

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Webinar

“Identifying Strategies for Addressing Domestic Violence in your Communities”

April 28, 2015

3:00 pm ET

Presentations by:

***Lisa R. King**, MA, Women’s Health Specialist, Acting Team Lead, Western Implementation Branch
Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, HRSA
Tarsha Cavanaugh, PhD, MSW, LGSW, Senior Public Health Analyst, Office of Women’s Health, HRSA
Jessica Stewart, MPA, Program Manager, Bureau of Women’s and Children’s Health, Arizona
Department of Health Services*

***Judy King**, MSW, Strengthening Families Washington Administrator, Washington State Department of
Early Learning (DEL)*

***Kelly Starr**, MSW, Director of Communications, Washington State Coalition Against Domestic Violence
(WSCADV)*

Operator: Good day everyone and welcome to the Identifying Strategies for Addressing Domestic
Violence in Your Communities Call. Today's call is being recorded. At this time I would like to
turn the conference over to Katrina Coburn. Please go ahead.

Katrina Coburn: Thank you, Mark. And good afternoon everyone. 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 this
webinar we really invite you to engage in the conversation as we explore how two states are
approaching domestic violence.

If you logged on early uh, you've already had an opportunity to respond to a few questions and
we really appreciate your involvement in that activity. And there's going to be several more
chances today to engage through polls and question-answer breaks, and for grantees a post
webinar conference call directly following today's presentations, uh to help us plan a new
learning community on this topic.

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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, so be sure and download it if you haven't already done so. We have about one hundred ten participants with us so far today on the webinar and that number is hopping up pretty quickly, um so phone lines are muted for all participants. However, if at any time you have a question or comment about the presentation we would love to hear from you.

To submit your question or comment, you'll just use the control panel that's located to the right of your screen. At the bottom of the panel is an open text field where you can type your questions and those will come to me. I'll be monitoring the question box and we'll share your comments or questions with our presenters during the designated Q and A time. So, without further ado, I would now like to introduce Lisa King.

Ms. King joined the Health Resources and Services Administration's Maternal and Child Health Bureau as the Women's Health Specialist in August 1999. Her career in women's health began with the Michigan Department of Community Health as a State Woman's Health Coordinator. In October 2013, she began working in MCHB's Division of Home Visiting and Early Childhood Systems as a Project Officer for the ECCS program.

In that role she provided guidance to grantees on the development of coordinated community systems of care focusing on screening, early identification training, and treatment of toxic stress. Most recently in March 2015, Ms. King was temporarily assigned as the Western Branch Team Lead for the MIECHV Program. Welcome, Lisa.

Lisa King: Thank you, Katrina. Hi everyone, and thanks for joining us today. As already mentioned, you have joined the Identifying Strategies for Addressing Domestic Violence in Your Communities Webinar. And we are going to hear from two states that implementing uh, are implementing strategies to address the issue of domestic violence in communities throughout their state. And

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we'll also have an opportunity to get the Federal perspective and hear what an HHS agency is doing to address this very important issue.

So to begin we're going to hear from Tarsha Cavanaugh. She's with the Health Resources and Services Administration's Office of Women's Health, and she's going to let you know what they're doing around DV. Then you're going to hear from Jessica Stewart of the Arizona Department of Health Services and what they're doing to address their domestic violence benchmark as a home visiting grantee.

And finally you'll hear uh from Judy King of the Washington State Department of Early Learning and Kelly Starr of the Washington State Coalition Against Domestic Violence, and how the two organizations together are working to strengthen their response around this issue. So, right now I want to turn it right back over to Katrina.

Katrina Coburn: Thank you, Lisa. Next up, I am pleased to introduce Commander Tarsha Cavanaugh.

Tarsha is a Senior Public Health Analyst in the HRSA Office of Women's Health where she is a Women's Health Advisor and Team Lead for Violence Prevention. Prior to joining the office, she served as a Public Health Analyst and Program Coordinator for the Garrett Lee Smith Memorial Act State, and Tribal Youth Suicide Prevention Grant Program at the Substance Abuse and Mental Health Services Administration.

In addition to her professional responsibilities, she provides counseling services to youth and families in the District of Columbia on issues related to academic underachievement, mental health, depression, domestic violence, sexual abuse, and grief and loss. She is also an assistant girls basketball coach at a high school in the District of Columbia. Welcome, Tarsha.

Tarsha Cavanaugh: Thank you, and good afternoon everyone. Thank you uh to Lisa King and the MIECHV Leadership as well as the TACC for the opportunity to be a panelist for uh today's

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webinar. As mentioned, I am the Violence Prevention Team Lead within the HRSA Office of Women's Health, and I will share a few highlights of some of our violence prevention priorities.

The HRSA Office of Women's Health is a crosscutting policy coordination office that provides technical expertise to bureau and office programming to integrate women's health. As the agency lead for violence prevention, the Office of Women's Health coordinates women's health related activities across HRSA – strengthening programmatic focus to reduce sex and gender based disparities and support comprehensive, culturally competent in quality healthcare.

One of the activities that we participated in several years ago was a revision of HRSA's workplace violence policy. In 2011, uh HRSA's former administrator Dr. Mary Wakefield, she signed a revised Violence in the Workplace Policy acknowledging violence as a public health issue and the role employees have in a safe, and healthy workplace. The policy requires that HRSA staff complete online annual training, as well as um to better understand the motivations that trigger violence in the workplace.

