Operator: Good day everyone and welcome to the Recruitment and Retention of Home Visiting Staff Conference. As a reminder today’s presentation is being recorded. At this time I would like to turn the conference over to Katrina Coburn. Please go ahead ma’am.

Katrina Coburn: Thank you Dora. My name is Katrina Coburn. I’m the e-Learning Coordinator for the MIECHV Technical Assistance Coordinating Center and I’ll be your facilitator today. On behalf of the TACC I want to welcome you to today’s webinar.

During today’s webinar you will be invited to explore how home visiting models and state leaders are approaching intentional staff recruitment and retention practices to ensure high quality ongoing services to children and families.

You should have received an email yesterday with the link to download your pre-webinar registrant packet and that contains a PDF of these PowerPoint slides and a handout that we will be referring to later on in the webinar. So be sure to download that if you haven’t already done so.
Just a quick reminder if it anytime today you have a question or comment about the presentation we would love to hear it.

To submit your question or comment you will use the control panel that’s located to the right of your screen. And at the bottom of that panel is an open text field where you can type your questions.

Those will come to me today and I’ll be monitoring the question box and we’ll share your comments or questions with our presenters during their Q&A time.

I would like to now introduce Laurie Wolfgang. Laurie has been the Region VI Home Visiting Project Officer for five years and was previously in the HRA Office of Performance Review in Dallas, Texas. Laurie?

Laurie Wolfgang: Thanks Katrina. Hi everyone. Good afternoon and good morning to some of you. Thank you for joining us for today’s presentation on Recruitment and Retention of Home Visiting Staff. As Katrina said I am Laurie Wolfgang and I’m the Project Officer for the Region VI MIECHV grantees.

On behalf of the HRSA Regional and Central Office staff it’s my pleasure to join all of you and welcome you, our grantees, our local implementing sites and other partners for today’s discussion. Yesterday, March 23rd, marked the five-year anniversary of the Maternal Infant and Early Childhood Home Visiting Program.
The program was enacted as part of the landmark legislation known as the Affordable Care Act with a $1.5 billion investment. This national recognition of the importance of early brain development and the evidence-based that supports home visiting has established a whole new service arena and discipline.

The program is unique in that it’s one of the first evidence-based policy initiatives, and funds multiple models proven to show positive impacts on family well-being. While these models provide the structural framework for the service delivery, or recipe if you will, and the Feds provide the infrastructural systems framework guidance by which to implement the program, it still comes down to people.

The dynamic relationship between a home visitor and the family are at the core of MIECHV services. So hiring and keeping high quality staff will impact model fidelity, capacity cost and ultimately family outcomes.

With five years under our belts our primary focus is shifting away from inputs and infrastructure and more towards the outputs of the program including volume of family served, number of home visits, attrition rates, overall capacity, costs and outcomes.

And we’re finding that a primary contributing factor to all these outputs is your front line staff. There is so many aspects of home visiting we’re forced to consider because the program requires such highly experienced well trained well supported staff to implement this specialized services - service which brings us to the topic of today’s webinar.
Today we’re going to hear from three grantees as they share their own experiences with hiring home visiting staff, orienting and on-boarding new staff and ongoing professional development of home visitors. I hope these experiences shared today by some of your own peers will help you with some tools and ideas to help your own programs continue to thrive. Thank you again for joining us today.

Katrina Coburn: Thanks Laurie. It’s great to have you with us today. Now, on to our first speaker.

Tracie Lansing is the Healthy Families America Training and Professional Development Director providing support, technical assistance and training to sites nationwide. Tracie brings 20 years of experience in child abuse prevention, home visitation, infant early childhood mental health services and program development.

A licensed social worker, Tracie earned Bachelor and Master’s Degrees from the University of Kansas School of Social Welfare and is currently pursuing a Level IV endorsement with the Kansas Association of Infant and Early Childhood Mental Health.

Tracie lives in Lansing, Kansas and is the proud parent of a teen daughter, four dogs and one cat. Welcome Tracie.

Tracie Lansing: Hi. Thank you. Good afternoon everyone. And I want to thank Katrina and Lena and Brittany also for their help at the Technical Assistance Coordinating Center for inviting me to join you today.
I want to move to the next slide and just do a quick overview of my presentation and what we’ll be looking at in my time. The first thing that we want to emphasize is that staff retention starts with hiring the right staff. And we know that home visiting is not for everyone.

Hiring and maintaining quality staff is a key indicator of successful programs. It does take time to select, nurture and support staff so that they will feel successful and comfortable in working from a strength-based perspective while addressing challenging issues.

What we know is that staff retention is closely connected to family retention. And in many cases families may decline services due to changes in workers. So therefore we want to look at those factors that you should consider when hiring looking at the importance of hiring staff with reflective capacity.

Those are the staff that will feel more competent and experience positive outcomes with families and stay with their jobs longer. So this presentation will also focus on what to look for on resumes and when interviewing to evaluate for the hiring factors in reflective capacity.

While my presentation today refers often to the home visitor role, the factors and the things to look out for will span across all roles in strengthening programs and they can be used whether you are a state leader, a program administrator or supervisor.

On the next slide we get into the factors to consider when hiring. And the first several bullets were adapted from Barbara Wasik’s article, *Staffing Issues for Home Visiting Program*. We’ve added one final bullet related to reflective capacity that I will get into further as we speak today. The first bullet related to professional experience in education.
What we want to share here is that experience really does count. And regardless of a person’s education level coming into the position we know it’s very important or critical to provide quality staff training and supervision by experienced staff and professionals.

And in that aspect my co-presenters today will explore how you can look at that quality onboarding and staff training further.

The second area to consider is related to race, ethnicity and culture. And what we want to emphasize here is that the research does not support the concept that staff must share race, ethnicity or culture with families to be effective.

Sometimes being of the same culture does not always guarantee that your services are culturally sensitive though it can be helpful to have staff that has experience of different cultures and their own bias in the past so they can see where the family is coming from.

