

CHILDREN, YOUTH & FAMILIES Home Visiting Advisory Group (HVAC) Meeting Minutes

December 14, 2023 – 10 a.m.- 2 p.m.

Virtual Meeting

Welcome, Virtual Meeting Protocols and Introductions

- DCYF Home Visiting Policy and Systems Manager, Mbajah Nelly, welcomed attendees and initiated introductions in a breakout room activity.
- <u>12/14/23 Home Visiting Advisory Group Presentation</u>

Workforce Engagement

Senior Research Associate, Butler Institute Ann Wacker & Research Associate, Butler Institute, Kayleigh Roach provided a brief overview of the development of the Home Visiting Training survey.

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Discussion	 I've done surveys on trainings needs and in the past I've had context areas (motor, ethic, social emotional learning, attachment etc.) so folks can look at that and check mark and it's separated by roles. Categories triggers your brain to look at each area, and prompt people to think. At my program when we onboard staff we do the DCYF trainings for the first 6-8 months but there's no questions or check ins until the next year. Identifying the initial gaps to support continued support. Also, the expectations around on going trainings. Consultations versus trainings, what is the learning strategy. As a director of big program, DCYF pays for all the trainings but for mental health consultation that costs \$4-5K & I do have to pay for it. Consideration for where is this money coming from for
	consultations.
	 Absolutely ongoing scheduled refreshers would be helpfuldeeper dives into training areas where the experienced home visitor can really gain more intensive knowledge/strategies to use.
	• The value of creating Professional Development (PD) provisions/certification track for Home Visitors.
	 Yes thank you, we are considering that too.
	 I want to give caution with "professional trainings certificates" it could homogenize learning opportunities and doesn't honor all communities we are serving.
	 Thank you, what we're aiming is to understand what those variables look like in the community and what that means professionally.
	What information is most important to gather in the survey?



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	 I want to hold space for my staff who are dealing with autism/ neurodivergent (children) and how much ableism there is. And moving forward with the survey how much ableism there is and most people don't know what that is? If DCYF develops a training this is should be inclusive of that behavior is communication. I'd be curious to hear more from folks around the potential negative impact of this for managing a team. It's more advantageous to look at the scope more broadly, how do we look at this? I have some home visitors who are not funded by the (Home Visiting Services Account) HVSA and it's a struggle to find trainings for them. Could it be a variable on the workforce survey to ask if they are HVSA-funded, if it was administered more broadly? Looking at folks from different communities and how funding impacts their accessibility. Thank you for time and input today. Will we get to see the survey questions? Yes, we will seek feedback from Nina and Nelly (and maybe another member) and give options for pre-engagement and will be back in touch.
Follow up	Please reach out to Ann Wacker <u>Ann.Wacker@DU.edu</u> for any follow up
	questions.

HVAC Values & Goals

DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah, provided a brief overview of HVAC Values & Goals and members reviewed the values and goals and determine if updates are needed. HVAC members gathered in 4 committee value groups (portfolio approach, diverse representation, funding a range of capacity, grantee participation) and shared their input on a Jamboard.

- Jamboard
- Home Visiting Models in the HVSA

	Portfolio approach
Discussion	\circ We think HVSA has done a good approach with aligning our
	values. But how many other home visiting models are out there
	that we don't know about?
	 Funding in this field can get greedy (expansion dollars) but it's
	our responsibility to advocate and share to communities.