This policy and training are in alignment with a memorandum issued by the President on April 18th in 2012 to heads of executive departments, and agencies to establish procedures for addressing domestic violence in the federal workforce. Now, as you all know, families across the country are affected by violence, abuse and trauma. And, to help address this issue, the Office of Women's Health has provided ongoing consultation and support to the Division of Home Visiting and Early Childhood Systems leadership to establish coordinated technical assistance and state specific training for grantees regarding the domestic violence benchmark.

The Office of Women's Health envisions that this effort will better serve the needs of families experiencing domestic violence and improve program outcomes. OWH has also engaged in some of the model developer calls to gain an understanding of how the state specific training impacts fidelity to the evidence based models that grantees used. Some of the other activities that we engage in is specifically doing domestic violence or violence related health observances.

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Um during Domestic Violence Awareness Month, we have collaborated with the Division, the Family Violence Prevention of Services Program, and the Health Resource on Domestic Violence to cohost a series of Home Visitation Webinars for grantees that are focused on screening, assessment, safety planning and the Healthy Moms, Happy Babies Train the Trainers Curriculum.

In October of last year, the Office of Women's Health cohosted the Affordable Care Act -- An Intimate Partner of Violence webinar -- with the Family Violence Prevention and Services Program, and the Health Resource Center on Domestic Violence, to provide a basic overview of the coverage requirements in the Affordable Care Act and the U.S. Preventive Services Task Force's [inaudible] recommendation for screening and intervention for domestic violence.

In October of 2014, the Office of Women's Health also launched the first of a series of trauma informed care trainings for the Maternal Child Health Bureau Division of Healthy Start and Perinatal Services, in collaboration with the Region IV HHS Office on Women's Health and this training was designed specifically for Healthy Start Project Directors and staff and focused on the prevalence of traumatic exposure and principles of trauma informed care, as well as the importance of using a trauma informed approach when providing care to women, children and families.

The Office of Women's Health is excited to be engaged in this collaborative discussion, and we're eager to learn more about the strategies being used to address domestic violence in states and local communities. We truly appreciate your efforts and the positive impact that you make in the lives of women, children and families. So, at this time I will turn it back over to Katrina.

Katrina Coburn: Thank you Tarsha, that's great information. So let's get started on our state presentations, and to kick off the conversation today I am thrilled to introduce our next speaker. Jessica Stewart is the Program Manager for the Arizona MIECHV program.

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Jessica has worked with high-risk children and families for 15 years. Her experience includes working one-on-one with families, with young children with behavioral health issues, developing a program for teens who are at the Arizona State Hospital that offers life skills and a self-efficiency plan for successful social reintegration, mentoring teen moms, and teaching child development courses.

She has also managed a program at a local high school for at-risk teens that increased graduation rates by fifteen percent, and worked with minors who are victims of domestic child sex slavery. Her experience and knowledge has been absolutely critical to the success of the Arizona MIECHV program. Welcome, Jessica.

Jessica Stewart: Thank you so much, and I'm thankful for the opportunity to be able to share um what we're doing in Arizona in addressing the topic of domestic violence um for home visitors. We're going to do, um start with a quick poll um just to get an idea of who's currently offering professional development trainings on the topic of domestic violence um in your state. You'll see the poll there on your screen. You can just click "Yes" or "No". Arizona um - here we - are you...

Katrina Coburn: Oh, give me one...

Jessica Stewart: Sorry, let me just do that.

Katrina Coburn: The numbers are still going up pretty quick, Jessica.

Jessica Stewart: Oh, I apologize

Katrina Coburn: That's okay. All right, I'm going to go ahead and close that so that you can see the results.

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Jessica Stewart: Oh, wonderful.

Katrina Coburn: There you go.

Jessica Stewart: All right.

Katrina Coburn: All right, so it looks like about 70 percent um of our audience has said, "Yes," and 30 percent have said "No."

Jessica Stewart: Great, okay. Um, so Arizona is not that different from some states where the implementation of MIECHV um resulted in some additional data collection from programs. Um for some programs, they were not previously screening for domestic violence or they were not utilizing it in the same way um that we were for MIECHV. Because of this home visitors provided quick, and for some, desperate feedback in regarding the screening and um making referrals as well.

We'll go to the next slide. We provided training on how to fill out um the form, when to fill out the form, how to score it -- all of the details to get the actual data collection completed. But, of course there is more to it than that. And, there was a lot of pressure placed on the home visitors to not only tackle a subject that they made not have been well versed in, but to also meet MIECHV data collection deadlines.

They were concerned about getting the assessment when others were home, what to do with the warning signs of domestic violence when they were present. Um, but when moms were filling out the assessment honestly, um but were not filling out the assessment honestly and so we're unsure really how to handle that situation. Um at times it was unsafe to provide the information for a referral or not sure even where to make that referral to. Um, additionally, they

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felt inadequate to address questions from the families on the topic regarding domestic violence as well.

Next slide. It was apparent that um we needed to provide additional support and education for home visitors in order for them to have the knowledge and skills to safely do their job. We want, um we went to the experts at the Arizona Coalition to End Sexual and Domestic Violence, and um we partnered with them to offer training and technical assistance to home visitors.

We funded a full-time employee to be trained in the Futures Without Violence, the Healthy Moms, Happy Babies Curriculum and that, I think, many are probably familiar with, um and trainings have been held throughout the state to ensure that the training was as convenient as possible for home visitors.

