

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

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's

Webinar

*"Implementing Statewide Home Visiting System
Part II: Supporting Home Visitor Competence"*

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3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Panelists:

Jesse Leinfelder, Ed.D
Jackie Newson, RBA
Petra M. Smith

Facilitator:

Holly Wilcher, MS

Operator: Good day, ladies and gentlemen and welcome to the ZERO TO THREE Implementing State-wide Home Visiting System Part II: Supporting Home Visiting Competence conference call.

Today's presentation is being recorded.

And now at this time for opening remarks and introductions, I'd like to turn the conference over to Ms. Holly Higgins Wilcher. Please go ahead ma'am.

Holly Higgins Wilcher: Thank you, Catherine and welcome today everybody to Implementing State-wide Home Visiting System Part II: Supporting Home Visiting Competence.

Today we're going to have a lot of interaction from you hopefully. And just want to let you know a little bit of housekeeping before we get started.

We'll have a public chat feature that you see that will be open. And we want to encourage you to chat your questions to presenters throughout their content.

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We'll have a Q&A after each presenter. If you have technical questions for us you can use the Private Chat feature and click on Leaders and Assistants and type in your question there.

So we'll be prompting you to share your questions for our presenters. And we'll look forward to seeing all of your great questions so that we can share them with the presenters during the appropriate time.

I'm so delighted to bring a host of presenters to you from all across the country. And today there you have a virtual panel in front of you.

And at this time, I'd like to introduce you to our four presenters very briefly before I turn it over to them.

Our first presenter is Jessie Leinfelder. She's currently working in the New Mexico Home Visiting program to integrate new federally funded activities with the existing home state home visiting system.

She recently relocated from Florida where she encouraged statewide collaboration of several local quality rating and improvement systems and lead QRIS work in Miami-Dade County as well.

Jessie spent many years in higher education developing coursework and degree programs for early childhood practitioners.

Our next presenter on our panel today is Ms. Jackie Newson. I'm sorry and Jessie is from New Mexico.

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Jackie Newson from West Virginia has provided technical assistance, policy interpretation and consultation for programs with West Virginia Office of Maternal Child and Family Health for over 15 years.

She has had administrative roles in identifying training professional development needs of several MCH programs including a family planning program.

Our next presenter is Ms. Petra Smith of Nebraska. She is a Business System Analyst for the Nebraska Home Visiting Program and is currently assisting with the development of a comprehensive multilevel data collection system.

Petra has over 20 years of professional experience facilitating project planning and implementation, process improvement, business systems and analysis, quality assurance and data design.

And finally our last panel presenter that you're going to hear from today, Ms. Shannon Wood from New Hampshire.

She is the home visiting program coordinator with the New Hampshire Department of Health and Human Services Division of Public Health Services.

Her work is initial focus is on service on MIECHV initiatives in the state including integrating initiatives with existing home visiting and early childhood systems, facilitate training and technical assistance, zero capacity building contracts, developing the benchmarking data collection plan.

Shannon joins the home visiting community from the field of early childhood as well.

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So this Webinar is hosted by the MIECHV Technical Assistance Coordinating Center the TACC is funded by HRSA and operates from ZERO TO THREE with partnership in Chapin Hall, AMCHP and WRMA.

TACC is funded to provide many levels of technical assistance support to MIECHV grantees including webinars like this one.

Support from TACC can be accessed through your personal regional project officer. And we just want to thank you for being here today with us. We're so glad you could join us.

At this time I'd like to turn the floor over to Lorrie Grevstad from HRSA who will provide a welcome on behalf of HRSA. Lorrie?

Lorrie Grevstad: Thank you, Holly. Good afternoon from the West Coast. As Holly mentioned, I'm Lorrie Grevstad, the Regional Project Officer for Region X in Seattle.

As the picture you can see may indicate, one of my favorite jobs is being grandma. Like many of you have expressed how the children in your lives influence your work this picture reminds me on those days when this work seems too hard, too messy and too complex why it's so important.

And it humbles me to think about how much harder it must be for some families who are challenged by so many risks and environmental factors who have the same goal for their children and grandchildren that I have for mine to be healthy and happy.

Today we have another great opportunity to learn more strategies and hear from our colleagues about efforts to implement quality programs and work to improve outcomes for children and families through the maternal infant early childhood home visiting program.

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We will hear about additional implementation drivers that focus on supporting home visitor competence.

So I welcome you again today to the second Webinar in a series on implementing statewide home visiting systems.

I'll quickly view to set the stage in the past few months we shared a number of Webinars to help focus on various components of implementation in order to help strengthen our program and move it towards the best outcomes for children and families.

We've talked about implementation science and we heard an excellent presentation and learned from the research done in 2005 by the University of South Florida that implementation is synonymous with coordinated change at systems, organization, program and practice levels.

You will hear more examples of that today from the four great states who are sharing their work.

And that implementation appears most successful when carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments, organizations provide the infrastructure necessary for timely training, skillful supervision and coaching and regular process and outcome evaluations.

When communities and consumers are fully involved in the selection and the evaluation of programs and practices and when states and federal funding avenues, policies and regulations create a hospitable environment for implementation and program operations.

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We've also recently heard about adaptive leadership. Eric Martin shared five specific – excuse me – five specific qualities from the culture of adaptive leadership -- shared responsibility, elephants on the table, institutional reflection and continuous learning, sensitivity to authority, customized professional development -- all qualities that you'll hear from our presenters.

So today we'll contribute to building, continuing to build on those previous Webinars and the emphasis on home visitors competence and support.

Through that you'll hear about supporting home visiting competence is not just about training but also additionally on many supports -- reflective supervision, reflective practice, strength-based approaches, respect for diversity, interdisciplinary approaches, implementation drivers that are not siloed and independent but rather interdependent working where one affects the other in the success of others.

And this not only supports quality workforce but also helps meet our CQI work and fidelity to the models.

And last but not least continue to be about collaboration and partnerships at all levels -- systems, caregivers, child and family.

On behalf of my colleagues at HRSA both in the regions and central office as well as our partners at ACF and the Technical Assistance Coordinating Center I would like to thank the presenters today for their willingness to share their journeys and their strategies. I know you will find them beneficial.

And so now as was highlighted and I quote from a previous Webinar, we can let it happen, help it happen or make it happen. Thank you.

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Holly Higgins Wilcher: Thank you so much Lorrie for that very warm welcome from HRSA and you're really tying all of the previous Webinars together and leading into this one.

As Lorrie stated today's Webinar is a continuation of our three-part series in implementing home visiting systems.

And during this Webinar we'll focus on the left side of the triangle that you see right here specifically on states approaches to implementing the specific competency drivers of training and selection and this Webinar will take on a format much like one you would experience with a panel of presenters.

Each presenter will highlight their states' approach to supporting home visitor competence. After each presenter we'll entertain a few questions you've chatted and using the chat feature before moving on to the next presenter.

If your questions didn't get answered fear not, we'll pass on your specific questions to the presenter or you can feel free to contact them at a future date with the contact information provided in the presentation.

If your question is a general question again we'll make sure to pass it onto presenters with your contact information so they can get in touch with you.

So after each section we'll pause for a little bit to take a couple questions to pose to our presenters and to our one presenter before we move on to the next presenter.

