Expansion Programs Announced

The Washington State Department of Children, Youth, and Families (DCYF) recently selected four home visiting programs to expand their existing services to an additional 146 families. These programs will bring services to families across the state in school locales with the highest need based on the recent home visiting needs assessment.

“The expansion of home visiting slots will serve as an important tool in our state’s effort to ensure a lasting impact for the youth and families in Washington for generations to come,” said DCYF Secretary Ross Hunter.

Programs were selected through an intensive application process, that included review by a panel of state and private partners and parents from around the state. Finalists also participated in an interview and gave a presentation to a separate panel.

This round of funding – which was approved by the Washington State Legislature – is slightly more than $1 million. The programs selected for expansion are:

- Spokane Regional Health District Nurse Family Partnership - $293,215 to serve 50 families. SRHD’s NFP program has been operating in the area for 11 years and is an established, long standing program in the community - with strong partners and referral pathways within the community. The Spokane School Locale has one of the highest percentages of risk.

YOU WILL EITHER STEP FORWARD INTO GROWTH, OR YOU WILL STEP BACKWARD INTO SAFETY.

-Abraham Maslow

Continued on page 2
factors in the state – Spokane’s rate of child abuse and neglect is three times the rate of the state. The NFP program currently has a waiting list of 30 mothers.

- Thurston County Public Health and Social Services NFP - $289,000 to serve 38 families in the Centralia School Locale. Lewis County has a high infant death rate compared to other counties (8.74 per 1,000). Child abuse and neglect referrals are double for Centralia (0.84%) compared to Washington State (0.392%). The area scores highest for percent of risk factors above the state mean (93%) and ranks highest for risk factors of child abuse, interpersonal violence, and poverty. Consequently, only 31% of children enter kindergarten ready to learn, compared to 46% for Washington State. TCPHSS currently serves Thurston and Mason counties and will expand it’s HVSA services with these dollars.

- Yakima Valley Memorial Hospital NFP - $243,000 to serve 16 Yakima Nation tribal families. Yakima NFP will hire a full-time Native American nurse and a nurse supervisor. NFP will ensure cultural competency and will work closely with the Ttawaxt Birth Justice Center on the Yakama Reservation to provide wrap-around prenatal care support services in conjunction with NFP home visiting. The project will serve the tribal population (10,851) living in rural, remote communities in and around the Yakama Indian Reservation, which comprises 36% of Yakima County in Central Washington and is the largest reservation in the state. Yakima County ranks 37 out of 39 counties in the state for the majority of health outcomes and health factors, and is designated as a Medically Underserved/Health Care Professional Shortage Area. The graduation rate for Native women who participate has been 90% to 100%, which is a higher completion rate than non-Native clients. Additional support for vulnerable families is provided by the Ttawaxt Birth Justice Center, an indigenous nonprofit wellness coalition started in 2013 to provide wrap-around prenatal resources and non-clinical support that includes: five certified Doulas, a lactation consultant, breast feeding support, peer cultural support, tribal elder mentors, referrals to community resources, advocacy for women to take control of their own health, grief recovery, culturally integrated perinatal support and transportation (some women must travel up to 70 miles roundtrip for prenatal care).

- West African Community Council Parent Child+ - $225,000 to serve 40 families. West African Community Council is a new program to the Home Visiting Services Account. They will be expanding into the Highline School Locale with a focus on low income West African families. Each family will be matched with a community based home visitor who shares their culture and language and visits twice a week. The organization already has a presence in the community – including a home visitor already living in the area and connections/partnerships with other community organizations. WACC is founded and run by the very community it serves. Eighteen of WACC’s 19 staff members and their entire Board of Directors are people of color, and 88% are immigrants themselves - reflecting the race, ethnicity and challenges of the community. Leaders speak three or more languages and have native and/or professional fluency in English, French, Wolof and Bambara (also known as Mandingo or Dioula), Tagalog and Visayan.

“We are excited to be able to pair families with trained professionals to support the healthy development of children and the success of families,” said Judy King, DCYF Director of Family Support Programs. “This expansion will allow for trained home visitors to work with more families, and we commend the ongoing commitment of our local prevention partners that make this happen.”
### Action Items

**Nov. 30:**
October 2019 Monthly Invoice

**Dec. 9:**
For NFP: November Consenting Clients to DOH

**Dec. 20:**
November Monthly Enrollment Report

All monthly enrollment reports must be submitted through the PSRS system ([https://apps.dcyf.wa.gov/psrs](https://apps.dcyf.wa.gov/psrs)). For assistance please email DCYF Home Visiting ([home.visiting@dcyf.wa.gov](mailto:home.visiting@dcyf.wa.gov)). As a reminder, PSRS works best in either the Google Chrome or Mozilla Firefox browsers and tends to not operate as intended in Internet Explorer.

