Documenting and Providing Services to Expectant Families

Moderator: Hello, and welcome everyone to Documenting and Providing Services to Expectant Families. Tabitha, I'd like to turn it over to you.

Tabitha Temple: Thank you so much and welcome everyone to today's webcast. Of course, if Dr. Futrell returns, we will be happy to yield the floor to her so that she could provide her warm Head Start welcome to you. My name again is Tabitha Temple, and now I will pass the mic over to my colleague, Lindsey Hutchison.

Lindsey Hutchison: Thanks so much, Tabitha. Good afternoon or good morning, everyone – depending where you're joining us from. We are so happy to have you here with us today. And we are really excited to discuss with you today some amazing programs that are here with us and going to share strategies and best practices that they use in their programs for serving families who are pregnant – pregnant women, pregnant people, and expectant families. If we could just flip to the next slide. And while we're waiting for that, before we dive into the showcase of our grant recipients, I am going to provide a very brief overview of the Information Memorandum. And if we could go ahead and flip to the next slide.

Folks may be aware – and if you're not aware yet, I'm glad to share with you now – that the Office of Head Start released in Information Memorandum, ACF-IM-HS-22-02, near the end of February of this year on Documenting Services to Enrolled Pregnant Women. And this IM does provide some helpful overview of what the Office of Head Start is looking for and encouraging when it comes to documenting and tracking services for enrolled pregnant women and their families.

First, the IM – I'm going to give you a kind of a high-level overview of it – first, the IM talks about expectations for programs who have a system to record interactions with expectant families that document they've contacted the families and identified needs. Programs are strongly encouraged to track the type and content of services delivered to pregnant enrollees and their families. For instance, if a home visitor has a home visit with a pregnant enrollee, the program should track more than just the date the home visit occurred. We would also like to see that and strongly encourage the program to be tracking details about the content of that visit and the information that was shared with the pregnant enrollee. If we could go on to the next slide.

And programs are required to track attendance for enrolled children. Programs might use a similar system to track contact with expectant families or to take advantage of another system that they are using to track information on families to also track information and services for enrolled pregnant families. We can go to the next slide.

The next section of the IM really talks about the community partners, and making sure that we are understanding what pregnant enrollees are receiving when they are referred out to community partners. The Head Start Program Performance Standards does require that programs facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals to community partners, and the Standards list specific types of community

partners, specific types of services that we would like to see these enrollees connected to. As discussed in the IM, programs are strongly encouraged to document and track the services pregnant enrollees are receiving from these community partners. Going beyond that referral, after the referral is made, we would like to see that programs are tracking what happens. Does the expectant family receive any kind of service or support from that community partner? If so, what are they receiving? And having a written agreement in place between the program and the community partner, such as a memorandum of understanding, is one good strategy to promote that kind of information sharing.

And we know a lot of our programs have MOUs in place with community partners. This can be a good strategy if you're trying to understand more about the services for pregnant enrollees specifically, and the services they are getting from community partners. That is just a high-level overview of the IM. Like I said, I encourage, if you have not seen it, to go and take a look at it on the ECLKC. And I am so excited that we will spend most of our time with you today hearing more about really exciting programs doing really innovative things and interesting strategies with pregnant enrollees. I want to turn it back to my colleague, Tabitha, to take it over from here.

Tabitha: And I'm going to temporarily pass the mic to our leader, Dr. Futrell. She had a few computer issues, but she rushed right back so that she could welcome the Head Start community. Dr. Futrell? OK. Well, I think something happened with her computer again, but we will continue.

Now I would like to welcome our grant recipients to our virtual stage. Please turn your cameras on. Welcome, everyone. Thank you so much for joining us today. I know you are eager to share your approaches with the Head Start community. What we'll do is just have like a fireside chat. We'll talk about what you do every single day. And we'll also open the floor up for questions and answers. If you have questions that you'd like to ask our panelists, feel free to drop them in the Q&A panel. And then we'll answer as many as we can after our fireside chat.

OK. We will just get started. Is everybody doing OK? OK. Great. All right. My first question is for Olivia with Jimanist. Jimanist is located in Region Five, and we know that your program provides Early Head Start, home-based, and Early Head Start-Child Care Partnerships programming. Now, Olivia, can you talk to us about your program's approach to recruiting birthing person?