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And finally as a result of our time together we hope that you'll be able to walk away with examining how the four states select, prepare, and support home visitors to maintain quality.

You'll be able to explore four states approaches to supporting home visitor competence.

And finally you'll learn about these four states strategies to ensuring quality through comprehensive support, training coaching and supervision for home visitors.

At this time I'd like to turn the floor over to Ms. Petra Smith in Nebraska who's going to get our panel presentation started. Petra?

Petra Smith: Thank you Holly. Good afternoon everyone. I'm excited to talk a little bit about the work in progress in our state on the coaching model to develop competency in our home visitation work and I want to stress that this is a work in progress and by no means is this at this time a fully implemented model.

At this part of the presentation you expect - you can expect to learn about and apply the method to build home visitor competency on the program level to really looking at that exchange between a coach or a supervisor and a home visitor.

You can expect to learn the importance of utilizing a blend of data in competence development.

You can expect to understand the benefits of the coaching model and you can expect to understand the critical components of a competency development plan.

And I'd like to begin with providing some background why coaching might be a really good model that enhances evidence-based home visitation models.

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In Nebraska, we're currently using the Healthy Families America model. And the coaching model lends itself very well to enhance that evidence-based home visitation model.

It clearly complements the supervision principles of the model and the supervision and support of structure using case data and home visitation data as a base for that discussion.

It also is a model that moves from the external to the internal. And thirdly it challenges that status quo because it uses a flexible adaptable and individualized strategy.

And what's exciting about this model, it has multiple applications. So not only can it be implemented on a home visitation level but a home visitor itself can implement that on a client level remain or you might implement the model on the program level when you implement a new program as well.

So let's look at the reasons why it might be beneficial to develop or implement a coaching model.

The first thing we wanted to do -- let me find my little pointer-- the first - we wanted to kind of accomplish four pieces within the home - within our coaching model.

The first one is we wanted to cause action. And in order to cause action we're using a brain-based methodology to development. And by no means am I an expert on brain and the functions of the brain so I'll try to explain this as best as I can.

Normally when you process information or when you receive information you usually are introduced to what the information is, how you might apply that and why you might apply that?

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What is important though is to reverse that model. Which - what the process should start with is why then go to how and what because the what part of our brain is the neocortex. That's rational and analytical in language part of our brain.

The middle limbic system, the why and the how part of our brain is the feeling part of our brain. So when we address the feeling part of our brain that feeling causes people to move into action.

So we really want to make sure that we start with that feeling on a home visitor level first before we move into action. So let me demonstrate that with an example.

The two advertisements from the same company and they're both fireplace companies. The first one goes something like this.

We are fireplaces and we sell fireplaces. They are state-of-the-art. They have a self-lighting system and they are attractive. Buy them online at 1-800.

Now a second commercial for the same company goes something like this. We believe that around the hearth is where memories are created and retold.

It's a place that makes families gather together relax and have fun. We feel strongly about helping you create that in your home.

Call 1-800 and take the first step to making this a reality for you. Purchase the fireplace, home fireplace from Fire Blazers.

So you can see that it moves from the feeling in the white parts to the end part of that what they actually are selling.

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So think about the different reactions that you had to those commercials? How likely are you to buy after you hear that first commercial or how likely are you to buy after you hear that second commercial?

The second part of what we wanted to accomplish is to decrease trial and error at a time for workers.

And in order to do that is to take a - to do this is to take an individualized and contextual approach, so not just looking at the data but also evaluating how a home visitors' upbringing might influence that situation or the contextual approach of the clients or the target population.

And the third piece we wanted to accomplish is increased motivation, confidence, and buy-in on part of the home visitation worker.

And in order to do that we're using a self-directed analysis and plan development approach, so the power and activity space with the home visitation worker.

The fourth part is to produce steady and accelerated development and growth. And we all know that. That takes up on time planning and investment.

Just very shortly looking at the two different pieces or two different approaches to competency development within a home visiting model, the traditional management model and then comparing that to a coaching model what might be the difference.

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The first piece is individualized. So it works for the worker's perspective based on those individual circumstances for learning styles, the strengths of a home visitation worker versus preset methods that may or may not fit.

The second part is that it requires the active participation and control of home visitor.

It looks at variable influences so it causes - it looks at causes and effect as opposed to activities that are flat and driven from above.

And a third part of that is that it uses a learning community approach, so searching for opportunities, being creative, looking for ideas versus the traditional model of blame or shame or a problem directed model.

And the fourth part is the coaching uses and adaptive style. And it uses data and tools to drive the process while on a traditional management model you may have a supervisor or systems traditions that might drive those activities.

So let's look at the model itself in the various coaching models out there. This just happens to be a four quadrant model.

If you look at that inner circle you can see where - how we're approaching the why part of that model here and it goes into the how and the what part of the model here. So we're really approaching this from the feelings perspective.

That first part of the quadrant is where you have home visitation worker and the coach will collect the various different levels of data gaining that self-knowledge and using the data and the assessment.

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The second part of the model is for a home visitor, defines the direction, focuses on the future and develops that development or that competency development plan.

The fourth part of the model is really where a home visitor will develop that competency. This is action part of the model.

And the fourth part is really the part where a home visitor then totally ingrains those newly learned competencies, those newly learned skills, those newly learned information permanently into their intervention.

Let's take - look at those pieces of - four pieces in a little bit more detail. So the first part is where a home visitor and the coach will collect information that serves then as the base for the analysis.

And the first part of that is the client level data. We're using a case management system called FamilyWise for that process.

That system lends itself very well to pulling information out. So there are various reports that are built into the system, that various different tickler system.

You can pull information out and transfer it into meeting evaluation software if you want to do additional analysis so really have access to good accurate and timely data.

And they also developed a number of different tools how we're - that helps us analyze that information. So you have two examples, I should have had two examples in your packet that look something like this.

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The two forms are very similar. This is an analysis or reflection on just one of the assessment tools that we're using in our system.

So this is where home visitor might look at patterns of data that emerges from these assessment tools.

You know, are there families that have more med - health concerns or are there families that have more substance abuse concerns or do - does the home visitation worker may need to look at other activities like bonding within that family.

So you can do that individual analysis within each family or you can do a collective analysis from - for the entire caseload of a home visitation worker. So those are just two examples that we're using.

The second part of this is the home visitor competency analysis. This is where a coach and home visitor will engage in a conversation about where is the competency level, where do they want to go, what's available and what is needed in terms of the model program or the current caseloads that they're serving, how does that caseload look, what are the needs for those?

And the next five pieces might be something new for some of you. This is - those are leadership competencies.

So not only are we looking at individual client data we're also looking very clearly at that home visitor themselves.

So we're looking at those leadership competencies and those leadership skills. For example, influence strategies we're all influenced a different way.

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Some of us might influence more assertively, others might use a little bit more coalition or others might use a little bit more relationship building and are influencing that way.

So this is where a home visitor and a coach will look at how does that interplay for that home visitor? How does that interplay with those families and is it effective or is it not effective?

Learning style is highly important in that plan development. We all learn differently. Some of us learn other book learners. Some of us learn by watching others do it or some of us need to do it ourselves in order to comprehend that information.

So knowing what learning style a home visitor has becomes highly important in that plan development phase.