Next slide. We continue to hear feedback from home visitors um as that training rolled out. That policies were different not only from agency to agency but even within the same program, um but at different sites. The trainings were very popular, but of course there's limited time and space for the trainings as well, and um the additional need to understand the roles and responsibilities of everyone who works with victims of domestic violence.

Ultimately, everyone's purpose is the same but the policies, procedures, thoughts and beliefs on how to work with victims varies greatly, um which definitely made an impact in some of those communities where they were making some of those referrals as well.

Next slide. The trainer at the coalition was asked to develop cross program standards on domestic violence and then a team was created of representatives from home visiting programs, domestic violence prevention programs, resource centers, advocates, child protective services, county health department. Um, everybody gathered together to really collaborate on developing the guidelines um for domestic violence.

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Next slide. Um, in the email that you received today, you did receive um the - a PDF version of what our guidelines are so that you have those available to reference. Um, but I'm also going to touch on a few of the points here, um just in case um you aren't, you know, currently sitting there thoroughly reading through the guidelines.

Um one of the most important things, of course, is to define domestic violence, and all of the subsets within domestic violence. And, make sure that everybody was speaking the same language understood what um was classified as domestic violence so just to have that basis of what um we were even talking about – meaning to start the conversation: How to use normalizing language um and, of course, confidentiality, what was and was not considered confident, um confidential information so that everybody could be honest and upfront about what their role was, and what those expectations were.

Also, the screenings covering safety of um doing the screenings and what tools were used -- other language of the "red flags." Like I mentioned earlier, we had heard from home visitors saying that they had um saw some warning signs or had heard language um used from moms but weren't filling out the form, um the assessment tool -- the way that it would have been if they were being honest and what to do with that. Um, and, then how to respond both to the negative and positive screenings and normalizing the um conversation about domestic violence, and in normalizing the, um doing the screening we of course need to also address both the negative and positive screenings.

Next slide. Um we - the referrals were also included. Um what is considered a referral? One of the things that we found um in speaking with home visitors and going through our CQI process is that not everybody was identifying the same thing as a referral. And, therefore we were getting mixed information when we were receiving our data um about whether or not somebody did or did not actually offer that referral, covering mandated reporting, documentation, engaging and in father's um home visitor safety and self-care. We've addressed that a couple of times knowing that it's absolutely critical.

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And then also the revised statutes on domestic violence, so that way it's a quick reference to know what um one could be charged with, what the criminal um charges can be, and be confident in the information that they're giving to families.

Next slide. One of the things um that is covered in the guidelines but also again something that we found in our CQI process is the safety plan, um that we were utilizing and originally implemented when we um implemented the MIECHV program in doing the domestic violence screenings was that the safety plan um was overwhelming.

It was long, it wasn't safe to have around um and in working with the coalition really provided us an opportunity and to get the experts opinion and advice on what the best practice was for the safety plan. Um and, we were able to replace the form that was originally used with the more appropriate form and able to see a great increase in doing the safety plans, because it was much more feasible to do and safer to do with the families.

Next slide. Um additionally, we also created um the safety cards or "shoe cards" as a lot of people know them because they fold up really nicely and they're small enough to place inside of your shoe, which is a nice hiding place um for information. We, of course, know leaving information around the house regarding domestic violence um can ultimately be something that leads to additional violence in the home. And, then providing something that has um phone numbers and tools and a quick guide of things to remember, if they choose to leave, was something that home visitors have really been able to utilize and hand out to families, without it feeling overwhelming.

Next slide. As an outcome of these efforts, we have seen and heard um about home visitors being more confident in their work in and themselves when addressing this topic. And there's been an increase in referrals and safety plans completed. Um, and thanks to our dedicated training – trainer – um home visitors have been able to make local connections for referrals, programs, resources, make connections to the local advocates um that they didn't have before.

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Um, and the more confident that home visitors are in providing that information, then we also know the more likely it is that families are going to follow through with that referral as well. And then, of course, we um have printed and distributed our guidelines um for um all of the home visitors. And, when we have them printed out some of you may have um seen them already, as I know I have sent them out to various um states with that. It's actually in a pocket guide um so that way it is a quick reference for the home visitors. It is not something that they need to pull out. It's not a big folder, it's something that they can carry in their bag um and really be able to reference.

Next slide. And then we're reinforcing the message not only for those who um are - have already attended the trainings and for those who um just need that reminder of some of the things that they have learned in those trainings. But, also for those who aren't able to attend the trainings. We recognize that the information is invaluable um in the training.

But, like I've mentioned before, there's a lot of home visitors and um not always the opportunity for everybody to attend the training, so we've sent out the Constant Contact emails with things to remember, um highlighted why roleplaying is important. We also take every opportunity um to have workshops at conferences and then resources are available on the web site as well.

Next slide. Um, our next steps are pretty simple. Um, we're going to keep doing what we're doing, and continue to make the adjustments as we have along the way. Um, and we will continue to do the trainings throughout the state and to distribute the guidelines as needed. And ultimately, we want to continue to see a positive impact in the work that everybody is doing to reduce domestic violence.

Next slide. And we ask so much of the home visitors before MIECHV. Um and we had asked so much more after the implementation of the program as well, and for the most part, they've taken that in stride. Um they have welcomed the trainings and the tools so that they can be

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more prepared and more effective in their job. They want to do all that they can for those families, and it's our responsibility to make sure that they have the tools that they need to make that happen. Um, and the trainings and the guidance is just something that we've been able to provide to them. Um, that has definitely had a positive impact in home visiting here in Arizona.