Olivia Anguiano: Well, all my name is Olivia Anguiano. I'm a prenatal life coach with the prenatal program for Head Start. We are located in Northwest Indiana and serve as Lake and Porter County. We have 20 slots for pregnant women. The way that we recruit every month is by going to places that target pregnant women, for example, WIC, the women's care center, hospitals, OB doctor clinics. We then speak with the manager, explain our programs and what we offer to pregnant women, and provide brochures for them to hand out to. We also recruit by going to high schools, middle schools, speaking with counselors about the program. Every place that we go to, we leave our business card at every location in case they want to directly refer a family or even a teenager to us. We have a direct relationship with the manager at the woman's care center, and they refer pregnant moms directly to us. They also allow us to recruit at their parenting classes by allowing us to give presentations about what we do. And we do applications right then and there. And our biggest partnership that we have is with My Healthy

Baby initiative, which is for Indiana. And they refer pregnant women directly to us. They offer pregnant women in all of Indiana prenatal programs like us to help with a healthy pregnancy and resources.

Tabitha: Thank you so much, Olivia. Olivia, and I know that you spent time pulling together really good information for us. Can you just tell me quickly what most excites you about the work that you do?

Olivia: I love helping people. I feel like it's just a – it's a rewarding thing that you can give, and you don't have to get back.

Tabitha: Well, this seems like a good profession match for you. I'm going to turn things over to Beth. Beth, can you share with us some information about yourself and your program and what your program does to recruit expectant families?

Beth Tilleson: Well, good afternoon, everyone. I'm Beth Tilleson. I am the Head Start director for the Cecil 11 Head Start program. We are located in Northwest Wisconsin, part of Region Five, and we provide services across seven counties. We're a really rural program. We serve 426 Head Start children and 251 Early Head Start children. 30 of those 251 slots are designated for expectant families. And out of that 30, 20 are specifically designed to provide services to teen parents. About 20 years ago, wrote a locally designed option that was approved by the Office of Head Start to provide services to teen parents. They – we offer comprehensive prenatal and postnatal services. And one way we do that is to have signed agreements with school districts, which allow us to provide services within the schools that we serve along with some home-based options, home visits, and socializations. We had to modify services to teen parents, because most of our teens are in school during the day. Providing a home visit at seven o'clock at night was not necessarily best practice for ourselves or for the teen and their child once the baby was born.

I think right now over the 20 years, we've seen a few changes. The biggest one is we are providing services, and this program is – I call it my baby because it's near and dear to my heart. But we are not seeing as many teen parents. That's a really great thing. While I still like to support the program option that we have. One of the unique things too is while we do talk to teen parents about birth control, we do see some of them making choices to have another child. That hasn't changed too much over the 20 years, but the rate of pregnancies I think has definitely gone down.

A large part of what we do is referring our teen parents to community. And through those referrals and through building relationships with our community partners, such as WIC and public health, connecting teen parents to primary health care providers, we built relationships, which in turn leads to recruitment. Between the school districts that we serve and the relationships that I think we're building with our community partners, our recruitment tool or our recruitment processes is fairly strong. We all know that individualization is key. And that what we find is that collective data guides continuous program improvements, and working closely with the school district to ensure that the teen obtains that high school diploma or the GED, depending on what program they are enrolled at is one example. I think of the individualization and the success that we've had with the program.

Our home visitor helps the teen parent develop goals for themselves and their baby when they deliver. And I think that the ability to provide those comprehensive services enhances the quality and the sustainability of this unique program. Like the saying goes, takes a village, and Head Start is a wonderful village to be part of.

Tabitha: Beth, thank you so much for your response. I noted that you said 20 years ago, like this is the model that you created 20 years ago. We know it's so important to keep a pulse on the community to find out, “OK, is this still a need? Like, is our services still responsive to what the community needs?” What you said, there has been a drop in pregnant teens. What is the program doing?

Beth: We're still providing those services. We had big plans when we first started with providing services to teen parents. Like I said, we are spread out over seven counties. We had one person hired to provide services to teen parents. That did not work, though. There were too many teen parents. We've morphed the program as we've gone. And we have made changes to our service area. We started out in Dunn County specifically because we had a high school that had a day care center, a child care center within that high school. We found that we had – we were missing out on some teen parents. There were other school districts that had teenagers that could use our support. We expanded through the schools and Dunn County. We looked into doing – providing services in Chippewa County, and we expanded to that service area with those school districts.

Throughout our 20 years, we're consistently looking at what's out there. Where is the need? Who needs us, and where should we move those services to ensure that we're doing what we can to support pregnant moms and dads? We've had teen dads enrolled in the program as well.

