HV-ImpACT Webinar on Professional Growth and Well-being

Hello, everyone, and welcome to our HV-ImpACT HRSA webinar. Today, we'll be talking about professional growth and well-being, strategies for MIECHV awardees in support of their local implementing agencies. Welcome, everyone.

I'd love for you to go over to the chat on the left and introduce yourself as you come into the room. Let us know what program that you're representing and your role within the organization. Also, want to point out some features of our room just to familiarize yourself.

You can see in the top left-hand corner, your presenter's face will be up there as we go throughout the session. So this is me, Karen Cairone. I am the Technical Assistance Manager for HV-ImpACT for the Universal Products.

You'll see a few other things in the room if you're not familiar. The bottom link will take you to the evaluation. So we ask you to please complete that. Before you are finished with our webinar today, you'll have it pop up, as well, as a reminder to complete the evaluation survey.

You can see the audio information. If you're having any issues at all with your audio or any technical support is needed, please use the Technical Support box underneath the slide deck. And, finally, you'll see a file share pod with a few resources that we'll be sharing throughout the course of the presentation.

You can feel free to download those now or anytime during the presentation. You'll also receive the links in a follow-up thank you email in case you don't have a chance to do it during the presentation today. So with that, I'd like to get started through the presentation.

Some quick reminders-- when you're not speaking, you'll have all of your lines muted. If you're having an issue with any kind of echoing right now, you might want to mute your computer speakers. And that should help with your issues with audio. Again, if you are having any problems, please go to the technical support box and our support team will help you.

We have our chat that we'll use throughout the course of the session today. Instead of having live questions, we'll ask you to use your question and answers to the left on the chat box. So you'll have participants throughout asking questions of each other, commenting. And, also, our presenters will ask you to go into the chat a few times during their sessions and ask you to comment as well.

And, please, just note that we are recording this session. So we will be able to share this on HRSA's website shortly after the presentation within a few weeks. With that, we really value your feedback.

So, again, just a reminder before you leave us today, please do take some time to give some evaluation feedback. We have a very exciting lineup of presenters today and a lot of information

to get through. So, again, at the end of this, you'll have this pop up. And the evaluation information goes right to our team for future planning.

Our presenters today-- we have Shannon CrossBear with us. She's a TA specialist with HV-ImpACT and, also, a change specialist with Change Matrix. We have Sunyoung Ahn. She is a specialist with HV-ImpACT and an Assistant Professor at Georgetown University.

We have Paloma Torres-Davila, who is a research associate is a TA for Familias-- I'm sorry about this, Paloma-- Saludables in Puerto Rico. For Jennifer Auman, she's a Program Manager for Nebraska's MIECHV program with the Health and Human Service Department.

We have Karen Shevlin, who's a Program Manager with the state of Montana Healthy Montana Families. And, finally, we have Betty Morrison-Franklin. She is a health education specialist at the state of Montana Healthy Montana Family. So we have quite a few presenters, and we're eager to hear what they have to say.

Throughout the course of the session today in our hour together, we're going to cover the objectives that you see on the screen right now. We'll engage in discussion about how wellness matters in every aspect of home visiting from our leadership to our direct service. We'll explore strategies and resources to help boost workforce wellness in home-visiting programs.

And then we'll learn about Puerto Rico, Montana, and Nebraska MIECHV awardees' efforts around their performance related to staff retention. So with that, I am going to turn it right over to our first presenter. And take it away, Shannon.

Thank you, Karen. And welcome, everybody. Just I am looking at participants, and I can see right away, you know, how much this webinar and this particular subject area is important to all of us. And so, you know, as we look at wellness and we're talking about wellness and how it actually supports performance, then we know about all of these kinds of things.

We've experienced those pressures that we know that our home visitors experience in terms of both, you know, what I would call the technical aspects-- the paper work, the caseloads, just managing all of that. But, also, we're going to talk a little bit about other kinds of stressors today, about secondary trauma and the impact that it can have on our staff and the impact it has on retention and how that then, in turn, impacts our ability to engage families and to retain families into the home visiting programs. And so we're going to talk a little bit about that.

I'm really excited about the fact that, you know, we're looking at kind of this subject over all, but then we really have an opportunity to hear how awardees are actually addressing this and supporting both themselves and the workforce that they're developing. And we want to keep both of those things in mind as we move ahead. So just kind of as a starting place, when we talk about staff wellness, we just want to get some responses from all of you about, as you see that, what does it mean within MIECHV.

