are available remotely and in person as needed. The tribe continues to provide updates as well as closure and contact information to all tribal/community members.

We are able to support all of our WIC families (all but one of our home visiting families are eligible) by providing benefits and enrollment into the program. In addition to food and formula, we provide breast pumps and breast pump supplies to those in need. Through the two programs we are able to support our families through multiple lenses. Additionally, our program has both a Facebook page for the Tribal Family Assistance Program and a Facebook page for WIC. We use those Facebook pages to provide updates and share news, curriculum, and fun information with our families and the community.

Examples of how home visiting is helping families in the coronavirus pandemic:

- Recently we had an elder who is a foster placement for her two autistic grandchildren. She was unable to go to the store with the children and worried about being able to pick up her benefits. I was able to call around and one of our local grocery stores took her WIC order over the phone and delivered directly to her car when she pulled up. This store does not usually offer that service.



- While keeping social distancing in mind, we deliver items to families' mailboxes and/or to their front door.

Examples of what families need in the emergency that they aren't getting:

- With the stress of keeping your family healthy, and all of the unknowns that have come along with this pandemic, families shouldn't have to worry about having enough food or having funds to pay their bills. Many of our families are dealing with food and job insecurity.

Examples of things home visiting could be doing to help if we had additional resources/flexibility:

- The biggest challenge for some is food insecurity. We have been able to address concerns that have come and often connect families to our TANF/Food Bank staff, but it would be helpful if we had the option of purchasing food, and/or providing gift cards so families can purchase food.
- Having a stockpile of laptops and access to purchasing internet for families would be ideal to support "virtual visit" (may just be a budgeting thing). They have our support through the phone, but face to face connection provides a whole other level of support and we simply cannot offer this to everyone. I would say that over half of our families are unable to connect virtually because of equipment and/or connection.
- Additionally, having emergency funds that can be used to support families when they simply do not have funds to cover bills. We have a lot of families who rely on treaty rights and those families were all out of work and worried about how they were going to pay bills.

Any numbers or examples you may have of families that can't connect due to lack of devices or minutes/connectivity

- Over half of our families are unable to connect virtually because of a lack of equipment or reliable connection.



South Puget Intertribal Planning Agency (WA)

SPIPA is a Tribal consortium that provides intertribal planning, technical assistance and program management services to support each member Tribe's goal for their members, and is a Tribal MIECHV awardee.

Story from a home visitor:

Home visiting is a vital service for many Tribal families. Any time a crisis occurs, whether within the home or the community, it can have a large and sometimes negative impact on any families involved. Therefore, when the COVID-19 pandemic began to affect my area, in mid-March, I made the shift from working out of our Kitsap office to working from home. I gladly carried this torch to ensure a smooth transition from in-person services to remote services for our clients as well as my fellow home visitors. I researched appropriate digital platforms for their ability to efficiently meet our needs and shared this information with my coworkers. Access to a variety of social media programs allowed us to be able to keep both our families and communities connected to vital resources in a time of crisis.

One fundamental service method that I initiated for our families was developing incentivized digital Group Connections in collaboration with our Agency's county TANF programs. Providing these online connections helped to re-invigorate the relationships between our staff and clients, allowing us to develop more effective virtual visits. Once it became clear that Washington's *Stay Home, Stay Healthy* order was going to mean working remotely for weeks (and more likely months), several of my clients began to worry about how this would impact their own lives. Many of our families are two-parent households with both parents experiencing lay-offs or furloughs (without pay) due to their status as non-essential workers. Meanwhile, at least half of my families were also expecting the birth of new babies within those first few weeks of the pandemic.

Parents had many questions and concerns, so our new online groups offered a place for them to voice these concerns. Our home visitors provided clients participating in the first Group Connection with an incentive to be used for family needs such as clothing, cleaning supplies, diapers, wipes, etc. I also initiated an online parenting class series using the *Positive Indian Parenting* curriculum every Monday via Zoom. These classes presented parents another space to share their experiences with other families. Providing these online services also permitted our program to broaden our audience and include clients and community members from both of our county sites in Pierce and Kitsap, in addition to our 4 tribal sites in Skokomish, Squaxin Island, Chehalis, and Nisqually plus their surrounding communities.



