

Welcome, everybody. Good morning or good afternoon. This is Sherrie Rudick. I'm the product coordinator for Home Visiting Impact, excited to welcome you to our first webinar. Please sign in and let us know your name, state, or territory, and region. I see we already have some people who figured out where to do that. So in the left hand side of your screen, you should see a box that says, let us know your name, state, territory, and region. Type your answer here.

OK, so please-- everybody typing like mad there. Welcome again to this first introduction to the Home Visiting Impact webinar. We're going to be recording this webinar so it can be accessed on the HRSA website for future viewing. And we'll begin the webinar in just a couple of minutes. We see that people are still signing in, accessing the link, and putting their name, state, territory, or region in the box at the upper left.

So welcome, everybody, to the webinar. Thank you for signing in. I see people from all around the country. So it makes me glad that I said not only good morning or good afternoon, but also good morning. It's 1:02 PM here on the East Coast. But we have people from all different time zones. So some of you are still having morning where you are.

Welcome to the webinar. We're going to give it just a couple more minutes for people to sign in. And then we will get going. So I see lots of region 7, region 5, region 9, region 4, region 3, which is where I am physically.

If your speakers are not muted, would you please mute your speakers? I just heard an echo, which we definitely don't want to have. All right, we have 37 people who've managed to type their name, and about another 20 who are probably typing like mad right now. We'll give it just a couple of minutes. And then we will get started. OK, 41, all right, shall we start?

Sure. I'm Joanne Martin, project director for the Home Visiting Improvement Action Center team, or HV-ImpACT. And I am delighted to welcome you to this first HV-ImpACT webinar. And I want to give a big thank you to HRSA for making this opportunity available to us. And we will be having more webinars. So you can look forward to that.

The purpose today is to introduce HV-ImpACT to you. We're the new federal programmatic technical assistance provider. And during the next hour and a half, we're going to introduce the partners and staff that we have, describe two types of TA that we will be providing to help you be successful. We're going to talk about the various components of how TA fits together and ask for your feedback on what has been helpful in the past and suggestions about the TA that you will receive from us.

And it looks like we have Dr. David Willis with us. And I am so pleased to welcome him. Dr. Willis is director at the

Division of Home Visiting and Early Childhood Systems with the Maternal and Child Health Bureau at HRSA. And he will share with us some of his opening remarks. David?

Yes, hi, everybody. Can you hear me?

Yes, perfectly.

Because I have an echo here. I'll just have to ignore it. So welcome, everybody. This is very exciting for us. The federal home visiting program is really at a crucial time in its history. We've had such growth across this country to communities with tripling the number of participants, quadrupling the number of home visits. And we've seen such dramatic increase with touching over 2.3 million home visits over this last four years.

We continue to make such a difference in the lives of children and families. Our data from state and territory grantees in 2014 show that an overwhelming majority of our grantees showed improvement in our program, or of our six benchmarks, which is really something that I'm incredibly proud about.

Because of all the success, it's occurred as a strong bipartisan support and for our hopeful sense of continued support moving into the future. Now let me describe-- some of the challenges we have ahead, such as our heightened focus on our outcomes and our impact, as well as our system building and our data collection and management, our fidelity capacity and our quality improvements, really requires that we work strongly together with our TA activities and as a collective team to meet these challenges.

So this new programmatic technical assistance provider that we're calling our Home Visiting Improvement Action Center team, or Home Visiting Impact, is really a thrill. This Home Visiting Impact team will be led by the Education Development Center, known as EDC, in Waltham, Massachusetts, along with four strong partners, that is Georgetown University Center for Child and Human Development, Change Matrix, American Academy of Pediatrics, and Brigham and Women's Hospital. This team has been assembled who is very eager, experienced, and exemplary. I could not be more pleased.

So as we talk about the importance of TA from HRSA's perspective, and how happy HRSA is that the HV-ImpACT will work with our project officers and our state territory grantees, and how important it is that our TA contracts will be collaborating closely, I just want to note a few areas of importance. One is that we'll be using TA to build on our benchmarks and on our new performance system. Secondly, it's important that we'll be using data and CQI methodology to demonstrate impacts of our technical assistance efforts. Three, we want to build on our TA efforts from our learning from our Home Visiting CoIIN activities.

