Obtaining caregiver consent to share data with the HVSA is an important step in the data collection and reporting process for all LIAs. With caregiver consent to share identifiers with the HVSA, we are able to tell the full story of the families we serve and the outcomes they achieve.

Each year, we evaluate programs’ success with obtaining consents from caregivers. This year, we assessed consents for all children enrolled for one or more days in home visiting services between October 2018 and September 2019 (n=3,347). This includes children from families newly enrolled in the year, families who exited during the year, children who transferred into/out of your programs, and multiple children from single families. We monitor consent status by child because we track many outcomes by child, including our Child Maltreatment aligned measure. We understand that it may not be possible to retrospectively consent parents who have left services; however, they remain in the annual count because there remains a contractual expectation that all caregivers will be asked for consent during the first few appointments, and we are assessing success in meeting this expectation.

What we found:
• 68% of HVSA clients served between October 2018 – September 2019 consented to share confidential data with the HVSA;

FIGHT FOR THE THINGS THAT YOU CARE ABOUT, BUT DO IT IN A WAY THAT WILL LEAD OTHERS TO JOIN YOU.

-Ruth Bader Ginsburg

Continued on page 2
• 1 in 7 families (15%) refused consent to share confidential data;

• 17% submitted no documentation submitted to DOH that identified if the caregiver consented or refused;

There was wide variation across the HVSA in successful consents by LIA. In the bar graph below, each bar represents a different site and 100% of the children assessed for consent. As you see, some sites 100% of parents consented for their children (solid green bars), while at some sites, all clients refused (solid yellow bar). Almost one-third of the LIAs were successful in obtaining consent for at least 80% of children served.

**What you can do:**

• Please review consent form and practices with your home visiting staff. This may be an uncomfortable process for your home visitors, and they may be uncertain about how to have this conversation with families. Practice and role-playing will help them gain confidence to respond to families’ questions or concerns.

• Review the consent status of each of your current families. One place to start is the Quality Assurance report that was produced by DOH in September 2019 and posted to your SFT account. Consent Status is found on the “Measures Caregiver” tab, in the very last column (col Z). This tab may miss a few recent clients enrolled after June 30, 2019 because this QA report focuses on SFY19. However, it should give you a good place to start your review.

• Start slow and easy – work with anyone currently enrolled in your program who has neither consented nor refused consent.

• Next, move on to those who earlier refused to share data. Home visitors may find that after working with the families and building rapport, the caregiver may now be comfortable with sharing identifiable data with the HVSA.

• Be sure to send a complete, cumulative list of consents status for clients every month (NFP) or quarterly (Portfolios) or mark in your data system for each family (PAT).
Sharing and Celebrating

One of the most inspiring things to come out of the Innovation Grant and the Integration Summit was hearing home visitors telling stories of successes with families. We want to continue that in this newsletter. If you would like to share your story (identifying details can be changed or left out), please email home.visiting@dcyf.wa.gov. Or, if you would like to nominate a home visitor who is deserving of recognition, please email us.

Home visitors whose stories are shared, or home visitors who are nominated, will be considered for a scholarship to attend the Ounce of Prevention's 2020 National Home Visiting Summit.

INSPIRE MINDS. CHANGE LIVES.

Action Items

Oct. 30:
September 2019 Monthly Invoice

Nov. 8:
For NFP: Oct Consenting Clients to DOH

Nov. 20:
Oct Monthly Enrollment Report

Starting with the July 2019 report, all monthly reports must be submitted through the PSRS system (https://apps.dcyf.wa.gov/psrs). For assistance please contact the Home Visiting Inbox (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 of the forms please check our website for the most current version. If you have any questions, please reach out to your Program Specialist.

Safe Sleep

October is Sudden Infant Death Syndrome (SIDS) Awareness Month. Safe sleep is an important component of preventing sudden infant deaths. SFWA offers these safe sleep cards free of charge. You can download them directly from our webpage, or order them by emailing strengtheningfamilies@dcyf.wa.gov.

You can also find more information on safe sleep practices and SIDS Awareness month here.
Fall All HVSA Program Day

November All-HVSA Meeting Updates
We are looking forward to seeing all of you in November! Here is the agenda outline for the day. Programs are advised to have a Home Visitor or a team member who is supporting your CQI project attend.

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>8:00-8:30</td>
<td>Arrive, coffee, snacks, registration</td>
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<tr>
<td>8:30-8:45</td>
<td>Welcome and Tribal prayer</td>
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<tr>
<td>8:45-9:45</td>
<td>CQI Learning Session: full group session</td>
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<tr>
<td>9:45-10:00</td>
<td>Break</td>
</tr>
<tr>
<td>10:00-12:00</td>
<td>CQI Learning Session: topic breakout groups</td>
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<td>12:00-1:00</td>
<td>Lunch and CQI storyboard café</td>
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<tr>
<td>1:00-3:00</td>
<td>HVSA round tables</td>
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<td>3:00-3:15</td>
<td>Break</td>
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<tr>
<td>3:15-4:15</td>
<td>Systems Updates</td>
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<tr>
<td>4:15-4:30</td>
<td>Close</td>
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If you will be staying overnight at the Interurban, please be sure to book your room by October 22.