Because you don't want to do - what you don't want to do is to give someone that learns from watching others a research article to read. The comprehension level is very low at that point.

Perception analysis and emotional intelligence kind of goes hand-in-hand with one another. And a home visitor and a coach might look at pieces of self-awareness, maybe self-management, but social awareness, how are they approaching that relationship and what's their own history in approaching relationships and how does that interplay in the home visitation environment?

And the last piece of that is motivation. Motivation should play a large factor in plan development.

And those are pieces that should be built-in.

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Strategies should be chosen that match that motivation base of a home visitor and to demonstrate that I'd like to ask a polling question, so Kelly if you can pull up the polling question for us please?

So you'll see for motivation basis. Oh wrong question Kelly. Thank you, Kelly.

So there are five motivation basis. If you go ahead and answer those please.

Are you self-motivated because something is fun, because of tangible rewards? So you like our reward system.

Are you motivated because of public recognition, or are you motivated because you want to achieve that mastery like you like challenging goals or are you motivated because you really believe in a mission and you want to be part of moving that mission forward?

So we'll just take a minute for you to answer those. And Kelly, when you feel you have all the answers if you can let us know what those are please?

Operator: Sorry, having a challenge pulling up the results of that. So I apologize.

Petra Smith: Okay well that's okay. Let's just assume that most of you are - most of you are motivated because of tangible rewards.

So for example if you have home visitors they are motivated because they like that reward system.

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It's important to build those strategies into a plan and figure out how are they going to reward themselves or how might they reward within a system of home visitation? So it's important to build those pieces into the model as well.

And then the second part of that coaching model is where you define the direction and you focus on the future.

So this is where home visitor looks at their value system. They look at their beliefs about working with family. So this is really where the bulk of the work happens in terms of analyzing the information.

I like to demonstrate that by using a plan or showing your plan that we have developed. And you should have had that in your packet. It looks something like this.

So it has some of those blue pieces on there. So I'll give you just about a few seconds to pull it up if you haven't pulled that up already.

So during this phase a coach and a home visitor will really look at the data and do an in-depth analysis and interpretation of that data, what does your client information look like?

What does some of the assessment information look like on that caseload? And then also combining that with the personal competencies of the home visitation worker in terms of their leadership capabilities?

How do they influence? How do they use perception and looking at the situation and contextual analysis as well and then deciding what is the focus area. Does the home visitor want to do a personal development goal?

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Are you focusing more on Fidelity competencies? Are you may be looking at a certification or an endorsement process?

Are you looking at maybe enrolling that home visitation worker at the university or to college or other programs to do that certification or is this a competency that maybe is based on what you use what you saw in your analysis that there are certain populations that are more prevalent in that caseload like substance abuse, or bonding issues and there we're looking to see what is our focus area?

And then looking at those strengths and how the strengths can be incorporated into the plan. And when you develop your goal in the middle section of the plan it's really important to tie that down to who, what, when, and how often so you know exactly when a goal is achieved, what you need to be monitoring and how you might move forward.

The bottom left of the plan is the coaching and support plan. This is where a home visitor and a coach decide what the supervision structure and what the supportive structure will look like.

And the last part of it is a barrier analysis. A barrier analysis is very important in this process. And I like to demonstrate that by asking you a question.

So a question would be either looking at a current situation or a past situation where you may have felt stuck, you felt like you sort of were banging your head against the wall, you couldn't move forward, you couldn't quite figure out exactly what was going on.

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So ask yourself what was standing in your way? What are or were the barriers? How might you use those barriers to be transformed into a strength and what were additional strategies that are needed or can be implemented?

Well you think about that situation think about how much of a difference that would have made had you included that part in your analysis or your implementation ahead of time. And I'd like you to answer those four questions.

If you had considered those questions and then planned ahead do you think that it would have made no difference, some difference, considerable difference, or maybe you did a good job or you planned ahead and you could - and you addressed all your barriers ahead of time and it was smooth sailing for all of you? So I give you just a couple of minutes to answer those.

Kelly, are you able to pull up those answers now?

Oh great, excellent. Wait just a couple seconds. Perfect. So it looks like the majority of you thought it looks like 30%, 40%, almost 50% of you thought ahead. If you had planned ahead it certainly would have made a difference in your project.

And 23% which is significant thought there would have had a considerable impact had you thought it had about those barriers or those things that might be standing in the way.

It's just important to do that on development plan with a home visitation worker because once you fail at something and once something doesn't work and you feel like you've been banging your head against the wall it's really, really hard to pick that up again to get re-motivated again.

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So it's important to do that barrier analysis as much as possible ahead of time. Thank you, Kelly.

If you'll pull me back to the slides that would be great. Thank you.

And the third part of that coaching model is where a lot of the interplay between a coach and a home visitation worker happens.

This is where you are looking at implementing those new competencies, that new knowledge, those new skills. But before you test them out and see are they working, am I applying those correctly the role of the supervisor at that point is to secure those resources and look in the community to see where are some competency drivers and developers in their community?

You know, are you looking at their college? Are there other agencies you might be able to collaborate with?

And then the creating that momentum and coaching and feedback, this is where you do your coaching support plan and decide on a meeting structure, the type of feedback. There's a lot of interplay at that point between a coach and a home visitor.

And again at that last part really looking at the resistance management, change management and considering those barriers in that plan ahead of time that we've already talked about.

And the last part of that coaching model is really that reassessment and readjustment. Is it all working correctly?

And then looking at the level of consistency how a home visitation worker might be implementing those new pieces.

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Is there accelerated growth in that or in that implementation of those competencies? Are they gaining good knowledge? Are they applying those principles consistently?

Are they able to move from one contextual situation to another contextual situation and apply and adapt those competencies in various different situations?

And you're looking at that long term implementation at that point. And then you're also if something worked really well with the home visitation worker a supervisor might want to consider a globalization source.

So if it works for that worker it might be something that you want to consider adopting or adapting for an entire program if it works well.

And just to make the connection a little bit the coaching model is part of your integrated competency drivers on the left side. But it also takes organizational drivers on the right side of your triangle.

So that decision and support system, your data system a very accurate high level quality data system that aids in that process and that adaptive leadership that aids in that process.

Some of the lessons to consider are when you have someone that has been in an external management position or in an external management supervision structure sometimes it's hard to move from an external process from that other directive process to an internal process.

So it takes a lot of planning and coaching and patience. We've talked about that time commitment and how important that is.

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We talked about those contextual and situation analysis and variables that we need to consider in addition to the data.

But we also talked about well sometimes it's important to use a management structure so coaching is not always the answer for everything. So really evaluating, is it important to do a management approach for the situation or is a more important to use the coaching approach for the situation?

And then last but not least a lesson is we all want to be nurturing with our staff and want to provide them with the answers and feel that we're compelled to do that because that has traditionally been our role.

But it's really important to resist that impulse to provide all answers in this process. It's really important that the home visitation worker drives the process, that they analyze their data, that they look at themselves, that they look at their case loads, that they look at the needs of the clients that they serve and they come up with their own creative answers as opposed to being provided with all of the answers.

And Holly I see we have a lot of questions. So maybe...

Holly Higgins Wilcher: Yes you do. Can you see them Petra or would you like me to...

Petra Smith: Maybe you can take one or two.