Um, here you have my contact information as well if anybody wants to contact me at a later time. And then for um Katrina, is there a time for questions?

Katrina Coburn: There absolutely is. Um, let me move to that slide. All right. So thank you Jessica for sharing that - your story. Um, we do have a few minutes to take some of the questions that have been coming in while you were speaking. Um we have a question from Erica. Um "Could you expand on encountered space with defining referrals?" Um "How did you resolve that?" She also adds that she "loves your presentation and the guidelines."

Jessica Stewart: Thank you. Um it - the question was about defining what a referral is?

Katrina Coburn: I believe so.

Jessica Stewart: Was that it? Okay. Um taking a look at what the programs were already doing as a referral. Um learning that some of them were having conversations about um where to get some resources, but weren't actually handing them a brochure. And, really in that collaboration um and the workgroup of just taking poll of what people were currently doing to be able to say, "Okay, yes, this qualifies." Um, "Yes, as long as they have the information." Um it was just a result of actually getting the information and having conversations about what people were already doing.

Katrina Coburn: Okay. Um, we have a question from Diana. Um "Who funded the full-time FTE?"

Jessica Stewart: The MIECHV program did.

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Katrina Coburn: Okay. Um, and Lyndsey is wondering "Are shoe card safety plans available for all MIECHV sites in the country? And are they in Spanish?"

Jessica Stewart: Um, I do not believe we have them in Spanish right now, although it has been requested. Um, and we have um - the shoe cards are available to all of the home visitors in Arizona. And much like the guidelines that we've shared with you today, I - I'm sure that we can absolutely um get you copies of the shoe cards as well.

Katrina Coburn: Okay. Um, so maybe we can put that information in the follow-up packet?

Jessica Stewart: Sure.

Katrina Coburn: Okay, all right. Um we have time for a few more. Um, people can keep those coming. Um, meanwhile, uh question -- "What are some of the ways that you are ensuring the home visitors own histories and emotional needs are taken into consideration?"

Jessica Stewart: You know, the greatest thing that um we do with the programs and the programs really do, of course, on their own within the fidelity of their program is that reflective supervision. And, ensuring that the home visitors have um a really strong support system and not just on the topic of domestic violence, but in all of the issues that they face um with families -- but our number one is reflective supervision.

And then we have also um provided opportunity for that technical assistance with the coalition as well, if there's something kind of above and beyond that needs to be addressed. Um, or maybe something that needed some more training on. Um, but we really rely on that support system with the supervisor and within the program for those home visitors.

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Katrina Coburn: Okay, thank you. Um Kathy is wondering, "What are some of the issues identified with the original screening process?"

Jessica Stewart: Um, the screening process itself was more about um how to do it and when to do it and, you know, home visitors feeling like they needed to make it happen at a specific point in time because that's when the data collection um was required to be done. And really being able to -- one, educate a little bit more on what that timeline really looks like because there is some flexibility on when that needs to be done. But then um also, excuse me, um the main difference that happened was with that safety plan. Um, the screening tools themselves are the same. Um, the biggest difference that we did was the safety plan and changing that actual form.

Katrina Coburn: Okay. Um, and Allison is wondering, "How did you determine staff - felt more confident after these resources were provided?"

Jessica Stewart: Um, two ways -- one, we've - we have a lot of connection and a lot of communication um with our home visitors, so we have definitely heard them say that as well. Um but, it is obvious in the increase in the referrals in the safety plans that are taking place, um which previous to some of the training wasn't happening and, you know, we can assume that with that increase people aren't able to do it that they feel more confident in giving that referral, um that they're more confident in what the referral is.

And as we do the trainings we have implemented some um pre and post um surveys in our professional - in all of our professional development that we do. Um, that will also start to get some of that information so we have some more concrete numbers, um but a lot of it is conversation -- and then seeing that increase in the referrals.

Katrina Coburn: Okay, all right. So that um pretty much wraps up our time um for questions for Jessica. If you didn't get your question in on time or if you think of something um as we move on, go ahead and submit those. We will uh put those in the follow-up packet that's going to come out

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later this week, or early next week. And, we'll try to include all questions-and-answers from our speakers.

Now, I am pleased to introduce our next two speakers. Let me get your slide changed. Uh, they will be sharing from the Washington State story. Judy King served as the Strengthening Families Administrator at the Washington State Department of Early Learning in the Partnerships and Collaboration Division. Judy Lee's work to integrate Strength Based Family Support in Early Learning Systems work with a team focused on integration of protective and promoter factors through home visiting system development, the MIECHV program, the community based child abuse prevention program, Prevent Child Abuse Washington and the Children's Trust Fund.

Judy will be presenting in partnership with Kelly Starr today. Kelly has worked in the Violence Against Woman movement for over 20 years. She is the Director of Communications at the Washington State Coalition against Domestic Violence. In this role, she promotes awareness about domestic violence through a statewide strategic communications plan. Welcome Judy and Kelly.

Judy King: Thank you, Katrina. Greetings from Washington State. Um, I'm Judy King at the Department of Early Learning, and I'm um delighted today to be able to take a few minutes to share with you some of the systems approach um work that we've done to build capacity in communities around domestic violence. And, to really embed a framework of healthy relationships into some of our key early learning work.

Next slide. We've had three primary partners in this work. Um, as um Katrina mentioned, the Department of Early Learning. Um, we're a cabinet level agency focused on high quality early learning programs and we're the MIECHV lead agency in Washington. Our fabulous, private public partners at Thrive Washington, um whose role really is to build momentum in communities and with our private and philanthropic sector to support strong outcomes for kids.