So if you would just go to the chat box and share with us, when you think about staff wellness within MIECHV, what comes to your mind? We'll just give you a moment or two to answer that question. And just a reminder, your chat box, for those of you that are online, it's to your right.

Great. We have reflective supervision. Thank you, Jennifer. And self-care-- both Greer and Jacob. Self-care, protection from compassion fatigue-- I'm reading those for those that maybe not don't have access to the computer right now. We've got some more reflective supervision and promoting self-care, dealing with that secondary trauma, uninformed practice, and kind of reduction or low stress.

Well, those are great, great examples of what we talk about. So we do talk about all of that, what it actually means to be able to deal with that secondary trauma and to understand what we have control over, what we don't have control over, and how we can support going forward. So this little cloudburst here of looking at all of those things that impact our wellness, right? Not just our physical wellness-- our emotional wellness, how things are working socially and financially for ourselves and all of those ways that we define wellness.

So when we think about those kind of common stressors that we find within our awardees and the work that we're doing, now some of these I think, you know, probably we're all aware of that kind of jump out at us. Again, keeping in mind I think, what are the things that we have control over? Where are the places or the intersect where we can really begin to support the local implementing agencies as they address and look at these common stressors?

But we know that we have both the tension that happens with the parents and with coworkers and kind of the common things that we hear about too much work to do and not enough time and thinking about how do we control those things. How do we work with that? And what came to my mind as I was kind of looking over this, too, is just kind of those things that-- like, this on the third bullet that's a little bit highlighted-- families needing things immediately and the stress that's caused and how to balance that with the needs of the home visitors to stay within fidelity for a particular home visiting model and how that then impacts their stress and the work that they have to do-- the outside concerns, but also the concerns within the work that you're doing every day.

So all of these things can contribute to that stress. There's lack of clear communication with your coworkers. And, you know, how are those things working? And we'll talk a little bit later about some assessments that you can do that really will help to clarify, of these common stressors, what may be at play and maybe things that you might want to think about how you could address in the future.

So we know that wellness matters, right? We know that it matters not just for the home visitors at that level, but also for all of the awardees and your own work. And we know that when staff members feel supported, then they feel better about being equipped to really support families.

So we kind of look at that in those two places, right? That's just what happens to at the local implementing agencies. But how are we dealing with all of the things that we need to deal with, so that we are both encouraging, supporting, giving resources and opportunities for those folks to

really have some plans in place and be able to achieve their goals. But, also, how are we dealing with that in terms of demonstrating that we're really committed to this, to wellness and to that development?

So when we think about the role of MIECHV awardees and nurturing kind of that staff wellness and all of that in terms of creating that workplace culture support and really being very vigilant about what it is that really helps us to create a culture of support, we have some resources that are down below that were mentioned in terms of being able to download those files. And look at some of that. Not just the training opportunities, but how are we incorporating trauma-informed practices into the work that we do.

How are we giving our awardees opportunities for that peer networking and learning and training, specifically around staff wellness? And I'm going to actually turn it over to Sunyoung now to talk a little bit more specifically about how, when we're not intending to wellness, what kind of shows up for us and where we might see some of these things within the staff that we're working with, but also then how we might want to think about assessing and actually giving some resources to folks about how they might look at supporting. Sunyoung?

Thank you, Shannon. Hi, everyone. My name is Sunyoung Ahn. And as Karen introduced, I am an Assistant Professor at the Center for Child and Human Development at Georgetown University. And I'm supporting HV-ImpACT as a Technical Assistance Specialist for Region 5.

I saw many people's names in the chat box from Ohio. So I am very excited about that. And I think I also saw somebody's name from Illinois.

So before I start my portion, I want to go back a slide and bring people's attention to the downloadable document. So you can see on the bottom of the screen on the slide on the left side, HRSA Downloads in File Share Pod. So please check out the document in File Share Pod.

With that, as we are thinking about our roles within the MIECHV community in addressing and nurturing staff wellness, I want to talk about a pertinent issue that home visiting programs are vulnerable to. When Shannon asked a question about wellness and, also, stressors, many people typed in compassion fatigue and secondary trauma. So I am really glad that I get to talk about this piece.

So compassion fatigue, as you can see on the slide, the definition of compassion fatigue is next to each bullet on the screen. And, in summary, compassion fatigue is emotional, physical, and spiritual strain that results from working with those suffering from the consequences of traumatic events. And it may look like or co-exist with burnout, but the source of compassion fatigue is different than those of burnout.