Tabitha: Thank you, Beth. And I'm so appreciative of you talking about pulling in the fathers into this picture. Critical in terms of a holistic service delivery. We're going to take a quick commercial, and I don't want my guests to go anywhere. Please stay on camera, but we're welcoming to our screen Dr. Futrell. She's persistent. She wanted to join us. I'll turn the floor over to you just to welcome our Head Start community.

Dr. Bernadine Futrell: Thank you so much, Tabitha. I'm hopeful that my audio is coming through OK. Thank you. And thank you all so much for all that you are doing. I am just so proud and honored to be doing this work, this Head Start work, and to be a champion for each and every one of you. Almost 1,000 people online. We are champion for your work as well as the panel that is presenting today. And this IM is so important. not only for me as I think about the impact that it will have for so many Head Start children and families. But I have to be a little selfish and personal on this one. And as I think about my own experience as a mom – I have two children, Michael and Melony, 7 and 9, and both experiences through pregnancy and birth were very traumatic, if I could use that word. But I'm thankful they're both healthy, and they're OK. But I wonder all the time if someone would have doubled back on my question or pause and checked in to see if what I was saying was something that should be looked at, or if I may have had somebody that just kind of communicated differently.

I am thankful – and Beth said it earlier – I'm thankful for my village – my sisters and aunties and everyone who checks in with you. And I think that's why I can say it as it testifies, so to speak, to

my children are healthy. And we came through those experiences. OK. But unfortunately, for so many women, particularly Black women, women of color, maternal health is a challenge, and there are hurdles that we still need to address and accomplish.

And for all moms, it's such a critical and vulnerable space when you don't know what you don't know. And the Head Start community shows up in a way like that family, like that village, like that community, and we not only are able to be comfortable and confident in the decisions and the conversations that we're having with our medical providers. But you have somebody backing you up. You have support. You have somebody to double back and ask that extra question too. When the team and Tenicia – I don't … she's not on the Zoom – but Tenicia was a part of writing this when they started drafting this IM and the toolkit, yes, for compliance and yes to ensure that we are following the Head Start Act.

But when I say Head Start is heart work, and when we talk about the heart work of Head Start, like this toolkit, the IM, all of the things that are in it, I'm really just telling the story of what the Head Start community has always done. For us to be able to pull it together and say, "Now, here you go." In case you are wondering if that's still the thing that's still impactful, or maybe you're looking for different ways or maybe your population is changing and now you have this new opportunity to serve and connect with expected families. And I am so pleased with the work from the team, but also the stories that are captured.

And as I close it and I'm going to turn it back over to the panel, the reason I kept pressing to get on after my computer crashes, because I really wanted to be able to add my voice to this conversation to say this is important work. This is significant. This is the work that we do. We are Head Start. And you can't get to school readiness if you can't have healthy life, healthy experiences. And we know that it starts so early. It's before our little ones even show up. And for anyone that's a parent on this Zoom, you know those are the things that kids pick up when they're 2 days or 2 weeks or 3 years, or what have you. It still shows up whenever I'm around my sisters. We all kind of go back to what we were like when we were 7. OK?

Who you are, it's an imprint, and we want to make the most positive imprint possible. And partnering with families and really just reminding our expectant mothers and expectant families that it's OK to ask questions. It's OK. That's what you're supposed to do. And on the other end, is to remind them – us – that you are the expert on yourself and this new baby that's coming, and in that empowerment and that connection. I'm excited about this IM. I want you all to use it. If there's things that you know you want to do – and we're hopeful that this IM opens up opportunities to do things with your American Rescue Plan funds or any of the funding within the allowable expenses for Head Start – to do it because it's about saving lives.

And it's an unfortunate reality that young children, children who live below the poverty threshold, children who are Black, Indigenous, Hispanic, Latina, children of color, unfortunately have higher infant mortality rates. And we as a Head Start community, we have been commissioned to serve and connect with those families. And that's what this IM is about. And that's what this IM allows us to do.

I thank you again. My heart is full. My hat is off to all of you for doing this significant work. Saving lives and impacting communities for generations that we can't even measure. But I'm proud to do this and support you all in this work. Thank you.

Tabitha: Thank you so much, Dr. Futrell. And you're getting all kinds of kudos in the chat. We have a Head Start community saying thank you for prioritizing this work. Thank you for making it a priority, making it important. Thank you. Thank you. Thank you. Isn't it incredible to have a leader with lived experience? She doesn't just bring knowledge. She brings passion and experience. Thank you so much, Dr. Futrell.