Continuing and looking at staff with those different cultures or aspects, the key is that we’re looking for their awareness and willingness to learn about others in that process. Again, ongoing and continuing cultural humility, cultural sensitivity training should be provided to all staff regardless to continue that environment of trust and value of families that are served.

As we get into the next bullet, experience age and maturity, our point here is that staff do need to have maturity to set reasonable boundaries. Staff will be supporting parents and families in becoming independent and making their own decisions.
And we also know that staff that have, whether it be experience with young children or other services or they’re parents themselves, those types of experiences do enhance their credibility with parents and families that they serve.

As it relates to gender what we want to emphasize here is that having male staff or home visitors can be extremely effective especially at reaching out to dads. What we want to look at are again cultural issues related to gender expectations when we assign home visitors specifically to families.

Whenever you can match the worker to the family versus just who has an opening on their caseload is always ideal as you’re moving forward and being sensitive to family’s needs and staff strengths.

Finally, interpersonal and supportive skills. What you’re looking for here is does this person have an ability to develop a trusting relationship? As that’s critical to the success that they have with families.

Are they able to support parents in strengthening those parents’ abilities to meet their own needs?

So now we’re going to move into the reflective capacity piece into the next slide. And first I just want to share our definition related to the capacity to exercise introspection: “the willingness to learn more about the fundamental nature of purpose and essence of how we as humans experience this world and how our world view is impacted by that experience.”
And as we go to the next slide we’ll emphasize the “why do I care aspect.” Why is this important? Why is it important to hire staff with reflective capacity? Bottom line is working with families of high stress or overburdened can be at times quite stressful.

Home visitors are exposed to a wide variety of challenging situations and behaviors that may 1 - trigger an emotional reaction to a parent’s behavior based on their own experiences and their past, or 2 - may be in conflict with the home visitor’s own value system.

So the capacity to give oneself empathy and contain judgment and reaction is critical to maintaining healthy relationships with families.

And staff who feel comfortable sharing their feelings and experiences with a supervisor are more likely to respond in sensitive ways and less likely to project their own uncomfortable feeling onto the families.

Self-reflective staff are able to identify and own what they are feeling without blaming families. Their willingness to reflect and participate fully in supervision reduces burnout and it allows for a safe place for feelings to be validated and processed.

In that they are able to support their own survival skills and strategies and practice self-care. So staff’s bottom line that has reflection capacity retains families longer and makes for a more collaborative work environment.
There ways of being thoughtful and responsive with others translates directly to their work with families. On the next slide we have listed out some of the factors or pieces that staff with reflective capacity has, their qualities and characteristics.

Staff with reflective capacity have an interest in and ability to see things from multiple points of view. They take an ecological perspective meaning they explore their situation broadly. They look, for example, beyond the parent-child relationship at further at the child’s development status and how that may contribute to their relationship with their parent.

They’re interested at the same time in what other resources the family brings to the situation. They are - they wonder or they’re curious with a parent about what they’ve tried before. Staff with reflective capacity has knowledge of the infants and toddlers that they’re working with and the families that they’re serving.

They’re self-aware. They’re clear about their own values. They’re clear about their own triggers and aware of when those arise. They have a balanced and a realistic view of relationships including both positive and negative aspects. And they’re comfortable thinking and talking about relationships and their own personal feelings that arise in relation to those relationships.

They’re consistent in considering other people’s feelings, other people’s wants and needs. And they take those into account in their responses. Moving to the next slide we have identified some of the benefits for programs and coworkers and supervisors when you have staff with reflective capacity.
So here we have the concept that in general these staff have a positive approach to other people in their world. They assume that relationships can survive negative feelings and they intend to communicate with others rather than withdraw or reject them. In addition they will take responsibility for their own contributions and responses especially in difficult situations.

They can tolerate ambiguity. And this is important because they are comfortable knowing that they do not have to have a solution right away but they can sit with not knowing and sometimes figuring out what the actual primary problem or issue is before jumping to solutions. They’re able to consider options to move forward.

Staff with reflective capacity understand that others cannot make them feel a certain way. Rather they know that if someone is reacting to them with a very strong emotional response it might be something attached to their own experiences with others that’s being triggered.

They know what they need to bring themselves back into balance after a stressful day or a stressful incident. They have self-care practices and are able to self-regulate so that they come back to work that afternoon or the next day refreshed and ready to go.

On the next slide we have getting into what you’re actually going to be looking for when you’re talking with a person, scheduling interviews, reviewing resumes.

So what we have here initially is when you are setting up and planning for that interview, first thing is keep in mind the applicant’s behavior meaning realistically what it means for them to come in and apply for a new position.
They may have anxiety. They may have fears. They may be nervous, so keeping that in mind as well. But in the job interview, are they able to connect with you?

Do you have a conversation? Do you have opportunities where you can see that they’re considering your questions before they’re responding? Are you comfortable in their presence?

So how do you feel in their presence?

Are they able to share their feelings and what it’s like to go through the interview process or what they are interested or thinking about related to the position? Moving into the next slide we have some sample interview questions for you to consider.

So as Katrina mentioned, prior to signing into the webinar you received information and that includes a reflective capacity handout that covers a lot of the material I’m sharing today. In that reflective capacity handout we actually have tips and additional sample interview questions that you may choose to include in your hiring process.

Here are just three examples of those questions that I particularly enjoy because they get at different aspects. The first one helps you see what other types of experience they have in addition to their formal education that will help them in this position.

The second bullet gets to the self-care piece. How did they take care of themselves? How do they regroup when they have been through a challenging situation?
And finally one of my favorite questions is, “what do you think it is like to be your supervisor, and what do you need to work on?” to start giving you a clue of how they interact with others and how they might be with you, as well as their coworkers and the families that they’re serving.

On the next slide we have a couple of other tips related to the interview process. And this is to think about offering up a challenging situation or asking them to describe for you a time when they were in a challenging situation and how did they handle it?

Again you’re looking for are they able to explore multiple perspectives? Do they suggest looking for the meaning behind the behavior or what caused the challenging situation and how the other people in that situation may have felt or are they rushing to judgment or sharing their viewpoint only?