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Um, they co-administer a home visiting services account with our department, and bring in private investment and serve as the lead support structure for providing training and technical assistance to our implementing agencies. Um, I'd like to open up the poll as I talk a little bit about our third really important partner in this initiative, and that is the Washington State Coalition Against Domestic Violence, or what we call WSCADV.

Um, this coalition has been doing work in Washington for over twenty five years, and not only as a state presence. But, supports um seventy or more local organizations that work with survivors and work on norms change around healthy relationships. So, I'm curious about in your state, uh whether any of you are partnering with your state coalition, um to develop or offer your professional development opportunities.

Katrina Coburn: All right Judy, I've opened up that poll and they're coming in quickly. We'll give it a couple seconds and let people get their answers in. Okay, and I go ahead and close that poll and share the results. Looks like about 53 percent are and 47 percent have responded, "No."

Judy King: Great. Well, that's just about a half - almost a half and half so that will be a good thing um for us to think a little bit about today. Um, because what we really wanted to do is just share with you a bit about our overall approach, um what we learned and next phases of our joint work.

So, next slide. Actually I think we're two slides. One more slide, please. Thank you. Um, the focus really at the Department of Early Learning where I sit is how we can be supportive of communities in both creating access to high quality early learning opportunities and supporting children and families during that earliest time of development.

So, as we started this process um are some of our earliest learning, but not so dissimilar from Arizona um was that our data was showing that not all of our home visiting programs were completing the screening and referrals. Um, we've had some inklings about why that might be, um but really spent some time trying to better understand that through having key

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conversations with our state model leads, um and they're conversations with staff and supervisors helped us really think about what pieces were going to be important to build um capacity in this area. And, domestic violence actually became sort of our first "out of the gate" CQI focus for our home visiting programs.

At the same time we also began talking with some of the other programs um that we're involved with or consult with to see about what kind of opportunities there might be to a build a stronger community response, um to the experiences that families were having with domestic violence um and a few of them I've listed on the slides that are part of our work here. Um our community based child abuse prevention programs which fund an array of um parenting, um education opportunities, um and are really working on trying to build protective factors in families.

Um we also have done some um focus work with our Department of Corrections with a pathway that supports parents that are having a community alternative um structure for um their time -- that they're incarcerated and need lots of extra support around family pieces. And um we have the state comprehensive Pre-K program um in our department which, again, has designated um family support staff or family advocates that work with families.

Next slide. So I'm going to put my administrator hat on for um the next couple of minutes because one of our initial tasks group was really to determine how we might leverage funding um to strengthen the skills across local communities again in that array of family serving organizations. So we sort of again began looking at some of the Strengthening Families work that we had underway -- so obviously home visiting front and center, both our MIECHV sites, and also we have research based and promising programs that are funded through our home visiting services account so that being our primary piece.

And then as I mentioned we looked more deeply at some of our programs that we were funding either through our Children's Trust Fund or community based child abuse prevention program, um to start thinking about how we could build an interdisciplinary team and do this in a more

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community focused way. So, identifying partners to do the work. Um I've called this probably the most important part of our work, and sort of our criteria for the partners that we wanted to have at the table. Um because we wanted partners who could not only work at the state level, but really had um the ties in the local level.

So, we needed folks that were - had a deep understanding of domestic violence and so like Arizona we chose to partner with our state domestic violence coalition. Um we wanted to make sure we had service providers or family serving agencies that really understood the complexity of what um families were experiencing in the community. And then layered on that was some way of starting to think about this with an implementation science approach, in that we knew that there were lots of pieces that would need to be in place for this to work well in communities.

Organizations would need to support this work, staff would need to be well trained, community resources aligned. And, so um I think that was sort of the initial - our initial thoughts about how we can make this strong, and then we really also wanted to um build strong relationships between those local programs and our local advocacy services.

So with that, I'm going to turn this over to my colleague Kelly at our state coalition and she's going to talk to you a bit more about the launch of this work.

Kelly Starr: Thank you Judy. Um as Judy mentioned we really are taking the team approach to this work here in Washington, and so it's just great to be included here today. I'm excited to talk with you all. So, um, like Arizona, the team in Washington um we decided to um use the Futures Without Violence approach. Uh, Futures Without Violence had created that national curriculum for home visitors um who had domestic violence benchmarks to reach, um and they provided that three day training for states who were interested in providing domestic violence training to home visitors.

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So, we used this - it was really like a great starting point on the content that we wanted to cover here with folks in Washington State, but we also knew that we needed to deliver the materials in smaller increments to make it the most accessible and relevant to our folks here, uh doing the frontline work. So, our first step was to work really closely with Futures Without Violence and Rebecca Levenson over there to create a one day basic training version based on their materials.

We conducted the trainings um really as a partnership, so between staff from here at the Domestic Violence Coalition and Department of Early Learning as well as Thrive Washington. And, these basic trainings -- these one day trainings -- were set up to be a starting point, and we from the beginning really saw it as a first opportunity. And, that we were always kind of embed in the approach ongoing support in the future, as we learned and grew and got a better idea of what programs wanted and needed at a local level.

Um, in addition to providing the content, we also really wanted the trainings to build up some visible partnerships, to connect home visitors to advocates at their local domestic violence program. We saw this as a really critical piece to the work moving forward, and we really tried to build on the reality that advocates and home visitors have so many values in common. We both approach our work with families from the strength base perspective, our services are voluntary, um both advocates and home visitors really strive to meet people where they're at.