You can register for the meeting using the following links. You can also check back to these pages for updates and detailed logistical information for each day.

Registration Links:
All-HVSA Program Day
NFP Registration
PAT Registration
Portfolio Program and ParentChild+ Registration

We look forward to seeing all of you soon!
For questions or concerns please reach out to anna@thrivewa.org.

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 for a form, or download one from our webpage.
CQI Spotlight

SFY20 CQI Materials available on DCYF website –
• SFY20 CQI Kickoff Webinar Recording and Slides
• CQI Intro Training Webinar Recording and Slides
• Topic Specific Materials:
  
  **Family Retention**
  – Prework Packet
  – Storyboard Template

  **Caregiver Depression**
  – Prework Packet
  – Storyboard Template

Preparing for CQI Learning Session at the All HVSA Meeting on Nov. 6th 2019 –
• Storyboards (PowerPoint doc) are due by email Oct. 21 to the home visiting inbox home.visiting@dcyf.wa.gov
• You do not need to bring anything with you to the CQI Learning Session – we will print all needed materials. See FAQs below -

Some Frequently Asked Questions -
**Q:** Do we need to create a specific goal/aim for our program?
**A:** The Project Charter in the Prework Packet provides more details about the project aims. These are collective aims for all programs involved in the topic that all we will use as a benchmark to assess collective HVSA progress over the course of the CQI project. You are welcome to set a specific goal for your team, but that is not required.

**Q:** Do we need to create a physical storyboard (like a poster or trifold)?
**A:** No, you do not need to create or bring a physical storyboard. Please use the PowerPoint storyboard templates (DCYF website), and submit the PowerPoint slide deck. For the Nov. 6 meeting, we will print and have them displayed around the room, and will print a second copy so you have it for reference.

**Q:** Will we be expected to present our storyboard?
**A:** You will not be presenting your storyboard. We will provide copies of your storyboards to reference during small group discussions. You will also have opportunities to view other teams’ storyboards displayed throughout the day.

**Q:** Will the same team members who attend Learning Session 1 be expected to attend future Learning Sessions and monthly calls/webinars?
**A:** It may be helpful to have a home visiting team member (not the supervisor) take on leadership for the CQI project and be engaged consistently (for learning sessions and monthly calls), but this is not a requirement. For the monthly calls/webinars beginning in January, anyone from your team is welcome to join – we know that there will likely be months with scheduling conflicts, but we hope that there will be at least one person to represent your team on each call.

Vaping Under Investigation

The Washington State Department of Health (DOH) is closely monitoring an ongoing investigation headed by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) regarding an outbreak of vaping associated lung injury. While the CDC investigation is ongoing and has not identified a definitive cause, all reported cases have a history of using e-cigarettes or vapor products.

Vapor devices — also known as JUULs, e-cigarettes, e-cigs, vapes, e-hookahs, vape pens, mods, tanks, or electronic nicotine delivery systems — can contain nicotine, marijuana, and/or other substances like flavoring agents and chemicals.

Since April 2019, there have been 12 cases of vaping associated lung injury reported in Washington.

DOH has a new smartphone app to help teens and young adults quit vaping. Developed collaboratively with 2Morrow Inc., the app is available for free to Washingtonians at doh.wa.gov/quit and is accessible via smartphone, tablet, laptop and desktop computer.
Hey Dad, how are you doing?

Have you asked that question? Do you know why it’s important? Are you prepared for the answers?

Join us for Perinatal Health Webinar: Dad Edition. Learn why new Dads are at increased risk during the perinatal period and how to engage and support them. Webinar will include an overview of paternal mood disorders, including risk factors and pathways specific to new Dads; effective screening; and tools to engage Dads.

Tailored for all to attend!

The webinar will feature Nicholas Kasovac, MA, R-DMT, IMH-E, OTS and Perinatal Support Washington.

The webinar will be held from 1-2:30 p.m. on Oct. 28

To join the webinar, use the following information (registration not required):

  [link]
  Conference call Info
  Conference Number: 1.855.212.0212
  Participant Code: 718311832

For questions please contact Mia Edidin at Mia.Edidin@perinatalsupport.org

Want to go to the Ounce of Prevention Conference?

We have a limited number of scholarships for home visitors to attend the national Ounce of Prevention conference Jan. 29-31. If you are interested in attending, and you have agency approval to participate in the travel, contact home.visiting@dcyf.wa.gov for an application form. Applications must be completed by Nov. 12 and we will draw for winners shortly thereafter. DCYF home visiting covers the cost of travel and registration and those selected must be willing to share back about the experience at either the Spring All HVSA or in an upcoming newsletter.