All right. Let us turn back to our conversations with programs that do this work every single day. Nancy, I would like to yield the floor to you. I know that your program is using unique approaches in providing services to expecting families. Please share with us information about your program and what your program is doing.

Nancy Villarreal: Thank you. Good morning. I'm Nancy Villarreal, and I work for Los Angeles Education Partnership, and I am the Early Head Start director. We are serving 188 families from two different communities. And out of those 188 families, 25 families are pregnant families. As we grew in this field with the pregnant individuals, we created a new position to serve specifically the prenatal families. And we created a prenatal coordinator who is in charge of providing services individual to the prenatal families in our program. I'm going to transfer to Janeth so she can talk a little bit more about our prenatal coordinator and the wonderful things that she does for our families.

Janeth Moreno: Hello, good morning, [Inaudible] and good afternoon to others. My name is Janeth Moreno. I am the early childhood division manager. As Nancy explained, we created a new position, which is our prenatal coordinator, to support those families and the staff, more of a one-on-one or group setting as we're working with the families and making sure that we individualize their needs and making sure that we're meeting their needs. She meets with expectant families. She also supports the families through prenatal stages before and after pregnancy. The way that we do this, our coordinator is a breast counselor, certified. And she does provide those visits to the new families to support that lactation, any questions or concerns that come up in that area.

She does perform a monthly prenatal support group where we bring different topics to discussed, and we'll bring presenters from other hospitals or programs as well. She is creating what we're calling expectant family guide. More common questions, topics that come up during the visit that way the ECEs or early childhood educators, they could address them when they're there instead of waiting for her or with that contact back and forth. We do different forms with them, PH29, [Inaudible] assessment. We create goals with them through their pregnancy and making sure that we're supporting them not only for that stage, but also after they have delivered the baby. Our biggest approach is making sure that we're providing quality services to them. Making sure we're intentional as we're walking into the homes and making sure that not only the ECEs, but the family also have that support added to it.

Tabitha: Thank you, Janeth. And then hi to your little one who's at home. Hi. Janeth and Nancy, one thing that I just like to highlight that you shared is your program's responsiveness based on

the needs. You actually created this new position. You didn't say, “OK, we'll just pass this off to someone else.” She said, “OK, we want someone focused on this work.” You hired a prenatal coordinator – Actually, I love that title – to really focus in on providing these services. I appreciate you really lifting up that position.

Nancy: Thank you.

Janeth: Thank you.

Tabitha: You're welcome. Emily, we're adding all of these tools to our toolbox. And we're curious about your program. Where is your program located? How many pregnant persons do you serve, and what is your program's approach to providing services?

Emily Clem: Thank you, and thank you for inviting us. We're very grateful to be here. This is such an important topic because as we all know pregnancy is a moment of hope, opportunity, and transformation for people, especially if they've experienced hardships as many folks spoken about today.

My name is Emily Clem. I'm the family services supervisor for the home visiting program at Head Start and early learning programs of Community Action Pioneer Valley in Western Massachusetts. We have 318 slots. 318 Head Starts slots, 120 Early Head Start slots for a total of 438 slots. 62 of those are Early Head Start home-based slots and 7 are Head Start home-based slots. For our pregnant folks, those would be the Early Head Start home visiting slots that are available to folks who are pregnant and qualify for our services.

Within our program, we provide a team approach, utilizing professionals who specialize in complex areas of need for families, such as mental health, health, nutrition, and other areas that they may need. All services that we provide in our program are grounded in the Brazelton Touchpoints Approach. The services are strength based on our parents' expertise and are steeped in developmental, relational, and culturally-informed tenants. The Brazelton Touchpoints Approach is an evidence-based way of working with families that promotes the social and emotional competence and health of very young children and their caregivers.

The facilitation of the approach offers participants critical tools that support and expand their mastery. This is all to say that everything we do is in service of the relationship between parent and child even prior to the child being born. Through our Touchpoints Approach, we're able to support the expectant parent as the expert on their pregnancy and their child before and after birth. All of our home visitors are also trained in the neonatal behavioral observations system, which is also developed by Dr. Berry Brazelton and his team, often referred to as the NBO, is based on a deep understanding of infant development and is a clinical relationship building tool for a wide variety of child and family serving professionals. Not just limited to Head Start or home visiting. And it's meant to help parents understand their baby's language, especially in that really critical time that is often marked by vulnerability. This tool allows us to use specific behaviors of the infant to support that relationship between parents and child, parents and their newborn during this vulnerable time.