If you need any reporting forms and documents please check our [website](https://apps.dcyf.wa.gov/) for the most current version. If you have any questions, please reach out to your Program Specialist.

### Unsung Hero

February is Parent Recognition month and each year we celebrate by honoring individuals around the state with an Unsung Hero Award.

Since 2011 we have honored 224 individuals in Washington for the roles they have taken with their families, school and communities. They have shown strength, courage and empathy in their communities and beyond.

If you know someone who deserves to be honored contact SFWA at [strengtheningfamilies@dcyf.wa.gov](mailto:strengtheningfamilies@dcyf.wa.gov) for a form, or download one from our [webpage](https://apps.dcyf.wa.gov/). Deadline to submit an application is Jan. 6, 2020.

### Maternal Mortality Review

The Washington State Legislature established a Maternal Mortality Review Panel in 2016, tasked with reviewing maternal deaths within the state. The Washington State Maternal Mortality Review Panel: Maternal Deaths 2014-2016 report is now available. The Review Panel identified 100 pregnancy-associated deaths in 2014-2016, with 30 of these deaths ruled pregnancy-related. Key findings from the report include:

- Maternal mortality rates in Washington are not increasing as they are nationally.
- The leading underlying cause of death among pregnancy-related deaths were behavioral health conditions, including suicide and overdose (30%). Additional causes included hemorrhage (20%) and hypertensive disorders in pregnancy (10%), which may reflect systems issues and familial conditions.
- The majority of pregnancy-related deaths occurred during pregnancy or delivery (30%), or within 42 days after the end of pregnancy (35%).
- The Review Panel concluded that 60% of the pregnancy-related deaths were preventable.

The Review Panel recognizes many of the challenges facing families served through home visiting, including social inequities, structural racism, and provider biases. Recommendations put a spotlight on providing support to families through home visiting, as well as addressing system-level challenges. Full recommendations can be found in the report online, with specific highlights of home visiting efforts found on page 43.

### Combating Toxic Stress

Stress can be toxic. It’s a fact all too familiar to the home visiting field. However, with the right supports, toxic stress doesn’t have to lead to bad outcomes. Harvard Center for the Developing Child has come great tips, tools and resources, found here. You can also check out their one pager here.
Thank you all for your deep engagement and participation in the CQI Learning Session at the All HVSA meeting on November 6! There was such rich discussion and brainstorming, we are excited to see where each team goes from here. We will be sharing out the full notes from each Primary Driver breakout group, but wanted to highlight a few creative strategies you all came up with:

### Family Retention
- Addressing barriers and finding new strategies to engage fathers in home visits
- Inviting friends of client (who may be potential clients) to observe/participate in the home visit
- Using a release of information (ROI) to partner with other service providers supporting the family
- Create a home visiting alumni group with past participants
- Hosting a home visiting team retreat or other opportunities for social connection

### Caregiver Depression
- Developing a script for home visitors, consider what information is important for families to know
- Mental Health First Aid training
- Supporting families with wellness activities and coping skills
- Partnering with a mental health specialist to provide subject matter expertise, support navigating the mental health system and referrals
- Start the conversation early

### What’s next?
We hope that you left our CQI Learning Session with a few ideas you’re excited to test. We encourage teams to get started on your first PDSA as soon as you are ready. If you would like support creating a PDSA plan, please reach out to Elisa Waidelich – elisa@thrivewa.org. A reminder of upcoming due dates:
- January 20 - first PDSA report is due (email to home.visiting@dcyf.wa.gov)

Mark Your Calendars - CQI Data + Basecamp webinars
- **Family Retention** – Tuesday Dec. 10 10 – 11:30 a.m., register for the webinar [HERE](#)
- **Caregiver Depression** – Tuesday Dec. 10th 2:00 – 3:30 p.m., register for the webinar [HERE](#)

**Zero to Three – CQI and FAN Presentation**
In October, Elisa Waidelich (Thrive) and Ryanne Zielinski (Community Youth Services, PAT) had the exciting opportunity to present at the Zero to Three Conference, along with Linda Gilkerson (Erikson Institute) and Drewallyn Riley (Oregon Health Authority). We shared about Washington State’s experience applying a CQI approach to implementing Facilitating Attuned Interactions (FAN). Ryanne shared about the CYS team’s CQI project, in which they tested out two new approaches to improve comfort and strengthen practice with FAN – 1) monthly group FAN reflections, and 2) weekly individual FAN self-assessments to help home visitors set small, weekly goals for their use of FAN. Drewallyn Riley shared about Oregon’s current CQI project focused on improving Joy in Work for home visiting staff. It was a great opportunity to share about some of the exciting CQI work happening in Region X!
Celebrate the All HVSA

We learned from one another.... and said farewell....

we shared experiences and plans....