Moving forward, until there is a safe and effective vaccine, our Healthy Families program anticipates continuing to operate remotely for the benefit of the families we serve. In the coming weeks we have several exciting opportunities for parents to engage with home visitors and Healthy Families through a virtual *Parent Café* with a licensed family counselor, a YouTube channel for sharing how-to videos on a variety of family well-being and development topics and parent-child activities, virtual personal visits, and other diverse opportunities in development. We could help make this easier on our families by providing needed resources for food, infant/child needs (diapers, baby wipes, clothing, formula, etc.), or activities and books that can be shipped to their homes directly to share with their children.



United Indians of All Tribes (WA)

United Indians of All Tribes Foundation provides educational, cultural and social services that reconnect Native American people in the Seattle Puget Sound region, and is a Tribal MIECHV awardee.

Home visiting during COVID-19 survey

How has coronavirus affected your family so far?

Response	# of Responses	Percentage
Temporary job loss	12	41%
Permanent job loss	4	14%
Can't work because of lack of school/child care	3	10%
Parents or caregivers have increased anxiety/stress/depression	16	55%
Children have increased anxiety/stress/depression	8	28%
Lack of food	6	21%
Lack of diapers	7	24%
Can't access basic resources (food, soap, etc.)	3	10%
Can't pay bills	7	24%
Going insane because my kids are home all of the time	7	24%
I or someone in my family has been sick with the coronavirus (we had a positive test)	0	0%
We suspect that I or someone in my family was sick with coronavirus (no test)	6	21%
Total Number of Respondents	29	



What are you most worried about right now?

- Income and housing.
 - I can't find an apartment.
 - Paying all my bills and expenses with reduced income
 - Paying our bills.
 - Paying rent and keeping up on bills. Getting to and from the grocery store to get supplies because our head of household works overnight shifts at the job they were able to quit (was laid off their 2nd day job though). My child is not getting enough social interaction with others his age.
 - Worried about the stimulus check that is supposed to come.
 - Paying the bills. Also, going grocery shopping and people not staying 6 feet away.
 - Paying bills, eating, and work.
- Employment.
 - When work will continue/start.
 - Future job loss or furlough.
 - Being laid off.
 - If I should work. I'm scared to work because I don't want to catch the virus.
- My kids' mental health, and mine.
 - Being able to keep my sanity juggling full time work and parenting.
 - Getting bored while stuck at home and relapsing.
- My child's education
 - Exhaustion from working and of kids getting sick since they still go to a daycare. I'm also worried about what will happen if my child can't start school in the fall. They aren't staying engaged with learning right now - too much screen time.
 - That my child does something besides screen time.
 - I am most worried about my kids' education. I am also worried that I shouldn't be working and could be risking my mother's health.
- My family's health
 - Catching the virus is most concerning.
 - My baby being healthy and me being able to get on unemployment.
 - My boyfriend getting sick since he still has to work.
 - Being in contact with anyone with COVID-19 and bringing it home
 - Exposure to the virus.
- Don't really have any major worries right now.

What are you most worried about 3-6 months from now?

- Savings and income
 - Money.
 - Our savings.
 - Money and food, diapers.
- Continuing to live in my apartment.



- Mortgage payments
- Losing employment and not being able to find a new job.
 - What the status of the virus will be and how will affect work in the future.
 - Not having a job.
 - Finding a new job.
- Paying bills.
 - That we won't be able to pay our bills.
 - Working, bills, food.
- School
 - My kids not able to see their friends or going back to normal school.
 - Delay of school year.
 - No summer camps being allowed.
- Getting back to normal.
 - That we aren't back to "normal" by that time.
- Getting back on track and having my baby and moving.
- Re-exposure to the virus

Is anything going well right now?

- Yes (x4).
- Yes. I'm just not feeling well.
- Housing
 - I'm in transitional housing.
 - Getting into apartment.
- Employment
 - My work has been very flexible.
 - A little when I have side jobs, but it doesn't bring in enough.
 - Lots! We both have employment so financially not worried. We have had a loving community help us out when we've needed groceries (no time).
 - I am currently working and for that I'm grateful but scared as well.
 - One person is working in our family.
- School
 - Getting the kids on-line school.
- Family health
 - Labateyah youth home progress is going well.
 - Pregnancy is going a lot better than it was.
 - No sickness in the house.
- Day to day is overall positive.
 - Day to day living waking up refreshed.
 - More family time.
 - Yes, my husband and I are spending more time together.
 - Kids pick up school lunches from school. We go on daily walks with our dog. We are eating at home.