Burnout results from environmental or institutional stress, such as workload, or bureaucracy, or, you know, complying with a model of fidelity and stuff like that. However, compassion fatigue results more from the relationship between a professional and client. And as the client and professional relationship is at the core of home visiting programs, you can imagine how home visiting professionals can be more vulnerable to compassion fatigue.

Compassion fatigue may cause professionals intrusive thoughts or dreams of distressing situations and even lead them to avoid interactions with clients. And this can eventually compromise professional's ability to care for clients. In fact, psychological distress can also occur in response to reminders of work with specific clients.

And I remember when I was working in direct services with families. There were certain families I could not stop thinking about over the weekends. And I even had dreams about them.

And when I saw the family's number on my phone, it really made my heart raise. And when those types of stress accumulated, it really made me feel helpless. But, however, I was fortunate enough to have support from my colleagues and organization to be able to continue providing care for those families who are experiencing insurmountable challenges, such as serious child illness in addition to unemployment, and parent going through cancer, and et cetera.

So when home visiting programs discuss the program effectiveness, we cannot overlook the impact of this type of stress on home visiting professionals. And as we move on, I want to make sure that we all have the common language. When we talk about compassion fatigue, other phrases that often follow include secondary trauma and vicarious trauma.

These terms are often used interchangeably, but the nuances can slightly differ as you can see on the screen here. However, according to the National Traumatic Stress Network, the symptoms of all these three conditions mimic post-secondary traumatic stress, such as an increase in arousal and avoidance reactions related to the indirect trauma exposure, changes in memory and perception, alterations in their sense of self-efficacy, a depletion of personal resources, and disruption in their perception of safety, trust, and independence. So, now, let's think about how we would identify the symptoms of these conditions in home visiting organizations.

What would they look like? So here, I ask you please type your answers in the chat box. I see that people now are starting to typing in.

So Christopher said, depression, loss of focus, days missed at work, alcohol or substance abuse. Thank you, Christopher. Kim says, physical and emotional exhaustion, feeling overwhelmed--definitely. Nina also says, executive functioning that goes online and offline, not consistent functioning of executive functioning skills. And Christian says, frustration, tired, and sickness.

Jolene says, second guessing their skills and value with families, second-guessing their kind of values and also their values for [INAUDIBLE] as well. No longer engaged. Jacob says stress throughout the organization that trickles down throughout the levels.

Betty says, I hear about secondary and vicarious trauma a lot. And our LIAs have various training on those topics. I'm so happy to hear that.

But compassion fatigue is often referred to as burnout. So I appreciate the clarity on that. Thank you, Betty. I'm glad to hear that. Mark says, becoming numb to the challenges the families we serve face.

Well, thank you so much for all the great responses, everyone. So in addition to what you all shared, compassion fatigue or secondary and vicarious trauma can be indicated in the organizations through staff turnover, high absenteeism, inability of staff to believe improvement is possible, poor teamwork, lack of flexibility among staff members, negativism towards management, inability of staff to complete assignments and tasks, inability of staff to respect and meet deadlines, strong reluctance towards change, lack of vision for the future. And I think a lot of what I just listed overlaps with many of your answers you provided in the chat box.

And these symptoms, inevitably, will impact the staff's performance and the organization's performance with families as you can imagine. Will here's a little poll. It is important to recognize the symptoms of secondary trauma or compassion fatigue and its impact on families and the organization's performance.

But after you recognize the signs, what do you do to support staff? So a little polling question was just pulled up. So please check all that apply to answer this question.

And if you chose others, could you please describe your organization's wellness support activities in the chat box? So I see that a lot of people chose reflective supervision as a response to addressing staff wellness and, also, attention to work-life balance, professional development. And I think the next highest ones are trauma informed approach, employee assistance program, definitely, ongoing request for feedback communication.

I think most people responded to the polling question. So I'm going to broadcast the results. Emma, do I need to do anything to broadcast?

OK. So to share with you all some responses that came in the chat box, people mentioned team meetings as one of the other choices. And Kathy says, we have employee assistance program and attention to work-life balance discussion, team meetings, planning fun staff activities for team building and support.

And I am so happy to hear all these great things that many of your organizations are doing to address staff wellness on the systems level. So on the next slide, in case you want to consider implementing staff wellness initiative in a more structured way, we thought this resource could be helpful. This is a resource published by National Head Start Association.