And fourth, we'll be working closely with our other TA centers, that is our tribal TA, our Early Childhood Mental Health Consultation Center of Excellence, our Home Visiting CoIIN activities, and other TA centers really to the

success of our program. So, again I'm delighted that you've all joined today to hear more about this. And I'll turn back over to our EDC team. Thank you.

Thank you. Thank you, Dr. Willis. Those were really helpful comments that you made. And we really look forward to working with you, as well as with the state grantees and the project officers, in the coming years. And we're really grateful for the opportunity.

So our name is HV-ImpACT. And we thought long and hard about an appropriate name for this new programmatic TA provider. And when we decided on HV-ImpACT we both knew, both HRSA and EDC, that we had a winner. Because the name seems to embody everything that we think is important in a programmatic TA provider-- that is program improvement, action, teamwork, and finally, making an impact.

So we wanted to give you a chance early on in our discussion to let us know if there are things that you would like to know about us as your new TA programmatic provider. We're going to open the chat box now so that you can give us your ideas. And then we're going to be able to respond to them later in a frequently asked questions format. So can we open that chat box? There we go. So just put your comments in there, things that you would really like to know about us. And we will get those answers to you later in a kind of FAQ format.

Don't be shy. Remember, if you're thinking about it, probably somebody else is thinking the same question. There we go. Thank you. And we have several different questions here.

We'll do this a little bit longer-- wanting to know how quickly we're going to be able to turn around requests for assistance, helping to find resources for translated assessment tools. How long will it be available? How do we get the TA request forms in? What's the capacity for messaging? What types of resources are available?

If it's possible, let's leave the chat box open for a little bit. And I can just make some comments about who our team is. And we can kind of go on with it. But you can keep adding your comments. That would be great. We'll be able to answer those for you. We'll look forward to that.

So let me tell you a little bit about Education Development Center, or EDC, as Dr. Willis started to explain, and who our partners are in Home Visiting Impact. As the lead for this project here at EDC, we intentionally reached out to other organizations that would enable us to offer you the strongest mix of content and TA expertise that's relevant to your work.

EDC, in partnership with George University Center for Child and Human Development, with Change Matrix, with Brigham and Women's Hospital, and the American Academy of Pediatrics-- we will be working together seamlessly to meet your TA needs. I'm going to invite Nancy Topping-Tailby, the TA products and services

manager for HV-ImpACT. And Nancy will be leading our webinar development and other universal TA products. We will introduce EDC and Brigham and Women's Hospital, one of our partner organizations. Nancy.

Thank you so much, Joanne. EDC is the lead organization for HV-ImpACT. EDC is currently working with HRSA on several other projects, including the Home Visiting CoIIN and the Children's Safety Network. EDC also leads SAMHSA Center for the Application of Prevention Technology and the National Center of Excellence in Infant and Early Childhood Mental Health Consultation, funded by SAMHSA, in partnership with HRSA and the Administration for Children and Families.

In addition, EDC brings a strong knowledge base and expertise in the fields of early care and education. We have decades of experience as a regional and a national TA provider for the office of Head Start, helping Head Start agencies develop effective management systems, meet the needs of culturally and linguistically diverse children and families, and prepare children for kindergarten and success in later learning.

Currently, we are collaborating with the American Academy of Pediatrics on the National Center on Early Childhood Health and Wellness to support both Head Start and child care to meet the Administration for Children and Families' health and wellness goals. So I think I'm just going to show you EDC and then move on and tell you a little bit about Brigham and Women's Hospital.

Brigham and Women's Hospital is a major teaching hospital at Harvard Medical School and an international leader in virtually every area of medicine. The Division of Global Health Equity at Brigham and Women's Hospital is committed to training, research, and service and health care to reduce health disparities and to improve treatment outcomes, both domestically and abroad.

Dr. Mary Catherine Arbor, from Brigham and Women's Hospital, is a nationally recognized quality improvement expert, trained in the breakthrough series approach through the Institute for Healthcare Improvement. She will lead the HV-ImpACT's internal continuous quality improvement efforts to help us provide the highest quality TA. And now I'd like to introduce Neil Horen from the Georgetown University Center for Child and Human Development. Neil.

Thank you, Nancy. Yep, thanks, Nancy. So this is Neil Horen. And I am at the Georgetown University Center for Child and Human Development. And I'm lead on the HV-ImpACT for us. Georgetown has a pretty long history of systems development in early childhood. And we've worked over the last 30 years on enhancing the quality of life for children and adolescents, especially those with or at risk for special health care needs.

