**NHECC Infant and Toddler Committee meeting**

**March 9, 2016**

**UWGNH**

NHECC Result: All New Haven children, birth through 8, are healthy, safe, thriving in nurturing families and prepared to be successful lifelong learners.

Infant-Toddler Committee Result: The city’s most vulnerable families and caregivers have the knowledge and skills to support their children’s development beginning at birth.

Agenda

In attendance*: Ebony Manning, Tirzah Kemp, Yoo-Jin Chang, Elisabeth Teller, Karen Pascale, Betsy Weber, Christina Nelson,Kathy Hagaerty, Janet Alfano*

1. Introductions
2. Quick recap of work to date
   1. *Yoo-jin to share 2 gen work to date with the council.*
3. Committee Brainstorming:
   1. Here are just a few items/questions that have come up closely related to the work that we have either completed or identified as important that could help us identify our next steps:
      1. What about screening for maternal depression?
      2. Crystal Sessa-CES-D Project Launch New Haven, She is housed in pediatric settings. Maternal depression screenings are fairly standard.
      3. MOMS Partntership not exactly aligned-MOMS existing screening tool is more extensive than other maternal depression screening tools. MOMS primary intervention is based on group work/CBT, Stress Management groups. .
      4. New Haven Health Department division of Maternal and child health screens 800 people per year. Worker does healthy start assessment where there is a maternal depression screen. Lots of data collected, but it not shared in its aggregated form. Community should know all of this information. What do we do with it once we have it?
      5. What is the rate of maternal depression in New Haven?
      6. Can we look at maternal depression by neighborhood? Depression-cultural differences in willingness to talk about/identify depression. This is life. Stress, poverty. Etc.
      7. Wrap new haven presentation: care coordinators notice that when folks fill out depression screening, they answer the screen that they do not have depression. Later, once they have established a relationship with the practitioner, they disclose stories, descriptions of feelings that are associated with depression. Disclosure is based on trust/relationship with the practitioner.
   2. Cultural differences in disclosure of information. Not about the tool, but about the relationship with the practitioner. Just ask the question. It is imperative to make the language around mental health more universal. Messaging-what role can NHECC and/or committee play in this?.
   3. Is there a role for this committee to help promote this?
   4. Just asking the question-even among providers is difficult, but asking can help folks talk about the issue more. Check with MOMS clinician on the training that she provided at UWGNH.
   5. What services exist along the continuum of stress, moderate and severe depression?
   6. One significant problem is that insurance may or may not cover it. Commercial insurance/not covered in all settings. Example: CBC does not take commercial insurance.
   7. It is important to educate folks about some of the issues relating to the barriers to accessing mental health services. A few folks in New Haven will take private insurance. Lots of discussion about actually getting there and taking action about mental health.
   8. What role can faith based organizations play? There is a real opportunity to engage parents by combining mental health and the faith based community. Housing a ‘stress management’ group in a church.Some organizations have had success in group work in faith based organizations. Who is doing what in New Haven? New moms groups related to the stresses of being a new parent. Educate providers. Identify faith based organizations: Christian community action, 5 churches. Circle of security had the same issues around inconsistent attendance. Church on the rock. Kathy-who could we have talk about this. Bonita Grubbs? Who are the key players? Divinity school, would someone there have a broader view of fb. Connect with Kathy Hagaerty on someone who could help us figure out what the landscape is for faith based organizations in New Haven.
   9. What could a collaboration with Project Launch/CBC look like?  How can we support the work that they are already doing in the community?
      1. Crystal is in 3 different pediatric settings, screenings and teaching providers at CCA how to do ASQ. Also working with AOK on asq. Request ASQ kits. Requesting more interns because demand has grown and she needs help administering. She is training groups on ASQ and has a Powerpoint presentation.
   10. Tirzah-wellness committee/parent group-focus and framework, their children, their families, what evidence based programs. Why aren’t we training parents about their trauma, what matters to parents?, what do they want training to look like? We want to keep parent focus at the heart of our work.

How do we start to shape programs in the community? Dialogue with parents. Parents/brainstorming. Themes around 8 words: trauma, trust, wellness, relationships, etc. 10% of parents on the NHECC, how can the parents on the wellness committee connect to council. Health and wellness. Need parents to come to the meetings. Family strengthening. Parent ad hoc group-not enough participation. Lots of transition on nhecc. Tirzah will bring the parents messages back to the committee and the council.

* 1. Launch-state systems-how do we transform systems to make them more responsive to parents?
  2. Are there other non-traditional locations to screen?
     1. Laundry mat, outreach, salons-engage more fathers. Gary simpkins barber shop. Whalley.
     2. Back to school event, Beulah Heights
     3. Potential obstacles to maternal depression screening at non-traditional locations.
        1. Labor intensive-lots of time and effort. Quick screen or more involved.
        2. Spread messaging/in these locations, not the place for intensive clinical work/ invasive questions.
  3. How can we advocate for a more uniform process for referrals for services in New Haven?
     1. First steps-I/T Committee survey and discussion about referral process.
     2. Full report out on what we’ve learned so far to share with CTP.
  4. How can we advocate for better data collection and sharing between organizations serving families with young children in New Haven?
     1. Identifier/number at child care centers, Insure coordination between I/T committee, City and State. Oec strategic plan.

1. Next meeting Wednesday April 13, 2016
   1. Focus-learn more about the landscape of faith based organizations in the city of New Haven and how NHECC can engage communities better by connecting with faith based organizations.