And I, actually, really like this resource and have used this resource with many programs in providing TA. They applied kind of implementation stages into wellness program. And you will find that this restores kind of provides very specific stage-based guidelines.

And the step by step guidance may help you start thinking about what is already in place in your organization and how you, as a leader, might expand the currently existing pieces into a program level and sustainable initiative. That might require you to review your organization's policy and procedures, direct service practices, and even staff development activities. And, actually, many people in the previous slide clicked on staff development activities as a response to staff wellness.

So, for example, more and more home visiting programs are implementing reflective supervision. So if only a few people are participating in that initiative right now and your goal is to make it available to the whole staff, you might want to discuss with your team about what professional development will be needed to support staff and how to schedule supervision sessions and if the program vision, policy, and direct service practices really support reflective supervision and what wellness outcome you want to target in relation to reflective supervision and how to collect your outcome data, and et cetera. So data-based decision making is a key to make implementation last.

So we wanted to provide a few examples of measures of workforce wellness you may be able to incorporate into your wellness implementation. However, as Shannon showed earlier, wellness is such a broad topic. And it is really important for an organization to establish a common language and priorities around wellness before making decisions regarding your measures.

So we try to introduce some common drivers or indicators of workforce wellness here. And those include organizational climate, job satisfaction, level of compassion fatigue, and secondary trauma, and employee attrition. However, we know that there are many more measures that are possible, depending on your organization's wellness priorities and definition, such as quality of reflective supervision, healthy eating habits, work-life balance, promotional opportunities, and et cetera.

So I hope this information and resources we provided are helpful for your future endeavor related to staff wellness. And, now, we are going to hear from three awardees, Puerto Rico, Montana, and Nebraska, about their different approaches to this on the systems level. So I am going to turn it over to Paloma from Puerto Rico here.

I just wanted to say a quick thank you, Sunyoung, for presenting and for Shannon as well and just pause for a moment and see if there's any questions for our presenters before we switch over to the next part of the presentation. You can feel free to use the chat over to the left-hand side of the screen to write in questions at any point. And we also will have a period of time at the end of this presentation for additional questions.

So please keep those good questions coming. And it looks like, Paloma, there are none at this moment. So please continue with your presentation.

OK. So hi, this is Paloma. OK, sorry. I was trying to [INAUDIBLE]. OK, sorry. So this is Paloma.

Hi, everyone. I'm [INAUDIBLE] PA from an applied research institute [INAUDIBLE] Familias Saludables Puerto Rico, which is Healthy Families Puerto Rico. We just wanted to share with you today ways we have been serving our staff and helping our staff deal with all these stressors they're under and, you, know how to deal with their vulnerability to secondary trauma.

So we wanted to provide, first of all, a little bit of context to the program in Puerto Rico, so you could understand how, you know, we're even a bit more under the strain these past two years.

Our program serves adolescent mothers or [INAUDIBLE] adolescent mothers under 21 years of age. Although, recently, this year, we've extended the age limit.

And we serve in high risk municipalities for child maltreatment and other forms of violence. And these are in the Orocovis and Barranquitas, and Jayuya municipalities, and Maunabo and Patillas. These are all in the mountainous inner regions of the island and, also, the coastal region.

And this is important, because these regions are very remote, although it's a small island. 58% of people live under the poverty level in Puerto Rico with less than $10,000 a year. 58% are a single-mother households. And 30% lack a formal high school education.

And compared with the children in the US, the KIDS COUNT 2018 Data Book, it said that Puerto Rican children are the poorest in the United States with 56% of our population being under the poverty level. So this is sort of the scenario we have. And then these municipalities being in the inner-most regions of the island have very little access to resources, resources from basic needs to mental health needs.

So our home visitors, a lot of times, are trying to serve all these needs with the families in addition to, you know, working with our [INAUDIBLE] curriculums and Healthy Families. So that was our normal, you know, scenario. And then last year with our 2017 hurricanes I imagine many of you saw through the news, we were first impacted on September 7th by Hurricane Irma, which was a Category 5 hurricane that passed just north of Puerto Rico, but it left a million people without power and over 12 people not accounted for.

Two weeks later was Hurricane Maria came September 20th. And that hurricane made a direct landfall bisecting the island. There's a huge debate. Some people say it's a Category 5. Other say it's a 4, because even our radars flew off, so it couldn't be measured.

