

# Home Visiting PAT Webinar

## DCYF - Early Learning/Family Support

Original Date: May 26, 2020

Family Support | Approved for distribution by Rene Toolson, Home Visiting Contract Team Lead

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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*Developed with support from Third Sector Capital Partners, Inc. and the Washington State Department of Health*

# Agenda

## 1. Reflecting on SFY20 Milestones and Adjusting for FY21

- Enrollment
- Family Retention
- Depression Screens and Referrals

## 2. SFY21 Service and Quality Milestones

## 3. SFY21 PAT Outcome Milestones

- Road Map to Selecting a PAT Outcome for PBC:  
Where We've Been & Where We Are Now
- Proposed Activities/Milestones

# What Do We Need From You?

- Open participation in this webinar
- Thoughts and reflections on the data, processes, tools, findings based on your experience, and wisdom in program implementation
- Creative thinking
- Direct input on what it will take to succeed

# Reflection on FY20 Milestones

- Enrollment
- Family Retention
- Depression Screening and Referrals

# Enrollment *(Service Milestone)*

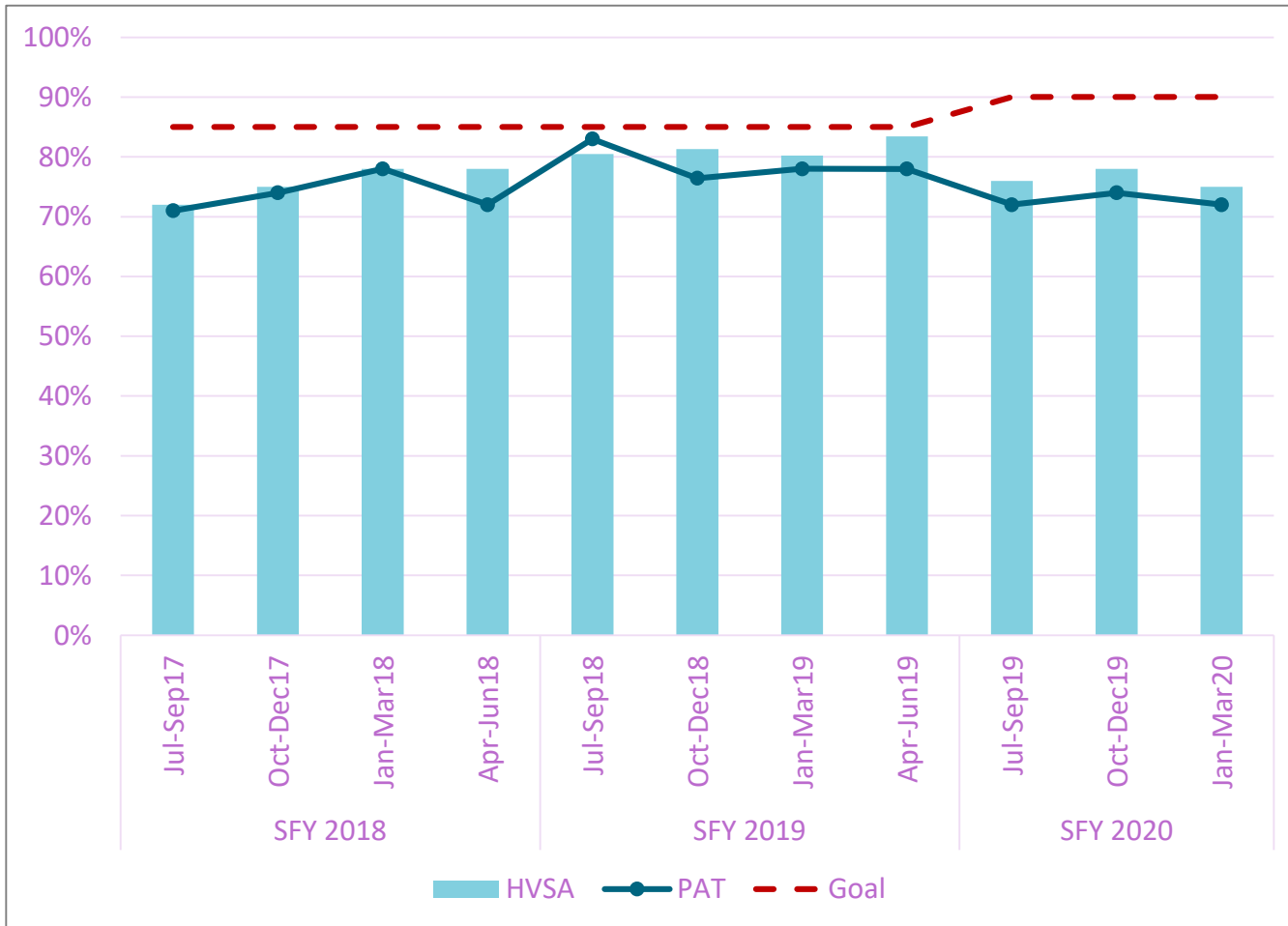
Meet/exceed quarterly enrollment of **90%** (of funded caseload)

*Average of the number of families actively enrolled  
on the **last day\*** of Month 1, Month 2 and Month 3 of the quarter  
Maximum Service Capacity (funded caseload)*

- Award based on size of contract budget (~.125% of budget across all funding sources)

**Note:** *Actively enrolled* means participant received at least 1 **visit** in last 3 months\* (or **encounter** after April 1)

# Enrollment: PAT



### HVSA Enrollment:

- Q1 = 76%
- Q2 = 78%
- Q3 = 76%\*
- Goal = 90%

### PAT Enrollment:

- Q1 = 72%
- Q2 = 74%
- Q3 = 72%\*
- Goal = 90%

### HVSA Slots:

SFY18 = 2,138  
 SFY19 = 2,213  
 SFY20 = 2,326\*\*

### PAT Slots:

SFY18 = 1,082  
 SFY19 = 1,085  
 SFY20 = 1,145\*\*

*\*Excludes UIAT and Portfolio Programs*

*\*\*Excludes Lummi, Brigid Collins, Atlantic Street, and Dec'19 expansion.*

# Family Retention *(Quality Milestone)*

## **Individual award: Participants remain engaged for 12 months after enrollment**

*Number of enrolled participants who have not exited and receive a visit\* between 30 days before/after the 12-month anniversary of enrollment during the contract year*