- I have my girls full time now.
- Being able to be home more with child. Food deliveries have been helpful, thank you!
- I get to spend time with my son.
- We are bonding as a family. Boys are playing together. Older son really showing caring and love for his little brother.
- We are managing to find ways to make creative meals and we have a yard that we are grateful to get to enjoy on nice days.
- Teams are in good spirit.

Do you have ideas about how United Indians of All Tribes Foundation and the programs you participate in can support you during this crisis? What are they?

- More social distancing activities.
- Bringing more food bags and diapers.
- Virtual story times or other educational things.
- They've been really helpful already providing diapers, food and resources for other things.
- I feel like they're doing what they can.
- I appreciated the grocery drop off.
- I've chatted with my home visitor a couple of times. Then I friended her on Facebook (I asked her over the phone first).
- Yes, continue to support with food, diapers.
- The food delivery helps.
- Teaching parenting skills and help connect to resources.
- Yes. They have provided sources for everything that I may need and my home visitor is a huge support in my life.
- Continued diaper delivery since it's hard to find diapers in stores.
- Gas cards or resource vouchers.



West Virginia

All of the Home Visiting programs in West Virginia are conducting virtual home visits and regular telephone contact with their families. Many programs are co-located with agency food and diaper pantries and have been using these resources to support families impacted by the pandemic. The West Virginia Home Visitation Program has been holding weekly calls with Program Leaders and Supervisors. Partners in Community Outreach has been posting a variety of information about and resources pertaining to COVID-19 on its Facebook page (<https://www.facebook.com/Partners-in-Community-Outreach-116351731725121>).

REACHH Parents As Teachers program in Summers and Mercer Counties West Virginia (<https://www.reachhfr.org/parents-as-teachers>) has been doing virtual and telecommunication visits with our families. If our families are in need of anything, we drop the items off outside their homes or they can schedule an appointment to stop by our office. We started mailing books to the children in our program.

REACHH has continued to keep our food pantry open to our community by appointment. Since the pandemic started REACHH has been picking up weekly food bags (70-80) from the school system to distribute to students who are unable to pick up their bags. REACHH has also started providing weekend food bags (100) to children in our community. Since this pandemic started, we have distributed 900 food bags total.

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Wisconsin

1. When families go to their usual store is there availability of baby formula on the shelf?

ANSWER CHOICES	RESPONSES
Yes	41.18% 14
No	58.82% 20
Total Respondents: 34	

Comments:

- It can be hit or miss.
- I think for the most part people are able to find what they need now, but a couple are still struggling.
- Families often have difficulties getting to the store to get formula.
- Stores have recently put a limit on how much formula families can purchase a day.
- This is in short supply, and we have hard time getting it for families.
- There was none available shortly after Mar 13, 2020; It may be different now.
- I have heard from a number of my home visitors that their families have had a hard time finding formula on shelves.
- Some clients reported they had to go several times to find it.
- If they are on WIC, they are only allowed to purchase the one brand that everyone else on WIC receives as well. This has made it difficult for families to find that brand.
- We have had to buy formula 2 counties away.
- It has gotten better over the last few weeks.
- They are struggling to find the kind they need or get through WIC.

2. When families go to their usual store is there availability of diapers on the shelf?

ANSWER CHOICES	RESPONSES
Yes	50.00% 17
No	50.00% 17
TOTAL	34



3. When families go to their usual store is there availability of cleaning supplies on the shelf?

ANSWER CHOICES	RESPONSES
Yes	11.76% 4
No	73.53% 25
Comments:	14.71% 5
TOTAL	34

4. When families go to their usual store is there availability of needed food items on the shelf?

ANSWER CHOICES	RESPONSES
Yes	61.76% 21
No	20.59% 7
Comments:	17.65% 6
TOTAL	34

5. Do families have an increased need for financial assistance to make needed purchases?

ANSWER CHOICES	RESPONSES
Yes	82.35% 28
No	8.82% 3
Comments:	8.82% 3
TOTAL	34

6. Are you able to find community resources for families to get needed food and supplies?

ANSWER CHOICES	RESPONSES
Yes	57.58% 19
No	18.18% 6
Please list:	24.24% 8
TOTAL	33