And then we also recommend looking at a sample scenario and how that person explores that scenario? Are they curious? Are they asking questions? Are they seeking additional information?

And in the handout that you received we have an actual scenario sample that you can pose or you can certainly create your own based on maybe an experience a staff has had in their role on the team, obviously keeping out the identifying information but giving them an opportunity to really respond to something that might actually be a situation they’ll be faced with in the job.

And moving into the next slide we have often with the hiring process we also look for references and getting feedback from those.
And what we have provided are some sample questions. And again there are several more on the handout that you received that get into a little bit deeper information and feedback from their references.

So for example if on the first bullet if the person worked with a range of families, you know, did they work better with a certain type of family or a certain different type of coworker? If yes or no, why?

How were their relationships with coworkers? Was this a person you felt comfortable with coming to for support or advice, et cetera?

And these questions are intentionally designed to sort of give you those multiple perspectives and understand how the person is able to process and consider other people’s feelings in their work as well as possibly personal relationships.

So again there are a few more questions offered in the handout. And then if we can move to the next slide and our final, sort of, pitch around the hiring and looking for these factors and reflective capacity. We recommend that you invite the potential coworkers and other staff on the team to join in a second interview.

It’s a wonderful way to get buy-in from existing team members, to meet the person also give them an opportunity to join in that process and give the candidate an opportunity to meet other people and get different input about the role. The other thing that we like to also point out that could be helpful is to be very clear with the candidate about the demands of the job.
Any way that you can address or share how they’re working with families that possibly has challenging issues such as substance abuse, domestic violence, mental illness and how/if you can provide clarification with their role, even looking at the types of responsibilities and expectations during the interview process.

And give them a glimpse of the work whenever possible prior to offering the position, meaning do you have just even a two-minute clip from a sample home visit that they can watch during that process will help them start to think about if this is the position that’s for them that they’re interested in and they know what they’re getting into.

So finally I just want to say thank you very much. I have enjoyed being a part of today’s presentation and I look forward to questions. And I’ll send it to Katrina.

Katrina Coburn: Thank you Tracie. We do have a few minutes to take some questions for Tracie. And I see some of you have been very busy in the question box so Tracie I’m just going to pull one of those for you. I’m going to start you off with a tough one.

Tracie Lansing: Okay.

Katrina Coburn: We had someone whose name is Greta who said: All of my staff were hired before I got here in January. And all were hired straight from college with no work experience. So I’m wondering what kind of advice you might have for her?
Tracie Lansing: Great. Okay, well thank you. Good question. A couple tips come to mind or some thoughts for you to consider especially since you’re really forming a new team and the experiential piece is something that you want to build on.

You know, ideas to possibly, if it’s at all possible, to find whether it be a sister program or a partner a list of staff that have a lots of experience that they can hang out with and join with. But if you need to keep it just with your team, or if that’s not available, we would always talk about sort of just regrouping, sitting down as a team and raising that up, sharing that just what you said.

You know, we’re all kind of new in this. We have great education but the experience piece is lacking. How will we work on that together? Anytime you can get them to share buy-in on their own thoughts then you’re actually being reflective with the staff and they’ll do that when they’re with families.

So the best thing you can do with staff is to be with them the way that you want them to be with the families that they’re serving. And you could probably go into much more detail but I will keep it at that and see if Katrina wants to add or give me a new question.

Katrina Coburn: No, I think that was good. And we’ve had several people ask that in a variety of ways. So we had an interesting question from Robert: If you have any advice on where or how you advertise to find applicants with reflective capacity?

Tracie Lansing: That’s a great question. So people have mentioned to me that sometimes they feel that they have a limited staff or options, a limited number of candidates. So regardless of where you
do advertise I think the process is as much as you can incorporate looking for reflective capacity you might be surprised at where those people might come from.

So obviously I’m not familiar with your own community or things like that. But what, you know, we would suggest is wherever possible kind of sharing the message broadly but possibly looking at alternatives.

So whether it be ads versus a typical college or job posting board may-be looking at community leaders sort of networking to share that there’s a position open and having those posted in different nontraditional locations. And you may have done that.

So the, I guess I would just emphasize how important it is to be open when you’re looking at the position qualifications. Point out your, what you have to have as a requirement and use the reflective capacity screening process to sort of give you the – help on the prime candidate sort of come to the top or rise to the top when you make your selection. Thank you.

Katrina Coburn: Tracie we’re having some sound difficulties. Dora I don’t know if you can help with that at all? But you’re - there’s a lot of vibration going on so I don’t know if you’re moved around in your room or something.

Tracie Lansing: I’m sorry. No, I’m trying not to.

Katrina Coburn: Okay that was good. You’re good now.

Tracie Lansing: Okay.
Katrina Coburn: Whatever you’re doing keep doing that. And then we have time for just one more question. How do you select the best person when you are faced with a limited or unskilled applicant pool?

Tracie Lansing: Yeah, great question. Again I think focus really on the reflective capacity piece because you can always provide training as my amazing co-presenters are going to go into detail. You can support around those skills, experience of the training.

What you need is the people with the characteristics that allow them to establish trusting relationships, that care about other people, that are really inviting, that can speak with others, that understand they are going to be possibly out in the field by themselves in a variety of environments and homes and that they’re looking forward to that and they’re willing to learn from other people.

So when you really focus in on those reflective pieces and possibly incorporate some of our suggested questions into the interview process it will quickly come to light those that have a sense of being willing to learn from others and those that are kind of stuck in their own values or maybe rush to judgment too quick.

And you’ll start to glean who would be the best candidate knowing that you can always provide additional screening on specific things related to, you know, the task of the job at hand.

Katrina Coburn: Great.
Katrina Coburn: Thank you Tracie. That is a great answer. We have a lot of questions coming in and I want to encourage people to keep sending those. I will get those to Tracie so she can respond to that and we will put those questions and answers in the post-webinar packet so feel free to keep sending those.

But I do want to move on to our next presenter and Tracie mentioned Jan. Jan Watson has 27 years of experience with Parents As Teachers. She began her work with PAT as a parent educator in two St. Louis area school-based programs and came to the PAT National Center in 1998.

