

Home Visiting Voice

A New Resource

Welcome to Nevada Home Visiting's newsletter! We will be producing the newsletter quarterly. Electronic copies will be sent to all implementing agencies to distribute to home visiting staff.

Each issue will include news pertinent to home visiting, as well as information, ideas, crafts, or recipes to share with your families. There will also be space dedicated for you to submit your ideas and any news from your agency. A training and event calendar will be included, as well as any updates from the Health Resources and Services Administration (HRSA).

A segment on our ongoing Continuous Quality Improvement (CQI) process will feature benchmark progress, any notable trends, and success stories from YOU!

Nevada Home Visiting hopes to promote more and better communication with our implementing agencies, starting with our monthly update calls with each agency, and this newsletter. We are always available to address any questions or concerns; please call or email us at any time. If you have training ideas, questions or requests, please let us know! We are here to help in any way we can.

> homevisiting@health.nv.gov 775-684-4285

Blocks help develop fine motor skills, spatial determination, learn colors and shapes, plus they're fun to knock over!

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Inside this issue:

The Future Begins with Now	2
PDSA on our CQI	3
For Home Visitors	4
For Parents	5

Evaluation Kick-off

The home visiting program expansion has an evaluation requirement as required by HRSA. The evaluation question we selected has to do with supporting staff retention in the rural areas.

NHV contracted with Yale New Haven Health to provide evaluation services. The team visited Nevada for a kick off meeting. The evaluation process is important to provide guidance for future improvements to home visiting programs nationwide. The Formula Grant funded agencies already participate in a national evaluation that will hopefully encourage more funding at the federal level. Home visiting changes the future for families!

The Future Begins With Now

There's nothing like seeing the smiling face of a happy, healthy baby. The openness, innocence, lack of fear, absence of guile, and unbridled joy over the simplest things can warm even the coldest, most resistant heart.

When we look at a child we see a future in suspension. And that's what your work is about; attempting to secure a workable future for today's at risk children.

Your work isn't easy. You can't simply make good things happen for a child; you must influence a parent to provide what it takes to create a viable future, and that can be a tremendous challenge. It's really about a person's willingness to change. You know how difficult change can be, even when it's desirable. If you've ever tried to get back in shape, quit smoking, lose weight, or be a more patient person you know firsthand what an ordeal personal change can be.



Yet, in your work you are a change agent; it's your job to persuade a parent who may not know, nor initially care, that a particular attitude or skill needs improving for optimal early child development. Not all of your clients will be receptive to your excellent ideas. Breaking down defenses requires patience, empathy, perseverance, and resilience on your part, with the acuity to catch a "teachable" moment when it arises, so you can run with it.

The times you most want to preach, warn, discipline, or criticize are the moments when you most need to bring all of your restraint and wisdom to the foreground. Listening, connecting, understanding, and somehow identifying with an immature, struggling, or recalcitrant parent will take you further than all the brilliant techniques, theories, or recommendations in the world. You bring your whole self to work; your values, beliefs, attitudes, and emotions and sometimes you have to practice self-discipline and rise above yourself to be effective. When you walk into a home that insults your senses by sight, smell, or feel, and your make a fast adjustment to remain as neutral as possible, you are exercising your emotional intelligence (EI).

In Daniel Goleman's book on the subject, he compares what happens when we operate out of the amygdala, our ancient, hard-wired "danger" or emotion center, versus the results when we access the more highly developed part of our brain, the prefrontal cortex, which Goleman calls the executive center. Whichever part of our brain we use the most determines our "IQ," or Intelligence Quotient.

Consider walking into a chaotic home and what your first impression might be, or what you do when someone insults you or is rude. Do you immediately act on what just happened and defend yourself from the "danger?" Or do you stave off an unconscious judgmental or angry response (respectively) so you can take in more information? Do you ultimately respond in a neutral or objective manner?



