Washington State Department of
CHILDREN, YOUTH & FAMILIES

Home Visiting Advisory Group (HVAC)
Meeting Minutes

February 15, 2024- 10:00 a.m.- 2:00 p.m.
Virtual Meeting

Welcome, Virtual Meeting Protocols and Introductions
DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah, welcomed attendees and initiated introductions.
Presentation Slides

HVSA Data
Members reviewed Maternal, Infant, and Early Childhood Home Visiting (MIECHV) benchmark and other data.

Discussion	• Numbers are increasing and percentage is steady for enrollment performance for FY 20-23.
	  ○ We expanded in FY21 and FY23.
	  ○ It would be interesting to see reasons for exiting comparisons at same time intervals.
	  ▪ Great question. Data on reasons for exiting have not been looked at this cycle and historically that information has not always been complete (not everyone gives a reason for leaving the program). We will make a note of this question.
	• What is TRIO?
	  ○ Trio=DCYF, Start Early and Department of Health (DOH), statewide partners working to administer and support Home Visiting Service Account (HVSA).
	• Is there a set goal for MIECHV?
	  ○ They do not set goals, because each state measures differently. There is a little comparison, (with ourself, and a demonstration of improvement towards the national average.
	• The bar chart and national measures are only MIECHV program?
	  ○ The line across the top is MIECHV nationally. So we're showing our whole state HSVA data compared to MIECHV. Even if we're not above the national average we strive to improve in those areas.. It's more helpful to talk about all HSVA programs instead of MIECHV separately. We see improvements in all areas except for child visits.
	• Why did we change the Child Protective Services (CPS) interaction to include any kind of reporting?
	  ○ In this one, we want to be below the national average. We saw a drop in that rate between 2022 and 2023 and we didn't

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change how we were measuring. I wanted to be very clear about the language. This is not a reflection of founded cases.
    - This is not the Local Implementing Agency (LIA) making reports, this direct contact from DCYF for families enrolled in home visiting and consented to sharing data.
    - We are using administrative data from CPS for this measure; family consented to share their names, and then we work with Department of Social and Health Services (DSHS) on a confidential matching to see if any HV families were screened in for investigation during the year..
- The U shape shows dips, why did we see these drops in 2020-2021?
    - I suspect the dips we see during COVID are due to difficulties with virtual screening.
- The depression screening is incentive through performance payments to LIAs, and it is a potential topic for LIAs to explore with Continuous Quality Improvement (CQI) coaching.
    - Is there an additional percentage on top of that not being counted (if they don't get it in 90 days)?
        - These screenings are relationship based and would be interesting to see who completes it after 90 days.
        - I'd be curious if there is any correlation of age of child or other family characteristics.
        - I agree, wondering what we would see if we opened the period beyond 3 months.
        - We didn't do any parent/child interactions in FY21 because it wasn't normed for virtual.
        - Although, we know that depression and behavioral health conditions are one of our leading causes of maternal mortality and morbidity, so identifying concerns early is important.
            - I agree, but don't assume it isn't being identified. It might just be identified through conversation, versus actually doing a formal screening. For example, we basically never have a family who

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	scores high on FUTURES, but lots of families experiencing DV ▪ I wonder if that dip was related to the number of families being served, since it's across all of the measures. ○ What is the measure they're using for this interaction? ▪ Nurse Family Partnership (NFP) uses home, stance, and pick a low. • The U shape shows dips in FY 2021, another COVID effect of virtual screenings. ○ I suspect the dips we see during COVID were due to attention paid to acute family needs not due to fewer families served. • I would be curious about the ranges within each category per region. How different is the median from the average percentages? ○ We can produce confidence intervals and comparisons that will give more info. ▪ I think that would be interesting to tell the story, especially since some reasons are so diverse.
Follow up	Please reach out to Ashley Beck (ashley.beck@doh.wa.gov) for any follow up questions.

HVSA Expansion & Rates Update & Discussion

Members received a progress update and had an opportunity for discussion.

- Home Visiting Scan

Discussion	• I'd like to offer space for you all to share your thoughts and feedback because this is a lot of information to process. ○ As a LIA leader for a MIECHV funded program, I'm disappointed to hear this. You said there are some models that might get done before others, but want to implement them all on time before July 1st. How does this impact the overall models if you're only proceeding with the state models? You mentioned a 7% increase across the board so what about an additional MIECHV increase? How will this impact the Request for Proposals (RFP) for expansion? ○ The legislature has directed us to use a rates-based approach for the MIECHV programming, and we don't know how it will play out. We have 4 distinct fund sources and mapping them