Her previous work at the National Center included writing trainings, being a national trainer, providing on-site technical assistance for Bureau of Indian Education programs implementing PAT and bureau schools and managing a Responsible Fatherhood grant.

During her first two years of MIECHV she provided program support and technical assistance as a model developer to grantees implementing PAT as one of their evidence-based models.

Currently Jan is the Wyoming MIECHV Project Director for the Parents of Teachers National Center. She holds a Masters in the Art of Teaching with an emphasis in early childhood from Webster University and a Bachelor’s Degree in education from the University of Connecticut. Welcome Jan.
Jan Watson: Thank you Katrina. As we were hiring staff and ramping up services when our MIECHV grant began we discussed a variety of things that we needed to consider as we developed an orientation and training on-boarding process.

And it was really important from the very beginning to ensure that staff was well informed about the requirements of the MIECHV grant, the organizational requirements of the local implementing agency that was delivering the PAT model, and the model requirements of Parents As Teachers.

So we needed to consider the fact also that the PAT staff would become a part of the system of existing early care providers and that it would be really important early on to include staff in any of the relevant -- and when I say staff I mean I really should say early care providers -- in these early trainings that were already part of the existing workforce and it was important to provide opportunities at that point also to grow their skills.

Next slide please. We took our initial on-boarding orientation and training schedule and organized it into a checklist format. As you can see from the slide which is just a part of the checklist we developed, it provides an easy way to track on boarding activities for each staff member including the date they were hired and the date each orientation or training activity was completed.

Another important reason to have this initial on-boarding process formalized in some kind of way - and really whatever works best for you in your organization - is that when staff turnover occurs then there’s at least a system in place to ensure that new staff receive that same information and training as the existing staff.
We weren’t thinking about this at the time but then a logical next step has been to include this entire checklist as part of each staff person’s personnel file. And then as professional development or additional trainings occurred then that also can be included and tracked.

Another thing that we encountered was, as you can see from the slide, we provided orientation trainings for the MIECHV grant.

And we found that although MIECHV had been around for a few years when we began the work with our Wyoming staff we discovered that there wasn’t very much background and awareness of the focus of this particular funding and work.

So we made sure that we took additional time in addition to the basic orientations in MIECHV and did follow up conversations and whether it would be on the phone during a conference call or also as we were doing site visits. Orientation was also provided for the overall benchmark plan and the data collection system to track the benchmark constructs as well as the benchmark data collection procedures.

And the complexity of that required us having the evaluator unpack and really provide several different trainings because there’s a number of different layers to it and we wanted to make sure that accurate data was being collected from the start. The other piece added to this was CQI, and what CQI was, and the purpose for it as well as the process to implement CQI.

Additionally we did an orientation for our PAT Visit Tracker system. And we did originally a face-to-face on this and then several follow-up ones because we wanted to help staff feel very
comfortable tracking the specific home visiting information as well as program model components that we needed to track.

And then finally it was very important to make sure that the staff was oriented to their local implementing agency’s mission, state their work and mission and their policies and their requirements. So that took a little bit of time to accomplish but it was very important in terms of providing basic background to this work.

Since we were only implementing the PAT model we had a little bit of an easier time than many states did who needed to ensure multiple model trainings took place. So what we did was we brought our national PAT trainers to Wyoming for a week and in that week they completed both the foundational and the model implementation training.

Next slide. Thank you. We also did, as you can see, training on benchmarks and constructs. And since then a lot of them were related to maternal and child health and we knew that the majority of our staff was relatively new to this aspect we provided training on each of the topical areas. It was really wonderful because we were able to find experts for almost every topic and provide initially at least a face-to-face training.

The maternal depression part required two parts to do that training initially because we wanted to make sure that staff was provided with a solid background in maternal depression and how to do referrals as needed and what the resources were in the community.
But also the second training we needed to orient staff to the Edinburgh and information on how to score that. You can see on this slide too that we’ve got information. We included a training on community resource and referral.

And we took a little bit of a different approach to lift this piece up and designed an activity for each site to do to ensure that they were familiar with a variety of the resources and agencies that were in their community.

Part of the reason we did it this way was because we had several staff that were brand-new to these communities that they were serving. And we wanted to make sure that they had a really good idea and familiarity with what was there that they would be able to link families to as needed.

So we asked them to - we did set it up as kind of a scavenger hunt activity on paper and had them respond and identify community resources that they located, names, contact information, vocation and had them get pamphlets and brochures also that were related to the benchmarks.

We then asked and made sure that we conveyed the real important piece of having accurate information because we know from working with high risk families that they may not try a second time. So we wanted to make sure that they were pretty clear on what were the qualifications for that family to access that service as well.

So we emphasized additionally because this is really important piece to our model that as they were connecting families that they didn’t just hand them a number and a name of an agency but they really helped them navigate the system and access, whether it would be having
conversations with how to do that but providing that balanced line of support so that they would go ahead and follow through and access what was needed.

You may notice on some of these slides that are part of our on-boarding that we don’t have a piece on child development and parenting. A big part of our PAT curriculum is around resources to support parent knowledge as well as all areas of child development.

So we decided it really was not necessary to add an additional training for this piece. But what we did do was we did develop a crosswalk so that parent educators could easily locate resources that were related to any need that the family might have as well as benchmark information.

Next slide please. I so appreciate what Tracie said earlier about her point about providing a glimpse of the work during the interview process because we know that being a home visitor is really a unique and challenging job.

And once hired it’s important, I think, to equip and support their knowledge and skills about how to successfully engage families as well. So the trainings on this slide really support that. Support them effectively engaging and working with the families.

And although these maybe were not considered required kinds of training we’ve decided to begin to ensure best practice approach from the start. So we wanted to provide a training in engaging high risk families that got into strategies and ways to do that, the Bridges Out of Poverty training and then motivational interviewing.
Because we felt this would really help equip staff with a beginning level of knowledge, awareness and the skills that were necessary to engage and partner with families. Our goal was also to support quality service and outcomes. We were also considering in the event of staff turnover that need to think about how we would take them through these same processes because we might not be able to do some of these trainings face-to-face.