And an example of this from my work is when I completed a visit with two new parents. During the NBO, we attempted to see how their 1-month-old was able to visually track a ball, which is

one of the pieces of this observation tool. And when the dad began speaking … We had both parents, and it was a mom and a dad. And when dad began to talk, their little one immediately moved from the ball and is focused on dad, and he lit up – the little one did. And of course, dad did too. And the … All of our approach focuses on that relationship. Instead of focusing on "Oh, we really needed him to track this ball," we highlighted how their little one was focused on dad. Like it really showed the strength of their bond already. Within one month, and he already has such strong bond. "And this is dad, this is mom. These are my favorite people ever." We use that as an opportunity to highlight that bond. And this was such an illuminating experience.

I think somebody spoke earlier about involving fathers when you do have an opposite sex parent relationship like that, involving fathers in this process. And this was just such an illuminating experience for dad. And he walked away saying, "You know, that's my little buddy. We love each other. It's because we love each other." And you could tell he just felt so strengthened in this bond that he had developed with his 1-month-old. And we were able to continue using this tool in this experience to build upon their relationship as their little one got older. And I'm happy to say to this day, they still bring that experience up.

This was just a nice story that sticks with me, that points out one of the many ways that using the NBO and using our touch points approach really supports our work with families.

Tabitha: Oh, Emily, there's really so much to unpack around what you just shared. I mean, you started off talking about pregnancy should be a time of hope. We know that that's not true for all of our families. You went on to talk about what your program is doing to just build on that hope. And to make sure families feel joy and then to include the partner in the equation and to make sure the partner feels like they are important. Relationships are key to development. Anybody in that circle that is loving that child and providing support to the birthing parent, we want to make sure we include them. Thank you for demonstrating all that in your response.

OK, now I'm going to turn it over to Penny. We've had so many of our guests talk about how they actually provide the services. I want you to talk to us about the documentation. What do you do to document the services provided and how do you use that information?

Penny Holzwarth: Well, welcome. Thanks for coming and listening to us. My name is Penny Holzwarth, and I provide direct services for a school-age parent program in Northwestern, Wisconsin.

In our data collection, it starts right in the beginning of our relationship through our enrollment process. We ask about insurance. Does families have a medical and a dental home? We complete a prenatal health history. We complete a nutritional assessment. And we also ask about prescription and recreational drug use. Just to name a few. But what's really unique about our locally designed option for teens is that we also track their educational needs and their graduation progress. By utilizing this data, we'll be able to individualize our program to meet the needs of our families and their goals as well.

For example, in our school-aged parent program, we identified that four teens had not attended school for a whole year. And we were able to use our community partners with the school district to reconnect them to an educational system that worked for them. That was

important to us. They were able to utilize an online option or an alternative high school option. But they're on the right track. We're happy about that.

Another thing that we discovered is our teams were missing prenatal appointments. And we asked the question why, and it really wasn't due to access to health care. But actually, it was that they felt intimidated by their providers. And they felt that their concerns and their questions were often dismissed. And they wouldn't attend all those prenatal appointments unless they had a parent attend with them. We took that opportunity to speak with our medical partners and to be a voice for our teens to heighten that awareness so they can better meet the needs of our young families. And that's our hope that'll improve the quality of care that they deserve in the future.

Another area that we look at is employment and secondary education opportunities. Once our teens get out of high school, they really don't know – or we found they didn't know – how to access more information about, "What do I do now? I want to go back to school. I can't find a job." And they didn't know how to do that. Again, we relied on our family partners, and we talked with the workforce resource center. It's our local job center. And they came right alongside our teens and they … I lost my spot. Sorry. I'm nervous.

Tabitha: You're doing great

Penny: But they came alongside our teens and help support them by developing a career development plan and help develop job skills. But more importantly, a lot of my teens were able to access funding for higher education opportunities and financial resources to help obtain them. Data has really been helping us be more intentional as a program and to stay current with the ever-changing needs of our youth and our community as a whole. And I think it was so nice hearing that the new memorandum is about community partners because our program really works hard on those relationships. Because we don't want to be the one all, be all for families.

We are with families sometimes for such a short amount of time, and in order to have that sustainable support, we really rely on our community partners for that. Data is helping us. Even though I don't like data – I'm sorry. Did I say that at this meeting? I think I did – but it does help us be intentional. And ultimately, using that data to help us provide better services. It's been good.