The whole island was left without power, without any communication. So we had to go back to a lot of square ones on how to contact our participants, how to contact each other as staffers. There was a lot of catastrophic damage, flooding, a major humanitarian crisis due to a lack of these basic resources on strict austerity measures.

And, you know, the relief process has been pretty slow. We had the longest blackout in history just last month. The whole island was declared that we finally all had power, yet we still have our frequent power outages. And I'm just begging that my power doesn't go out today.

And, you know, due to all these situations, there's been a spike in mental health crisis and, particularly, in suicidal behavior. Total losses from the hurricane are estimated towards 92 billion. And a lot of the families have been displaced due to, you know, flooding, landslides, houses that have been destroyed.

And that includes some of our staffers. Some of our staffers were directly affected by this. So it seems pretty dire. But what I wanted to, you know, just show you what our staff has been dealing with this past year in addition to the regular structures and vulnerabilities.

So in 2017, you know, before all these hurricanes, we had all these stressors. And we do work as a team. From the technical assistance prospective, we try to serve the needs that we identify through our staff surveys, also with our program coordinator. We have lots of conversations through our monthly meetings on terms of, you know, what is needed.

So we decided to put a program, a capacity building program through trauma--informed practices to see how could we better support our program and our supervisors and how this played out on all levels. Not just, you know, helping our participants, but also helping our staff and, also, how we could serve at an organizational level. So we started talking about, or training our staff on, the different types of trauma and stressing a lot or emphasizing a lot on stress versus toxic stress, trauma, and the ACES study.

We also focus continuously on vicarious or secondary trauma and cumulative and intergenerational trauma. So it's just like a lot of differentiations. But this is a lot of the situations they're seeing. So [INAUDIBLE] they could feel better, you know, with what they were seeing or more comfortable with dealing with these situations and giving them strategies to work concretely with them.

So with these strategies, we began providing special help with domestic violence. There's a lot of high incidence in these regions. So it was how we could understand it in relation to the ACES study and the multi-generational trauma.

We developed a lot of domestic violence protocol for our program. It was based on what we needed to measure and assess for HRSA and, also, for Healthy Families. But, also, what concrete steps could we give to help our staff feel more secure, to help them feel safer, but also feel that they're giving are participants, like, concrete actions and help they can get.

As I told you, a lot of these regions are remote. So many times, you know, you can say, well, you need to leave your house. But they don't have anywhere to go. Or, it's a very small town, so the police aren't exactly too cooperative.

Or, they don't have shelters nearby. A lot of these participants, maybe they don't have cars or transportation. So trying to, you know, move to find these services is very difficult for them.

We also developed mental health first aid training, where we develop specific security measures to help them with all evidence based. And we started providing some strategies to manage their vicarious trauma that research has shown has helped them including breathing exercises, progressive relaxation, muscle relaxation, self-care promotion, and strategies to manage their anxiety and stress. And all this is being continuously supported through the different trainings and capacities.

Even to this day, we try to interlace it somehow with what we're doing. We also use a lot of CQI to identify areas of opportunity and change that need to be tended to. And we work a lot on building resilience, not just on a theoretical level, right, but how to build it into our organization and with others.

And with that, after Maria, we had to sort of redesign our program. And we had to help our staff, because they were directly-- you know, we've all been directly impacted. But, also, they're dealing with a lot more stressors on behalf of the participants.

So the Heal the Healer-- that's how we called sort of this training or this program-- we do some debriefing with our staff. We have some guiding questions based on a self-- sorry, on a trauma stewardship model, where it's based on self-reflections. And it goes from, you know, the biggest scope to really seeing your own vulnerabilities and see where you need to help. We do lots of trauma work, you know, with these questions, seeing step by step how to deal with this. What are coping strategies that, you know, you've been caught, or that you can discover that you can use and help you manage? Because it's very tailored to the individual needs.

And we do emphasize a lot of that relaxation. And, finally, you know, we are conscious that we can solve it all in capacity building or through the reflective supervision. So we do provide continuous connection to long-term mental health services.

Through the supervisors, we try to connect them and follow up on that they're receiving the help they need. So our goal is to, basically, just continuously support our staff, so they can better manage their work-related situations, but also, you know, keeping very healthy lives both physically and emotionally inside and outside the workplace. So that's more or less, you know, what we've been doing.

Any questions, you can put it in the chat box or any comments. And we'll get to them right after. And I'll just pass it on to Montana now.