*(\$40 for each participant; \$20 bonus for each participant with 2 or more characteristics below)*

## **Individual award: Participants remain engaged for 18 months after enrollment**

*Number of enrolled participants who have not exited and receive a visit\* between 30 days before/after the 12-month anniversary of enrollment during the contract year*

*(\$20 for each participant; \$10 bonus for each participant with 2 or more characteristics below)*

### **Demographic Characteristics Related to Early Exit:**

*Teenage (parent <20 years old)*

*Homelessness*

*Participating on TANF*

*Education: Less than high school completion (among non-teen parents)*



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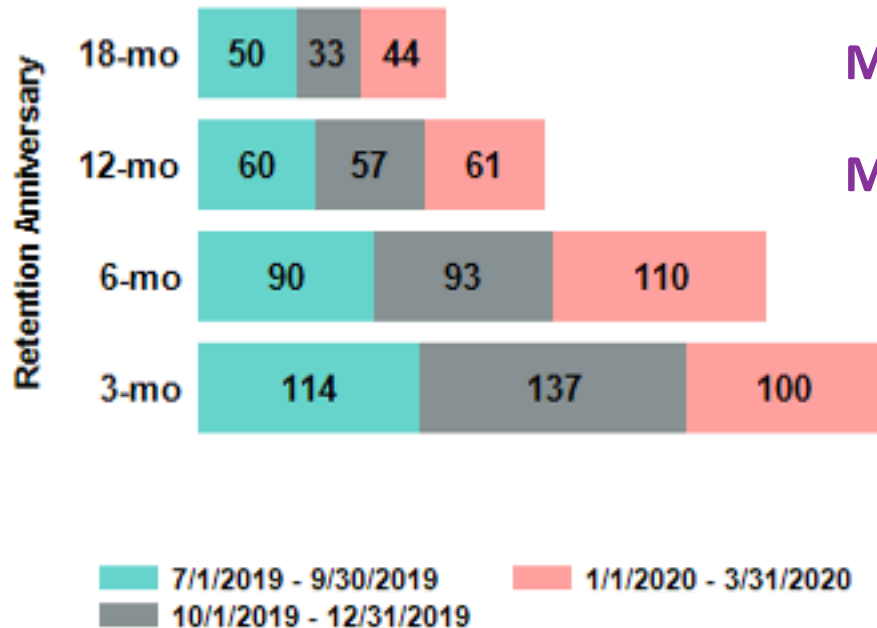


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# Family Engagement: PAT – SFY20, Q1-3