So we have integrated reflective practice and some reflective supervision skills that are just - that are being supplemented by our early childhood mental health consultant as she does monthly consults with the staff. So most of these initial on-boarding activities were done face to face. And we had to think about other issues that were coming up as our home visitors were beginning to deliver services.

So what we did was, as issues popped up and were identified, we responded with both targeted technical assistance that would be done either by a phone call or by a webinar depending on what the challenge was and also if the support would be beneficial to all of the staff. One challenge that came up that was relevant to all of the staff had to do with engaging teen parents.

So we went ahead and asked our team specialists to go ahead and really develop a webinar specifically around the questions that were asked as well as broaden the view of strategies that would work for everyone to help engage young parents.

The other thing that popped up was we had a parent educator who had not done home visiting before and was concerned about some issues around safety. So we went ahead and did some - a
kind of consult during a site visit to kind of discuss what strategies were that would help her feel more safe and secure.

We discovered, yeah, what we really discovered around this was being flexible and mobilizing resources in a timely manner was really important as services were ramping up.

The next slide please. So as we look forward to this next step we’re currently in the process of developing a system of training to continue to build the knowledge, awareness and skills of all early care providers.

So we divided the training plan that we’re doing. It’ll be moving into a formalized training plan or a system of training was to develop three different areas or buckets. And so we’ve got our PAT affiliate bucket that has some specialized trainings that we need to do that are related to model components as well as our core competencies. So we focus on those individually but we also look very broadly to what other skills and professional development activities would be helpful for all home visitors.

Next slide please. So as we move forward with this process we are going to continue to assess the professional development needs of all early care providers. And what’s really neat is as we’ve gotten some ideas on initial topics that folks have expressed interest in, it’s apparent that many of these trainings are relevant to all groups.

We’ve had a request for toxic stress training, engaging high risk families and more professional development and information on reflective supervision. So as you can see there is - there’s that
overarching broad topics that will relate to all three of these groups as well as some trainings that will help home visitors engage and work with families.

We’ve had recent conversations also about the best way to support the work that is already in progress. And so some of the agencies have done surveys to assess what the needs of their early care providers are so we’re taking a look at those to make sure that we add that into the mix and consider those needs.

Additionally and lastly we will provide support for conference speakers, for state trainings or local trainings and resources that will continue to support the quality work in Wyoming. Thank you.

Katrina Coburn: Thank you, Jan. We now have a few minutes to take some questions that have been coming in. The question box has been buzzing so I’ll try to get through a few of those with you. Are the trainings on benchmarks and family engagements available online as e-learning or just face-to-face opportunities at this time?

Jan Watson: That is a great question and I wish I can say that they were available in an e-learning opportunity but they are not at this time. We were so busy ramping up that we were only able to consider doing those face-to-face.

But our next step two as part of this training plan is to develop some webinars that will be distributed all across the state. And I am in that process of asking if those will be recorded. And if they are we would be very happy to share them.
Katrina Coburn: Great. I think that Robert, the person who asked that question was prepared for that answer because he then followed-up with: Do you have written lesson plans or just notes for those?

Jan Watson: We have outlines for the trainings. If that would be helpful I would be happy to share those because we made sure those were fully developed before we did the training so that we could take a look at what the content was. So I’d be happy to share those.

Katrina Coburn: Okay. And that takes care of the third question. So we’ll help in distributing those if you would like.

Jan Watson: Okay.

Katrina Coburn: Vicci has asked: Do you have any best practices that you can share for MIECHV sites that contract out for their providers from other agencies and often different agencies due to multiple MIECHV sites?

Jan Watson: Okay, we in Wyoming are only kind of doing one model. Is she referring to a single model?

Is she referring to...

Katrina Coburn: Well she doesn’t say. She’s thinking about best practices, what to include in those contracted provided contracts to ensure a high standard or services and delivery of those services. So I don’t think it’s about the model necessarily.
Jan Watson: Okay, it’s about the contractor. Okay, that is a great question. We contracted out for the evaluator and NRCQI and we found that the best practice would be to do also an in-depth onboarding process to the work also.

Because if someone has not done the depth of this data collection before and understands the need to collect what is being collected, it causes some challenges as you move forward in developing that system. So I would say a really in-depth on-boarding process with each of the folks that you’re contracting with as well.

Katrina Coburn: Great.

Jan Watson: I hope that answers your question.

Katrina Coburn: Okay. Well she asked a follow-up. And do you include that process within the contract as an expectation?

Jan Watson: I would highly suggest that, yes. That would be best practice to do that.

Katrina Coburn: Okay. All right we have a question from - well we have two questions from Mirian. Have you developed a core competency and what parameters do you use to decide what trainings are needed for home visiting?

Jan Watson: That’s a wonderful question. With our model we have core competencies. And we are in the process like right now of unpacking those core competencies and really deciding which are
the most important ones to tackle first because you just you cannot - there is no way to take all of them and train everybody without overwhelming them with information.

Again it’s that idea that the knowledge and the skills are important and they have to have the knowledge first. And they have to have opportunity and time to integrate it in.

So I would take a look at your staff and sort of assess across the board which area or areas you feel are most important to focus on initially. And then lay out a plan for giving them time to implement, come back and kind of do a check-in where they are to make sure that you’re helping them get to that next level but not, to prioritize the core competencies for home visiting.

Katrina Coburn: Great. Okay. And then finally we have a question how are you managing the Life Skills Progression training with staff turnover occurring?

Jan Watson: That’s a great question. We’ve been able to manage it well the first time only because of the timing that the new staff was hired.

They were going to be coming to our Parents As Teachers National conference. So we went ahead and asked the new staff if they could come a day early so that we could do a face-to-face training with them. Now as future turnover happens what we’ll probably have to do is to find a state nearby hopefully that is offering the training and probably have to send them to that state to do a face-to-face training.
Katrina Coburn: Okay, all right. Unfortunately that’s all the time that we have for questions for Jan. We will be sure to include any unanswered questions and answers from all of our speakers in the post-webinar packet that you’ll be receiving.