Um, the folks doing this work are often of the community that they work and live in, and so we really saw ourselves as natural allies. And, that was the - one of the other goals in addition to providing content under those trainings was to make more visible and to strengthen those partnerships. The recruitment for the training happened through the Department of Early Learning and Thrive Washington's contact. So, the outreach went to both the federally funded home visitors, as well as Judy mentioned the family serving programs who go to people's homes.

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We also, um, at the Domestic Violence Coalition we invited advocates from our programs across the state, and each part of the state they came were the trainings were being held. So, again, it was just an opportunity to make those connections. We did multiple trainings, which gave our team a lot of chances to reflect and refine the training. We changed and tweaked them as we went along. And, all were just really committed to that ongoing CQI process, which I have learned through this partnership stands for "Continuous Quality Improvement" -- you all probably know that but that was new to me.

Next slide, please. So, to tell you a bit about the actual trainings -- we conducted nine regional trainings in a four month period, and the team trained over 400 direct service providers. The training was free so, um, as we all know that helps with recruitment and word really got out about these happenings so we're really thrilled with the participation.

Just to give a bit of an overview of what we covered in those one day trainings, we talked about, you know, we always started with the - what are the dynamics of domestic violence? What does it look like? What are the impacts on adults, children - on the family unit as a whole? Um, we talked specifically about how domestic violence can impact pregnancy and parenting. Um, and how it's interconnected with so many other health related issues, such as depression.

The specific tools we used at the trainings were from Futures Without Violence. We used the safety card -- the Healthy Moms, Happy Babies card -- and we used the relationship assessment tool. So, at the trainings we not only introduce the tools, but we would spend a lot of time talking about how to use them. We would give participants time to practice, so sometimes that would be role plays or kind of the fishbowl scenario, or just sometimes partners talking at their own tables, as we know not everyone likes to be in front of the room doing a role play.

So, we just try to have a variety of practice exercises so that people would get more comfortable giving out the card, reviewing it, initiating a conversation and then making a link to advocacy support services. Here's a theme of our trainings were um, "Don't ask, just tell" approach. And,

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what I mean by that is that it wasn't kind of centered around trying to figure out or assess who - if somebody was a victim of domestic or sexual violence but a approach was more, "Give the card out to everyone." It's not talking - introducing the card and sharing that with people that the home visitors are going to see is not dependent on disclosure.

We just wanted it to recognize that it's such a great resource to give to all moms and sometimes you give out more than one so that a mom can share with friends or family, and really just talked about the prevalence of domestic violence. And, how we can all benefit from talking about what a healthy relationship looks like and feels like, and so this is information that we want to share with everyone.

Um, we talked at the trainings about how the card can really supplement those traditional screening questions, and really leaned into the positive frame on the questions because they, you know, we all want a healthy relationship and we don't necessarily have to focus on who is a - to label a victim of domestic violence. So, the examples from some of the cards if you're not familiar with them is, you know, one of the questions is, "Do you feel respected, cared for and nurtured by your partner? Does your partner give you space to be with friends and family? Or take breaks from the baby?"

So, they're less focused on specific physical abuse and more what are qualities about a healthy relationship and to have - start those conversations about, "Is that is something that's happening with your partner?" We also cover in the training supervisor support reflective supervision. We spent some time talking about secondary trauma for home visitors around the context of, you know, talking about and um bearing witness and hearing stories about domestic violence. Taking care of themselves, safety for themselves when they're in the home.

The trainings also covered um basic safety planning, and then we had in all of the trainings domestic violence advocates from the local program in that region come, and they talked about their services, the role of advocacy, confidentiality -- the time for them to kind of have some

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face to face introduction with the home visitors. So really the goal by the end of the day was to move participants on their own personal comfort meter, um to get them to be more comfortable initiating conversations, offering information and making a supportive referral to domestic violence advocates.

Next slide, please. So, this is to give you, um an idea of who came. As I mentioned, we did really broad outreach to families serving programs and advocacy providers – so, both the home visiting programs in MIECHV, as well as the research based and promising home visiting programs participated. Actually, the interest was far greater than we originally expected. So, that was great. As you can see, we had an array of participants from a really diverse set of disciplines and backgrounds.

There were some surprises. We had participation from parish nurses and school personnel, for example. So, those weren't necessarily who we expected to see at the table, but we were really glad that the outreach had reached them and that it was - brought in lots of folks from the community. So, it turned out to be a great opportunity for family serving organizations to get to know the domestic violence advocates in their community, and for people to be making those connections across programs.

Next slide, please. So, given that one of our primary goals, as I mentioned, was to increase home visitors comfort level in talking about domestic and sexual violence. And, also improving their ability to feel confident in initiating that conversation, and offering information. We were really pleased with these results from our pre and post survey. Um, as you can see from this slide, you can see that there is a - with the first round of training we saw really big changes in comfort level.

The blue is the pretraining so you see that, you know, there's definitely quite a few people who didn't feel not at all - who felt not at all comfortable talking about this. Um, or just a little

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comfortable and then you saw in the post, the numbers -- the red numbers -- are much higher for people feeling very or are quite a bit comfortable talking about this. Next slide, please.