## Retention

Number of families that reached retention timeframe  
Jul 2019 - Mar 2020

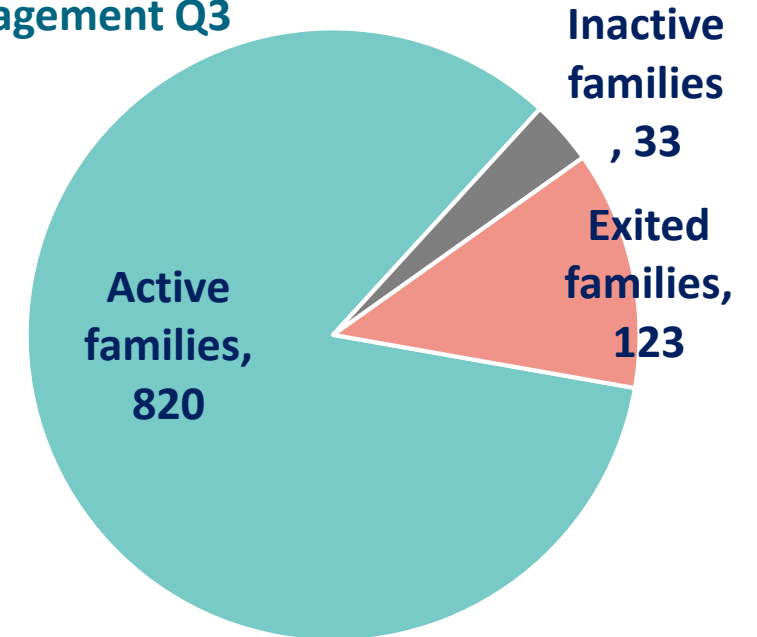


Milestone #2 = 127

Milestone #1 = 178

## Q3 Engagement

Engagement Q3



Avg length of Service among Exits <24 mos  
= 6.8 months



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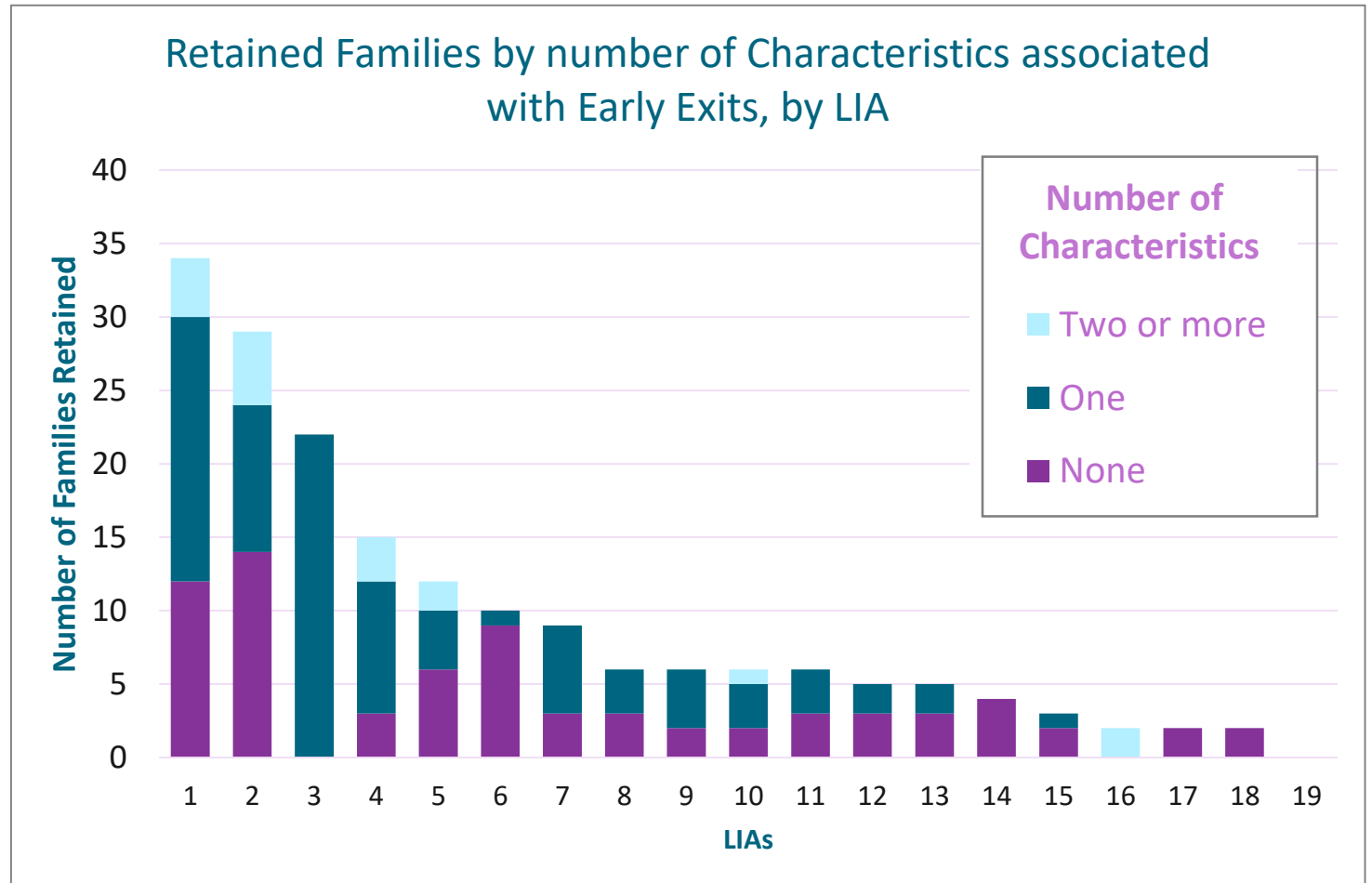
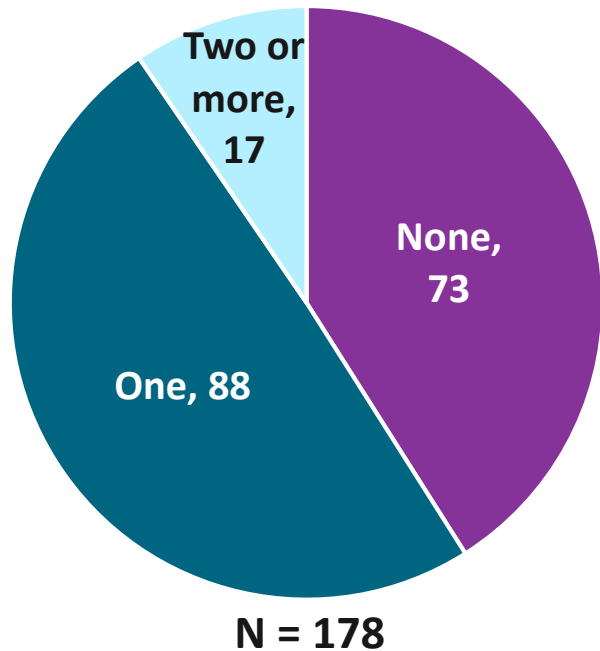


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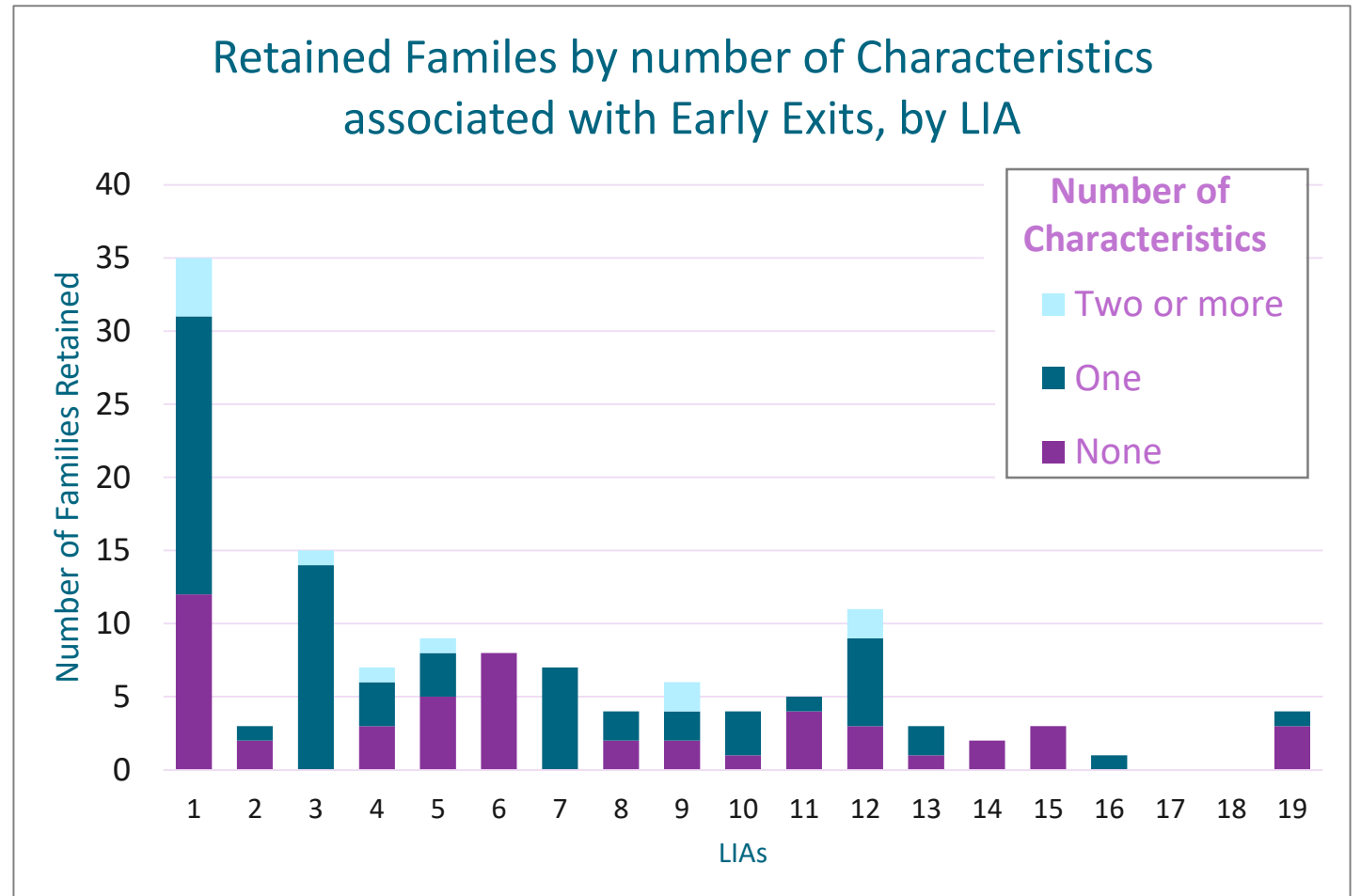
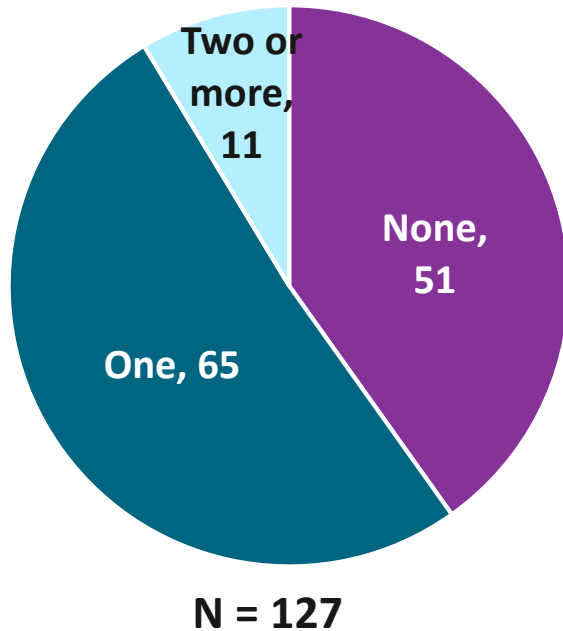
# 12 Month Retention: PAT - SFY20 Q1-3