And remembered the wonder of play....

Marilyn VanOostrum presents on Yakima NFP’s PDSA Ramp.

Cassie Morley leads the celebration of Sandra McClanahan for her retirement.

We were blessed to have Kai (son of Marisol Quezeda) and Clark (daughter of Kate Wilhite-Brickell) at the meeting.

Thanks for another wonderful year!
Health Insurance Status

Health insurance is an important determinant of access to health care and health status of families. As a contract requirement, the HVSA collects demographic information related to a family’s insurance status. Listed below are the required data for variables related to insurance coverage. In addition to the demographic information that is requested by all HVSA sites, those who receive MIECHV funds also must report on a MIECHV only measure, as defined below.

### Required Demographic Data Variables (all HVSA sites)

<table>
<thead>
<tr>
<th>Required Variable</th>
<th>Response Options</th>
<th>Timing of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian and Child Insurance Status</td>
<td>• Title XIX (Medicaid)</td>
<td>Enrollment and annually thereafter</td>
</tr>
<tr>
<td></td>
<td>• Title XX (State insurance program)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Private or Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tri-care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No insurance coverage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unknown/Not reported</td>
<td></td>
</tr>
<tr>
<td>Child’s Usual Source of Medical Care</td>
<td>• Doctor’s/Nurse Practitioners Office</td>
<td>Enrollment and annually thereafter</td>
</tr>
<tr>
<td></td>
<td>• Federally qualified health center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hospital emergency room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hospital outpatient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Retail store or minute clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unknown/Did not report</td>
<td></td>
</tr>
<tr>
<td>Child’s Usual Source of Dental Care (for children 12 months or older)</td>
<td>• Has a usual source of dental care</td>
<td>Enrollment and annually thereafter</td>
</tr>
<tr>
<td></td>
<td>• Does not have a usual source of dental care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unknown/Did not report</td>
<td></td>
</tr>
</tbody>
</table>

### Required MIECHV Data Variable (only MIECHV funded sites)

**MIECHV Measure – Continuity of Insurance Coverage:** Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

In order to assess this measure, caregivers must first be enrolled at least six months in a home visiting program. This measure may be assessed in multiple reporting years for eligible primary caregivers. If the client reports that at any time during enrollment they had six months of continuous insurance coverage, this will satisfy the measure, even if the coverage was in a previous year and they no longer have coverage.

### How are we doing?

Over the past two years (July 2017 – June 2019), insurance coverage was reported for the majority of clients, both guardians and children, with 90% of children reporting insurance coverage in 2019 as shown in Figure 1 (right). While overall, insurance coverage appears to be well-reported, there are large discrepancies between sites performance, in 2019, ranging from 0% to 59% of data missing for this category. In addition, sources of medical care were not

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Continued on page 7
well-documented. Figure 2 indicates that in 2019, 23% of children were missing or did not report where they received their usual source of medical care. Children’s usual source of dental care indicates that of the children eligible for the requirement (children under 12 months of age), 71% reported having a usual source of dental care, while there is an overall missing status for 11% of children (Figure 3).

For the MIECHV measure, in 2019 nearly 80% reported having at least six months of continuous insurance coverage since their enrollment in a Home Visiting program (Figure 4).

Need a refresher on how to enter insurance information into your data system? Please follow this link for step-by-step instructions on how to enter into VisitTracker. Due to access issues, Flo instructions are not available at this time, however we will post them as soon as they are available.
Upcoming Home Visiting Community Planning Opportunity

Thrive will be offering another opportunity for home visiting community planning supports. The community planning process convenes a diverse group of community stakeholders to think together about how a new home visiting program could support local families and fill systemic gaps in services, even if there are already existing home visiting services in the area. If you know of a community that might be interested in participating, keep an eye out for more information in the December newsletter.

Congratulations Marilyn VanOostrum!

Marilyn VanOostrum from Children’s Village of Yakima was recognized at the March of Dimes Nurse of Year Awards ceremony on Nov. 15. Marilyn received the highest honor March of Dimes bestows and received the “Distinguished Nurse of the Year” for her work through Nurse Family Partnership, establishment of outcomes, leadership and mentorship of nurses and her work in the advancement of NFP in tribal communities. Over 340 nurses were nominated in 11 different categories. Congratulations and well deserved Marilyn!