7. Do you know if families are able to get items from those community resources?

ANSWER CHOICES	RESPONSES
Yes	32.35% 11
No	20.59% 7
Barriers to receive items	47.06% 16
TOTAL	33



Barriers to receiving items:

- Transportation (x11)
- Transportation options are limited due to COVID-19. Also a lack of childcare options for parents trying to get to the store. Fear of exposure and limitations of supply with huge influx of demand.
- Some of our families don't have phones/minutes (so they're not notified of the available options), and many of our families don't have a vehicle. We end up picking up and dropping off for them (never face to face, always drop and go).
- Daycare needs.
- Lack of communication.
- Limited on certain foods and supplies.
- Some families use interpreters and we have delivered items to families, if necessary.
- Some of the food banks have closed.
- Lost wages due to unemployment, transportation, childcare so they don't have to bring their child with, anxiety of going to public places during the pandemic.

8. If you could suggest anything to help out during the COVID-19 pandemic to support families finding essential food and supplies, what would it be?

- The need for healthy food items and not resorting to cheap unhealthy snacking. Big need for PPE. Also need financial support/ benefits in lieu of jobs lost.
- Sharing shopping information:
 - Identifying a specific time of day or month to shop when supplies are more likely to be at stores.
 - Maybe a small list of restock dates of essential stores? I know I have asked some company's when they receive shipments and restock so that they can go and get whatever they need.
 - Knowing which stores have certain products in stock so they are not driving to multiple stores. Stores stock more off brands of diapers, wipes etc. Making sure that other community resources update their hours, supply etc., so wasted trips don't happen.
 - Specific shopping times for families on WIC/Food Share, opportunities for cleaning and paper products.
 - Finding a store that they are able to they are able to get everything they need in one place. Now with the ban of only one person allowed in the store, the single parents aren't sure what to do with their children to get their food as well.
 - Check all resources because rules have relaxed. WIC has expanded some of the food list to include more sizes, such as including 16 oz and 20 oz. Also, WIC is using electronic/virtual verification and has waived some requirements. Check with local schools - some are offering food to all children, even under the age of 5. Ask the food pantry for a resource on diapers - these agencies often know where to find other items!



- Improved transportation options.
 - More transportation and delivery resources.
 - Transportation to stores as public transportation is not reliable and difficult to access with children.
- Working with individuals to create a shopping list and having food delivered to them.
 - Food and supplies drop off.
 - Food pantry delivery.
 - Families need assistance in getting the needed supplies. Someone to help deliver the needed supplies.
- Most needed supplies:
 - Cleaning supply baskets, food baskets, thermometers.
 - We are struggling to find disinfectant wipes (at all) and hand sanitizing gel (in quantities). We are also short on larger sized diapers (3,4,5, and pull ups). We've created emergency "what to do with your kids" bags and have distributed them. It would have been handy to have money to create them, especially since we don't normally stock items for the older siblings of our target children.
 - Wipes have been a huge challenge to find.
 - Keep searching for extra resources in the community, not hoarding, and somehow providing gift card for families.
 - We are looking into purchasing Walmart gift cards so families can use them to purchase food, needed baby items, or anything else they might need. Most of our families live close enough to a Walmart.
 - Having funds available for all families to be able to purchase necessary essentials since most are not working at the moment due to COVID-19.
 - Direct ordering of essentials and be able to bill the programs that support them.
- Many families do not have internet, which causes their isolation at this time to be devastating. I'm not sure of the solution.
- Agencies need to partner together to best serve families. We cannot operate in isolation during this time.
- Most of our food pantries are only open 1 day a month and there is a huge need for rent assistance. Money for assisting families with rent and food are the major requests.
- Families with younger children to be more aware of the services each school district is supplying for any family with children under 18 years of age. More delivery options for these supplies.