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	 I wish I had more time to spend with portfolio programs and learn about them. 	
• Di	erse representation	
	 This is a really hard questions, because handouts are difficult to interpretation. I think we can directly email providers and ask them. What are the languages and materials for translation? I know a lot of programs have adapted to their local communit and that would be great information to share with other Local Implementing Agency (LIAs) in the HVSA. 	ty
	 We don't know unless we directly ask communities & parents i it's a good fit. I personally agree this would be helpful to know, 	if
	especially for bigger models Nurse Family Partnership (NFP) & Parent as Teacher (PAT).	
	 We are hiring for a role about the fidelity around community partnerships. 	
	 A binder or presentation would be helpful to share. This is a good <u>website</u> for understanding 	
	models that been tracked at a national level. I would like to know why can we only use one model? Can we 	
	use different models that best serves the needs of families?	
	 How we support programs working with diverse population, and I will protect the trust they have with me (as the manager) Relationship, relationship, relationship the most important thing!).
• Ft	nding a range of capacity	
	• We felt we needed more information to answer the question, such as program demographics (rural, urban, program sizes).	
	 I like that we are having this discussion about values, I wonder 	if
	it would be helpful to have an evaluation after each HVAC	
	meeting to keep hearing from folks about what is working well	
	• What is the definition of capacity? Does DCYF (and TRIO) have	
	capacity to support low and medium capacity programs?	
	 Ground level new program- do they have support? Do fundem have the grant uniting connectual 	
	 Do funders have the grant writing capacity? Boot Start for Kids (BSK) does some interacting work to support 	
	 Best Start for Kids (BSK) does some interesting work to support "capacity building" with recourses for communities. And Llove 	
	"capacity building" with resources for communities. And I love	



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	what you are saying about how Start Early could help early on with this work too. We are in agreement!
	Grantee participation
	 How do we sort through new leaders and how does HVAC
	impact HVSA?
	 I appreciate you calling in new leaders and considering what may be helpful for them.
	 High turnover in the PAT program.
	 In past HVAC surveys it was recommended that there were
	alternative ways to give feedback to the HVAC and HVSA
	thinking about anonymous surveys, or focus groups, or other ways to contribute.
	 Not having presentations that don't directly apply to HVAC.
Follow up	

Subcommittee Recap

Martha Skiles (HVAC-Data/ Evaluation Subcommittee), Nina Evers (HVAC WorkForce Subcommittee), Laura Alfani (True Cost Subcommittee), Samantha Masters (Early Learning updates) provided a brief overview of Subcommittees and leads briefly reviewed their last meetings and preview subcommittee topics.

- Home Visiting Contracted Slots
- HVAC Recommendations

	No comments/ questions.
Discussion	

Systems Updates

DCYF Home Visiting Practice and Implementation Manager, Rene Toolson provided a brief overview and members received updates on advocacy and policy issues, budget, MIECHV and explorations/expansion grants.

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Discussion	• Thinking about prevention and prioritizing minoritized communities (for example funding Outreach Doula in these areas)?
	 Location specific for Home Visiting funding (city vs. county) like Moses Lake or Chelan? School locales will help lower accessed regions that need these services.
	 Agreed, King County masked other counties.
	 The Home visiting needs assessment really addresses this well.



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	 I think sending these out to us and giving us time to think about it and give thoughtful feedback. We could email our feedback or respond to a doddle poll with questions.
	 This is great information to see the big picture of program model distribution, geographic location, types of population served etc. Thank you for sharing this all together!!
Follow up	 Nelly Mbajah will share MIECHV reports in a follow up email.

Data/ Evaluation Subcommittee

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

- Data Evaluation presentation
- HVAC Recommendations
- Data Enhancement Recommendations

Agenda	Welcome & Introductions
	Data Enhancement Recommendations
	 Birds-eye View
	 Detailed review of activities & priorities
	 Monitoring progress – role of HVAC?
	Topics for 2024
	Please see attached Slide Deck for more info
Discussion	Due to limited time, the link to the 2022 HVAC Recommendations was shared but we did not take the time to individually review during meeting. Instead, group suggested a high-level conversation about the Key Strategies and some of the specific activities completed, underway, planned and not yet identified.
	Status & History of Recommendations:
	 Are recommendations coming from us? Yes, HVAC sent recommendations to legislature June 2022 per Legislative requirement. HVAC worked on this for a year (along with contractors, LIAs) to develop these recommendations. Was legislature specific about what they wanted? Yes, there was a specific charge from legislature to HVAC (see final recommendations for charge) Did we hear a response from DCYF about these recommendations? That's where we are now, reporting back on this to DCYF and if there's any course corrections we need to make.



