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MCH Innovations Database Practice Summary & Implementation Guidance

Alaska Home Visiting Virtual Summit

A virtual summit of home visitors across the state, agnostic to models and funding sources, to increase home visitors' capacity to address interpersonal violence as well as improve their own self-care and resilience.



Location

Alaska



Topic Area

Telehealth/Emergency Preparedness



Setting

Rural, Urban, Clinical, Workplace



Population Focus

Perinatal/Infant Health, Women/Maternal Health



NPM

NPM 4: Breastfeeding



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Section 1: Practice Summary

PRACTICE DESCRIPTION

During COVID-19 pandemic, all of Alaska's home visiting programs switched to 100% virtual delivery. In addition to the pandemic lockdown, socioeconomic factors also had an impact on home visitors and their families; unemployment, housing shortages, increased alcohol use. These factors have created a tremendous amount of stress and shifted the power dynamics within families. The home visiting field has serious concerns about domestic violence and interpersonal safety because they aren't able to see people in their homes and develop close relationships or have the ability to talk in private. They know that using virtual ways to connect with families presents risks for women when asking questions around interpersonal violence (IPV) and personal safety because you never know who else is in the room. Communicating information can also be unsafe, as a partner may be monitoring a client's cell phones/emails. The field was at a loss on how to support family members who they suspected weren't safe without compromising their safety. IPV screening across all home visiting programs and models significantly dropped. Alaska's home visitors were themselves highly stressed. They are typically attracted to, and stay in a field, that is very stressful, and they do it because they get a tremendous amount of satisfaction working with at-risk young families, despite not knowing the outcomes for years. Over the years, most programs have demonstrated high staff retention despite low pay. The Maternal Infant Early Childhood Home Visiting (MIECHV) funded Nurse Family Partnership Program rarely had nurses leave the programs unless they retired or moved out of state, but during COVID and not being able to go into the home for home visits, three nurses and a supervisor left and went back to clinical nursing. We needed to support the workforce. We thought that home visitors needed a connection, a community, across models, because even in programs with strong reflective supervision, they are often in jobs where they can't talk to anybody about what they do.

CORE COMPONENTS & PRACTICE ACTIVITIES

To support the field, Alaska held its first Alaska Virtual Home Visiting Summit on January 13-14, 2021. All home visiting staff in Alaska were invited, from across funding sources, including state Maternal Infant Early Childhood Home Visiting (MIECHV), tribal MIECHV, Head Start, Part C Early Intervention, and other state and tribal funded programs. Models in attendance included Parents As Teachers (PAT), Nurse Family Partnership (NFP), Early Head Start(EHS), and the Early Intervention/Infant Learning Program (EI/ILP). Participants were from communities large and small across Alaska and included nurses, Occupational Therapists, Physical Therapists, Speech Language Pathologists, Social Workers, psychologists, teachers, early childhood educators, and home visitors who had been in the field for anywhere from 10 months to more than 30 years. In all, 137 home visitors and supervisors attended from across the state, which is most of the home visiting professionals in the state. Funds from AMCHP CARES telehealth funding were used and supplemented by EI/ILP, which contributed from their training funds (underutilized during the pandemic), which paid for meeting facilitation, including registration, advertising, and evaluation, through the University of Alaska Anchorage (UAA). There had never been an opportunity for the home visitors from different models and funding sources to meet together. There had never been a home visiting professional conference. We knew from the MIECHV 2020 Needs Assessment that the home visiting field needed support and had lack of visibility. It has never been a state funding priority. There is no state match for the federal MIECHV funds, and PAT and EHS get lumped in with preschool education programs in the state budget. Home visitors thought of themselves as nurses, educators, or therapists first, not as home visitors. We chose to include EI/ILP, because they conduct their family centered services in the home,



and have the same stressors, even though they are in a different funding category and field, plus their staff had asked specifically for training on IPV.