Your ability to use the most developed and evolved part of your brain increases your options in dealing with others. Instead of knee-jerk reactions, you engage in selfaware, more rational responses; exactly what your work demands if you are to be maximally effective. The more you exercise your emotional intelligence, the more you enhance your ability to connect, relate, and build relationships that are sustained over the long term. *(cont.)...* (cont. from p. 2) The more you employ emotional intelligence in your life, the better you are able to manage your stress and be effective in high-pressure situations. When you take responsibility for your emotions, monitoring what you see, feel, hear, and say (to yourself, as well as others), the more inner peace you'll possess. You'll feel more confident about who you are and what your life and relationships are all about. You'll have less of a personal agenda and more understanding of others.

Taking time to communicate, sometimes repeating your major points, can help you create those "teachable" moments, not just for your clients, but yourself, as well. In truly connecting with others, you'll broaden your understanding of what makes people tick and figure out ways to influence them. *~Leslie Charles*



Leslie Charles is the author of seven books. Leslie's critically acclaimed <u>Why Is Everyone So Cranky?</u> thrust her into the media spotlight for nearly three years, making her a recognized expert on anger management and stress. She's appeared on all of the major TV networks, numerous magazines, hundreds of radio shows, and quoted in nearly that many newspapers, including a USA Today cover story. She was a presenter on emotional intelligence at Nevada Home Visiting's Fall for Learning training summit held in October 2014, and contributed this article to the Nevada Home Visiting newsletter.

PDSA on our CQI

Nevada Home Visiting is in the process of changing and refining our continuous quality improvement (CQI) plan. Since the basis of CQI is to change and refine processes as needed, we are doing just as we should!

Nevada Home Visiting will be your point of contact for technical support, data reporting, and all other topics related to continuous quality improvement.

Our statewide meetings will begin to reflect some changes in our approach to CQI, starting with an overview of the federal plan for continuous quality improvement.

NHV is utilizing the Plan-Do-Study-Act (PDSA) cycle as its approach to CQI. The PDSA cycle is comprised of small changes which are tested, the results studied for outcomes, and the changes either implemented permanently or further refined.

Because of this transition, there was no statewide meeting in January. We will be reconvening in May, when we will hear about your successes in your CQI "Plan—Do—Study– Act" cycle! NHV is prepared to assist you with this process!

Please call Evelyn Dryer at (775) 684-4032 with any questions or concerns.



The cycle for continuous quality improvement

SAVE THE DATE: Mark your calendars for the next Statewide Quarterly Meeting on FRIDAY, MAY 1ST. Meeting location will be either Carson City or Reno.

Staff changes

Lily Helzer, Home Visiting Coordinator, accepted a position with Chronic Disease in the Division of Public and Behavioral Health and we congratulate her and wish her well in her new venture.

Please welcome our new team member:

Melanie Lopez — Home Visiting Coordinator melopez@health.nv.gov Phone: 775-684-4273



For Home Visitors

Nevada 211

What: 2-1-1 is an easy-to-remember telephone number that connects callers to free information about critical health and human services available throughout Nevada.

When: Nevada 2-1-1 launched February 2006 and is led by State of Nevada, United Way of Southern Nevada, United Way of Northern Nevada and the Sierra, Crisis Call Center, and HELP of Southern Nevada. Since its inception, more than 260,000 people have benefited from this service that connects callers with essential information and referrals.

Why: Before Nevada 2-1-1, there was no single, comprehensive statewide provider of information and referrals for Nevadans. Because many health and human services providers offer specialized programs and services for those in need, clients were often confused or frustrated about where to turn for help.