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 Strategy 1.a: Reduce or eliminate duplicate or unnecessary reporting PSRS reporting duplicates data that has already been submitted to DOH. Is this PSRS data necessary? What support can be offered to LIAs to make this easier? Offer training on PSRS data requirements Offer trainings around pulling reports from specific data systems (e.g., VT, NFP, etc). There are variances in data, and data would be more accurate if we had training on how to pull report. Is this a data burden? I think so, especially for newer leader (members). I consider it a data burden for seasoned leaders, we spent a lot of time pulling this data each quarter.
Is this still a priority?
• Yes
Strategy 1.b: Align requirements and definitions with other funders, AND
Strategy 1.c: Tailor requirements and measures to models
 Are these 2 the same thing? How are they different?
 Are these 2 the same thing? How are they different? 1.b is focused on coordinating reporting requirements across different funding streams that LIAs may receive. For example, an LIA may receive funds from HVSA, BSK, local health department, county commissioners, etc. Can the HVSA work with these other funders to require the same data or minimize differences in how we define outcomes, etc.
 1.c is focused on data collection and reporting requirements that each program must adhere to for model fidelity. How do the model requirements match or align with HVSA reporting requirements? Are there opportunities to bring requirements into alignment?
 Biggest discussion with staff is balancing the model and funder requirements. There's no one to say this where it overlaps and things get missed.
 Feels like the TRIO is not always on the in sync, needs better coordination to support LIAs. For example, START EARLY understands the model fidelity requirements, DOH understands the HVSA data requirements, and DCYF understands the contract requirements. Not always clear to the field that these understandings are shared across the Trio, and how these different requirements impact the LIA.



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	 Yes, but the Trio doesn't work in isolation from each other. We take lead on different projects/groups and rely on experts. It's important we engage across agencies (much like this group, block funds, BSK, United Way) and ultimately eliminating the data pulling burden across groups. The Trio is trying to do better and it sounds like this is still a burden point and a priority. Conversations across the Trio are underway to improve training in terms of reporting requirements for model and funders. It is great to hear this being a priority we can explore more. Strategy 2.a: Increase DOH capacity to customize data for LIAs
	 Increase department capacity to make it more accessible (dashboards, analysis, reports).
	 DOH is having conversations now with IT about opportunities. DOH is collecting feedback from partners (LIAs, agencies, et al) to understand information needs to see if how we might meet those needs. This may result in different products and/or different means of sharing info.
	Strategy 2.c: Expand opportunities for families to consume data.
	This is important and not yet addressed.
	 Great example from Yakima where communities specifically requested a program. Would be great to be able to share data back with them.
Next Steps	 Did not discuss topics for 2024 meetings; do in February. Share documents with group – HVAC Final Recommendations, Tracking tool for Data Enhancement Recommendation.

Workforce Development Subcommittee

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

- Presentation
- Workforce Recommendations Engagement, Implementation and Planning Framework
- November 12 Workforce Minutes

Discussion	Meeting was shortened from one hour to 35 minutes, so focus was on three reflective questions presented in slides
	 Who do you envision taking the survey?
	 The scope of who is taking the survey is important to assess.
	Curious about BSK perspective. If it is just HVSA, that is only a slice



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 of the picture. We could do that, but it will have larger purpose and impact if we were to have more inclusion on who could take the survey. That would potentially impact the scale of the work and change some of the questions, but I do think it is very important to name who the survey is for That is what that question is trying to get to. What is your advisement on that? I think it should be broad and inclusive. I wonder if others have different reactions. What is the commitment to follow up or what survey respondents can expect regarding feedback. I also prefer a broad approach to who takes the survey. The data is a lot mor meaningful if you are looking at the state as a whole, what does the home visiting network across Washington look like and need? The people who will benefit for others is to plant the seed for a future tree. I think it will be important to be clear about direct benefits, long term hope and the lack of promise of what that can look like. It is a big ask to put time into this when you and your children may not benefit from this. Agreed- this aligns with guiding principles of reduction of labor that Butler presented I think we need to define what broad means and what does a home visiting program mean to us? What are the parameters? Then we can look programs at participating, there may be specific questions you have.
parameters? Then we can look programs at participating,
What is the heart of home visiting? To me, that is a
safe space in your community, not necessarily your
house. If we are targeting a certain age? It is about
support for the child, but it is about the context of
the whole community. If we step back from the
parameters defined in evidence-based programs,