We're a leader in providing technical assistance to systems of care efforts in early childhood, infant and early childhood mental health consultation, and in the home visiting field. And we are really known for our focus on

infant and early childhood mental health, as well as our high quality products and trainings. Boy, I'm really bragging here. I like it.

Our special areas of expertise include the impact of trauma on young children, resilience, toxic stress, maternal depression, motivational interviewing, challenging behavior, and accessing community resources and referrals. The team also works on national workforce development efforts.

Our early childhood team members are leaders on a number of technical assistance efforts in Head Start, infant and early childhood mental health consultation, as well as in research and home visiting and maternal depression. Our center plays a lead role in organizing professional development for the DC home visiting community, plays an active role in the local Home Visiting Council, and is a member of the Maryland Home Visiting Consortium.

As the external evaluator for the DC federal home visiting programs, Georgetown University Center for Child and Human Development is conducting a rigorous multifaceted evaluation of the quality of home visiting services and supporting DC's CQI process. For the HV-ImpACT center, Georgetown is going to be providing technical assistance to regions 1 and 5. So that's what our center is hopefully bringing to the table. And with that, I'm going to introduce my friend Suganya Sockalingam from Change Matrix. Suganya, all you.

Thank you, Neil. Good day, everyone. My name is Suganya Sockalingam. And I'm the lead on the HV-ImpACT from Change Matrix LLC, where I am co-founder and managing member. Change Matrix will be providing technical assistance and subject matter expertise in support of federal home visiting grantees throughout the country. Change Matrix is a woman and minority owned small business with an 8(a) disadvantaged business entity designation. We are a very culturally diverse team of partners and staff.

The hallmark of Change Matrix is our expertise around systems change and health equity. We firmly believe in meeting people and communities where they are as we support change at all levels in order to meet the needs of children and families.

Change Matrix has extensive expertise in mental and child health and children's mental health, among other areas. And we have particular technical skills around community engagement, partnership building, and collaboration, systems integration and change, cultural competence, and cross-cultural communication, and in leadership development facilitation and coaching.

As part of the HV-ImpACT, Change Matrix looks forward to supporting targeted technical assistance needs and working more broadly with grantees. We want to underscore that a cornerstone of our approach lies in recognizing the wealth of expertise, that is you, the grantees, bring. You are truly the experts. And we are especially excited about tapping into the innovative ideas, approaches, and strategies that you can offer to each

other through peer learning and sharing activities, whether it be through communities of practice, facilitate conference calls, or other opportunities for peer exchanges.

Naomi Ortega [INAUDIBLE], my colleague, and I will serve as TA specialists for regions 7, 8, and 9. I will serve region 9. Naomi will be the specialist for regions 7 and 8. My other colleagues, Rachelle Espiritu and Elizabeth Waetzig, who are also founding partners at Change Matrix, will serve as subject matter experts. Now I will turn this webinar over to Heather Fitzpatrick from the American Academy of Pediatrics.

Thanks, Suganya. Yes, my name is Heather Fitzpatrick. And I'm very excited to represent the American Academy of Pediatrics as part of the HV-ImpACT project. The Academy is an organization of over 64,000 pediatricians committed to supporting our mission, which is to attain the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

To accomplish this, the AAP supports the professional needs of its members through opportunities for continuing education, involvement in quality improvement activities, and guidance through many policies relevant to pediatric practice and child health issues in general. The Academy has several leadership bodies within its structure. Committees and councils, led by board appointed pediatrician experts, support the policy development process across a variety of topic areas.

In addition, we have over 50 sections, as well as the councils, that exist to provide educational opportunities and more to members, and affiliate members interested in specific areas of child health. In addition, the Academy works closely with the 59 state-based AAP chapters to share information and opportunities, and to ensure that the national organization is attuned to the needs at the state and community level as well. While chapters are their own separate nonprofit organizations, we have a strong collaboration between them and the national office of the AAP. So there's continuity there.

The Academy's strategic priorities support the organization's mission to promote child health and well-being. And they're broken down into three areas. The first are universal principles. And those currently include that all children have, and all pediatricians provide, a medical home, and that all children and all systems of care maintain health equity, and that the profession of pediatrics is sustained, maintained, and improved.