Holly Higgins Wilcher: I will okay. I'll choose one. The first one is from Deb and she wants to know how often does the home visitor meet with her coach - his or her coach to review the competency plan?

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Petra Smith: And again I want to reiterate this isn't if fully implemented model yet. But this really depends on the plan and the context of the plan. When you look at that sample plan, the coaching support plan, this is where a home visitation worker and the coach will decide together how often to meet.

Sometimes that's weekly depending on where the competency level is of the worker and the support might be weekly or there might be additional support that a coach might lend after a particular visit or a coach might go out with a home visitation worker to provide that immediate feedback after.

But traditionally it starts once a week and it kind of moves into every four weeks once a visitation worker has sort of those - learning those competencies and start implementing those in their work.

Holly Higgins Wilcher: Great, thank you Petra. The next question is from Debbie. Is or could the coach be the home visitor supervisor or is it a separate person?

She's asking to please provide more clarification about who makes the coach?

Petra Smith: It can be the supervisor. There is a certain level of training involved and really clarity about the role when they are in a coaching relationship as opposed to a management position.

So it's really developing those skills with a coach. And sometimes what's beneficial too if a supervisor becomes the coach that they themselves have someone else that's able to kind of help them and coach them through that process themselves. But it definitely can be a supervisor.

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Holly Higgins Wilcher: Wonderful. The next question I think we have time to - a double one that might be easy to answer.

First is the model research base and then please discuss briefly the dual role challenges as most supervisors are both coaches and issuers. That might be a whole other Webinar that maybe you guys...

(Crosstalk)

Holly Higgins Wilcher: ...how you address that?

Petra Smith: That might be a long answer. The principles are definitely based in research that a strength based and a self-development approach is best when you work on developing those competencies in the home visitation workers.

And there's a lot of research on that. And some of those leadership principles are based on leadership theories for example the motivation level or motivation sources, inventory and theory.

There's different influence models and influence theories that are based on that. And there are various different assessment tools that are research-based that are available either at no cost or for free.

So if someone has some interest in some of those assessments pieces then they can contact me and I can kind of give them some resources to do that.

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Holly Higgins Wilcher: Wonderful. And this one might be a little bit heavy. I'll let you answer in just a minute. But speaking to Deb wanting to know about how do you balance talking teaching with listening support and building competency?

Petra Smith: I'm sorry can you repeat that question?

Holly Higgins Wilcher: Sure. Just speaking to your thoughts on balancing, talking, teaching with listening support in building competence?

Petra Smith: I think from experience what is more important is really listening to that process and letting the process happen with the home visitation worker.

I think we all sometimes know our own answers. And it just takes some skillful questions to ask on the part of the coach to help that home visitation worker to get to those answers.

So it's letting the data and a questioning process drive that coaching relationship. And I know it's hard to resist giving and providing those answers.

But it's much more important that a home visitation worker will come up with their own answers, analyze their own information, and develop that creative problem-solving process and the problem-solving skill on their own because then they're able to apply that to the next situation as well.

Holly Higgins Wilcher: Great, well that is our - we really appreciate these great questions coming through. Petra that's what we'll take for today for you. And then I'll pass on the other ones that we didn't get to address before you move on to Jessie.

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Petra Smith: Thank you everyone.

Holly Higgins Wilcher: Thank you so much Petra. Thank you for your excellent questions. You definitely impose questions that could lead into a Webinar for each one.

So we appreciate you interacting via the chat, the public chat feature. Again we'll just encourage you, have your listening to the presenters to chat your questions using the public chat feature that you have to presenters.

Now I'd like to turn the presentation over to Ms. Jessie Leinfelder from New Mexico. Jessie the floor is yours.

Jessie Leinfelder: All right, thank you very much. I'm taking a little different approach, an overview approach to developing competence and looking at system drivers that are needed to work towards achievement of content.

In New Mexico it's framed within our whole early childhood system and overall workforce development decisions and efforts.

The three threads in New Mexico are the higher education system with the track design especially for home visitors and early interventionists as well as targeted in service training.

And we are trying to make reflective supervision widely available as a staff support. And we're promoting infant mental health competencies and endorsements.

But these are supported by ongoing long term development work within a higher ed task force, home visiting task force, and the infant mental health association for many years.

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For all three there are strengths and challenges and interest in what drives the system.

New Mexico places home visiting within our early childhood system of systems and I want to put a little parentheses around the system of systems which is seen as an interconnected lattice of the major programs childcare, pre-K, Head Start, Early Head Start, home visiting, family support and early intervention.

We are working towards one alliance system of home visiting family support with common outcome measures and working to incorporate the new federal MIECHV funding and requirements in ways that strengthen the state's existing system.

New Mexico has a variety of approaches because there are quite a wide variety of family needs in the state.

They Children Youth and Families Department developed standards of service for home visiting designed to embrace multiple approaches within these defined standards and several models.

So we have a New Mexico's own promising practice, the Firstborn Program, Parents as Teachers, Nurse Family Partnership and existing Early Head Start home based programs.

Workforce competence is a key concern across our system of systems. And we can see that reflected in higher education system that attempts to meet the needs of the several early childhood education systems components and provide a knowledge base for all early childhood services.

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There's been a lot of background work for higher ed. The task force has been meeting and working together since 1995 to develop and implement a fully articulated system with the four state universities and over 20 community colleges.

The State Office of Child Development led representatives from these institutions meet regularly throughout the state developing relationships and agreements and which resulted in a common course numbering system and common course syllabi for the early childhood degree program.

The task force continues to meet to analyze demand, address barriers, challenges the content, access issues.

The current picture is a fully articulated pathway throughout the state from entry-level certificate to Bachelor's degree starting with an 11 credit entry ECE certificate somewhat of a CDA prevalent, a program specialty 29 credit certificate without gen ed, the associate degree that's fully articulated, no terminal AS degrees to the Bachelor's degree.

The system wants - really works for it to be flexible takes a course at any state sight and continue at any other. Most classes are available online in addition to on-site. And practicum experiences are embedded.

The key feature is common core courses and then three specialization tracks. The early childhood educator birth to 3 and ages 4 to 8, that includes teacher licensure, the program administration for child care center directors.

And one of most interest to date is the family infant toddler specialist track designed particularly for Part C personnel and home visitors family support workers.

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And there was a great deal of work to embed the infant mental health competencies in the coursework.

The next two slides are graphic of the system here. At each level there are common core coursework and then specialization courses required.

Challenges for this for the Family Infant Toddler Home Visit Track, Access and Demand. It takes a number of system drivers to continue to professionalize the field.

But it's a funding problem. We need scholarships, scholarships, scholarships and more so that the home visiting and family support staff can afford to pursue higher ed.

Many of course are not eligible for traditional financial aid. They're just shrinking anyway. And many are low-paid and basically not even thinking of themselves as higher ed candidates.

And we need to build the Teach Scholarship program which is happening here in New Mexico and look for additional sources of funding.

Another system driver is to require the coursework, so currently neither New Mexico's Part C Family Infant Toddler Program nor the state-sponsored home visiting program requires or even actually rewards completion of this family toddler degree track.

So that is a clear illustration of how system development and growth of capacity has to have conscious policies and generally money behind it.

In-service training for home visiting is another important part of the picture. This is tended to be a cross model open to all practitioners.