New Warm Line Resource

Perinatal Support Washington is once again offering a Spanish speaking Warm Line. For now callers can leave a message and a Spanish speaking Warm Line staff member will return their call within 24 hours. Starting early 2020 PS-WA will begin answering the Warm Line live during business hours. Parents can call the toll free line at 888.404.7763 or email at warmline@perinatalsupport.org.

You can also download the Spanish language flier here.

Join Our Team

We are on the hunt! The (we think) amazing team responsible for contracting with (also amazing) local organizations to deliver high quality client services including home visiting, community-based child abuse prevention program and other family support services needs a new Management Analyst 3. Within this role you will provide technical, analytic, contracting, and organizational management for all aspects of contracting, reporting, and partnering for the DCYF Community Prevention-Services Contracting Team and with the Home Visiting Services Account. The role gathers and prepares data and information to support monitoring, assessment of program performance and expenditures, prepare reports to partners and funders, and participate in policy development and communications. For more information, or to apply visiting the careers.wa.gov posting here.

Washington’s Plan of Safe Care Initiative Kick-Off Meeting

Calling all stakeholders involved with families in pregnancy, birth and early childhood! The first meeting in creating an interdisciplinary approach to providing support during and after pregnancy to mothers and their babies who are at risk of substance use and substance exposure. Participants in the meeting will receive an overview of Washington’s need and current efforts, examples of successful models from other states and the strategy for rolling out Plans of Safe Care in Washington. The meeting takes place from 9 a.m. - 4 p.m. on Dec. 10 at the Cherry Hill Auditorium, Swedish Cherry Hill, 500 17th Ave, Seattle WA. Register here.

Upcoming Home Visiting Community Planning Opportunity
Thank You to Everyone Who Submitted Their Self-Reflection Tool for the Year!

The Hub team has been busy reviewing them and thinking about how we can best support you individually and collectively. Your model lead will be in touch shortly, if not already, to review your responses to the Tool and think through a technical assistance plan for the year. We wanted to share with all of you a summary of responses across the HVSA.

**Implementation Stage**

This year, more programs were experiencing Staff Transitions than last year (33% in FY19, 43% in FY20). More programs are also in the Initially Implementing stage (3% FY19, 12% FY20).

**Implementation Drivers**

To create a cumulative ranking of capacity across the 42 different drivers, a number was assigned to each possible response (Not at all – 1, Slightly – 2, Moderately – 3, Very – 4, Extremely – 5). The numbers were then summed across all responses to create a ranking of drivers. The chart below shows driver rankings in order of highest scores (indicating high overall capacity) and lowest scores (indicating need for additional support) in comparison with an average line. The highest ranked driver is Team Culture and the lowest ranked driver is Connections to Children’s Administration.

**Top Ranked Community of Practice Topics**

These topics had a high response rate by you when asked if you would participate if offered:
1. Home visiting for homeless families
2. Supporting families with chemical dependency/substance abuse
3. Home visiting in rural communities
4. New supervisors
5. Home visiting for tribal families

**Top Ranked Categories for Professional Development**

1. Maternal mental health
2. Infant mental health
3. Reflective supervision
4. Culturally-responsive home visiting
5. Home visitor safety

*Thank you for all the amazing work that you do, and we look forward to working with you in the next year!*
Blue Ribbon Affiliate

Congratulations Columbia Basin! The program recently received their Blue Ribbon Affiliate certification. Programs with the affiliate designation have completed a comprehensive self study and review process that demonstrates they are meeting or exceeding the Parents as Teachers Essential Requirements, along with at least 75 of the 100 Quality Standards. Columbia Basin joins St. James, First Step and Catholic Charities as Blue Ribbon Affiliates.

By the Numbers

In September, we had 2,778 home visits across the state to 1,603 families for an average of 1.73 visits per family.

Our statewide enrollment for July was 1,946 families, due to our expanded number of slots we are now at 81%.

Enrollment Check

It may look like a dip, but don’t be alarmed! We expected this with our new expanded slots and will continue to see lower numbers while programs get up and running to full capacity. We have already started moving up over the past month and fully expect that trend to continue. Thank you for all you do!

Coming up next month

• Developmental Screening

• CQI
What’s Happening This Month?

Daylight Savings Ends

NFP, PATS Portfolio and ParentChild +

All HVSA Day

Consenting Clients to DOH (NFP)

Veterans Day

Monthly Report Due

Thanksgiving

Monthly Invoice Due

Veterans Day Consenting Clients to DOH (NFP)

Monthly Report Due

Giving Tuesday

Pearl Harbor Remembrance

Nat’s Maple Syrup Day

Monthly Report Due

Christmas

Monthly Invoice Due

And Next?