The second area of the Academy's strategic priorities are the strategic pillars, which currently include that all children have access to health insurance and quality health care, that all children receive the highest quality of care, and that health care finance ensures appropriate payment to pediatricians, pediatric medical specialists, and pediatric surgical specialists. And finally, there are specific child health priorities that are selected on a regular basis. And the current three priorities are poverty and child health, epigenetics, and early brain and child development, all three of which definitely relate to this project.

These priorities generally remain for three years, after which they're integrated into the Academy's daily operations. Previous priorities which are now integrated include disaster preparedness, special health care needs, especially with regards to foster care, immunizations, mental health, obesity, oral health, tobacco in children, and adolescents in the media.

The Academy's role within the HV-ImpACT project will be to utilize its resources, including access to our pediatrician experts, to inform home visiting efforts and strengthen connection to the medical home. And more specifically, AAP staff, myself and others, will support the community of practice activities and will support the development of new materials, including articles, with the support of pediatrician experts.

In addition, we will connect the project to the Academy's work with the National Center on Early Childhood Health and Wellness, a cooperative agreement that supports the health and well-being of children, families, and staff involved with Head Star and child care programs. In particular, this will involve sharing resources, educational opportunities, newsletter article development, and I'm sure much, much more. So that's a little synopsis of what we are doing here as part of this project. And with that, I will go ahead and turn it over to Nancy Topping-Tailby.

Thanks so much, Heather.

This slide shows our project director, our TA manager, the staff responsible for universal TA, our technical monitor, and our subject matter experts. We have a handout for you with the names and titles of the Home Visiting Impact staff. You can access it by downloading it. And here's what you need to do.

You'll see a box directly below the slides with handouts that you can download. And to do that, just click on one of the documents and the Download button. And you'll be able to save the file on your computer. To return to the presentation, simply close out of the new tab that will open up after you click on the Download button. And you'll be back to see the slides.

You may have already met some of the Impact staff at the all grantee meeting a couple of weeks ago. So I'm not going to introduce each of us now. But I thought that I would summarize the expertise that collectively we bring to this project. As a team, the HV-ImpACT staff has content knowledge in home visiting and early childhood systems of care, data analysis and CQI practice, the importance of maternal and child health, including infant and early childhood mental health, in promoting healthy development and resilience, the impact of child maltreatment, domestic violence, maternal depression, and other caregiver mental health and substance abuse issues that contribute to toxic stress and negatively impact prenatal, newborn, and child health outcomes, family engagement and parenting skills, and finally organizational, leadership, and workforce development, strategic planning, and sustainability.

So in summary, as a team, we have over two centuries of experience related to home visiting and providing technical assistance. So on this slide, you'll see the TA specialists who will be working with you on targeted TA. And now I'm going to turn the webinar over to Sherrie to do a poll.

Thank you, Nancy. Thank you, Nancy. So now that we introduced ourselves, talked about our staff, and, as Neil said, kind of bragged about our expertise overall, we'd like to do some quick polls to get to know you. So we have three polls. Betty's going to bring them up now.

When you signed in, we asked you to sign in with your name, your state or territory. Here, we have three more questions. So first, we'd like you to tell us what your role is. So you will see the poll on the lower left side of your screen that says, what's your role? And we have quite a list of possible roles. If you don't see all of those roles on your screen, you can use the scrollbar to scroll down until you finally see one that says Other just in case that long list that we have didn't capture your role.

So that's our first poll. Our second poll, back to the top of the screen, asks how many years of experience you have in the field of home visiting. So it ranges from zero to five. And I'm already noticing a lot of people in that zero to five category. And then we ask in five year increments well on to the over 20, where we'll capture those true veterans of home visiting. We'll see-- I don't think we can quite add them up. But see if you can compete with our two centuries here.

OK, the third question is, how long have you been in your current position? And wow, you guys are answering that one already. And I'm already really interested in what the results are showing. Because so far, of the people who have answered that question, almost 90% of you-- you guys can see this as well as I can. But almost 90% of you, which is close to 9 out of 10 of the people who are joining us today, have been in their current position under five years.

So that's really interesting. And we'll give you just another minute to see if we've captured everybody. It looks pretty good. Because I see 90%, 100% of current position. That one I could add up pretty quickly-- 60%, 75%, 85%. So it looks pretty good.