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So New Mexico has a set of required core trainings for home visit staff represented on-site and online.

There are at least annual workshops with the circle of security certain approach to parent child interaction which is a paramount feature of New Mexico system.

And annual home visiting content, this year the focus is on domestic violence and it's bringing the sort of community of practitioners in the domestic violence world more into our might say home visiting silo.

It was really trying to integrate different products and it's been a successful example.

There are quarterly home visitor manager meetings. It's been a very successful way of building community, sharing information addressing challenges.

And in that case we've started the program to program mentoring where the program managers have identified the strengths they're going to share with other programs and made that information available so needed skills can be shared voluntarily across the large geography of the state through this home visiting network.

Well provision of appropriate support is critical for staff development. And our work to bring reflective supervision is an ongoing and evolving work.

Because of the emotionally challenging nature of home visit work the staff needs support on the social and emotional levels.

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The state system is requiring that every staff, every home visitor has to have twice monthly sessions of reflective supervision. This is generally provided by the agency manager, occasionally a consultant.

The standards of service guiding New Mexico home visiting provider written guidance and some materials for engaging in reflective supervision, managers providing reflective supervision are supported by participation in monthly small group conference calls for their own reflective supervision.

These are provided by endorsed practitioners. And they also have their own reflective calls with a national infant mental health expert to try to affect delivery at all levels.

The major challenge is building capacity among managers to embody the principles of infant family support and reflective practice so they can effectively support their staff.

And that challenge brings us to the last thread, infant mental health and endorsements. The New Mexico Association is a strong presence in our home visiting and family support work. There's a strategic plan developed in '03 and the association formed in '04.

New Mexico is a member of the league associated with Michigan's pioneering infant mental health work.

There are competencies defined which identify scope needed to address the mental wellness social emotional well-being of young children and their families. And these competencies go across professional disciplines and various work settings.

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The Infant mental has an interesting location outside of those usually supported by the state home visiting family support system. And the system is bringing infant mental health in effect to entry-level even para-professional workers.

Endorsement is really a process - is recognition that the practitioner demonstrates the competencies needed to work effectively with parents and caregivers and their infants and toddlers reflecting specialized knowledge acquired through education, reflective supervision, and relevant work experience.

During the general infant mental health system there are four levels of endorsement some entry-level through therapeutic professional.

And each has requirements for education and training work experience, proof of competence, and time with qualified reflective supervision.

New Mexico Home Visiting is working towards requiring infant mental health endorsement for home visiting personnel but we have to build the capacity.

The efforts underway include embedding of the incremental health competencies in the higher ed coursework and in-service training.

We have a data management system that makes it very easy to maintain documentation required for the portfolio.

And then it's important that home visitors are provided monthly reflective supervision with qualified endorsed practitioners. They're all parts of the picture building capacity.

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We have plenty of challenges with that. Majorly is having qualified reflective practitioners at the right places across the state to serve our movement towards endorsement for the home visiting workforce.

New Mexico has a waiver from the Infant Mental Health League allowing for non-qualified reflective supervision to cut in the process meaning a person who has not achieved level III or IV endorsement.

This is a big system driver issue and money is involved. Who bears the cost of requiring endorsements?

Within psychology and therapeutic services it might not be such an issue. But when applied to the home visiting family support workforce that includes in our state many para professionals then cost and time gain importance.

Another challenge with endorsement for home visitor staff is that there is a big jump in the education requirements from level I to level II.

Level I can be as little actually as no formal ed and level II as a Bachelor's degree. So some of us are wondering if, you know, what is a system driver? Do we need something like a level 1.5, some step in-between to attract entry-level staff to achieve at least the CDA equivalent?

And remember there is a great home visitor CDA from the outset of a CDA or associate degree in hire and then recognize them and reward them with higher endorsement for beginning the formal educational process.

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So we'll put up a polling question. And in a few seconds you'll see that. Where is your state driving the system for home visitor competence?

It - you may well do all four of these but try to think what gets the most attention. Oh good, the question's up so you have a chance to vote which one gets the most attention -- higher ed, in-service training, infant mental health endorsement, reflective practice, reflective supervision?

So Kelly when we have a tally we'll put it up.

So that's quite a distribution. The in-service training and reflective practice are showing, you know, the much priority, not higher education and not infant mental health endorsements.

There's a lot of difference among the states. Can you turn me back to the slide presentation please?

I'd like to end with two challenges or ideas for you to think about in the areas of system development.

So the first one is the use of workforce data for analysis and planning. We want our planning to be based on accurate data. This is similar to the child care registry work going on in many states.

And similarly in-home visiting and family support we need to know what our workforce has and what it doesn't have in terms of education.

So with good data we can better drive the system, define our workforce development needs and deliver.

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Our data system is capable but it's only now coming on the screen to be required of agencies to maintain accurate data on staff education levels and even wages, turnover, and infant mental health endorsement.

For an example we need to know how many home visitors have left them, the CDA level and New Mexico certificate so make candidates for home visiting CDA, the associate level family infant toddler work, et cetera.

And it does give us an advocacy tool of asking the question if we have a workforce with low educational qualifications can we reasonably expect the outcomes policy makers want from the home visiting system or does it really point us in the direction of work we need to do?

Another example is we need to know how many managers have the hours of qualified reflective supervision in order to determine when requiring infant mental health endorsement makes sense so that because we have endorsed managers.

The workforce studies are key to planning and generating funding to support education and training, so collect data.

I'd like to use this opportunity to raise an idea that is beginning to get attention. In-home visiting the strategy and infrastructure help raise the quality of family child care.

At least the register which is barely regulated in most states and informal kith and care family friend Neighbor. There is a CLASP paper on this from 2009.

I know New Mexico is not doing this yet. We're just exploring it. We have a very high percentage of children in family child care.

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QRS is not effectively reaching them, really hardly can. Parents as Teachers child care curriculum that can be used.

So it's the strategy, it's the infrastructure we're thinking about of making contact one family child care home at a time.

Taking good information to isolated, untrained family child care providers, addressing their concerns, referring them to services they may find helpful, connecting them with other providers and even working with the parents of enrolled children. Since this may be a reasonably cost effective way because of using agency infrastructure.

So Holly, do we have time for that poll or are you wanting to skip that?

Holly Higgins Wilcher: No let's go for it.

Jessie Leinfelder: Okay so you get a - let's get a sense of what you think of this idea. You can express your opinion. Are you interested in home visiting strategy and infrastructure for reaching family child care?

We went all the way, never heard of it, no way, might be possible, yes we're doing it, not sure.

Do we have a summary yet, Kelly? All right I give you credit. It might be possible. There's a preponderance of votes.

So, you know, we have to be innovative now and then. This may not work but something else might. So Holly can you send me a question if there is...

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Holly Higgins Wilcher: Sure Jessie. We have a preponderance of questions and great comments coming through about competencies and thoughts and reflections on your - what you shared in the last few minutes.

I think we have time for only one question. I apologize so we can get to our other presenters in the interest of time.

And I'll go ahead and ask the first question that came out of that was from Angela. Could you talk just briefly about the required core training, how do you require it, what are the topics? And you can - addressing all of those Jessie?

Jessie Leinfelder: And I assume we're talking the in-service training?

Holly Higgins Wilcher: I believe so.