Tabitha: But you know what, Penny, even though you say you don't like that, and let me tell you something, you said something that was so powerful, you said, "We know that we looked at our data, and we noticed that a number of our teens, they were missing their doctor's appointments." And then you said, "Well, we started to investigate, 'well, why is this'?" Come to find out, they felt intimidated. That to me spoke volumes and that gave you a direction, gave your program a direction to go. And I think many of us can resonate with that.

I remember when I was pregnant with my youngest son, and I was like, "Something is wrong. And the doctor was just like, "Oh, you're OK. You're just stressed out. Just lay down." And I was like, "No, something is wrong." It took all my courage to say that. I had a master's degree. I was in my thirties, and it took, like, I had to force myself to argue with the doctors, and come to find out, they couldn't detect a heartbeat, and I had an emergency C-section. I just think about how

I felt and then how the teens enrolled in your program felt in terms of that intimidation and what medical providers could have been missing because they weren't showing up to appointments. I appreciate you sharing with us how you use that data.

OK. I'm going to turn the floor over to LaDonya. LaDonya, we're going to continue this conversation with you. And talk to us about your program's use of data to inform community partnerships and also CQI – continuous quality improvement.

LaDonya Powell: All right. Hi, everyone. I am the LaDonya Powell, and I work as the director of health services for a Jimanist Head Start. We are located in Northwest Indiana. I'm serving two counties, Lake and Porter. And as my colleague Olivia mentioned earlier, we are funded to serve 1,504 Head Start and Early Head Start slots. Out of that number though, we have 20 slots for supporting expectant mothers.

Our program has tried very hard to focus its attention on collaboration with external partners whose visions and services align with ours. In order to assess the impacts of our partnerships, we felt that the best approach was to get external support by way of partnering with a data consulting firm.

I think it's super important to note that if you're not comfortable with data analysis – because again, as I just mentioned, there is some intimidation in that concept – if you're not comfortable with there, there are resources out there. Get help wherever, whenever you can. With that data consulting firm, for the past four years, they have been able to help us analyze the results of our engagement efforts with various community organizations. They have produced a community assessment and also a digital dashboard that helps our program – I'm sorry – that our program reviews monthly as a team. It's been really, really insightful and exciting to have this digital dashboard access because it really gives us real time stats on the types of services and resources that our expectant mothers may need at any given moment.

With that data, we are then able to identify the community agencies to partner with. For example, we noticed that there were a number of our expectant mothers that had limited food resources – and not just expectant mothers, but the program at large during the pandemic, especially – so limited resources for our expected mothers. And as a result of that information, we partnered with several local pantries to provide weekly a grocery bag giveaways for several years. Again, using the external data consultant group has been exceptionally helpful, and I encourage everyone to definitely use those resources if you can find them, if you don't have a comfort level with doing data analysis on your own.

Tabitha: Thank you, LaDonya. And I know we were having a discussion before the webcast, and I was like, “Ah, I wish we could have recorded it.” And Dr. Futrell was a part of it too. And we were just talking about the importance of, if you don't have certain expertise within your program, go find it. You decided to do that through a consultant firm, and you were able to use that data to identify, what were they gaps? What was missing? What did the pregnant persons need? Thank you so much for sharing how you were able to use your data.

OK. June, you've been so patient. I know you're so eager to share with us, to help us add tools to our toolbox. Can you share with us your program's approach to using data?

June Lynds: Certainly, thank you, Tabitha. And I want to thank you again for this wonderful opportunity to be here with everyone. My name is June Lynds. I'm the family services manager, and I work with Emily at Community Action Pioneer Valley's Head Start and early learning programs, and we're in Western, Massachusetts.

As Emily said earlier, our approach prioritizes collaboration and relationships, and all of our services are informed by data. Every year, we look at a wide range of community data, including birth rates and birth risk factors. We always prioritize those who need us most. Expectant parents receive higher points to ensure that we are able to prioritize their needs for service.

In the last several years, our data showed a very high rate of opioid use and deaths in our service area. Many families suffered from substance abuse, substance use disorder, and there were, and still are, limited residential care coordination for pregnant or parenting people. This is where our strong partnerships come in. Our participation in the Prairie Natal Coalitions in all three counties in our service area is one crucial effort in making sure we are reaching out to programs who can refer to our Head Start program. In fact, one of our Head Start infant and early childhood mental health consultants was an integral part of starting one of these coalitions.