Let's do another 15 seconds, Betty. And let's take down that poll. And when we do, I will turn the webinar back over to Nancy, who's going to really tell us about an answer, I think, to one of those questions that somebody said they were curious about at the beginning of the webinar. And that's, what can you do for us? How can you help us? What kinds of TA can you provide? So Betty, if you take down the polls, I'll advance the slide. And Nancy, back to you.

Thanks, Sherrie. And I'm happy to take a first pass at trying to answer that question for some of you. As the

programmatic TA provider, we will be providing two types of technical assistance-- universal and targeted TA. But we don't provide either type of TA in isolation. Because we know that TA is most useful and meaningful when it's developed through a reciprocal process in the context of a shared partnership.

We envision both types of technical assistance as a partnership between HV-ImpACT and grantees and HRSA. It's not unlike the relationship that develops between home visitors and families. Home visitors listen to the aspirations and goals that families have. They offer information and resources and encouragement and support.

But families have to do the real work. The more we can understand your goals and your aspirations, the strengths that you can build upon, and the specific challenges that you must overcome, then the more we can support you with customized, tailored TA that meets your needs. We need, and we really want, you to give us candid feedback so we can stay on the right track. Your feedback will inform what we offer and how we offer it.

So let's talk a little bit about some of our universal TA resources. The universal TA will feature a monthly newsletter called Home Visiting Home Runs, Issues and Insights, issue briefs, monthly webinars like the one we're offering today, ongoing communities of practice, and a collaboration portal. During this webinar, we'll continue to stop at various points to ask for your input and ideas for our universal TA products.

In addition, we'll be using information from the needs assessment calls that we'll be talking about later in this webinar, as well as feedback and other information that we'll be getting from grantees on an ongoing basis, to help us make our universal TA products responsive to your needs.

So let me tell you a little bit about Home Visiting Home Runs. The newsletter will arrive on the first day of the month. It will come in an email from HV-ImpACT. You should have already received the June issue, which, like this webinar, is part of your introduction to the Home Visiting Impact.

Each issue will contain articles of interest, resources, and news about upcoming events. Be sure to add the newsletter or this email address, which is hv-impact@edc.org, to your safe sender list. In addition to viewing the newsletter on your computer screen, you will also be able to view it in other devices, including on your smartphone, as well as to print it out.

If you want to share the newsletter with a colleague, please use the Forward to a Friend button, which you'll see at the top of the newsletter. Because that will preserve the layout. So I'm going to turn it back over to Sherrie and ask Betty to bring up another poll. Sherrie.

Thank you, Nancy. So as Nancy said, we're really interested in using this webinar as an opportunity to get feedback from you. So now, as Nancy goes on to describe each of those five parts of universal TA, at each point,

we're going to take a little stop and ask a question so we can get some information from you.

So this is the first one. It's about the newsletter, the Home Visiting Home Runs newsletter, which, as Nancy said, arrived in your mailbox on June 1. So I see somebody already has figured out what factors make a newsletter useful and attractive to you. So we've gotten two quick answers already.

And interestingly, and not surprisingly, people are really interested in what other grantees are doing, so innovations that they've implemented. People want it to be brief and easy to digest. Keep up to date with changes in expectations. Talk about professional development opportunities.

Link to longer content in a separate location so I don't have to scroll, colorful, a clear format, easy to follow. So we'll try to do lots of white space for you. And some resources and tools for home visitors-- and I think when you heard who our partners are and the kinds of resources that we have at our command, we really hope to be able to do that. And each newsletter will actually have a resource section. And we'll definitely be sure to include resources specific to home visitors, useful resources that they can use.

So thanks for the suggestions. We'll give it just a few more seconds, see if anybody else is typing. And I think we'll take down this poll. Be ready for the next. And I'll turn it back to Nancy to talk about the rest of the webinars that we'll be doing.

Great, thanks. So monthly webinars will take place on the third Tuesday of the month. Each webinar, like today, will last an hour and a half. Webinars will be led by experts in a featured topic. And whenever possible, we're also hoping that they will include practical examples from grantees.

Our next webinar will be held on July 19. But we have a question for you about what time to offer the webinar. So Sherrie's going to give you a little bit of information about that and ask for your feedback. So let me pull that up for you. And Sherrie, do you want to take people through the poll?