9. During the covid-19 pandemic, are there other issues that families are expressing concern about?

- Our families seem to be pretty resilient. We wonder if they are so used to adversity that they're taking the pandemic in stride as just another challenge.
- Job loss, mental health/anxiety and depression, domestic violence, struggle keeping kids preoccupied, and lack of adult time.



- Staying connected; accessing medical and dental (emergency) services; accessing mental health supports.
- Finances.
- Social isolation and mental illness. Need social support.
- Paying rent versus buying food with no income while being pressured by landlords to pay no matter what's going on right now.
- Lack of daycare with some families continuing to work. Getting needed medication.
- Families are having cell phones cut off because they are unable to pay their bills.
- Pregnant moms are concerned about going to prenatal appointments and giving birth.
- Lack of communication or slow internet.
- Some reports of "the blues"/depression.
- HUD was still conducting onsite visits, inspections while the Shelter in Place was put into order. It really should have been postponed; families were already stressed enough without having to go through an inspection where they go through their entire home.
- Loss of employment and wages resulting in being unable to pay their household bills.
- Childcare, unemployment, parenting stress.
- Our young parents are having a hard time being isolated during this time. Some of our families have a hard time accessing their needed school assignments. We have more families that need help with rent as well due to job loss.
- Unemployment, unstable financial situation, and issues paying rent and bills. A lot of families filling taxes with an ITIN number are unable to receive the economic stimulus.
- Many of my families are concerns about employment. I have families that are not working a lot at the moment, so aside from basic essentials they are concerned about how they will pay for rent/bills.
- Stress and anxiety have been high.
- Finding baby wipes. What to do with children as a single parent trying to shop. Mental health when they are social distancing.
- No access for virtual visits with their Home Visitors - no laptop or data on phone so can only talk to their Home Visitor.
- Lack of financial skills to prioritize expenses. Families reported spending rent money on food versus waiting for monthly benefits. It can be a struggle to obtain unemployment, with long wait times to talk to unemployment for assistance.
- Rent assistance and food are the major concerns.
- Rent payments after safe at home ends. Right now they cannot be evicted, but they are worried that landlords will evict them after this has lifted and they are still unemployed due to businesses not being able to hire people back.
- Worrying about other people in their lives.
- Families are experiencing more depression, anxiety, addiction relapses, stressors of being the teacher for older children and failing them. Loss of job and not being able to get through to unemployment.
- Paying rent.



Wyoming

Home visiting during COVID-19

In Wyoming, about 10-20% of families (depending on LIA) are unable to receive services due to lack of technology. For the rest, home visiting is continuing through virtual methods, mostly video conferencing. Home visitors are also struggling at this time. They have children at home who need help with school and supplies are low in many stores. We have offered flexible working hours to accommodate them. Additional resources to pay for technology and connectivity would be helpful.

Stories from rural home visiting:

- In rural Wyoming there are not many resources for parents to turn to for answers with parenting questions. For these parents, home visiting has been a lifeline of support. One mother was having difficulty disciplining her child and felt she was either too strict or too lax. She wanted support in finding a balance. Through discussions with her home visitor on discipline and temper tantrums, the family has begun incorporating positive discipline in their home. From this change, the family is noticing fewer meltdowns and have created their own set of 'family rules' that all members work to follow. These were based on conversations around their core values and what is most important to each family member. Mom is becoming more confident in her parenting, and discipline has become more of a positive experience for all members in the home.
- Teen parents often find it difficult to find support to finish schooling, especially in remote or rural areas. For a teen mother in Wyoming, her home visitor was a vital support. The home visitor helped the mother set a goal to finish school and provided support when it was difficult. The mom will be graduated from high school in May! Without home visiting, this young mother would not have finished her education and the outlook on her future would be dim. Home visiting has changed her future and the future of her infant.
- Often, home visiting is the only support a parent has. One mom felt that something was different with her child's behavior and was unsure of what to do. The home visitor recognized some of the concerning behaviors of a sensory processing disorder. She was able to provide basic information on sensory processing and support the mother in contacting early intervention for a screening. Mom was provided with techniques to use with her daughter and has made changes in the environment that have resulted in significant positive changes in her daughter's behavior and temperament. Mom says that she has seen a growth in the child's development now that she can adapt to her child's needs, and has expressed appreciation that her home visitor listened to her and acknowledged her concerns.