It is through these community coalitions that we became connected with Moms Do Care, a program that works with pregnant and parenting women with substance use disorder. We have established a close working relationship with this program, and we now receive regular referrals through them. Once we get the referral, we enroll that individual in our home visiting program. A home visitor and the whole Head Start team then support the participant. There's still so much stigma against pregnant women with substance use disorder. And our strength-based approach helps us build trust with the expectant parent, all in service of her recovery and family well-being. As Emily said earlier, in our approach, everyone works together.

Our health specialist, a registered nurse, is our program representative who goes to monthly care team meetings to help support Moms Do Care program participants and meeting any additional needs. One example of how our collaboration works is we had a pregnant parent in our home visiting program who was experiencing severe postpartum depression, and would not let anyone other than the home visitor into her house. Through the Moms Do Care coordinator, we were able to get the woman a telephone appointment for the Massachusetts Child Psychiatry Access Program for Moms for evaluation, for antidepressant therapy. The parent had a decrease in symptoms once medication was initiated. The child eventually transitioned into one of our Early Head Start center-based classrooms and is now in a Head Start classroom. This parent is thriving today, and she still expresses her thanks to us for that intervention after the birth of her baby.

Since this program started in 2018, we have been able to support several pregnant parents through Moms Do Care. Before the pandemic, we were enrolling 17 to 18 pregnant people a year in part due to these referrals. We are extremely proud of and committed to this very important work. Thank you.

Tabitha: June, I'm trying not to cry in front of all these people. That story you told about your services in action. Just, whew. That was a lot because I can just imagine how surrounded by

care that parent felt. You literally wrapped yourself around that parent. And you said, “I got you. I got your child. We are going to support you.” And just to think about the continuity of services from services to her, and then for her, then the Early Head Start and Head Start, what a testament of just Early Head Start programs just doing a great job. Thank you for that June.

June: Thank you.

Tabitha: OK. And then I'm glad that you mentioned a substance use disorder, and I'm going to share with everyone at the conclusion of our – towards the conclusion of our webcast, a direction to go to get more information. Thank you so much for bringing up how your program is responsive to that need as well.

OK. Well, grant recipients, guess what? We have a lot of questions for you. We wanted to make sure that you have the time to be responsive. We're going to start with … I think it's Beth. Beth, there is a question for you. And now you were sharing with us your teen parent program. Mary wants to know, are the children present in the school setting?

Beth: Not always. When we first started, one of the high schools did have a day care center. We were able to do some more home visits or some education with the children present. That no longer exists. And when we meet with the teens, typically it's the teenager themselves when they're at school. And then when we do the home visits, of course, the child is present. We offer socialization opportunities. We do those twice a month. That's part of the locally designed option. That's when we're bringing in teens with their children. If the baby is born, it's a great opportunity for the teens to get together and share stories and kind of talk about what it's like to be in high school and trying to parent or in high school and pregnant.

Tabitha: Thank you for your response, Beth and highlighting how you create a community among the parenting teens. OK, great. There's another question about – and Dr. Futrell mentioned this in her welcome – our data is not so favorably across the country when it comes to maternal and birth outcomes for Black women. Christina is interested in knowing how programs are addressing services specifically for Black, brown, and Indigenous expectant parents? And anyone can respond.

Nancy: I can share a little bit. Like for us in Los Angeles, as you know, our population is very diverse, so we try to be very culturally sensitive to all the families. We partner with various agencies around the community that are working with the families and individualized services according to the family.

Tabitha: OK, thank you. Nancy just talked about how they customize services to meet the needs of every single expectant parent enrolled in the program. Thank you. There's a question about curriculum. What type of curriculum do you use?

Nancy: For us, we use Partners for Healthy Babies.

Tabitha: OK. And can we have some other curriculums too?

LaDonya: We're using March of Dimes.

Tabitha: March of Dimes. OK. Anyone else?

Penny: We also use Partners for Healthy Baby. It's a very well-rounded, comprehensive, curriculum that meets both the family services needs, to mental health needs, to caring for babies, parental guidance, and alongside to ages and stages. We really have found that to be a good fit for our program.

Tabitha: Thank you, Penny. OK. This question is for Emily. Emily, did you say the training was the NBO? Can you please clarify the name of the training you referenced?

Emily: That tool is called the Neonatal Behavioral Observation System.

Tabitha: Thank you. And Emily, can you share with us now? I'm trying to remember what she said. Did you say that your team received training in terms of how to use that tool, or does a specific person administer that tool?

Emily: That is a tool that was developed by Dr. Barry Brazelton and his team. The Brazelton Institute are the folks who typically are providing that training and have that information available. I would encourage that person to look into the Brazelton Institute. But yes, we did have all of our home visitors trained in that approach.