We contracted with Rebecca Levinson from Futures without Violence for a two day training during the Alaska Home Visiting Summit. Day One, *“Understanding Staff and Client Needs in the Time of COVID: Healing-Centered Engagement and Equity as Guiding Principles to Support Staff and Help Families”*, was centered on self-care for home visitors using the principles of FAN (Facilitated Attunement Network) from the Erickson Institute which focused on recognizing your own and your clients’ stress and developing your own and your clients’ resources around resilience. Day Two, *“Healthy Moms, Happy Babies: Helping Home Visitors Address Domestic Violence in a Pandemic”*, was specifically CUES training, an evidence-based intervention on IPV, based on universal education. CUES stand for (C) Confidentiality (understanding there is no ability to know for sure if a client is alone during a virtual screening for domestic violence), (UE) Universal Education and Empowerment, and (S) Safer Supports

Many home visitors have difficulty with doing depression and IPV screening because it feels judgmental and invasive, and many have limited training. If IPV is approached as a universal education opportunity that you are providing to everyone, it removes shame and triggers empathy, i.e., “if you or someone you know is feeling these things.” Someone may not be forthcoming about their own feelings and concerns but feel comfortable talking about their “friend”. It is a broader and less targeted way of talking about safety without re-traumatizing the client or the home visitor. The training was not just theory but unlike many other trainings, it provided tools, scripts, and hands on safety procedures. This training refocused IPV discussions from a screening form like HITS, into a tool to help someone work through their feelings on safety and relationships. The goals of CUES aren’t about getting someone to leave a relationship, which is actually the time when the most extreme violence and death occurs. CUES recognizes that no outsider can understand another’s relationship. The goals are risk mitigation, support, and safety, where home visitors are helping client’s decision making alongside them, but not for them. Universal education is also a good way to have these discussions in a virtual environment. Alaska’s home visitors are using 211 as the referral resource, instead of a local agency that may be an unsafe choice in a small rural community. If your boyfriend sees the home visitor sent a link to 211, you can say it’s for formula or diapers or other things that aren’t related to IPV. It is also a national resource and can be accessed anywhere. Alaska’s IPV center, AWAIC (Abused Women’s Aid in Crisis), also presented on how they work, and how they can provide support for safety across the state. AWAIC is able to supply travel funds, which most home visitors did not know about. AWAIC is federally mandated to do outreach to home visitors, but prior to the Summit, didn’t have a way to accomplish this.

Core Components & Practice Activities

Core Component	Activities	Operational Details
Education/Support	Training for home visitors on self-care and stress management incorporating attunement and reflection	“Understanding Staff and Client Needs in the Time of COVID: Healing Centered Engagement and Equity as Guiding Principles to Support Staff and Help Families” Virtual training with multiple breakout/connection activities presented by Rebecca Levenson, MA with contributions from Linda



		Chamberlain, PhD, and Linda Gilkerson, PhD, Erikson Institute
Education/Resources	Training for home visitors on ways to safely educate and support clients experiencing partner violence using the CUES universal education model	“Healthy Moms, Happy Babies II: Virtually Supporting Parents Experiencing Domestic Abuse” presented by Rebecca Levenson, MA with contributions from Virginia Duplessis, MSW, Linda Chamberlain, PhD, and Linda Gilkerson, PhD, Erikson Institute
Support/Resources	Follow-up for individual coaching and resources	Rebecca Levenson provided follow-up sessions in the form of office hours and small group webinars for additional resources and support. These sessions were divided into those for home visitors and separate ones for administrators and program managers as the needs of these groups are different.

HEALTH EQUITY

By including all the home visitors, as well as infant learning/early intervention providers in the state, and offering the summit virtually, many more programs were included. This did not limit it to the small number of MIECHV funded programs (all based in Anchorage) but opened it to state-funded and tribal programs who often don't have the means or funds for training. Most home visitors working in rural Alaska in PAT or EHS programs are Alaska Native, as are the vast majority of the clients. They are often located in tribal health corporations instead of hospitals or large non-profits, and many of these home visitors may be the only ones doing this type of work in their organization. The inclusiveness of the Alaska Home Visiting Summit fostered the creation of a community of home visitors that is much more diverse and reflective of Alaska's families. Rather than remaining siloed by community, profession, or model, or delineating between state-funded programs and tribal-funded programs, it broke down barriers and created opportunities for equity, inclusion, support, and connection.

EVIDENCE OF EFFECTIVENESS

Evaluations showed that 88% of those who responded were somewhat or extremely likely to use the tools from the first day on healing centered engagement. Everyone especially appreciated the second day's CUES training, with 93% saying they were more comfortable talking with their clients about domestic violence and safety after the training. Overall, 137 attended the two-day Summit. There is a very good representation from



the field, with staff, including administration, from all of Alaska's home visiting programs. Of these participants, 67 completed the evaluation, and of these, 82% responded that the Summit would change their practice.