Thank you very much, Paloma. Great job. I'm excited to hear more about--

Thank you.

--Puerto Rico in the future. This is Betty from Montana. Karen, are you also on?

I sure am, Betty.

OK. So some of the strategies we do to promote professional growth and well-being from our level is really just supporting our local implementing agencies. And one of the ways we do that is doing monthly coaching calls. [INAUDIBLE] supervisors, program consultants talk to supervisors and home visitors, sometimes even administrators regarding things such as staffing, case loads, visit frequency, their data, so what data maybe they need to work on getting into our system, and what data are they doing a great job on, just really celebrating those successes and talking about the challenges that they're having.

We also work on any of their continuous quality improvement projects, how we can assist with that or what they're working on, how they're working on it, what their teams look like. We have those discussions and [INAUDIBLE] on their calls.

We also talk about any performance improvement plans that they may be on, such as working on their case loads is something that a lot of ours have been working on in this past year due to staff turnovers or just not being able to hire in their community. With the rural state that we have, sometimes it's really difficult for our smaller local implementing agencies to even get people to apply in home visiting positions, just because there's just not enough people in their communities. But there's lots of people to serve. So there's still high need.

We also discuss some of their expenditure issues on these monthly coaching calls, is they're either maybe not spending enough or spending too much and some of the challenges they're having with that, working with their administrators on getting the information they need. And we discuss how reflective supervision is going in their communities and maybe ways that we can help improve that or provide further information on any trainings that might be available in their area or trainings that they would like to have during our annual meeting.

The next thing that we really-- our strategy is support from mental health professionals. A couple of our sites in particular provide mental health consultation to all of their home visitors. Gallatin County, in particular, provides a mental health consultation, a specific person in their county. That includes an anonymous survey to all home visitors.

They come to the reflective supervision with their supervisor. And they discuss specific clients during reflective supervision environments. They also are really, really good at encouraging self-care with all of their home visitors.

Park County is actually very close to Gallatin County. And they do a lot of the same things. But a lot of their mental health services or cooperation is because they have a very strong community. All within their organizations in their community meet together regularly.

They share referrals. They share information. They share cost and trainings. They really work well in their community to collaborate all of our services from health care, mental health, social services.

They do a lot of community events that everybody shuts down and participates in. I think these two communities do a really, really great job of supporting their home visitors and really working together well. So we tend to use them as an example a lot when we talk about supporting each other. Karen, was there anything else you wanted to add there?

I think that's great. No, I don't.

OK. And this next slide, I'm going to have Karen take the lead on this one.

Thank you, Betty. Hello, everybody. I want to start out by just kind of talking about something that's not on the slide that we've been doing to encourage and support self-care both at the state level and the local level.

About a year ago, we began doing, at the state level, the 34 strong StrengthsFinders. And that's where each staff person identifies 34 strengths. And we learn about each other's strengths and talents.

And we've been doing that internally at the state level. And we've brought it to our local agencies at our annual conference this last May. We bought each of the staff from local agencies the StrengthsFinder book.

And, just, we had a speaker come in and speak about how to, you know, engage your staff using this approach. And it was very successful. And we're sort of moving forward with that. It's a great way to do team building. So that was one thing I wanted to share as a strategy for workforce well-being in Montana.

Some examples for individual programs in Yellowstone County-- for instance, they have a program called Lunch and Learn where they do activities that are hosted by either local mental health or social services and health care professionals with follow-up resources provided. We also do flexible scheduling. And we try to offer professional development when available, which includes topics like motivational interviewing, poverty awareness, and adverse childhood experiences.

We did a follow up at our local conference-- excuse me, at our annual conference this last May, did something called Lemonade for Life, which is the follow up to ACES. Once you have you ACES score, what next?

And then, of course, some local agencies provide employee assistance programs. And that encourages, you know, employees to reach out to mental health professionals to take coping skills courses and meet with groups when needed. And so that's just a little bit of what we're doing here in Montana. Thank you. I'm turning it over, I guess, to Jennifer.

Hi, this is Jenny Auman from Nebraska. My goodness, this was going quick today. That is OK, but if there is even any one that has great comments, that they can jump in or just put in on the chat. I see my friend Kathy from Arkansas says they've used StrengthsFinders as well and agree that it's a great tool.

We have used it here on our team. But I have never even thought about getting it for our partners. So what a great idea, thank you.