Judy King: So this is Judy again and I would say that um, as Kelly mentioned this is the CQI part on our part, um is the learning um that we achieved during this time period. And, I think, um, for us these morsels are sort of what we're taking into our next stages for what - how we're addressing the work. Um, we - I think one of the things that was striking to me was we were really reminded in each community that finding an entry place to have the conversation about domestic violence was so important.

Um, again, many of our home visitors were really in the relationship and able to do this. Some of our other family serving agencies started to see opportunities, where they could really talk about healthy relationships. Um, and by doing that, we we're able to both reduce the isolation and expand options for families that may be experiencing domestic violence. Um, the regional conversations worked really well for us. I think the range of between twenty and sixty participants.

Um, it gave a chance to have us um- have the practitioners work with each other, and also really, as Kelly pointed out, work with their domestic violence advocates. And, those domestic violence advocates in each of their communities are really part of the ticket for them figuring out a community based response. Um, lots of um practice um as we talked about, and what we learned from both the practice piece and the follow-up policy pieces is that ongoing coaching was going to be really, really important. Um, so, we built in room in our state for both the coalition and our partners at Thrive, um to plan for some ongoing skill building opportunities, whether it's through um working in supervisor meetings, um providing more intensive support to specific programs who need more, but to really build in something that's ongoing and not a one-time deal.

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Um, and I think for us, um, we feel like we have been successful because we were able to see both state level partnerships, and local level partnerships really flourish between our early learning folks and our um domestic violence folks. And, that was a key piece um for us. I'm going to let Kelly kind of close out with talking about some of our current um efforts underway, and um give you some resources.

Kelly Starr: Thanks Judy. So um, this is Kelly again. I just wanted to wrap up about by talking - kind of looping back to where I started, which is that we really saw the one day trainings as a baseline that we're not going to be - we never intended to do just the one domestic violence training and then stop. What we know, of course, is that if home visitors are more comfortable and continue to open the door to this conversation, so there's going to be more opportunities to engage. We're going to see more families talking about the violence they're experiencing, and when that happens more questions are going to come up as a result, and that's a good thing. But we - also needs to important to keep supporting the home visitors. So, that they feel comfortable and confident moving forward.

So, one of the things that we did to get a sense of what are the questions that are coming up, or where - what other things do people want to know about, we sent out a statewide survey to assess interest in other domestic violence related topics for future trainings and webinars. Um, like we - from that survey we heard lots of ideas from people about that they were interested in more um information on navigating um TANF -- that's our state's economic assistance program - - Temporary Aid for Needy Families.

We heard that they had questions about um how child support enforcement works, better - getting a better understanding of when um domestic violence is present, when can you not have um an abusive partner contacted by the agency. We heard - had a lot of questions around child protective services, housing, substance abuse, mental health issues. The survey just kind gave us a really good idea about some of the additional domestic violence training people would want so that we can make sure that our future work was rooted in that.

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Um, we also heard that supervisors wanted to provide support to their frontline staff on this topic which is great as well so we worked with um supervisors to identify reflective practice strategies and talk about key messages that they could embed in their agencies in their organizations. Um, as part of the Domestic Violence Coalition, our contract with the Department for Early Learning we are um providing technical assistance around domestic violence when requested. So, that's included doing training on site, um working with supervisors at quarterly meetings.

We're going to be presenting at uh Department for Early Learning related statewide conference, and um home visitors are also providing workshops at our annual statewide domestic conference. So, it's been great that we've had these um - the initial partnership has set up a lot more opportunities for cross-pollination - pollinization um and just for us to kind of get out of our silos, and work with each other's folks and continue to build those partnerships. Um, the - what we of course know is that these partnerships that were stronger together in our work and we're really seeing some positive results of that.

Um, we've also developed some new training curriculum for home visitors and family providers about the safety planning process. So, our first training - this first training talked about basic safety planning. And then we have another training that it just goes more deeply into that. And, that follow-up training is only available to home visitors who've gone through the initial full day domestic violence training – so, it's for those folks who really want to take on more in responding to families where domestic violence is happening. And, those folks that want to connect more deeply with domestic violence advocacy programs. So, we've done one of those and have two more scheduled. So, we're just looking forward to figuring out what works in those and what doesn't as we move forward.

Um, also, an exciting new door that's been opened here in Washington is that we've heard interest from childcare licensers and childcare providers, um that they also want domestic

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violence training. So, um Department of Early Learning staff have used the domestic violence curriculum, and they've put together a training for childcare licensers and providers. And, um it's great that these folks are seeing domestic violence as an important part of their work in supporting the healthy development of kids and their families -- so we're real excited do to see this kind of integration happening.

I think with that I will wrap up with that and um open it up for questions. If you could go to the next slide that has our resources and context. Um, we're, of course, happy to hear from you. This is our team. Um, my - I put my colleague Lee Hofheimer's name on here. She's actually the lead um doing this work here at our organization. So, she's happy she's going to be here today. But, she's happy to answer your questions as am I and both Judy and Shannon at the Department for Early Learning, I know we're happy to hear from you as well.

So Katrina, do we have time for some questions?

Katrina Coburn: We do. We have just a little bit of time, and um we do have a couple um that have come in. Um, please keep those coming. We have just a few minutes before we have to wrap up the webinar, so please feel free to send your questions in. Um, one of the questions uh, Judy and Kelly, or whoever wants to answer um, "What strategies would you recommend that states take with connecting and partnering with the Domestic Violence Coalition?"

Judy King: Kelly, I was going to let you handle that that one - but this is Judy.

Kelly Starr: Okay.