HVAC Updates

The Home Visiting Advisory Committee gathered on Friday, September 27th to discuss multiple topics. The committee focused much of their time discussing scenarios to provide guidance on the framework and parameters for funding dispersion including brainstorming for the exploration process. Across small groups, they discussed ideas on the approach for community planning process. The Preschool Development Grant team joined in person to deliver a presentation and overview of their goals and received input for the overarching Needs Assessment work. As a group they offered initial feedback on strengths, gaps and barriers families face in accessing needed services and supports while also keeping in mind ways in which collaboration can be strengthened with the focus on transition periods for families starting school with their children.

Trainings and Webinars
Intimate Partner Violence

Intimate Partner Violence (IPV) Screenings and Referrals
IPV refers to physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other’s lives.

Measuring Performance
Home visiting model best practices encourage multiple screenings and referrals depending on the situation of the family and caregiver. To uniformly assess screening across the HVSA, we have defined an aligned screening measure to meet a minimum requirement. The validated tool for IPV screening is the Relationship Assessment Tool, also known as Women’s Experiences with Battering or FUTURES.

HVSA Aligned Measure 8: Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence within 6 months of enrollment using a validated tool.

To uniformly assess referrals provided to caregivers with a positive screen, for MIECHV funded programs, the HVSA uses the MIECHV performance measure below. This measure requires that the positive screen is completed within six months of enrollment. When supporting caregivers with identified intimate partner violence, home visitors should offer referral supports or services aligned with the caregivers self-identified needs and priorities. If a screening occurs after a referral has been given, please ensure to revisit the referral with the client and document this interaction. Determining a “positive” screen does rely at times on the best judgement of the home visitor. At minimum, a referral should be provided when a caregiver has a score of 20 or above on the validated tool being used. This is the definition used by the HVSA. However, a caregiver may benefit from a referral and services even without a high IPV score, depending on the individual situation.

MIECHV Performance Measure 19: Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources.

How are we doing?
Over the past two years (July 2017 – June 2019), 1,147 caregivers were screened for IPV by their home visitor, within the six month window. In SFY 18 / SFY 19, almost half (48%) of IPV screenings were completed in the first 60 days of enrollment, with an average of 70 days from enrollment to IPV screening for those completing a screen within 6 months of enrollment. Approximately 11% of eligible clients received their initial IPV screening after being enrolled for 6 months, therefore not counting towards the measure. Overall, screening rates averaged 68%, with less than 15% of screens identifying concerns for IPV. However, there was wide variability for completed screenings across HVSA programs, ranging from 31% to 100% (Figure 1, on page 8, where dots represent individual programs). Overall referral rates were 45%. Again, we found wide variability across programs, ranging from 0% to 100% (Figure 1), with three programs reporting no completed referrals despite having at least one caregiver eligible for a referral.

Continued on page 8
Domestic Violence Trainings

Washington State Coalition Against Domestic Violence is offering free trainings for home visitors.

**Save the Date - Federal Way**
**November 18, 2019**

**Domestic Violence: Assessment and Response**

Even though you have experience and a lot to offer, it can still be tough to get a conversation started or to know what to say when someone shares their experience of abuse. This training will give you practical tools to help you help your clients.

**November 19, 2019**

**Safety Planning with Families**

It can be hard to figure out what will increase the safety of a parent and child who are in a relationship with an abusive partner, especially when ending the relationship is not an option. Leave with concrete strategies for supporting survivors and families.

For questions about registering, please email mackenzie@wscadv.org.

For questions about the training curriculum, email or call Jenni Olmstead, 360.725.4414.

Figure 2 presents a cascade of IPV services received in both SFY18 and SFY19 cohorts. For both cohorts, while almost 70% of caregivers received the recommended IPV screening within the six month window, less than half (45%) of caregivers received a recommended referral for positive IPV screenings.

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Intimate Partner Violence cont.....
Enrollment Check

By the Numbers

In August, we had 2,904 home visits across the state to 1,633 families for an average of 1.78 visits per family.

Our statewide enrollment for July was 1,932 families, due to our expanded number of slots we are now at 80%.

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. You are doing amazing work everyone, keep it up!

Coming up next month

• Health Insurance & Data
• Thrive Update
• CQI

October is Domestic Violence Awareness month and our partners at Washington State Coalition Against Domestic Violence have some great resources including a Friends and Family Guide, social media posting suggestions and Halloween themed graphics.
What’s Happening This Month?

2019 OCTOBER

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And Next?

2019 NOVEMBER

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<td>Daylight Savings Ends</td>
<td>NFP, PAT &amp; Portfolio and ParentChild + Day</td>
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Thanksgiving

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