I do. And Betty is going to bring up the poll. And I'll give you a little bit of background. So we originally thought-- first of all, we wanted to have the same time of the month every month. So we settled on the third Tuesday, which seemed to work for everybody. And we were thinking of 1 o'clock Eastern. And then we got some feedback from our colleagues in Hawaii, Alaska, and the outer Pacific Islands. And they really asked us to be considerate and to think about how very early it is for them.

So being responsive, we want to choose another time. And so we were proposing 2 o'clock Eastern, 3 o'clock Eastern, or, if you have no preference, to please let us know. And it looks like people are still choosing-- I don't think we quite have 100%. And you're not making it so easy. Because right it's 42.5% on each and 41.6%.

It really is very even. So it means that it sounds like either time would work for most people.

Yeah, it's about almost 20%, Nancy, who have no preference.

Well that makes it easy.

Yeah, go ahead.

Oh, we got a little uptick on 2:00 here, although not by much. All right, everybody, thanks. It looks like people are pretty flexible. And so we appreciate that. We just wanted to see what we could do to be responsive to their needs while not forgetting everybody else. So Nancy is going to now talk about issue briefs. And Betty is going to take down this poll and get ready for the next. And I will help you be ready.

OK, so Issues and Insights is what we're calling our issue briefs. And we're expecting that they will come out five times a year. Like the webinars, each one will provide substantive information about a topic of interest, including the latest research and some practical examples.

You'll be talking about the strengths, interests, and needs in your regions, states, and territories in more depth in your regional needs assessment conference calls with your TA specialist. But here, we wanted to capture the bigger picture of what's really important to you for programmatic technical assistance right now. So here's your next poll, which Sherrie is going to take you through. Go ahead, Sherrie.

OK. I feel like the polling person. Thank goodness it's not other kinds of polls. So here we are. We will get more detailed information about this from you during those calls that you have with the TA specialists. But we have some broad categories. And be sure to scroll down if you can't see them all.

So we have implementation and sustainability, collaboration and communication, using data to guide things like strategic planning, decision making, and to demonstrate outcomes. And I already see that's emerging as a hot topic. Building the capacity of local programs and their work force-- so if you're not seeing those on your screen, but seems like you are, scroll down-- networking and building strong communities of practice, family, child, and cross system services.

And finally, we have another box. And if you look at that Other box, if you have any other thoughts, there's a place where you can actually type in answers and give us some other ideas. Interesting poll-- I think you guys can see it. And we've got a lot of evenness.

And by the way, I forgot to mention, but I think you caught onto the fact, that you can vote for more than one thing here. But the by and large biggest topic really has to do with using data as the guide's strategic planning, decision

making, and demonstrate outcomes. And all the others are pretty even.

Look, we got three answers in the Other box. And so professional development and core competencies on a national level-- I see three. But of course-- specific examples of other strategies, and back to professional development. Good, people are still typing some answers in the Other box. So let's give it another few seconds to let people give us some more ideas there. OK, that looks like nobody's typing. So I'm going to now talk, or let Nancy talk, about communities of practice.

That was really great feedback, though. Thank you very much. It will give us lots to think about. So some of you may have participated in previous communities of practice. Participants in the community of practice typically engage in dialogue, share best practices, and work together to find solutions to issues in their work. We will begin by hosting four communities of practice starting on July 12. Participants in each community of practice will participate in hour long monthly calls using continuous quality improvement methods to promote change.

Each community practice will be led by a content expert, and we also hope, whenever possible, a grantee co-facilitator. Look for an article about communities of practice in your July newsletter. And watch for information about how to join one of the communities of practice that will be coming soon. So now I'm going to turn it back to Sherrie for another poll.

OK, and Betty is going to-- whoops. Actually I'm going to make it go back to the communities of practice. And I feel like you don't really need me anymore. Here are the topics, or the questions. So please list any topics that you'd like us to consider now or in the future for a community of practice. So as Nancy said, we'll be starting with four fairly soon, which is why we're going to be sending you information fairly soon. But these will be ongoing throughout the life of the project.

They tend to last for somewhere between six months and a year. And then each time that a community of practice ends, we'll be starting up a new one. So we're interested in possible topics for now and possible topics for the future.