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 What types of pre-survey is should it be broad feedbaar inclusion) Does Buth need quar informatic If will get in the survey is should it be broad feedbaar inclusion) Does Buth need quar informatic If will get in the survey is should it be broad feedbaar inclusion) 	 might get a truer definition with more expansive each. That is the tone we took with the core competencies work. f we ask for a broader array of participants that hight not see the direct benefit - is any kind of compensation or resourcing for those who take it? I hink you could still have an open invitation to hear hore and understand where the field is desiring nore supports and resources. //hen we are asking for feedback from different roups will there to be a way you will know if the eedback came from parents vs HVSA vs someone lse? We will be collecting demographic information and will likely code based off who the participants are. Butler is not actually doing the implementation of the survey, that will happen in the codefined community government group. feedback do you think we should be seeking? ck or specific feedback? (E.g. prioritizing topics for er get the info we are sending in about what we rterly? It would be a great way to collect baseline on – the things that repetitively come up. you had the general stats on that data to share ith this group, we might be able to better ask uestions. I love that thought. 22 with equitable engagement is that we are much open as possible, but we must have some to help guide respondents. noourage us to keep a broader definition, including onents like relationship-based work, but not ly in having to "look" a specific way to get a inderstanding of the diverse needs across
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 I appreciate the tug of making too open arrow and check boxes. I have this ty frequently with program supervisors. Ito walk into a restaurant and were ask without a menu or list of available ingin wouldn't know where to start! Particul visitors or supervisors haven't been in long, they don't fully understand the b confines of the existing systems, let all of what the better new system could lies of what the better new system could lies of what the better new system could lies are not know? What do you wish you about? We don't know what people ration amenu of items that they can spots to write in content. Who answer is, but there may be a that we can identify. Menu plus open spots and dreams With issues related to intimate (IPV) or depression or other contents what hey would touch back in about, separate how to do documentation and their model? Hopeful cadence and underly is something that needs to be krist cadence of certain trainings ar and integration and then learr needs to be done to build skill and taking advantage of availa 	pe of conversation t is tough if you were ed what you wanted redients. You larly when home their positions for roundaries or one a great big vision ook like. ically, what do you had mor information eally want, so having select, but also open o knows what the clustering of needs for adding hopes e partner violence omplex issues, silo'd in their issues. e menu for a place for d like to be able to from understanding data collection on ang skills – there is nown about the ind getting the intro ing beyond. What set and knowledge ble resources? e a number of
programs to be able to talk ab	-



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	 advocacy and how it is different from a case manager. I'm just wondering about that ongoing stuff as you get settled into the job. When I am looking at the slide around recommendations: provide time and resources needed one of the things that comes to mind for me when we were engaging in the development of the core competencies work, the time and resource issues were barriers. I'm just flagging that as something that is commonly reiterated and will likely come up in this work as well. I don't know if it makes sense to acknowledge this beforehand or using that context to frame the questions, but it may come up. Next steps: the feedback from this morning and from our subcommittee meeting will be shared with Butler. I have not talked to anyone in Trio about this yet, but there is a survey going out with LIAs for the rates work with a lot of information and thinking deeply about programs. DOH is also gathering feedback on the aligned measures. This is specific to HVSA for the most part. I was hoping we could find out where training information is being collected and give us an idea of what we might want to know further about. I think we need to acknowledge what we have already asked the field. And I think we need to say we are asking this for "blank" or "to what end" We can try and have the menu sample available after the new year and try to get another ad hoc meeting in January, before our February meeting.
Follow up	If you have any questions or additional feedback, please reach out to Nina Evers
	(nina.evers@dcyf.wa.gov)

Closing Remarks/Adjourn

<u> </u>		
Next	•	The next Home Visiting Advisory Committee meeting will be on February 15,
Steps/Follow Up		2024.
	٠	If you have any questions or additional feedback, feel free to reach out to
		Nelly Mbajah (<u>nelly.mbajah@dcyf.wa.gov</u>).