Distribution of Characteristics associated with Early Exits among the **178** families who met the 12 Month Retention goal



# 18 Month Retention: PAT - SFY20 Q1-3

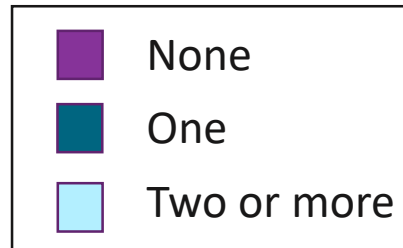
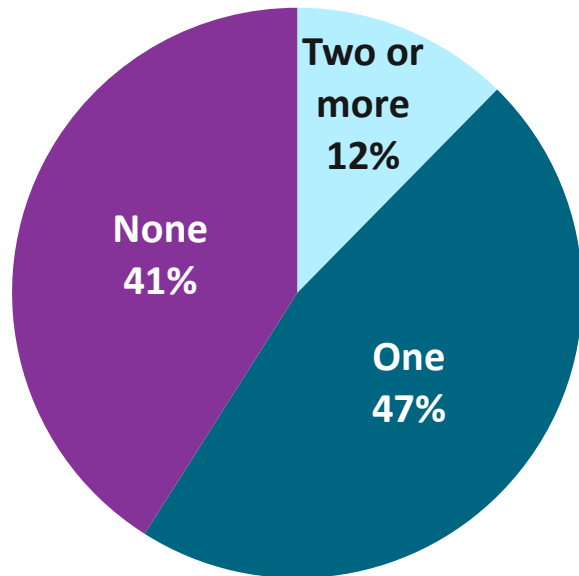
Distribution of Characteristics associated with Early Exits among the **127** families who met the 18 Month Retention goal



# Family Retention: Additional Characteristics for consideration – 12 month example

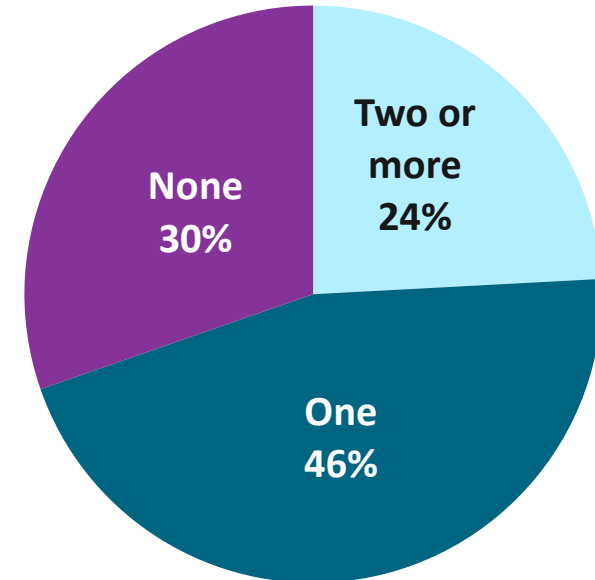
## ***Retention Factors Included:***

Teen parent, Less than HS education, Homeless, TANF



## ***Retention Factors Included:***

Teen parent, Less than HS education, Homeless, TANF, and no live-in partner



# Depression Screening and Referral *(Quality Milestone)*

**Individual award: Participating caregivers receive depression screen within 3 months of enrollment/delivery**

*Number of depression screenings performed during the year in the time frame*  
(*\$30 for each screening, capped at # payments for 100% of funded caseload*)

**Individual award: Participating caregivers receive a second depression screen within 3 to 6 months following the initial screen.**

*Number of second depression screenings performed during the year in the time frame*  
(*\$30 for each screening, capped at # payments for 100% of funded caseload*)