So if you didn’t get your question in go ahead and send that right away and we’ll add that to that document. But I’d like to move on to our last speaker. And I’m happy to introduce Laurel Aparicio. Laurel is the Director of Virginia’s Home Visiting Consortium.

She started in this new position just last month after spending three years on the MIECHV team at the Virginia Department of Health. In her new role she will continue to work with the Consortium’s Training Committee to build a comprehensive professional development system for Virginia home visitors. Welcome Laurel.

Laurel Aparicio: Good afternoon. Thank you Katrina. I’d like to start out by saying how much I really appreciated hearing from both Tracie and Jan about what they’re doing at the individual and program level.

And so now I’m excited to share what we’re doing in Virginia to support professional development at the state level. I think it’s a really nice progressive way to consider this subject.

But before we jump too quickly into the details of what we’re doing here in our state I think it’s important to understand a bit about how our system has evolved over time and the framework and concepts that we’ve embraced and that have really contributed to where we are now.
In Virginia we have a very long history of working together collaboratively at the state level to support our home visiting programs.

And almost ten years ago our Home Visiting Consortium was formed. And it was formed in large part to address the needs that existed across all of our programs regardless of the model being implemented, things like training, professional development, public awareness and so forth.

And the consortium is made up of leaders from each of our early childhood home visiting programs. And in Virginia we have eight different program models represented on our consortium.

We also - the consortium also includes leaders from the state agencies that support home visiting services as well as other early childhood leaders from all across the state.

And from the outset the consortium identified the development of home visitor training as one of its most fundamental roles and initially identified ten core training areas and pulled together resources from across the different agencies and programs to begin developing training in those different areas.

Some of the trainings were live, some were Web-based and some were shared resources that have been developed by our partner organizations like mandated report training for example that was developed by our state Department of Social Services.
And early on we also partnered up with one of our state universities James Madison University or JMU -- for those of you who are familiar -- to develop and implement our statewide system for training.

A couple of years ago with the influx of the MIECHV funding we were able to invest quite a bit more to our training system.

And so we pulled together a new cross sector consortium committee to expand our training system. And we really have worked hard to be as inclusive as possible so that all of the home visiting models are represented.

We also have program supervisors on the committee, training and technical assistance specialists, a home visitor, folks from early intervention, childcare and infant mental health and so forth.

So we’re really getting a full spectrum of the early childhood development system as part of the planning and development process. And together we set out to develop a comprehensive home visiting professional development system.

And as we got into that process we very quickly realized that in order to truly support a comprehensive system we would need to do more than simply offer training, that we would need to create a foundation that really supported the ongoing learning exploration and skill building that’s critical to true professional development and that we needed to recognize the important role that both home visitors and supervisors play in this process.
So a big part of our professional development system has been the development of a plan to support all of the players in the transfer of learning process. So before I get too far into talking about our model I’d like to share our vision which is on the next screen.

So and we’ve been very intentional, our committee, to include the values and the value and principles that we believe are essential to building a comprehensive system that supports not only will home visitors but also supervisors.

And we believe that all trainings must be high quality, that our system is ultimately sustainable over the long haul, that it’s based on competency - is tiered to meet the changing needs of staff over time, that it promotes best practice, incorporates current research and is linked to our states evaluation outcome.

This next slide provides a visual representation of how we envision our system evolving and what we believe belongs in a comprehensive system.

And at the base of the pyramid you see core competencies. And we believe that all professional development activities should be grounded in supporting the core competencies that are essential to effective service delivery.

The first tier of trainings are what we consider to be foundational. And on the right-hand side you’ll see our core trainings, those are our consortium core trainings that we offer, our community training event that happens typically at the local level, formal education that staff may bring with them and then on the left side and equally important role in the foundational
training are, of course, the model specific trainings around model implementation as well as training in the different curriculums that are utilized by the different models in our state.

And it’s really this first tier of training that are specifically designed to support our core competencies. And the second tier, or the inverted triangle, tends to overlap and build upon these more foundational trainings by exploring the topics more fully or introducing more advanced application and skill building activities.

And then finally at the top of our pyramid, our third tier of training includes more specialized topics and learning communities. And at this point we are offering 17 different trainings in each of the core topic areas. And we’ve also added some additional supplemental training.

All of our trainings are free and they are designed to be accessible for home visitors all across the state. And so they’re offered on a rotating basis in each region of the state. In the last year we really have focused a whole lot of energy on developing our home visitor competencies. And our consortium has recently formally adopted the competencies. So now we’re in the process of identifying any gaps in our core training to ensure that we have trainings in place to support the development of each of the competency areas.

And then we plan to have all of our foundational trainings completed by the end of the year. And once we’ve been able to complete all of the trainings to support the competencies we plan to develop a Virginia Home Visitor Certificate. So over the next few months our entire system is going to be updated to reflect this new competency-based approach.
As we move on to the next slide what you see here is a snapshot from our website and it’s part of our training page. And currently our home visitors are able to access all of our trainings through our website.

And I think it’s pretty straightforward the way it’s set up at this point. The trainings are listed. They are identified as either a web-based or a classroom or live trainings and there is a brief description provided.

As we roll out our new system we will be able to demonstrate the alignment of each training to the competency that it supports. And we will be able to expand our tiered system by introducing more advanced training.

As a matter of fact last year we were able to roll out our very first Foundational to Advanced Training Series which you can see here as number seven. It’s on the screen. It’s the Screening and Brief Intervention Skills, A Series for Home Visitors.

And what you see is a series in which each training builds upon the previous training and is a prerequisite for the next training. So Part I is a basic web-based training that shares information related to the importance of behavioral health risk screening.

And then Part II builds on this learning content and introduces motivational interviewing. And this is a full day training that was designed specifically for home visitors. And then finally, Part III is our Effort for home visitors which, again builds upon the previous trainings and introduces the screening, brief intervention and referral to treatment model.
And the Effort is a model that’s traditionally been used in the substance abuse field but again it was specifically adapted to address the needs of our home visitors and support what we were really hearing was their needs for effective strategies to use in their work with families particularly when they were identifying a behavioral health issue or need with the family.