And we've got two. But I'd love it if we could get some more ideas. So that box is still open. OK, we've got number three, reflective practice, some question about data benchmarks. OK, thank you-- how to support LIA supervisors with time management, a tribal one. Oh, building on the presentation-- how to pair story telling, core competencies required of home visitors, the home visitor qualifications and competencies, working with families in poverty, practices to implement and support benchmarks, lots of questions about the benchmarks. And I know that our DOVE colleagues will be interested in these questions as well.

And I'm excited about these topics and thinking that some of these are hot topics that might inform communities of

practice. And some are things that we can also pick up on in future webinars, future news letters, and in those issue briefs that we're going to be doing. So keep them coming.

I hope that everybody can see the answers. Because someone commented that they couldn't see. But I think we've fixed that. So hopefully you all can see what each other is suggesting.

Yeah, we definitely have the Broadcast Results tab up. OK, so now they're showing. And maybe we didn't have it up before.

But it does pick up the themes we had before about data, and certainly about competencies, which has come up a few times.

Right, and I see something about continuous cultural improvements and cultural competencies, measurement instruments, how we support our priority populations. So I'm interested in the one on practices to implement and support benchmark measures. Because it talks about tobacco and health and safe sleep.

And we can really pick up on the programmatic aspects of all of those. That's great. So I'll say, thank you for that. And then actually I'm going to lead us to our last poll that relates to the collaboration portal.

So you may be aware, many of you, that that collaboration portal is actually still up and running, that group site. And you can still access it. It's still available for you to use. And you all know that it's your place to exchange information. There's where you share resources. You ask questions of each other.

So you've been using this portal, many of you. And we want, again, feedback about this portal, and portals in particular. And so we have two questions. What do you like about the current one? And we've got a couple of answers there already.

And the second one, if you look a little further down, is, is there anything that can work better? And hopefully, again, it looks like that Broadcast Results is checked off so you can also see each other's answers.

So I already see somebody wants easier to navigate ones, but that people really appreciate the resources that are posted, the fact that you can talk to each other or share ideas with each other. Somebody hadn't used it but is going to. So somebody said it's easy to use. And another person would still like to see an even easier to use and easier to access.

Somebody asked about the address to the current portal. And we can put that in our frequently asked questions. But I can tell it to you quickly. It is [http--](http://miechvtacc.groupsites.com) maybe we can put this in an open chat box. I don't know-- <http://> and then it's miechvtacc.groupsites.com. So shall I repeat that one more time? [Http:--](http://)

It's in the chat box.

Oh, it is there now? Great.

Yeah, do you see it, Sherrie?

I don't. But as long as everyone else can, that's great. Oh, I do. I see it now. Great.

Thank you to whoever add that. That's great. Thanks.

OK, so now we've kind of worked our way through universal TA. And we're going to take down the poll. And Nancy is going to lead us through a conversation about targeted TA.

Great, thanks so much, Sherrie. A TA specialist is assigned to each region. After the regional TA needs assessment calls, the TA specialist will work with each grantee to develop a TA plan for the grantee's state or territory. The TA specialist will have regular calls with each grantee.

This is the grantee's time to share what has happened since the last call, identify what supports are needed to make progress and get ideas and ask for resources that will help achieve the next steps. HV-ImpACT has a wealth of expertise in different areas and topics. The assigned TA specialist is the conduit to that expertise, including other state grantees.

When more in-depth TA is needed, the project officer will be consulted and can submit a TA request. If approved, a TA plan will be developed for this issue, and TA will be provided either via phone or conference calls or webinars, emails, by sharing documentation and resources, and in some very limited cases through on-site visits, typically for two days, with an expert in a particular subject.

As you know, TA specialists will work with the staff in the regions, states, and territories on an ongoing basis. You may have noticed that the Home Visiting Home Runs newsletter had a word cloud that showed what we believe are the most important characteristics of effective TA. We believe that effective TA is strength based. It's relationship based.

It's definitely data driven. It's also systems focused and culturally appropriate. And finally, it's results oriented. To this end, your TA specialist will get to know you and your team through the initial TA needs assessment and state plan development process, and then will continue to have regular contact with you throughout the life of the project.

The regional TA needs assessment calls provide opportunities for TA specialists and project officers to discuss

It's in the chat box.

Oh, it is there now? Great.

Yeah, do you see it, Sherrie?

I don't. But as long as everyone else can, that's great. Oh, I do. I see it now. Great.

Thank you to whoever add that. That's great. Thanks.

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