Tabitha: Thank you, Emily. You got that question three times. Folks are curious. They want to know …

Emily: Do I have to answer it three times? [Laughs]

Tabitha: No, but thank you. That's something that people caught a hold of, like they're interested in learning more.

Emily: The Brazelton Institute has a lot of wonderful tools available, so I encourage that.

Tabitha: OK, thank you. There's also a question about how do you actually document the services provided? What do you use? Do you use what you use to document services for children enrolled in the program? Talk about that please.

Beth: As a program, we use ChildPlus as our database. Our home visitors are entering all their home visit information right into that system on a regular basis. It's got some unique features where you can put in all of your home visits – your scheduled home visits – and then update them when they're completed. And then, of course, we've worked to create specific dropdowns that are specific to our program, definitely in relation to the teen parents if we want to gather different data than we're gathering on our adult or out of high school families. We found it to be extremely, extremely useful.

Tabitha: Thank you.

June: And we're very similar except for we use My Head Start, and all the home visitors enter their home visits into that section of My Head Start. Services delivered are entered into what we call “services.” And we have specific categories that they choose from. All like information on benefits of breastfeeding and substance use, all of that, is specifically entered as a comprehensive procedure for them to enter it so that we can pull data from all of that and see any progress as it goes.

Tabitha: Thank you. They're all quite a few questions about curriculum. Someone wants to know how many programs actually that are on the screen use our parents as teachers. OK. Nancy, Beth. OK. And how is that working for the program and for the families?

Nancy: It's working well for us because it also has – this is not just for prenatal, but for the whole families. And as many of our colleagues in here, after the babies are born, they go into our program. It's a continuous tool that we can use. We also use responding to the pressure and assessment for the mothers and families that once they have their babies, and there's a lot of tools for the partners for healthy babies. And what we found really helpful was for us in Los Angeles, there's a lot of Spanish speaking families and the curriculum has the Spanish too. You can have all the tools download in Spanish and in English.

Tabitha: Thank you, Nancy. And we have some really like, how do you do this? How do you document questions? It's asking when you document services, do you document everything such as you know? "Oh, I called the parent and I just checked in." Do you document everything? Do you also document like health, medical visits? Can somebody talked to us about the extent to which you document interactions between the program and the expectant parent and expectant parent and interface with the community resources.

Janeth: For our program, once the expectant mother gets enrolled into the program, we create different forms at initial home visit. But throughout their pregnancy in our program, we have what we call their prenatal tracking log, where they track month by month, what appointments they have, what appointments upcoming, what kind of tests are coming depending on their trimester that they're in. We track it that way, then that is input into Child Quest to make sure that as management, we could go and see what other topics to bring in or what to bring into the family. But that's the way – how we're tracking the information in a continuous ongoing way.

Tabitha: Thank you. Thank you so much, Janeth. This has been very helpful. Listen panelists, you're getting all kinds of kudos in the chat. Everyone saying this is extremely useful. I want to just ask you to answer a few more questions. I've dropped some resources that I was going to share with you live, but I just, I feel like we need to spend more time with our programs.

There are some links to some excellent resources that you can use in strengthening your services. Let me just pull a few more questions for you here. OK. OK. Health paperwork. OK. A pro – so someone is saying they find it difficult to get the information from the medical appointments. How are you actually able to partner with the pregnant parent to get this information? Can you discuss strategies?

Nancy: For us, we created a different form because sometimes the clinics do not like to fill out extensive forms. We created a one page that we utilize. But also, we do have a lot of good partnerships with the local clinics. Just get that information from the first time that we visit the families, what clinic are you going? And then we start doing – building relationships with those clinics. Introducing … We have, like we said, the prenatal coordinator can go and introduce herself to the clinics and support the families that way. We like to empower parents a lot in advocating to receive those documents because those are by law. They have to receive them. Many claimants they just tell you all, "We're going to charge you 25 cents per page." When they

come out with those answers, we say, “OK, here's the one page. You don't have to print it from your printer. We will give you the one page. Just fill out the information.”

Tabitha: OK, thank you, Nancy. OK, panelists. I'm going to ask you to do something. We’re at our time, and I want everybody to make a heart. If you can make a heart for me, and I just want to make a heart because we're extending our hearts to the Head Start community and thanking you for doing this hard work.

I'm extending my heart to our panelists. Thank you so much for taking the time to share with our community. And we appreciate our Head Start community, and thank you. Thank you. Thank you for joining us today. Everybody take care and enjoy our resources. Bye.