Follow-up to the Summit was provided by Rebecca Levinson, the contractor. This included webinars for front line staff and another for supervisors, on implementation of CUES, as well as "office hours." Attendees could come back and ask more questions about practice and get technical assistance on individual client case studies. Webinars are common training forums in Alaska, even pre-pandemic, and these follow-up sessions were well-received.

Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

The stakeholders were all home visitors from across the state; public health, tribal health, infant learning, early childhood education, disability services. This included programs working in both the tribal and state systems, as well as the University of Alaska Anchorage (UAA), which in addition provided facilitation, support services and evaluation. The Summit was funded by blending federal funding from both federal public health and education grants to reach a wide range of stakeholders and this braided funding created a unique and meaningful opportunity .

REPLICATION

This is a practice that can be easily replicated. All it required was our contractor, a Zoom license, and our partners at UAA for meeting and evaluation assistance. It was very quick to put together, and everything ran smoothly. Our contractor, Rebecca Levenson was exceptionally easy to work with and worked with us to customize her training specifically for Alaska. She was a very skilled presenter and kept everyone engaged. We know this because everyone came back the second day. In addition to the follow-up office hours and webinars, we also had a wealth of materials to share. These included recordings of both days and handouts. This means that home visiting staff that were not able to attend, can still take the training. The one thing that really made this an exceptionally valuable experience, was our UAA meeting facilitator. She was highly gifted at virtual meeting management. She was able to take the group of 137, and seamlessly drop everyone into breakout/discussion groups of 5-6. There were several of these small group networking/sharing opportunities. It all happened so smoothly that no time was lost in transition, and more time could be spent in connecting. Another really helpful meeting trick was that when the group took breaks (these were day long trainings with two shorter and one longer break), our facilitator posted a count down clock so everyone could budget and manage their time. Things were predictable and ran on time and participants had time to stretch as well as keep up with their workdays. These facilitation tricks not only made a long virtual training more pleasant, but they also modeled how virtual meetings could run smoothly and actually foster increased connection and communication.

INTERNAL CAPACITY

The Alaska Home Visiting Summit was an easy lift. We have a very small, dedicated home visiting staff at the state program level. The bulk of our funding is usually pushed directly out to grantees. This means we rely heavily on experienced contractors. Our contract for Rebecca Levenson was small enough that we were not required by state contract restrictions to put out an RFP and elicit bids. This made the process simple. Marketing



and enrollment were done as a team with a donated contractor from UAA, who also facilitated the virtual Summit, and collected the evaluations. The UAA contractor, and our home visiting Research Analyst developed a simple set of questions that were gathered at enrollment, and a set of post-Summit questions that could easily be answered. Evaluation was so simple that we had a 49% response rate, which is pretty good for post-survey results. Our contractor was paid once, upon completion of deliverables, and that eliminated a large time burden at the state-level of processing payments. The UAA facilitator was donated to us by EI/ILP as part of their larger training contract and they paid for these services. Our Office Assistant was also an important part of our team, and helped with enrollment, materials, follow-up session facilitation and other tasks. In all it was a very easy lift.

PRACTICE TIMELINE

This Summit had a remarkably short turnaround time because of the gifted presenter, the easy contract conditions, and the virtual nature of the Summit itself. I contacted [Futures Without Violence](#), a non-profit that supports those traumatized by violence, about an IPV training at the beginning of September 2020. They referred me to [Rebecca Levenson](#), a consultant for them with many years of experience in IPV training and a focus on home visiting and home visitors. We had a quick phone call and the ball was rolling. She sent me outlines of trainings she had done we set up a think tank meeting with tribal MIECHV, and EI/ILP. From that meeting, Rebecca was able to put together a draft proposal and budget and we had a contract in place and dates saved by the middle of December. For state procurement, this is remarkably fast. The training was held in mid-January 2021. From the initial email to the training, it was 5 months. The follow-up webinars and office hours were finished up by the end of March 2021.