Our next slide really illustrates how we have begun to embrace a system and a model of continued learning and transfer of learning.

We really realize that in order to be effective we needed to not only provide training but we needed to understand and incorporate strategies for supporting the continued learning needs of home visitors in a way that truly supports the integration and application of the new knowledge and skills without requiring the home visitor to constantly attend training outside of the office and take time away from their work with families.

And so we adopted this transfer of learning model and developed a transfer of learning plan. And this is now the framework from which our training system is built.

Traditionally when we think about and design training the bulk of the responsibility for the transfer of learning has been seen as the responsibility of the trainer and the trainee which essentially translates to if you have a good teacher with good material and a good, or rather a willing student the training will be successful.

But this model recognizes the very important role that supervisors play in supporting that learning. It reflects our role as the training provider to support the home visitor and the
This next slide gives again a snapshot of a portion of our transfer of learning plan. And it’s in this plan that we detail those roles and responsibilities. And the plan provides a basic guide as to what activity should take place before, during and after a training event in order to truly support the transfer of learning in the most meaningful way. And it serves as a good reminder for supervisors that they have to take an active role at each point in the learning process.

And as you can see this plan takes into account the very important role that supervisors play in effectively ensuring that staff are integrating new knowledge and skills and network with families. As a matter of fact if you look at this one section in the plan you notice that the supervisor has more responsibilities checked off than any of the other players.

So this has really helped us to intentionally focus all of our work by understanding our roles and responsibilities in the professional development process and ensuring that our work always supports each role that home visitors and their supervisors play in the process.

And in order to do that we had to develop strategies to support supervisors in a different way. So over the last year our university partner, James Madison, crisscrossed the state and met with supervisors in each of the home visiting models to share this transfer of learning plan with them.

They also solicited your feedback on our current training system, gathered input on the future of the training system, learned more about their needs and began the process of designing a
system that encourages open dialogue so that we can ensure that supervisors are included in
the ongoing development and implementation of our training system.

We really want to know what’s working and what’s not working so we can develop a system
that is responsive to their needs as possible. Next slide.

Katrina Coburn: Laurel I’d just like to interrupt...

Laurel Aparicio: Sure.

Katrina Coburn: ...you for one second. There were some questions about what HEDG means in that at
the top of the second to last column?

Laurel Aparicio: I’m sorry. That is the department name for our university partner.

Katrina Coburn: Okay.

Laurel Aparicio: Within JMU that is their departmental acronym.

Katrina Coburn: All right thank you.

Laurel Aparicio: Sorry. All right, as we move on I’d like to talk about what we are doing to support
supervisors. I’ve talked a whole lot about our training for home visitors and while most of our
efforts have focused on training for home visitors we’re very well aware of the unique training
and support needs of program supervisors.
And the important role that supervisors play in staff development and ultimately in staff retention really cannot be overstated. Not only do they need support to be as effective as possible in their supervisory capacity but they also really need opportunities for professional development, peer support and networking.

So we’ve been working to incorporate opportunities for supervisors as well and plan to focus more energy on this once we’ve been able to complete all of the foundational trainings for home visitors. And but we are currently doing several things to support supervisors.

First, earlier this year we kicked off a year-long reflective supervision training project that includes four face-to-face training events and monthly small group reflective supervisory sessions. This training project is being led by national experts from Michigan. And we partnered up with our Office on Early Childhood Mental Health Services to offer the training.

We have 31 supervisors and trainers from all across the state participating in this intensive project. We took this approach for a number of reasons. First, we really wanted to provide a meaningful experience to support supervisors in their work.

Our program supervisors are wearing a whole lot of different hats and they are often just as overwhelmed as home visitors by paperwork, administrative responsibilities, and additionally we’re really seeing that they are - they have increased needs to support their staff and guide their staff as they are reporting that they’re serving families who are presenting with much greater needs and at much higher risk than ever before.
So this training was designed to support them, build and enhance their reflective skills while also building capacity for supervisors and home visitors to seek the infant mental health endorsement. Supervisors are receiving through this training the required reflective supervision for...

Katrina Coburn: Laurel I think we’ve lost you.

Laurel Aparicio: Hello?

Katrina Coburn: There you are. I’m sorry you dropped off just about 30 seconds ago.

Laurel Aparicio: Okay. That’s odd. Okie doke, well I’ll just go back just brief to talk about the reflective supervision then. You still got me?

Katrina Coburn: That sounds good.

Laurel Aparicio: Okay fantastic. Okay so the reflective supervision training was designed to support our supervisors and to build and enhance their skills but also to build capacity in our state for our home visiting supervisors and home visitors to seek the infant mental health endorsement.

So supervisors are receiving, through the training, the required reflective supervision for endorsement and they’re in turn going to be qualified to provide the required reflective supervision for their staff to meet the endorsement requirement.
And we have also had several of our trainers participating in the project who will be qualified to provide the training ongoing into the future.

So we’ve really worked hard to design a sustainable process for not only delivering the training but to also support the professional development needs of home visitors and supervisors while working to create career ladder opportunities for them as well.

And another way that we are supporting supervisors to be able to effectively engage in their staff professional development is by developing supervisor guides for each of our trainings.

And these guides offer suggested activities to extend the learning experience, recommended resources for future staff development activities, they reinforce key learning objectives and they offer opportunities for more advanced skill building.

The guides are located on our password-protected page that’s set up and designed just for supervisors. At this point it primarily includes the guides and some other archived webinars and resources and so forth. But we really hope to enhance this feature by adding sharing opportunities in some sort of a form for supervisors to dialogue with one another and share feedback and suggestions with us.

And then finally by the end of the year we plan to have completed our supervisor competencies. And we’re actually working together with our Infant Toddler Network to develop a set of supervisor competencies that will meet both of our needs.
Then we’ll be able to use these in the same way that we’re using our home visitor competencies to identify any gaps in our training for supervisors and build a tiered training system for them.

The next slide really emphasizes how important it’s been for all of us to work together with our early childhood partners to involve them in the process as we’ve developed all the different parts and pieces that have gone into our system.