Jessie Leinfelder: I mean because, you know, the higher ed system has core classes. The topics are relationship-based practice. I'm finding my list, training and how to use the required screens, the development milestones, making successful referrals. I think those are topics that are in my mind right this minute.

And it's the requirement, again you can see in the data system when people have completed this training because the managers are supposed to record that and education. I can't say much more about the requiring people to do.

You know, attracting people to it and assuming that it is so hopeful that it will be enjoyed by practitioners.

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Holly Higgins Wilcher: Great. And I think we can just do one more. In developing core training requirements does the state work with programs already have well-developed training requirements?

Jessie Leinfelder: I would say the status in New Mexico is that that wasn't the case with agencies having - every home visiting system of course has extracurricular requirements so that I would call well-developed.

The more ancillary trainings about really just how to do and where the standards of service are developed through the state. And that is the set the online and on-site training made available.

Holly Higgins Wilcher: Great, thank you so much Jessie. And thank you for everybody - your very thorough questions. And the great questions will be passed onto Jessie and she can respond then after the Webinar and get in touch with you or you can feel free to contact her as well individually.

And at this time thank you Jessie and for sharing New Mexico's journey around IMH competencies and the other pieces of higher education programs of study that you shared.

I'm going to turn the floor over at this time to Jackie Newson from West Virginia. Jackie the floor is yours.

Jackie Newson: Okay thank you Holly.

One of the primary responsibilities of our home visitation program over the last couple of years has been to research, review and coordinate the statewide trainings for our home visitors, so in

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order to do that we've had multiple ongoing conversations with the program supervisors on the training needs of both the supervisors and the home visitors to ensure that we have the best information to make those decisions.

And during that process we have worked with the division of early care and education to develop the core knowledge and competencies for our program.

And these core competencies are integrated into our States Training and Registry System which we call STARS.

And STARS was originated about ten years ago through our Early Childhood Advisory Council which they work with local and state and national partners to develop STARS.

And this system implements a comprehensive continuum of specialized training and career mobility for all of our early care and education practitioners.

And then with the recent federal funding we've been able to go back and revisit these core competencies to be able to ensure that they're aligning with the federal benchmarks.

And as we've been doing this and working with the different programs that we have and West Virginia does have several different models within our state we've been able to open up some statewide trainings to all of the models on depression screening, ages and stages, ASQ, social emotional, the Caldwell Home Inventory and also some trainings on domestic violence.

In addition we've been able to be able to work with different agencies within the state to be able to provide some larger statewide conferences.

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And so one of the conferences that we wanted to highlight was called Celebrating Connections and this is an annual conference that is sponsored through the West Virginia Department of Education Office of Special Programs, our states early intervention programs, Birth to Three, the Bureau for Children and Families, the Division of Early Care and Education, Child West Virginia Head Start Collaborative.

And this conference is open to over 400 participants each year and provides a variety of different networking opportunity and educational displays and sessions on collaboration and working with the early childhood population.

In addition to that we also have a statewide conference that is collaborated with again our Bureau for Children and Families, Prevent Child Abuse West Virginia, West Virginia Children's Trust Fund, and our Early Childhood Health Project to present multiple workshops that are available on strengthening families, home visitor safety, privacy and ethics, Our Baby Safe and Sound and also our storage and children training.

So this is trainings that will be able to regardless of the models and open it up to both home visiting programs birth to three, child care providers and any of the early childhood educators who would be able to participate.

And so in a few seconds you'll see your screen change to show a question that we would like for you to answer.

And that question is within your existing state system what is the biggest obstacle you have seen in having statewide cross model trainings? So we'll take a few seconds to get some responses from that.

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Okay, Kelly, do you have the responses on that yet?

Okay and very similar to what our state has seen it's not just one subject. It's one obstacle that seems to stand in the way but multiples because finding locations that would work based upon where places are located, coordinating the event and the - one of the major factors is always the extent of having state training.

So you know, one of the ways that we've been looking at trying to help with this is ensuring that we are maximizing our resources by partnering with the different agencies.

And so that way it's not such a burden on one particular group to have a training. And then they're able to take that information back and share with their individual programs.

Another area that we've been working very strongly with are different models is our reflective supervision practices.

And so within our state we've implemented quarterly reflective supervision activities that are open to all the different home visiting models.

And with this we have some meetings facilitated by the Healthy Families America State Program Lead to provide the technical assistance in implementing these sessions.

And one of the things that we've realized from the beginning is the different agencies are at different places within reflective supervision based upon whether it's a program in existence for many years, whether it's a brand-new program, and also the structure of the agency that is supporting the program.

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So this activity provides an opportunity to have some peer-to-peer support and shared knowledge from all of the different supervisors involved with that.

And using the Healthy Families America philosophy each model is being provided support on working with their high needs families and making sure that the staff are accepting nonjudgmental support and compassionate with their families.

So required supervision meetings between the home visitors and the supervisors are providing an opportunity for everyone to both voice concerns and develop corrective action plans through some very candid conversations with each other.

And we've been very, you know, wanting to make sure that everyone knows through the whole process that there's open lines of communication at each level so that everyone is actively participating in this.

And we've been able to use the support of many of our home visitors who have been in programs for 20 years or plus and so being able to use their years of knowledge and have provided some mentoring to agencies and staff that are very new to home visiting.

In addition to this we've also been able to partner with our partners and community outreach which is a coalition of our in-home family ed programs to provide a wide assortment of materials to work with them on peer-to-peer support.

And during our first meeting we wanted to make sure that folks had an overview of the goals, what the different components of supervision was, and just being able to make sure that everybody realizes that they are going to be actively participating with it.

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We've had three sessions so far and each session the number of participants have been increasing. And we have another meeting in June and I am looking forward to having additional home visiting staff involved with that.

In addition to this we also are doing a series of seminars that will be open to both home visiting programs and other early childhood agencies.

And these seminars are going to be located in two centrally located parts of the state and will be able to provide management strategies and goals to assist programs with the various revenue sources sustainability strategies in grant development.

One session is a one day session to on social policy that will provide an overview of the historical and contemporary social policies, I have 2-day session on nonprofit management, a session on funding diversification which will work with nonprofits on fundraising events, donor solicitation, grant development, and possible earned income strategies.

And then also a session, a one-day session on evaluation which will be able to help agencies realize the importance of data, how to collect analyze and interpret their data and the importance of having CQI activities when they're using that data.

And one initiative that we have implemented within our state is called the TAC SE initiative. And in June of last year the Technical Assistance Center for the social emotional interventions with young children shortened to TAC SE provided the training to our early intervention staff here in our state, our Birth to three program that uses universal strategies of promoting positive social emotional development and targeting strategies to address challenging behaviors.

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The scope of the training focused on a family coaching philosophy and ongoing mentoring process.

When we reviewed the contents we felt that this would also enhance the knowledge and the skills of our home visitors to help coach families in the use of - and strategies to promote positive social relational development.

So we worked with our TAC SE state leadership team and Birth to 3 trainers to modify this slightly to where it could be adapted to the home visiting programs.

And in order to do that we have our piloted - piloting this with four different models within the state, Parents As Teacher, Healthy Families America, and Early Head Start home-based options and also one of our promising practices model, our MAHAL model.