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	into that. I don't know yet if we'll do sequential implementation and we can ask for more money. Leadership has been highly involved and our opportunity to check in with you all is timely. • As a non MIECHV program how will our rates be set in terms of equity and portfolio? How is that going to happen when the work can't be fully determined for this MIECHV program? o The methodology for rate setting is not dependent on the fund source. It's a mathematical method for developing the rate itself. It's the implementation and how are we going to map that into the fund sources that we have based on where the dollars are coming from and that's really the unknown. • As an agency with many funding streams, implementing them separately or together terrifies me. I'm a fan of rate setting, and I have seen it run smoothly and curious what others think? o I have similar concerns with funding, but I know we will figure it out. • Will there be an opportunity for staff/programs to meet with DCYF for discussion before it's set? o Yes, this is the initial conversation and internally there are decisions needing to be made related to Health Resources and Services Administration (HRSA). Also, we need to restructure our funding. • I agree having separate funding is difficult, so how does this impact the implementation of our programs? Does this mean we cut Full Time Employees(FTEs)? I'm concerned we're making commitments to families we can't fulfill because July 1st will be here soon. o It could, and we don't know what that impact will be, and we're committed to the best of our abilities. We will be transparent and honest with LIAs about what we know. We are aligned with our concerns and internally we acknowledge that funding two different streams is difficult. Hoping to work jointly with LIAs. ▪ In regard to the expansion piece I'm in total support and getting those services to families, but right now I'm more in support for sustaining programs. It's getting harder and harder to sustain and we are

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	hearing of sites that are at risk of closing and staff retention. • So much work goes into training HV and giving importance of staff retention. • As an org that already does have our home visiting work funded by multiple sources with different criteria, it's really a time-consuming process to maintain equity (for clients and home visitors) and ask for essential costs that some funders cover and others do not. We must adjust internally using our unrestricted funds. • Does HRSA allow reduction of slots in MIECHV? o I am not sure. I can find out and share my findings. • Can you suspend the contact expectations for enrollment until the rate set is solidified? o We're trying to decide that internally and will review in the coming slides. • If programs are required to work with two separate implementation processes - would compensation be considered for the time to address different billing structures and the learning curve? • I agree with prioritizing sustaining programs, but if both are possible, serving the needs of families now would be my desire. • I feel a lot of despair and the sooner we can know about the outcome for us LIAS is so important. My first reaction is why would I want to apply for expansion, take the risk of complicating my staff? I recognize you're working hard and feeling upset too but we need to know as soon as possible. o Thank you for sharing and being candid, we will work to get this information out as soon as possible. ▪ I don't want to minimize what you've all shared. Our goal is still to increase the rates and budgets and we're grappling with the implementation. We can reasonably expect that to happen in the short term, it's undecided how that will look. Legislative session is happening, and a message likely won't go out next week but hope to get this passed through. Our goal is to talk about expansion next, I wonder if we can set up a task and follow up.
Follow up	Please reach out to Nelly Mbajah (nelly.mbajah@dcyf.wa.gov) for any follow up questions.

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Legislative Update

Members received updates on legislature, advocacy and policy issues.

- SB 6109
- HB 1227

Discussion	• House, Governors and Senate budget will be finalized later next week. • Budget error of $200 million for the Capital Gains Tax. • Housing and behavioral health are major issues which impact Home Visiting. The governor's budget included $160 million dollars regarding the Fentanyl crisis facing children and families and home visiting slots. • SB 6109- the proposal to include home visiting as one of the strategies to support families. The rate is set for other home visiting programs. • A webinar will be held to walk through the house and governor's budget and the Community Engagement team will forward in a follow up email. DCYF 2024 Mid-Legislative Session Update Webinar Monday, February 26, 2024 2 p.m. to 3 p.m. Join Here Access Code: 854 4233 7295 Password: 686016 Call in Number: 1.253.215.8782 • Discussions and concerns of public health as an extension of CPS. ○ Public health is viewed as the third-party safety plan, specifically home visiting services. For this purpose of HV would be a service. This bill (SB 6109) was in response to HB 1227 and the lethality of Fentanyl and services to families. ○ Related to substance abuse and HV and the need to allocate resources for external referral (especially for Fentanyl) that will be an emergent need and require additional support, especially the case management piece. ▪ Contracted slots and programs could opt in and referrals would be developed.

Subcommittee Recap

Subcommittee leads briefly reviewed their last meetings and preview subcommittee topics for today.

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Discussion	• Workforce Development update: This training survey is meant to help us refine and identify themes; responses will be shared anonymously with Butler. • Data and Evaluation update: in December we looked at progress for the data enhancement advancement. We'll be looking at how we want data to be more available to programs and agencies and seeing it from a LIA perspective. • True cost update: no updates.

Workforce Subcommittee

DCYF Home Visting Workforce Specialist, Nina Evers, welcomed attendees and initiated the meeting.

- Workforce Subcommittee Slides

Discussion	• I'm not sure the questions are worded in a way that would result in meaningful response.
	• I don't want to distract from this conversation, however I'm wondering if you would like me to complete a survey if Family Connects is not a part of the HVSA or one of the 9 programs? I'm not sure how you would like me to contribute with this.
	  ○ Yes, we do want your input. If you don't feel like the questions apply, there is a section to give open ended feedback.
	• "How are we defining cultural match?" Cultural and language match w/families? Cultural and Language match with workforce? or both?
	  ○ I thought it was between the trainer and those receiving the training
	  ○ I have to look through the questions again to get acclimated
	  ○ Between HV and family they serve, identifies within the community they live and identifies with the people they serve
	  ○ With trainers I feel like we have to be inventive. You could use a co-training model to work with trainers who are within the community.
	  ▪ Pam has implemented that strategy with BSK work. It was really wonderful.
	  ○ I like the term 'cultural alignment' because the concept of a 'match' felt too specific and unrealistic in a lot of instances
	  ○ I have been in this community for 20 years, I am not native or a tribe member, however I do hope that I am aligned culturally with the work I provide.