So I am Jenny Auman, the Program Manager for the Nebraska Maternal Infant and Early Child Home Visiting Program through the Nebraska Department of Health and Human Services. So on my first slide, I have that performance measurement is based on relationship. How does that work?

So-- looking at the way things are, knowing you can do better, and implementing change. But there's two things we don't like. We don't like change. And we don't like the way things are.

So what makes the difference? In your site, what makes a difference? If you could write that into a chat, we'd just like to look at some of the answers.

So we know that change is tough. We all know that. You're comfortable. Then your boss says, well, we have to do it this way.

But if we look at it through a different lens, we can not only see the why, but the how of making things better. My favorite quote from Maya Angelou says, "you do the best you can until you know better. And then when you know better, you do better."

Performance measurement is based on looking at the data and how things are, then setting a goal to improve. But it involves everyone in making effective change from administration, to the front line workers, to the families. Involving everyone means looking at relationship-based skill.

So some of the things that you have written here-- trauma-informed organization with built-in wellness practices, absolutely. Obtaining buy-in in the change typically provides more positive transitions in organizations. Karen, that was awesome, because it goes right into it.

I am getting a hold of my clicker. There we go. When things change, you do need buy-in, and relationships are key. So in thinking about this, I was really thinking about how do we unlock the door to really great outcomes with families.

I know that, when I first started this job, someone told me that, when you take care of the families, the outcomes will follow. It's not really a cyclical relationship. Every point is related to each of the others in different ways.

It creates a community of trust. And building relationships is the only way to gain that trust. You can see here that it takes different keys to unlock the door of positive outcomes.

The thing that holds us all together, of course, is the families at the very base. But I recently spent time with two new home visitors at one of our program sites. And we were talking about that parallel process of trust, reflection, and support.

And I now think that it's less like a key ring and more like a music staff. Each line, each level, of administration of the MIECHV program plays a part. You have the MIECHV grantees, or the Nebraska DHHS in this case, then the LIA managers, the supervisors, the home visitors, the families, five parallel lines that, when you put it in the points of data related to the family, creates wonderful resonance and song.

The relationships, the reflections with support and trust are the spaces in between. So I want to share with you some of the things that MIECHV does for strategies for LIA support. The reason that I spent some time with the home visitors recently was for-- excuse me-- model introduction training.

Healthy Families America home visitors must be trained in the model before they begin to see clients. But the core trainings are intense. They're five days long each and, many times, in a different city than the home visitor calls home.

In the past, participants would go. They'd learn and retain about 20% due to the pure immense amount of new information being given. Now, before Nebraska home visitors go to the core trainings, I spend an entire day giving them the foundations or an overview of what they'll be learning.

This has shown a tremendous increase in the amount understood and retained after core training. It also gives me the opportunity to meet our home visitors, assess their strengths, and find out what makes them excited about their job. I share my passion and availability as a resource, create personal relationships that build trust in the program even with a quote unquote, "state" or "federal" government.

I'm sorry. I also make sure that transparency is a huge part of our program. When we were all going through the stress of the government reauthorization, I made sure that my LIA managers knew exactly what I knew, even forwarding some updates from [? ASHV, ?] the national VOP models from HRSA.

The same is true when we had to make difficult decisions about funding. And that transparency made all the difference. The LIAs and NDHHS worked together through the confusion and the worry and even the justifications of different funding among sites. In the end, there were no squabbles, no questions above my head. It worked.

Some other things that have made a huge difference-- frequent contact. We also have monthly check-in calls to update numbers, make sure I know what's going on with staffing, ensuring training is going on. And most, especially, I ask them, what can I do to make their life easier.

Creating opportunity for training, especially free training, and making sure they have access to state and national resources-- timely response. You know, when I first started, I was startled at how grateful the LIA seemed to be that I actually called back or replied to email promptly. Even if I didn't know, you know, I told them that. And then I would say I'd get back to them.

A veteran of the department even told me once, you know, we're the state. People know that a week for a response was normal. Don't sweat it. But that wasn't acceptable to me. And in return, when I need something from my LIAs quickly, I get exactly the responses that I need.

Expertise-- expertise does not come from only past experience. Actually going to the trainings I recommend and learning about the model and curriculum, so I can actually be of some help. I vet trainings before I recommend them. And I do the legwork to find the good ones with reputable presenters.