**Individual award: Follow-up with a referral to or connection with appropriate services for primary caregivers who screened positive for depression**

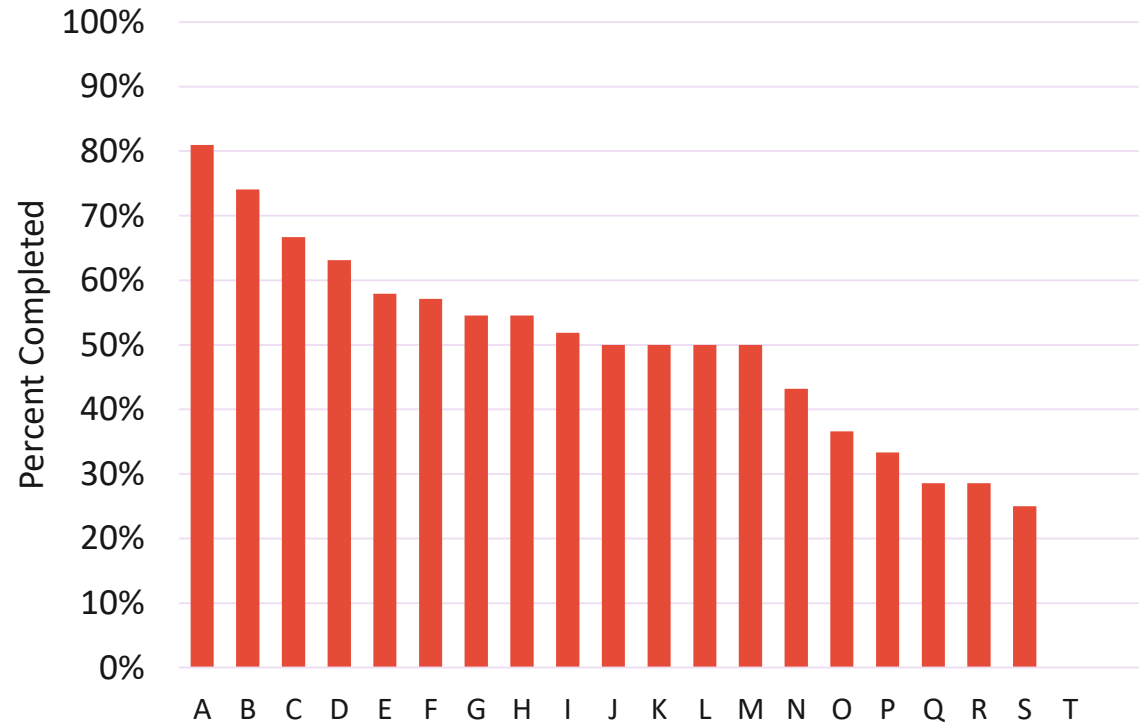
*Number of depression screenings performed during the year in the time frame*  
(*\$50 for each documented referral/connection, capped at # payments for 35% of funded caseload*)

# Depression Screens & Referrals: PAT

**Milestone 1:** Completion of a depression screening for an enrolled primary caregiver within 3 months postpartum (if enrolled prenatal) or 3 months after enrollment (if enrolled post-natal).

- Initial Screen – all Models
- **Results Q1-Q3 = 257 completed screens**

PAT: Initial Depression Screen, SFY20 Q1-3

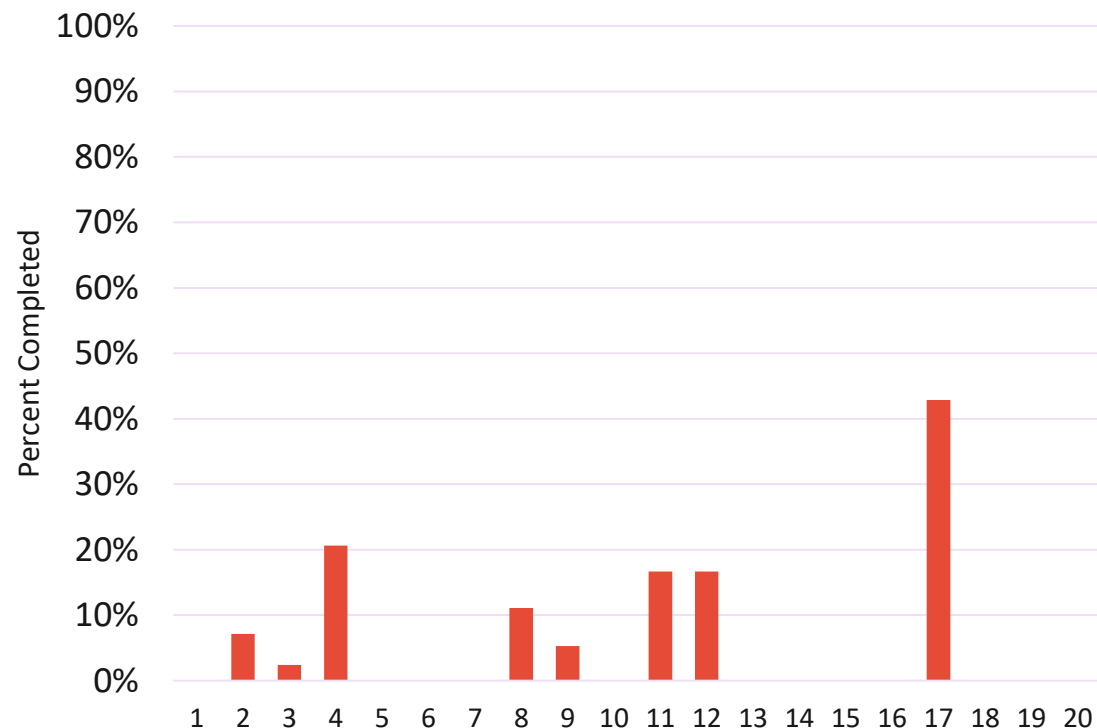


# Depression Screens & Referrals: PAT

**Milestone 2:** Completion of a depression screening for an enrolled primary caregiver 3-6 months following the Initial Screen in window.