And with that there is an intensive three day training, mostly Webinars and coaching to help both the home visitors and the families served learn about the pyramid model that will help support positive social emotional development.

These four sites will be able to conduct ongoing screening of the children's social emotional development utilizing ages and stages and the ASQFC, identify and support the master cadre of professionals who have completed all their trainings and Webinars with TAC SE that will be the support system for other agencies within the state as they implement this pyramid model.

And as we've been developing the content for the home visiting training, trainers wanted to ensure that they were meeting all of the needs of our home visiting programs.

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So we've had a meeting with both the trainers and the program leads along with members of the state TAC SE leadership team to be able to see what the expectations were from both so that we would make sure that the training would be able to meet everyone's needs.

And this way we can ensure that we're offering fidelity to the model and have training that's going to be able to benefit both our home visitors and our families.

And using the pyramid model the training will focus on information on the social emotional development of the of the infants in the context of the relationships with the caregivers.

Also strategies for strengthening the partnerships of families to promote responsive, nurturing, caregiving and high-quality home environments, tools to use to identify when there are concerns about the caregivers capacity to support the child's social emotional development and when children might be at risk of delays of social emotional development.

Tools for developing functional individualized social emotional goals with families, methods for supporting caregiver implementation of the strategies, ways to identify and implement strategies for monitoring the progress of these goals with both the parents and caregivers in the home, ad strategies for working with the families to develop a behavior support plan focused on teaching new skills and preventing challenging behaviors in the home, also coaching strategies for supporting families in the implementation of their support plan and practices for monitoring the ongoing progress of these plans.

Along with the TAC SE initiative goes a sale initiative that pretty much works hand-in-hand. And this is an evidence-based practice for promoting literacy development of infants, toddlers and preschoolers.

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Again this is - an initiative that started with our birth to three program and it is a research to practice technical assistance funded by the US Department of Education Office of Special Education Program.

And the main goal is to promote the adoption and sustained use of evidence-based literacy learning practices by the early childhood educators, parents and other caregivers to the young children.

And with this we are having multiple trainings within the state over the next two years. And so far our trainings have been absolutely filled to capacity with at least 30 to 35 people at each training.

And this has been a blended mix of Early Head Start, child care, and multiple home visiting programs.

And we are incorporating a community of practice which will provide the framework for home visitors across the state and other early childhood systems to share their information and knowledge.

Members of the community of practice will learn through a series of Webinars and readings, share knowledge and experience, support each other in making those changes, and celebrate their accomplishments.

Each community of practice will be conducted as a monthly Webinar series over a six month period. And to become a member of the community of practice individuals must first attend the initial one-day training.

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And with the Webinars will come papers that will be assigned for review and discussion and each participant will be asked to select a paper from the sale list of resources for review and discussion on three key points.

And this will support three key points that support evidence-based practice. And this assignment also helps in awareness and deeper understanding of the research.

And then we are also are using a participatory adult learning strategy called a PoWs matrix for journaling strategies.

And so thinking about that one of the things that we wanted to find out is how folks feel that they would be able to utilize a community of practice within their state and some of their programs.

And I think we have the wrong polling question up. Okay Kelliy I think we should have a different polling question.

Holly Higgins Wilcher: The community of practice question.

Kelly: Okay. Let's...

Jackie Newson: Okay. But thinking about your current existing infrastructure do you think that a community of practice utilizing multiple early childhood programs would be something that your state would be able to implement?

We will take a few seconds to see what type of responses that we have.

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Okay Kelly are you ready to bring up the responses? Okay and it looks like about 17% of the participants said that they might be able to.

And, you know, this is an initiative that we are very excited about because we are, you know, using this with not only our birth to three program at some of our center based child care centers. So we're able to, you know, reach across the Infant Early Childhood programs.

So with that last question I'll turn it over to Holly so that we can transfer over to the next presenter.

Holly Higgins Wilcher: Thanks so much Jackie. And I see Elizabeth you said that they already have a community of practice. So we didn't add that as an option that we're already doing it but maybe some other participants are already - have a community practice in their state.

So thanks so much Jackie for sharing West Virginia's – and there - I don't see any questions coming in for you at this time but I know that folks have your contact information. They can go to the Web site and we'll make sure that they connect with you in the future should they want to speak to you about West Virginia's great work.

Thanks so much, Jackie and we are last but not least I'd like to turn it over to Shannon Wood from New Hampshire. Shannon the floor is yours.

Shannon Wood: Thank you Holly. I'd like to begin by thanking my colleagues in New Hampshire who've been instrumental in helping us to begin the implementation of to begin implementation of our MIECHV program including all of my colleagues in the Department of Health and Human Services and the New Hampshire Children's Trust that all of the leadership in the staff that agencies that are implementing a program across the state.

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I know we're running pretty short on time and I'm also aware of the wonderful parallels that our taking place among all four of our states that are presenting today.

So I'm going to skip ahead a little bit in my presentation. So let me just find the slide here that I want to start with.

You've heard from some of our presenters this afternoon about how their states are integrating the home visiting system within the early childhood system in trying to ensure that there's collaboration and communication between all of the multiple home visiting programs in the state and within the early childhood system which Jessie aptly described as a system of systems.

And so we're doing that work here in New Hampshire as well. So those are the slides that I skipped over here this afternoon.

And I'm going to move right into some questions and assumptions that we made as we were developing our training plans here in New Hampshire for the MIECHV program and the different elements that we propose to address the questions and assumptions that were coming up.

For the spectrum of needs that were identified during our state plan development ranged from organizational culture to specific skills and content knowledge of individual workers as well as the practice and protocol necessary to implement an evidence-based program with fidelity.

One of our strengths in New Hampshire is that we have a seasoned and well educated home visiting workforce.

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But what was new for us in the MIECHV implementation was the Healthy Families America model that we selected as our evidenced based model.

So we have begun our training journey there which is actually here at the bottom of this slide.

We've begun with model fidelity and data collection and documentation focusing on policies and procedures of the Healthy Families America model and data collection and documentation protocols focusing on how this new model and the MIECHV program differs from the programs that our home visitors are already implementing and where there are similarities as well.

Because in all cases our MIECHV program is being implemented by agencies that are already implementing other home visiting programs within our home visiting system.

As we move along our implementation the training in core competencies management and leadership that you see on the slides here and the supplemental training are also beginning to come into play.

The management and leadership tier of the four tier training plan that we have, our main partners in that is the New Hampshire Children's Trust and the New Hampshire Center for nonprofits who are offering a full range of trainings for nonprofit agencies around management and leadership.

And so we plan to ensure that leaders and managers of our home visiting program are targeted for outreach and promotion and attendance of those programs.

And the core competencies and the supplemental training bullets there on the screen I'm going to address that in just a couple of minutes.

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Another assumption that we made was when we were developing this training plan was that we knew that a good deal of training and training capacity already existed in the state.

But we saw some room for improvement in the coordination and cross promotion of those trainings.

The one proposal that we have been considering is a training 2-1-1. And if you remember at the beginning of the afternoon Petra give a disclaimer that her - what she was presenting was very much a plan that was still being implemented and that was not being fully implemented yet in her state. And that's the same goes for my presentation here about New Hampshire.

Training 2-1-1 is still in the development phase but we're envisioning it is an online centralized training resource directory that would have descriptions of and/or links to training and professional development opportunities for home visitors and family support workers by topic area.