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Schedule and develop Summit Create contract	8 weeks, because of time needed by Grants and Contracts Department	MIECHV Program Manager Alaska Grants and Contracts Rebecca Levenson, contractor
Work with contractor and meeting facilitator on setup Promote and invite attendees	One month	Rebecca Levenson, contractor UAA meeting facilitator State of Alaska Office Administrator (our OA was a big help and an important part of our Summit)
Hold two-day Summit and collect evaluations	Two days for the Summit Two weeks to collect all the evaluations	Contractor Meeting facilitator



Phase: Implementation

Activity Description	Time Needed	Responsible Party
Hold two-day IPV Summit	2 days	Rebecca Levenson, contractor UAA meeting facilitator
Hold two follow-up webinars and two Open Hours sessions	4 scheduled sessions of an hour each	Rebecca Levenson, contractor State of Alaska Office Administrator
Collect evaluations	Two weeks	UAA meeting facilitator

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Record IPV training and collect session materials to send to attendees and post to the home visiting website for future referral and replication	Three days	UAA meeting facilitator State of Alaska Office Administrator

PRACTICE COST

Working with the MIECHV Program Manager, Futures Without Violence principal consultant, Rebecca Levenson, developed and provided a real time virtual training for Alaska’s home visitors on how best to address Intimate Partner Violence (IPV) during the time of COVID during virtual visits through using the evidence-based Virtual CUES (Confidentiality, Universal Education, Empowerment, and Support) Training. The training also included Healing-Centered Engagement for home visitors. The contract included developing a custom virtual training, giving the training at the two day Summit, and providing coaching and assistance in Office Hours and webinars. The cost for the contract was \$9,500. Meeting facilitation and evaluation services were donated by the Alaska



Part C Early Intervention/Infant Learning Program (EI/ILP), who participated in this Summit along with home visitors from NFP, EHS and PAT. This cost is not available.

Budget			
Activity/Item	Brief Description	Quantity	Total
Contract with Rebecca Leveson Consulting	This was the IPV trainer	One contract for developing a custom two day training and follow-up sessions	\$9,500.00
Meeting facilitation and evaluation from UAA	This was donated facilitation services so the much larger EI/ILP program grantee staff could participate	Planning, facilitation, and follow-up.	EI/ILP has a large annual training facilitation contract with UAA, and these services were donated to the Summit
Total Amount:			\$9,500.00 + donated facilitation

LESSONS LEARNED

We learned that our home visitors are deeply stressed during this troubling time. These essential workers are often isolated and may lack training, job security and competitive pay, and many are many of you are exhausted and overwhelmed in both work and their personal life. They are concerned about their client’s safety and unsure how to navigate difficult topics like IPV in a safe way. They are not confident that they are able to meet families’ needs using virtual platforms. While they appreciated the training, the evaluations and other comments overwhelmingly showed that what they valued most was the connection they were able to make with each other. Comments from participants, included “It was wonderful to be made aware of and connected to visitors in various capacities throughout the state.... Good course. Positive attitudes. Supportive HV community... It was helpful to know that I'm not alone in my feelings about work with the current circumstances....I really appreciated the breakout opportunities that this conference provided to allow connection to other home visitors throughout the state!”

It is important to let our administrator and home visitors know that we understand that COVID 19 affects all of us, and that staff deserves care just as much as the families. We also know that recent civic unrest relative to racism has created an opportunity for a deep dive into radical change and it is a time to ask questions about systemic problems and practices and ask ourselves if our vision for health, wholeness, safer, loving, healing centered practices are being implemented as fully as they might be.



NEXT STEPS

We have received approval to use our new MIECHV American Rescue Plan (ARP) funding to establish an Alaska Home Visiting ECHO model learning collaborative that will be available to all home visitors to improve home visitors' skills and satisfaction with virtual visits, emergency planning with families, safety, and client and NHV mental health. Project ECHO (Extension for Community Healthcare Outcomes) was developed at the University of New Mexico (UNM) to improve access to specialty care in rural and underserved communities. Developed as a platform for both healthcare service delivery and research in 2003, the ECHO model develops knowledge and capacity among targeted learning communities through on-going telementoring and education.

We have identified that the home visiting field in Alaska overwhelmingly supports the idea of learning together, across programs and professional licensure/status. They are particularly interested in knowledge and supports around their own and their client's mental health challenges during the pandemic. Most of the home visiting programs do not have a Behavioral Health consultant, but our Tribal funded programs do. This ECHO will include an LCSW to be on the ECHO hub team to do de-identified one-on-one consultations on case studies. Alaska is also working on creating a Home Visiting Alliance with tribal, public and non-profit home visiting providers participating. Alaska has also created new home visiting competencies that will be reviewed and adopted by the Alliance.

RESOURCES PROVIDED

- Virtual CUES Scripts and Texts for Home Visitors
- Virtual CUES Guidance: Support for Survivors of Domestic Violence
- Alaska Home Visiting Summit Summary