- 2<sup>nd</sup> Screen – PAT
- **Results Q1-Q3 = 27 completed screens**

PAT: 2<sup>nd</sup> Depression Screen, SFY20 Q1-3



# Second Depression Screening – Key Questions

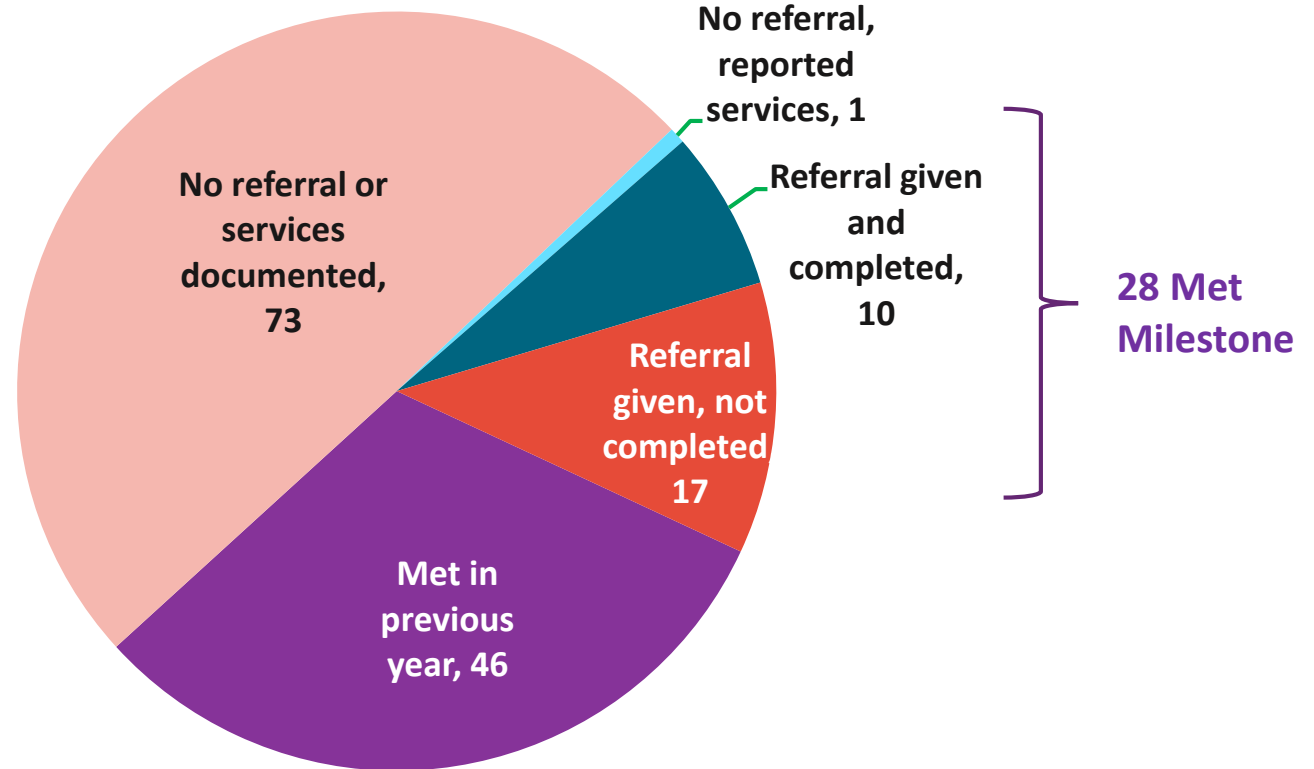
- *What barriers (model, individual, or documentation) have limited second screens for your caregivers?*
- *What are your thoughts on the timing of the second screen?*

# Depression Screens & Referrals

**Milestone 3:** Follow-Up with a referral to or connection with appropriate services for an enrolled primary caregiver who screened positive for depression.

➤ **PAT Results Q1-Q3 = 28 Referrals Given, Completed and/or Receiving Services**

N = 147 Positive Screens, SFY19-20





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### **Demographic Characteristics Related to Early Exit:**

*Teenage (parent <20 years old)*

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*Participating on TANF*

*Education: Less than high school completion (among non-teen parents)*

*Not having a live-in partner*



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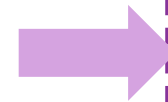


# Road Map to Selecting a PAT Outcome for PBC: Where We've Been & Where We Are Now

<b>November</b>	All HVSA PAT session identified 2 Priority Outcomes from 5: Caregiver Well-Being and Parent-Child Interaction
<b>December</b>	HVSA & PBC Work group exploration with technical assistance from the Home Visiting Applied Research Collaborative (HARC): <ul style="list-style-type: none"> <li>• Caregiver Well-Being identified as a feasible option for FY21 contracts</li> <li>• Parent-Child Interaction identified as an important outcome but longer time frame</li> </ul>
<b>January</b>	PAT Work Group explores how PAT program influences Caregiver Well-Being <ul style="list-style-type: none"> <li>• Work Group deeply explores concepts using Precision HV frame, including more precise outcomes and active ingredients of PAT program</li> </ul>
<b>February</b>	PAT Work Group <ul style="list-style-type: none"> <li>• Refine conceptual model of active ingredients, crucial elements, and outcomes</li> <li>• Detail out specific active ingredients and crucial elements</li> <li>• Prioritized parenting efficacy and caregiver perception of knowledge of child development outcomes</li> </ul>
<b>March</b>	HVSA & PBC Work group exploration with TA from HARC: <ul style="list-style-type: none"> <li>• Identified Healthy Families Parenting Inventory and PICCOLO as strong measurement tools of Caregiver Well-Being to explore further</li> <li>• Strong interest to engage caregivers and all providers but unable to due to COVID-19</li> </ul>

# Criteria for Selecting an Outcome for PAT Contracts

- 1 Precise and in an area that your PAT program directly impacts families;
- 2 Measurable
- 3 Data are available (observation, measures, etc) or tools potentially accessible
- 4 Aligned with or lead to achievement of the DCYF outcomes