Similarly, my counterpart on the data systems has trained not only in the model, but in the case management system. She offers free data training to each of the LIAs, knows where to find the different tabs and menus in the system, acts as a liaison between the data contractors and the

LIAs. And when she does trainings, she is able to use realistic scenarios and makes things like finding data errors a game.

As an epidemiologist, she is absolutely brilliant. But more than just her knowledge is her approachability. And each of us, when we are making these offers to train, even if it is clear across the state, we go. And we don't hesitate to take the opportunity to go.

Another huge thing is follow through. You know, I've actually said quite a bit already about what we're actually doing and going and doing what I said I would do and finding out what I needed to know if I didn't know. Well, there is nothing greater to build relationships than circling back around to tell the person what you found out what they asked, or that you remembered what they asked in the first place.

Recognition-- we use positive feedback methodology with all of our families. Tell them what they're doing well, and they're much more likely to keep doing it. Well, I do the same with my LIAs whether it's verbally, in an email. We have state recognition certificates with a letter on DHHS letterhead, sending holiday e-greetings to the home visitors directly, talking up LIA successes to others, especially when the staff are within earshot.

This recognition really does a great job. Mostly, we are involved even as state personnel. We let them know that we appreciate the work they do, let them know that they're not interrupting my work, but the reason for it.

Sometimes, I don't know, but, when I can, find out. And when I'm wrong, I admit it. And I apologize. We're modeling the behavior that I expect from the LIAs, from me to the administration to the service providers to the families and, finally, parents to the children in that parallel process. It really works.

The evidence-based model is specifically designed to get results. If you implement to fidelity, the data will follow. So circling back around, what does all of this have to do with performance measurement and continuous quality improvement? It's based on relationships, based on trust, that the LIAs become active partners in our program. They have a voice in what goes on. And they know the details.

Each of the things you see on this slide are bricks in building a very solid foundation for the program. If you implement to fidelity, you're not afraid of change, because you've been involved in the details from the very beginning. And most importantly, if you take care of the families, the data will follow.

So some last thoughts-- again, never forget it's about families and supporting them. Regular communication-- what's happening day to day. Who knows more about the families and the circumstances they're facing? Home visitors need to be involved in programmatic implementation.

Teach appropriate documentation strategies. And give the home visitors leeway to find out what works best for them. Follow through every single time.

Give them access to others doing the job. We have our open mic calls, which is a monthly time where all of our program managers and supervisors are getting together on a topic. Sometimes they lead.

We have done data and CQI community of practice. We're having a conference for just our people coming up in October in just a couple of weeks called the [INAUDIBLE] summit. We have our statewide conference that we do with home visiting partners called Recharge for Resilience.

We have access to the national conferences. Local-- give them opportunities to develop their own skills based on their interest, and be presenters. Responsibility to the families, the home visitors, and their needs first. Putting responsibility on them and giving them autonomy and trust. They're making the difference. Correction, yes, but mostly praise is needed.

We know that change is tough enough. Positive relationships keep us from being really grumpy about it. Karen, I believe that that is back to you.

Great. Great. Thank you, everyone. Please do go over to our chat. If you have additional questions, we have some great links that our presenters have been sharing over there. I do want to let you know that sometimes, if you click a link in the middle of the presentation, you might get kicked out of the presentation. So we want to make sure you know we will include these links in the follow-up email that comes out to participants after the session.

With that, I'd like to say a great big thank you to all of our participants. It was really a wonderful session. We had a lot of information. And it was so useful to hear from three different awardees as well during the course of this presentation.

If there are other questions, we'll make sure we keep looking over to the left and see those as they come in. But I want to just give you some wrap up information. We do have another webinar coming up in December.

This session will be on grants management and project management collaboration. So we'd like to feature some awardees who are having really wonderful collaboration between the two and, also in general, just to hear from some subject matter experts on how to best collaborate across the MIECHV program. We have two recent products that came out that I would hope that you had received in your inbox.

But if not, we'd love you to go to the HRSA website and make sure that you download these resources. We have the subrecipient monitoring manual and, also, the communication strategy guide and planning template resources, which have been recently added to the HRSA website. We will make sure that that link is also in the follow-up email.

And then finally-- the evaluation survey. For this session, you can click this link, or you will be taken directly to it. And we do appreciate any feedback that you can provide.

A lot of folks are heading over and thanking our presenters. And I know it was really a wonderful experience across the board. So thank you again to all of you for attending today and to our presenters. And I hope you have a great rest of your day. Thank you.