And everything we do as we approach has an opportunity to collaborate. We really embrace the notion that collaboration results in a more robust system. And whenever possible we share resources to avoid duplication and try to build upon things that may already exist.

And now that we’ve designed our system we really look forward to increasing opportunities for collaborative training projects to enhance professional developmental opportunities across the entire early childhood system.

And recently the Virginia Cross-Sector Professional Development Organization was established in our state to do just that. The VCPD which you see at the bottom bullet there is specifically designed for early childhood service providers to promote high-quality integrated professional development opportunities.

And I’ve included their website and encourage you to check it out and learn more about the project. And there’s just a ton of great resources on that site.
I know my time is running out so I really want to talk very quickly about our plans for the future. I’ve already talked about most of these but I want to wrap things up by discussing just briefly how all this fits together and helps to enhance staff retention.

Look, I think we all inherently understand that professional development is essential to staff retention. And over the next year two of the most important pieces that we hope to add to truly support that retention are the introduction of learning communities and a Virginia Home Visitor Certificate.

We are really trying to respond to the changing needs of home visitors and one of the things that we continually hear from them is the need for more opportunities to share and network with one another.

So we plan to offer regionally based learning communities to provide training support and networking opportunities for home visitors and supervisors. And we hope to be able to roll out a certificate that will be recognized throughout the state. And this is a critical step in establishing a well-defined career ladder for our home visitors.

So through a variety of efforts our Home Visiting Consortium is working to further develop the recognition of home visiting as a profession, build a career ladder that allows home visitors and supervisors to advance in the field and to ultimately increased salaries in a sustainable way for home visitors across our entire state. And all of these are activities that contribute significantly to staff retention which in turn of course promotes the best outcomes for families and the greatest impact in all of our communities.
As I wrap things up I would just like to share our web address which is on the last slide. If you’d like to learn anything more about our training system please feel free to visit our website at the address on the screen or feel free to contact me as well. Thanks so much.

Katrina Coburn: Thank you Laurel. I have to tell you we’re getting virtual cartwheels and fireworks in the question box. People are very excited about this.

I’m going to try to summarize a couple of the questions for you. The first one, how long did it take to build this system? I think it’s interesting.

Laurel Aparicio: Gosh well I have to say, like I said the consortium itself started working on this almost ten years ago. And it was slow going initially because the members had to pull very limited resources and a lot of times they were developing the trainings themselves.

Probably 2½ years ago is when we really started in earnest working on fleshing out the system. And initially our first role was to get those core trainings all completed, that original vision that the consortium had when they came together.

As we started thinking about developing career ladder opportunities that’s when we took a step back and said I think it’s time to think about the system in a more comprehensive way and develop those competencies..

And the competencies took us, we had slated about six months to work on it, but it took us well over a year to get those done. And I’m sure that’s no surprise to anybody who’s done the work but it’s incredibly time-consuming.
And I think we all appreciate all that goes into the work that our home visitors do with families. But putting it down on paper gives you an incredibly different perspective and a really unique perspective on that. So it’s been about 2½ years since we’ve really been able to wrap up and fully kind of develop out the rest of it.

Katrina Coburn: Great. That’s a lot of work for 2½ years.

Laurel Aparicio: It is.

Katrina Coburn: A lot of people are asking if the training is open to anyone nationally or is it really just available in Virginia right now?

Laurel Aparicio: At this point all of our web-based trainings are available. Anyone can register for them. Our live trainings are specifically designed for our home visitors in Virginia. We are looking at ways to sustain the trainings over time. And we may look at developing some sort of fee structure.

But, understandably this - all of this was developed through public dollars. So we will keep this as low cost and accessible as possible over the long-term. But that’s our goal is to be able to share it with whoever needs it truly.

Katrina Coburn: Great. I have a feeling you’ll be getting contacted.
Katrina Coburn: And a question from Sarita. Does the Virginia Home Visitors Certificate correlate to something other than all trainings have been completed, so is it for college credit or the infant mental health endorsement?

Laurel Aparicio: At this point we haven’t developed that. We have been focused on getting the competencies in place and then the training of course to support those competencies. Our goal is in Virginia we do have some very strong early childhood systems and professional development systems already in place.

And there’s a couple of folks who are have either developed an endorsement or credential process like the infant mental health that it makes sense for us at this point to develop reciprocal relationships with so that what we envision right now is that we will do a crosswalk with those different credentialing organizations.

So that they will when a home visitor presents with a certificate they will know that they have the required training that meets their endorsement requirement. So that’s what we’re working towards at this point.

Katrina Coburn: And Robert has asked: Are there other perks that come with that certificate for home visitors?

Laurel Aparicio: Well at this point again we haven’t developed it. I would love to see that other perks that if you come along with it would be career ladder opportunities.
And because we do work across all of the different sectors and disciplines in the early childhood field I’d like to see us begin to think about how we recognize each other’s endorsements and how systems can be developed to really support advancement and professional development across those different disciplines.

Katrina Coburn: Great. So that’s all the time we have with questions for Laurel. A lot of you throughout the webinar have asked questions about how to access specific resources that our speakers are talking about. And I will pass it on to our speakers to see if we can put that in the follow-up packet to today’s webinar.

I want to give a very big thank you to all of our speakers today. We really appreciate your time and commitment to this topic. You’ve each shared some great information and it really helped us all to think about intentional selection of staff, on-boarding and ongoing professional development and support.

Before we sign off today I do want to remind everyone to watch your email for that follow-up packet. We’ll try to get that to you by next week and remind you that we will have a webinar on April 28th as well. That webinar will be used to help us kick off a learning community on domestic violence. So please mark your calendars and plan to join us for that.

And finally just a quick reminder to please let us know what you thought about today’s webinar. Your feedback is very important to us and by taking the time to complete the evaluation you will be receiving soon via email from WRMA. Thanks again for joining us today and for all that you do every day to support families. Have a great afternoon everyone.
Operator: And ladies and gentlemen that does conclude today’s conference. We thank you for your participation.

END