

Regional Home Visiting Coordination & System Building Siskiyou 2017 Professional Development Gathering Summary

Context

On October 26, 2017 the Home Visiting Systems Coordination (HVSC) project funded by the Ford Family Foundation held a Professional Development Gathering for Siskiyou County, California. A total of 15 early childhood home visiting staff and stakeholders attended the gathering in Dunsmuir, representing three home visiting system programs in the region.¹ At the gathering there was an overview of the Infant Mental Health Endorsement (IMH-E) process, the Oregon Home Visiting (HV) Core Competencies, and Help Me Grow. Small group discussions provided an opportunity for participants to talk with and learn from one another, in order to inform the region's home visiting professional development planning process. This summary is intended to help local leaders develop strategies and a plan for supporting HV professional development in Siskiyou County.



What was interesting to you about the presentations?

Participants were excited to learn new information as many did not already know about the HV Core Competencies or IMH-E process. Participants learned that the HV Core Competencies and IMH-E frameworks:

- Include available, accessible information, and useful tools;
- Are applicable for professional development, supervision, and hiring;
- Align with other frameworks, although some participants felt that California requirements were even stronger;
- Reflects the quality of HV work underway; and
- Could serve as good professional development goal setting and measurement tools at annual reviews.

*"Learned about endorsement for the first time!
Excited!"*

Participants also expressed concerns about the endorsement process regarding:

- Feasibility of attaining required trainings and supervision;
- Whether endorsement would "pay-off" with a commensurate wage increase; and
- Exclusionary criteria for participation, i.e., if a Bachelor's degree is required, that puts endorsement out of reach for all of the staff participating in the gathering.

Participants thought that information about the HV Core Competencies and IMH-E could be used as resources to:

Staffing and Professional Development

- Support individual self-assessment of skills and practices,
- Support development of team- or program-based shared training, and
- Serve as topics for team or program staff meetings, as well as regional HV network gatherings.

Service Delivery

- Provide content to help strengthen the link between HV programs and mental health services, e.g. trauma-informed practices, understand parental mental health, and early childhood mental health

¹ Shasta Head Start, Shasta Early Head Start, and First 5 Siskiyou.

Organizational Assessment & Planning

- The frameworks could inform organizational assessments, and
- Inform professional development planning.

Participants also expressed an interest in learning more about the HV Core Competencies and the IMH-E process. Questions that emerged included:

HV Core Competences

- How do these align with other frameworks, e.g. Strengthening Families curriculum?
- Could a local HV competencies framework be developed?

IMH-E

- What scholarship opportunities and resources exist?
- How would the endorsement improve HV services in real life?
- How can programs learn more detailed information e.g., how to enroll, timelines, time commitments?

Both Frameworks

- How would professional development requests to participate in and work towards these competencies be approved?
- Is time spent on endorsement counted as work hours or not?
- How will programs ensure staff coverage for other staff who may have increased time away to participate in these trainings?

What was interesting to you about the Help Me Grow framework?

Participants were interested in how the Help Me Grow framework could:

- Provide a “1-stop shop” for family support resources;
- Align HV, health and other family support efforts;
- Increase community awareness of HV;

- Expand reach of evidence-based early childhood developmental screening; and
- Provide effective tool for parents or for HVs to use with parents.

Participants felt that the Help Me Grow framework could be used to:

- Support individual professional development planning and goal-setting;
- Support program level professional development planning; and
- Create a foundational framework for the community to understand the importance of early childhood supports, as well as the benefits of home visiting.

There was also discussion about how Help Me Grow might help home visiting and other early learning programs coordinate and collaborate with each other and with medical providers. Participants thought that Help Me Grow could support a coordinated referral process and make it easier for providers to identify resources that could help meet families' needs. This might help with:

- Ensuring families are only being asked to complete ASQs at each developmental milestone once, rather than multiple times by multiple providers;
- Providing more support to families to understand how they can support their child's learning and development at each stage; and
- Sharing ASQs between providers, e.g., home visitors, early learning providers, and health providers.

Participants also expressed an interest in learning more about Help Me Grow. Questions that emerged included:

- Generally, a need for more information about Help Me Grow framework, efforts currently underway in the county/region, and next steps.
- How do programs avoid duplication of ASQ screenings with families?

- How does early childhood and home visiting programs best coordinate with medical providers?
- How would efforts to develop a shared intake/referral form and process among home visiting and family support programs connect with the intake and referral form and process of Help Me Grow?
- Are there examples of other rural counties that have implemented Help Me Grow? What does that look like and what can we learn from them?
- Would additional staff time be dedicated to support this coordination work?

What is the best thing about going to trainings with people from other organizations?

When asked about the best thing about attending trainings with people from other organizations, the most dominant themes were **connecting with other home visitors** and **gaining program knowledge**. Participants valued:

- Relationship building and networking,
- Learning about programs and community resources, and
- Problem-solving and sharing approaches to working with families.

"I feel that I am branching out and more confident to reach out. Supported and career building"

Participants also reported that attending trainings with other HV programs **improves service delivery** by normalizing collaboration and improving referrals due to increased knowledge and trust of both staff and programs.

What is (or would be) important to you about shared training experiences?

Participants felt that it was important to **build interpersonal connections** and have opportunities

to **learn from each other**. Participants also discussed the importance of **increasing cross-program collaboration** and a sense of "collectiveness." Participating in shared trainings and learning from each other also was described as a type of **self-care**.

What are (or could be) the benefits of shared training with other HV programs?

Participants identified many benefits of a shared training with other HV programs, including:

Strengthened program connections & continuity, through:

- Building relationships and strengthening the HV network of providers;
- Sharing ideas for ways of working with families; and
- Building shared vocabulary for approaching work with families.

Improved distribution and use of resources as a result of:

- Increased access to high quality trainings across programs; and
- Equitable cost-sharing and conservation of limited resources.

Who are the "unusual suspects" that provide in-home services with families and children birth-to-5 that could be at the HV professional development table?

There were a number of agencies and organizations that provide or promote in-home services with families with young children who were not represented in the convening, including:

- Family Resource Center coordinators
- Child Protective Services caseworkers
- Foster care social workers that do home visits
- Early Intervention and other in-home therapists

- Preschool teachers
- Medical clinic staff
- Additional Head Start teachers, e.g., Modoc Head Start/Early Head Start
- College of the Siskiyous teaching staff
- Karuk tribal services staff

What are the benefits of a shared professional development plan across your county and region?

In the conversation about benefit of a shared professional development plan, participants also talked about barriers. Participants felt it was important to acknowledge that home visitor work demands can be a barrier to accessing training because of program service requirements and lack of staff to cover during training-related absences.

Overall, however, participants felt that the benefits of a shared, HV professional development plan would help in a variety of ways:

- Increase staff skills and competencies
- Improve planning for trainings
- Improve training coordination
- Improve training-related communication

Individuals benefits through:

- Increased knowledge to better support families
- Increase connections with other staff and program
- Additional coaching, guidance, and resources
- Improved ability to plan for longer-term professional development goals

Programs benefits through:

- Increased access to most current information and skills-building relevant to home visiting staff
- Increased collaboration with other programs
- Improved communication with other programs
- Developing shared vocabulary and continuity of training across programs
- Conserved resources
- Increased opportunities to learn from one another

Children and families benefits through:

- Families are served by skilled and competent staff
- Families connected to best-match resources