Judy King: Give them a call. Um, they're fabulous partners, and um I was really surprised that there weren't um there weren't as many connections in early learning as there were maybe in some other service sectors in our communities. So um I think that the coalitions would be really

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excited to be able to partner with you. And, for us in particular to really take the Futures Without Violence work and figure out how we wanted to shape that into a one day training.

We really needed those experts um, and they had contacts with all those local coalitions that there was no way we could have possibly done on our own. So, I would say give them a call. If you have difficulty reaching them and want to, you know, check with us, I know all the domestic violence coalitions are part of a larger network, um so we can support you in that process as well.

Katrina Coburn: Right.

Kelly Starr: Absolutely. Thanks Judy, this is Kelly. Just to add to that is um, you know, you've heard from Washington and Arizona today that both of the coalitions are partners. So, we're also happy to talk to our sister coalitions in other states and the territories and so, you know, when reaching out and um doing that call you can certainly feel free to offer us up and say, "We heard these other coalitions are involved and they're happy to talk with you, if you want to hear how that's working um in our state."

Katrina Coburn: Great. That's a great resource Kelly, thank you. Um, Allison is wondering if you can share the reflective practice strategies, and any other resources specifically designed for supervisors.

Judy King: This is Judy. Um, we have developed some resources at this point. Um, they're being sort of co-developed with the supervisor group, um with really using conversations with those groups. Um, we are fortunate to have um home visiting model leads for several of our key models, that are connected with supervisors and during those, um convenings or conversations, is when we learn more and more about what supervisors need.

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Um, so we've sort of tailored that specifically to the groups that we are currently working with, um and I would suggest if you have that opportunity with any kind of structured supervisory groups in your state, um that you ask them what they need and what would be useful for them. Because it does vary um depending on the model, it varies depending on the community – um some of the um, maybe, perhaps language or cultural issues that have come up. Um, so to really connect with those supervisory groups and make yourself available to help support what they need.

Katrina Coburn: Okay, thanks Judy. Um, we also have a question from Elizabeth from Oregon Head Start organization. Um, "Is it possible to see the training that has been developed for childcare providers?" Is that something you can share?

Judy King: Yes, so this is Judy. Um, actually we a – um – have a – um some materials that we've had for our childcare licensers to introduce them to this area. Um, the childcare licensers are interested in working with childcare providers and we haven't developed that piece yet. It's, it's one of those "soon out of the gate" or "next out of the gate" pieces to explore, um but we started with our childcare licensers first, because they're the um professionals that we interact with at the Department of Early Learning. And, it will be through them and through the um coaches that work in our quality rating and improvement system where some of the supports can actually um move into um childcare providers - into those um homes or centers.

Um, and the thing I would add to that, in our quality rating and improvement system, we do use the Strengthening Families Protective Factor framework. So, there's kind of a nice avenue in, um but we have not yet developed that particular tool for actual providers -- just the licensers at this point. And, it's pretty introductory. It just gives them a sense of the "lay of the land" -- some of the early on pieces that they need to know, um just to start developing the ability to have conversations in this area.

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Katrina Coburn: Okay, great. Um, and I'm going to finish with the million dollar question for you – Um
"How are you able to make this free?"

Judy King: Um, we used our CBCAP funds -- the Community Based Child Abuse Prevention funds -- to
um train sort of our transdisciplinary team, and to do some of the early work in um taking the
Futures work and creating what we wanted to do in Washington – um so that's when I talked to
early on about leveraging funding. Um, we didn't pay for an FTE in our state. We actually um um
contracted with the Washington State Coalition Against Domestic Violence to have access to
some of their strong trainers, because they're really good at this. Um, and then utilized um
MIECHV funding for that. And, then we um utilized again the staff at Thrive Washington that
really have expertise in home visiting model implementation. Um, and then some of our folks at
the Department of Early Learning that are really um focused on family support, and wove those
three together -- so we used funding from those two main um funding streams. And, that
provided the training in the regional communities.

We asked local programs to cover their own travel costs, because if we were having a Head Start
program or a um a parish nurse or a community corrections officer attending, we couldn't use
the funds that we had for um their travel costs. So, those programs covered their own and that
allowed us to keep it free for our participants.

Katrina Colburn: All right, thank you. Um, unfortunately, that is all the time um that we have for
questions today. I do want thank all of our speakers for your contributions. Uh, you have given
us a lot to think about and a lot to talk about. Again, if you did not get your questions answered,
please watch for the post webinar packet that's going to be coming out. That is going to include
the Q&A that we just were not able to get to today.

Um, however, if you are a grantee, the conversation is not over yet. Uh, please stay logged on so
that we can give you instructions on how to move to the appropriate conference call rooms
after uh the next slide. Um, I do want to remind everyone uh to watch your emails for that

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follow-up packet that we keep talking about, and also let you know that we will be having our next webinar on May 19. Please watch your email for some more information on that.

Finally, uh we are now opening up the conference call rooms for grantees. And, just a reminder that these calls are to help plan a grantee learning community on domestic violence. If you are interested in that, please join us now. Uh, these discussions will be led by our TACC TA Specialists – and uh please look at this slide to access the correct call uh by your region. And we will be joining you in one minute.

Please do stay on the webinar platform if you are a grantee joining a call as we will be using that. Um, and I just want to say a final thank you to everyone for attending and to our presenters. Have a lovely afternoon.

Operator: And that does conclude today's conference call. Thank you for your participation.

END

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