Callers can access: • basic human services, food, clothing, shelter, rental assistance, utility assistance • physical and mental health resources, medical information lines, crisis intervention, support groups, counseling, drug and alcohol treatment, Medi-caid/Medicare, maternal and children's health information, insurance • employment support

services, unemployment benefits, financial assistance, job training, transportation assistance, education programs • support for seniors and persons with disabilities, home health care, adult day care, meal services, respite care, transportation, homemaker services • programs for children, youth, and families; childcare, after school programs, Head Start, family resource centers, recreation programs, mentoring, tutoring, protective services • volunteer opportunities and donations • support for community crisis or disaster recovery

Capabilities: HELP of Southern Nevada and Crisis Call Center serve as Nevada 2-1-1 information and referral centers. The centers are staffed by live, trained information and referral specialists. Service is available to 99.5% of Nevada's population including most cellular subscribers. Service is currently available from Monday to Friday, 8 a.m. to midnight, and Saturday and Sunday 8 a.m. to 4 p.m., excluding holidays. 2-1-1 is not a substitute for 9-1-1 (emergency services), 4-1-1 (telephone directory assistance) or other specialized hotlines or automated recordings. Those with hearing/speech impairments may access 2-1-1 services by calling 7-1-1. Translation services are available to those calling 2-1-1.

HRSA Archived Webinars



(Access links in electronic newsletter by holding down the Ctrl key + click with mouse):

Meeting the Needs of Native American Families in Urban Settings

http://www.mchb.hrsa.gov/programs/homevisiting/ta/training/needsofamericanindianfamilies/index.html

Intimate Partner Violence, Part 1: Critical Community Partnerships

http://www.mchb.hrsa.gov/programs/homevisiting/ta/training/intimatepartnerviolence/index.html

Intimate Partner Violence, Part 2: Empowering the Home Visitor

http://www.mchb.hrsa.gov/programs/homevisiting/ta/training/intimatepartnerviolence/ipvpart2.html



For Parents

"What's all the chatter about Baby Signs?"



Baby sign language is the use of manual signing to communicate with infants and toddlers. While infants and toddlers have a desire to communicate their needs and wishes, they lack the ability to do so clearly because the production of speech lags behind cognitive ability in the first years of life. Proponents of baby sign language say this gap between desire to communicate and ability often leads to frustration and tantrums. However, since hand-eye coordination develops sooner than acquisition of verbal skills, infants can learn simple signs for common words such as 'eat,' 'sleep,' 'more,' 'hug,' 'play,' 'cookie,' and 'teddy bear' before they are able to produce understandable speech. Each individual infant will develop the ability to sign at slightly varied stages in his or her growth. Before the infant will be able to sign, it is necessary for the infant to be able to focus on the hand movement and have the cognitive skill to link a certain gesture to an item, which is why babies will begin signing at various ages.

www.babysignlanguage.com

It's easy to get started signing with your baby!



Good for Moms & Babies

Breast milk is the perfect food for your baby! It provides health and financial benefits for mothers and babies.

Good for Moms

- Saves money in formula and healthcare costs
- Provides a special bond between mom and baby
- Burns up to 600 calories a day
- Releases hormones that relax mom
- Uses a natural resource
- Makes traveling easier
- Makes diapers less stinky
- Protects mom against cancer (less risk of breast, ovarian and uterine cancer)
- Protects mom against diabetes

Good for Babies

- Reduces babies' risk of ear infections
- Reduces babies' risk of stomach problems (less gas, constipation and diarrhea)
- Reduces babies' risk of allergic reactions and asthma
- Reduces babies' risk of SIDS
- Reduces babies' risk of childhood leukemia
- Provides baby with the most easily digested food
- · Promotes babies' healthy growth and development
- Reduces babies' risk of obesity & diabetes
- May give baby a higher I.Q. especially preemies

www.nevadabreastfeeds.org

Nevada Home Visiting

Nevada Home Visiting supports seven programs in six agencies statewide. Every week, dedicated home visitors connect with families, build on strengths, find strategies to overcome challenges, and help families get the services they need. In addition, home visitors also research new resources; learn more about child development to share with parents; conduct assessments to identify problems early; and provide moral support, friendship, and validation to mothers that may be isolated or overwhelmed. Research shows that home visiting improves outcomes for kindergarten readiness, health, development, and immunization rates. Families that participate in home visiting also show improvement in income and educational status.

Home Visiting Staff

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