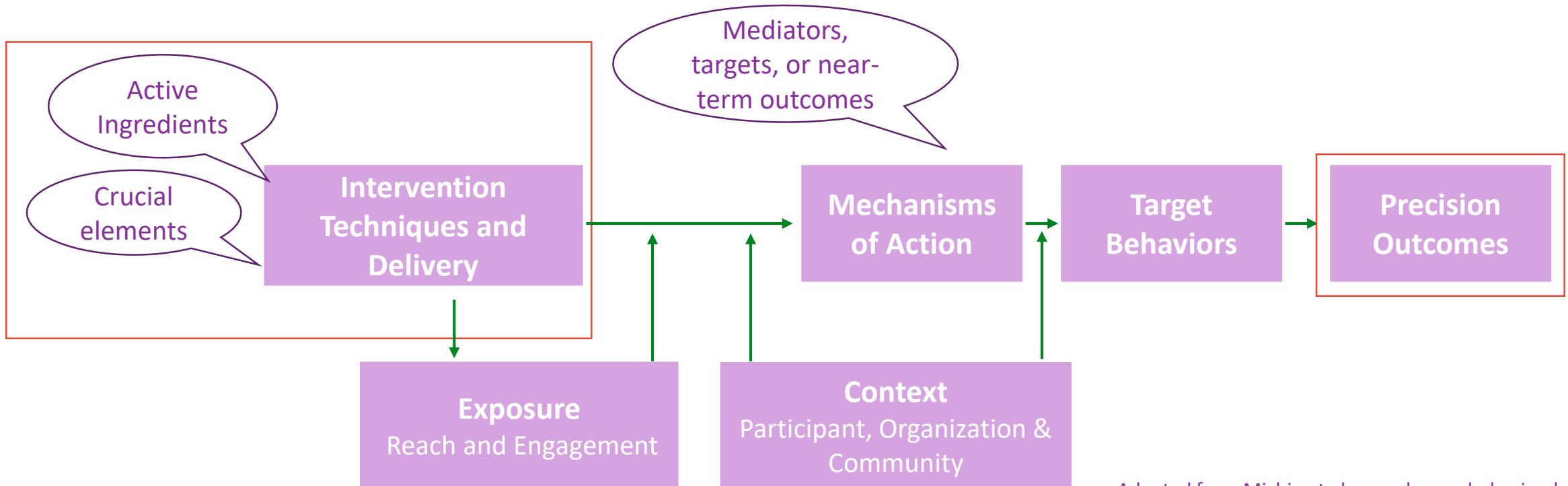


***PAT Specific Outcomes align with DCYF outcomes:***

- Caregivers are supported to meet the needs of their children/youth
- Kindergarten readiness
- Child/youth development

# Identifying Precise Outcomes Using Precision Home Visiting

## Overview of Precision Home Visiting Paradigm



Adapted from Michie et al. [www.humanbehaviorchange.org](http://www.humanbehaviorchange.org)



# Active Ingredients Supporting Caregiver Well-being

Highly specific elements of the intervention that drive outcomes

## Development centered parenting

- *PAT Milestones*
- *Understanding child development*
- *Understanding how parenting behaviors impact child development*
- *Information sharing on child development and parent activities (PAT curriculum and materials)*

## Normalizing that parenting is challenging

- *Affirming experience of parenting dyad and dynamic nature of challenges*
- *General knowledge of typical child behaviors and child development (PAT curriculum)*
- *Use of self or examples of other families experiencing similar challenges (Group Connections)*

## Working alliance between home visitor and caregiver

- *Partners in facilitating and reflecting*
- *Come alongside*

## Reflective Communication

- *Mindful self-regulation*
- *Collaborative exploration*
- *Capacity building*

# Crucial Elements Supporting Caregiver Well-being

- **Well-trained Home Visitors**
  - *Retained*
  - *Initial and ongoing training and professional development*
- **Effective Messaging**
- **Home visitors receive regular Reflective Supervision**
- **Consistent engagement between family and Home Visitor**
  - *Multiple encounters*
- **Meaningful Connection between Home Visitor and Caregiver**
  - *Trustworthy*
  - *Reliable and Predictable*
- **Group Connections**
  - *Regular and reliable*

# Precise Caregiver Well-Being Outcomes

Precise Caregiver Well-Being Outcome	How the PAT Program Directly Impacts Families
<b>Reduced stress and anxiety</b>	<i>Believe that improvement on other outcomes affects stress and anxiety, but no direct connection</i>
<b>Reduced depressive symptoms</b>	<i>Believe that improvement on other outcomes affects depression, but no direct connection</i>
<b>Confidence in parenting skills &amp; efficacy</b>	<i>Home visitors point out strengths and help caregivers learn new skills</i>
<b>Parental role satisfaction</b>	<i>Home visitors help caregivers play and have fun; reinforce caregivers are doing well</i>
<b>Knowledge of child development</b>	<i>Home visitors use assessments and share knowledge that help caregivers learn about child development</i>
<b>Improvement in parenting skills</b>	<i>Home visitors model strong parenting skills and engage caregivers in actively participating in the learning process</i>
<b>Feelings of connection</b>	<i>Home visitors build a relationship with the caregiver and engage them in Group Connections to meet other caregivers</i>

# Precise Caregiver Well-Being Outcomes

- The Precision Home Visiting Paradigm highlighted the precise outcomes that home visitors can influence.
- Feedback from the PAT subgroup and PBC workgroup underscored the most salient outcomes:
  - *Caregiver confidence in parenting skills*
  - *Caregiver confidence in their knowledge of child development*
- Unknowns
  - *Do these precise outcomes resonate with all home visitors (not just the subgroup) and with caregivers?*
  - *How to measure these precise outcomes?*



## After identifying precise outcomes, we wanted to broaden our engagement but hit some roadblocks

- The PAT Work Group felt strongly that we should seek input from caregivers, home visitors, and other PAT providers on the precise outcomes
- As COVID-19 became more widespread, it became apparent that the quantity and quality of that engagement would be compromised (e.g., providers rightfully prioritized getting services to families, Group Connections were delayed)





# These roadblocks turned out to be opportunities

- Performance-based contracting is an opportunity for continuous learning, improving, and telling our story/our successes about the value of HV programs
- It is important to choose the right outcome metrics – that are meaningful to and resonate with home visitors and caregivers
- We need to identify how to measure the outcome (and ingredients) and make data available
- Therefore, we have an opportunity to meaningfully carry this work forward next year to better tell our story of how PAT impacts families