And there are a couple of training calendars that are already being held in the state. And so our plan is to try to see if we can link those together to better coordinate and communicate across the system.

A second proposal that we have to address this need for better coordination and cross promotional training our home visitor education modules.

And we have access to some wonderful home visiting education models through the Healthy Families in America model.

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And so our goal is to offer those across the system of Home Visiting New Hampshire and not just within our MIECHV program but also across the different home visiting programs that we have within our system in the state. And they call those the wraparound trainings and their trainings in those supplemental topic areas.

So the four boxes on the outside of this graphic are the pieces of the training plan that we've started with.

We looked at these topics and tried to tease out the common areas of training and workforce development with other programs within the early childhood system.

The next slide will illustrate some of the opportunities that we found for collective training and workforce development and then we'll do a poll to ask you to consider opportunities for shared training within the early childhood system in your state.

So one opportunity that quickly presented itself for cross program training within the curriculum that was selected to accompany the Healthy Families America model in New Hampshire, the parent and teachers curriculum was the curriculum that was selected.

And that's shared across different programs in the state. And so we were able to provide a training that was offered across the home visiting programs.

The next opportunity that we saw for cross program workforce development was our workforce survey. And this is another piece that's still very much in draft form and under development but we have great plans and are excited about undertaking.

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Some of the pieces that are going to include our home visitor characteristics, self-assessment of communication skills, strength based approach, self-awareness and knowledge, and barriers to recruitment and retention.

So asking of home visitors how long they've been in their position, plans to remain in their position, and asking what influences their plan about remaining in that position and also cost analysis pieces.

And we're excited to work with the Early Childhood Advisory Council here New Hampshire which is called Spark New Hampshire to align that survey with other surveys that are in development for the early childhood system to ensure that we aren't duplicating and to try to avoid survey burnout.

We also have an opportunity for cross program training in the early childhood and family mental health competencies that were developed in New Hampshire just last year.

The New Hampshire Association for Infant Mental Health just completed a series of trainings in five locations across the state.

And they included attendees from the home visiting system and the early childhood system and family support system. So that was a really exciting opportunity for collaboration there in that training.

The supplemental wraparound modules that I mentioned from Healthy Families America are also an opportunity here for working together with other programs working to offer those jointly so that home visitors from different programs have access to those.

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And then finally home visiting as a profession, recruitment brochure is something that we are again, it's still in a draft form but we're hoping to develop that will be applicable to all of the home visiting programs in our state so that that's useful as a recruitment tool for cross program.

So I had a polling question in here but I think I'm going to skip over it in the interest of time.

One of the other things that we were very much aware of was that training budgets are often the first to be cut especially in these tough economic times.

So we wanted to be mindful and planful around that. And what we proposed and are implementing are training stipends and scholarships for staff in home visiting programs statewide. So we saw this as an opportunity for some larger statewide system of home visiting.

So we've been able and excited to offer scholarships and discounts to these four different events here that you see on your screen.

There was a board development and fundraising workshop that was organized by the New Hampshire Children's Trust, a workshop called Open Minds which was organized and presented by the New Hampshire Center for nonprofits, a strengthening families summit that was a really wonderful opportunity for the whole early childhood system to come together and learn more about the strengthening families approach, and finally the infant mental health conference.

And all in all we were able to offer a total of 165 scholarships and discounts for home visitors across the system of home visiting to attend those offerings.

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And again the work in New Hampshire as it is across the country is a work-in-progress but we're excited to be able to share some of our ideas today and we hope that hearing our plans for collaboration and coordination gives you some new ideas.

Holly Higgins Wilcher: Great. Thank you so much Shannon. It looks like we have a question for you from Caitlin. And she says she would be incredibly interested in learning more about your workforce survey.

Any information you can provide and Shannon if you want to share a little bit about that that'd be great?

Shannon Wood: Sure. As I said it's still in draft form but we are excited about it. We're going to be working through our Early Childhood Advisory Council that has a committee called the Evaluation Committee.

And they are there kind of taking the lead on all surveys as much as they can across the system of early childhood.

And so we'll be working with them again to ensure that we're not duplicating and we're not contributing to survey burnout in putting our survey out to home visitors.

But when it does go out, let's see if I can - I'm going to try to find that slide again. But when it does go out again it will be looking at trying to ascertain competencies instead of home visitors and home visitor characteristics and also barriers to recruitment and retention, trying to figure ways that we might be able to address that - those needs that Jessie was also talking about in her presentation this afternoon.

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And finally addressing better ways that we can support home visitors which is also another topic that we heard a lot about this afternoon, but how they're feeling their needs are being met, what kinds of trainings do they need, are they feeling supported in their supervision -- a whole host of questions that we're trying to use in order to improve our program and our system.

And I'll be happy to share the address of that as...

Holly Higgins Wilcher: Yes...

Shannon Wood: ...along.

Holly Higgins Wilcher: Shannon, I was just going to ask would folks be able to contact you to get a copy of the survey...

Shannon Wood: Yes absolutely.

Holly Higgins Wilcher: ...when it's available?

(Crosstalk)

Holly Higgins Wilcher: Okay.

Shannon Wood: Yes it hasn't - we haven't gone - we haven't finalized it yet but I'm - I will be very happy to share that when we get it finalized.

Holly Higgins Wilcher: Great. So everyone you can contact either Shannon Wood or (Deidra Dun) it looks like on your slide.

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So and again after it's out of draft form right Shannon? And it - and a - just a comment from (Patty) I wanted to share with you. It looks like Shannon has done a lot of work that our - that their professional development group has just started looking at.

So I wanted to share that comment from Patty and just good responses so far Shannon from folks being very happy to receive a copy when it's ready of that survey.

So thank you much for sharing. I don't see that we have any other questions right now but I know that if you have questions for Shannon you can contact her and follow-up and as well as any of the other presenters as well.

And just want to acknowledge that you all have diligently stayed over time and we so appreciate your participation today.

And I just want to take the time to thank Petra, Jessie, Jackie and Shannon for putting their thoughts and stories together to share with our participants today and reflecting on their own journeys at the same time.

I'd like to thank you so much for your engaging questions participants, for the presenters for Lorrie Grevstad from HRSA for your presence on the call today.

Beyond this Webinar the TACC will continue to support the work of MIECHV grantees to develop infrastructure across all disciplines and models.

So please stay tuned for future Webinars that dig deeper into this work along with opportunities to participate in communities of practice, and – enjoy working around communities of practice --

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participate in communities of practice allowing you to interact potentially with smaller groups with your peers from other states around professional development, design options, and infrastructure strategy that are critical for the success of the MIECHV implementation.

And at this time we want to just wish you well in your journey and supporting home visitor competence. And thank you all for your attendance today.

Thank you again to our presenters iLink for hosting us on the Webinar leading management system and for all your great interaction.

We will send out materials to you after the Webinar. If you haven't received them and we just want to remind you to take a couple seconds, a few minutes pardon me to fill out your feedback form on the Webinar today that you'll receive in the next 24 hours from Africa Queen.

And you'll be getting materials from us shortly. Thanks everyone. Have a great day.

Operator: Thank you. And again ladies and gentlemen that does conclude today's conference. Thank you for your participation.

END