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	• I'm wondering if we start with languages: 'what languages do you have the capacity to provide services in?'
	  ○ And does that address translation services. To mee the needs of families when they don't have bridge languages, either. In relation to the survey, do I have home visitors who speak that language? No, but do we make it work anyway? Yes. And I'm not sure how to put that in the survey.
	• I'm curious how you all are thinking about lived experience relative to the work force?
	  ○ What do we mean by lived expert?
	  ○ Depending on experience, not every person is going to be comfortable identifying themselves as a lived expert.
	• If I am a family that has tribal children and my husband is tribal, I may identify that as match to me even though I am not tribal. I think some people will read match in different way.
	• We do want to ask people what languages you have proficiency in, but we do have to match that with what our system acknowledges as payable and make the case relative to the salary of the person. Maybe it is an open ended question about what kinds of lived experience and/or cultural experiences do you find valuable using in your work?
	• PAT – we have a Spanish curriculum, but my instructor says it is very professional and Spain oriented Spanish. Yes, we have the resources, but usually have to reduce the amount on worksheets. We've had people from quite a few countries, families on caseload typically think of him as 100% in line with their cultural beliefs. Alignment is a good way to put it.
	  ○ We can follow up to get more information if that would be helpful.
	• I believe in Early Learning, things are translated into at least 3-5 languages.
	• This would be good to share with Butler when they have their conversation with LIAs
	• I'm not sure if we are an outlier - however, the primary language we support outside of English is Mam, which has no written format at all. Which makes translation of documents unhelpful.
	• Translation often ends up being too formal. Interpreters can try to meet in the middle and find the nuance more. But we don't want to overwhelm or keep relying on the same advocates without compensation.

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	• I'm also thinking about how we talk about language and literacy. Oral literacy with the family is one thing, but not every family has the same literacy reading that they do with speaking. • We also provide virtual visits, so I would add that. • For this definition, do we need to put credentials in the definition? It feels not necessary and may suggest that those credentials are prioritized. • One thing I am wondering as I look at this, someone may already have a couple kids and I am not sure how that fits into this. They really aren't in their early stages. • I am also wondering if the language "who guides them through" fits with what I have hear which is "walking along side". It sounds a little paternalistic. • Love that. Our nurses support and uplift families… • Would you walk into a home and say the language that is shared here?

Data & Evaluation Subcommittee

Washington State Department of Health Home, Senior Epidemiologist, Martha Skiles provided a brief overview of Data Evaluation updates and recommendations.

Opioid and Drug Overdose Data | Washington State Department of Health

Discussion	Proposal to focus our discussion on sharing data with programs and LIAs and walk through development of online dashboards (program and state). Group Discussion • How can we make data more accessible to sites, partners, state advocates? • What data is important to produce and share? • What does it mean to make data available to communities and HV recipients, the general public and etc.? • Focus on state-level (or county) first rather than LIA-specific • Would really be helpful to have an updated HV Scan which shows funded slots by Model and County statewide – include ALL home visiting not just HVSA. • Consider deep dive into Retention. • What is the value of sharing these dashboards? ▪ Is this just for HVSA funded slots? ○ At this point that is all DOH has access to.

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	○ Say you want your NFP slot to be a dashboard that would be done with data sharing. • How many more slots are funded by HVSA and others? ○ Historically the HVSA is about 1/3 funded by the state. ○ King county has BSK funding, NFPs has local funding, First Steps has dollars. I would guess 50/50. • I get home visiting questions from outside professionals (early learning coalitions) and a statewide dashboard could really them. • This would be helpful with early learning policy makers, even the number of slots for funding would be helpful to see. • The demonstration of need and what types of programs get funded. • Gathering the number of slots which fluctuates frequently, we can generate a 20-day report, but we don't have real time count. ○ Slot counts are so interesting, funded vs available slots/open, where, and then who has them? ○ People do need that information, but can we zoom out and lower the expectations of how frequently we share this data? Managing the expectations and focusing on the bigger picture, and information pieces statewide (HVSA). Update of the HV scan and will this be a DCYF or DOH appointed project, pending on the new hire. • Who might use this kind of dashboard? Other mangers might use it to see how other programs might compare. ○ With staff turnovers might be more helpful to do a trend report for HVSA data and show them how to use it. ○ I do think your energy should be put into local dashboards. • What do you want to see on the dashboards? ○ Retention; race, safety concerns. ○ We could look at retention of staff leaving annually. • That could be used for recruitment. • Monthly dashboards. ○ School locale slots versus county slot, it's difficult to define. ▪ School are used for contracting and expansion, but for statewide data, we may run into small numbers.