# Looking Ahead to FY21

- To finalize precise outcomes, we need to answer these questions:
  1. *Are these outcomes meaningful for caregivers participating in PAT, and do they resonate with home visitors delivering PAT?*
  2. *What measurement tool(s) is available to us that is both useful for home visitors and will successfully measure outcomes with enough precision to show change over time?*
- We propose to answer these questions through PBC incentives:
  - *Engagement with caregivers*
  - *Engagement with home visitors*
  - *Piloting new measurement tools to capture the elements and impacts on families*



# Road Map to Selecting a PAT Outcome for PBC: Where We've Been & Where We Are Now

<b>April</b>	<p>PAT Work Group</p> <ul style="list-style-type: none"><li>• Decision made to postpone inclusion of precise outcome, target, and performance measurement tool in FY21 contracts</li><li>• Moving forward with general caregiver well-being outcome and plan for incentivizing engagement and piloting measurement tools in FY21</li></ul>
<b>May</b>	<p>All HVSA and Model-specific webinars</p> <ul style="list-style-type: none"><li>• Review FY20 data on milestones for performance payment</li><li>• Discuss plan for FY21 contracts</li></ul>
<b>June</b>	<p>HVSA</p> <ul style="list-style-type: none"><li>• Finalize FY21 contracts</li></ul>

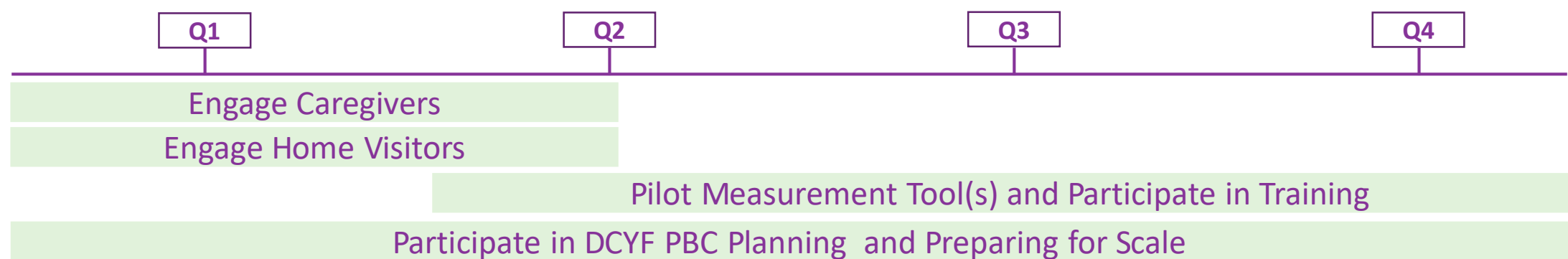


# PBC Outcome- Incentivized Activities in FY21

## Contribute to engagement, piloting, planning and scale up:

- *Engage participants/caregivers in honing the precise outcomes*
- *Engage home visitors in honing the precise outcomes and offering input into active ingredients*
- *Pilot measurement tools and offer feedback on the tools use and usefulness*
- *Participate in outcomes planning and preparing for scale*

### FY21 PBC Incentive Activities



# Draft PAT Outcome Milestones *(in SFY21 Contract)*

1. Submission of caregiver input during Q1 and 2 to confirm and hone precise outcomes through structured parent engagement opportunities.
2. Submission of home visitor input during Q1 and Q2 (and Q3?) on precise outcomes and active ingredients/modes of action through structured engagement opportunities.
3. Pilot outcome measurement tools among a subset of program participants during Q2 through Q4.
4. Active participation in different stages of PBC planning during the year including outcome precision, tool selection, piloting, and scale up.

# Potential Caregiver Engagement Activities (Q1-Q2)

*DCYF would develop the questions and methods for use by programs for engagement*

- Caregiver focus groups at LIAs
- Include discussion at group connections or other events
- Caregiver surveys
- HV incorporate input questions during visits
- Other?

# Potential Home Visitor Input Activities (Q1-Q2)

*DCYF would develop the questions and methods for use by LIAs for HV engagement*

- Focus groups
- Surveys
- Interviews
- Other?

# Pilot Phase (Q2-Q4)

- Selected home visitors are trained on measurement tool(s)
- Home visitors apply use of tool(s) with subset of participating caregivers
- Piloting home visitors contribute feedback on:
  - *Use of the tool*
  - *Utility of the tool for PAT practice, recommendations and guidance*
  - *Contribute insights into scale up process*
  - *Identify potential measurement targets for use as performance milestones in FY22 contracts*

# Planning Phases (Q1-Q4)

Active participation in different stages of PBC planning during the year including:

- *Determination of Precise Outcome*
- *Finalizing measurement tool or tool domains and developing initial practice guidelines for pilot process*
- *Develop plan for scale up of tool implementation and practice guidelines*
- *Identification of incentive thresholds for SFY22 contract outcome*



## Opportunities for FY21

- Time and opportunity to continuously learn, improve, and better tell our story about the value of PAT programs and the impact on families
- Robust engagement from home visitors and caregivers in honing our precise outcome - directly tied to the work that home visitors do
- Engage home visitors in selecting a measurement tool that is meaningful for practice as well as outcome evaluation

# FY21 PBC Milestones

*FY21 awards \$ will likely change based on available funding and expected performance.*

- Enrollment – 90% - *no change*
- Family Retention – 12 and 18 months
  - Bonus when participants have 2 demographic characteristics related to early exit –  
*add “no live-in partner” to the list*
- Depression Screenings and Referrals
  - Initial screen within 3 months - *no change*
  - Second screen
  - Referral/connection of those with positive screens *no change*
- *PAT Outcome Planning – Incentivizing*
  - *Parent engagement*
  - *Home visitor input, Piloting measurement tools*
  - *Participation in PBC planning during the year*





# Thank you!

## Contact:

Rene Toolson  
[rene.toolson@dcyf.wa.gov](mailto:rene.toolson@dcyf.wa.gov)  
360-725-4398

Martha Priedeman Skiles  
[martha.skiles@doh.wa.gov](mailto:martha.skiles@doh.wa.gov)  
360-890-0398



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