Home Visiting Services for TANF Families

Annual Report, 2019

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Washington State Department of CHILDREN, YOUTH & FAMILIES

Contents

Key Findings

- 438 families received home visiting services funded by Temporary Assistance for Needy Families (TANF) in State Fiscal Year 2019 (SFY 2019); 92% of the families served included a pregnant woman and/or a child under 3 years old
- From the beginning of State Fiscal Year 2018 (SFY 2018) to the end of SFY 2019, performance on specific measures was noted:
    - Percent of TANF-funded slots filled increased from 67% to 79%
    - Daily literacy activities were reported by 81% of the families
    - Depression Screenings and Intimate Partner Violence (IPV) Screenings were completed by more than two-thirds of the caregivers (77% for depression, 66% for IPV)
- One in five families remained enrolled for at least 24 months; however, one in five exited prior to reaching three months of service
- During SFY 2018 and SFY 2019, all local implementing agencies participated in Continuous Quality Improvement projects focused on improving family engagement

Future Directions for the Home Visiting Services Account

- Support competency and confidence in screening and referral tools for depression, intimate partner violence and child development
- Deepen understanding of family engagement including what supports better engagement, what role does workforce have on engagement and how does engagement affect family outcomes
- Identify opportunities for workforce development

Introduction

Home visiting is a voluntary, family-centered service offered to expectant parents and families with new babies and young children to support the physical, social and emotional health and development of the child. These services are an effective strategy for improving child health and development, especially in populations with limited resources. The Home Visiting Services Account (HVSA) was established by the Washington State Legislature in 2010 (RCW 43.216.130) and is administered and led by the Washington State Department of Children, Youth, and Families (DCYF) in partnership with Thrive Washington [1] and the Washington State Department of Health (DOH).

Local implementing agencies (LIAs) have contracted directly with DCYF for just over two years to provide home visiting services. LIAs are obligated to high levels of data collection and reporting, expending significant resources to comply with these requirements, all while providing high-quality services to families. These data collection and reporting requirements allow the HVSA to assess the services received, by whom and with what outcomes.

Prior to July 2017, the statewide HVSA partners (DCYF, Thrive Washington and DOH) engaged programs in a process to select home visiting performance measures that reflect model efforts as well as HVSA priorities. Starting with the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) measures, the HVSA selected a subset of six process and two outcome measures that reflect the breadth and depth of the home visiting work in Washington. These eight Aligned Measures, incorporated in the state fiscal year 2018 (SFY 2018) contracts, started in July 2017 (see definitions, Appendix 1A).

In the following fiscal year, SFY 2019, the HVSA initiated a new performance-based contracting effort to improve family enrollment and home visit frequency. Financial incentives were offered to LIAs who met specific Performance Milestones during the contract period (see definitions, Appendix 1B). This report highlights a few successes and opportunities to focus improvement efforts going forward based on performance in SFY 2019.

In SFY 2019 (July 1, 2018 - June 30, 2019), the Temporary Assistance for Needy Families (TANF)-funded HVSA programs supported 12 local implementing agencies (LIAs), offering four home visiting models (Nurse-Family Partnership, Parents as Teachers, Early Head Start and Outreach Doula) in seven counties.

This report focuses on the experience of families served by DCYF-contracted home visiting programs receiving funding to serve families receiving TANF. However, during the same period of the report, LIAs engaged in training, coaching, technical assistance, evaluation and research studies. Details on other aspects of home visiting system development and support can be found in various documents and reports on the DCYF website.

[1] Ounce Washington is listed as Thrive Washington throughout this report. The official transfer of Thrive Washington to Ounce Washington occurred on Feb. 1, 2020, following this reporting period."

Families Served in SFY 2019

In SFY 2019, the HVSA with TANF funds served 438 families with 504 children across Washington State. Among all families served, 47% enrolled in home visiting for the first time between July 1, 2018, and June 30, 2019, and almost half of these newly-enrolled families enrolled while pregnant.

Families resided in seven counties (Clallam, Grays Harbor, King, Pierce, Spokane, Thurston and Yakima – see Figure 1). The number of families served by county of residence ranged from 14 families to 113 families.

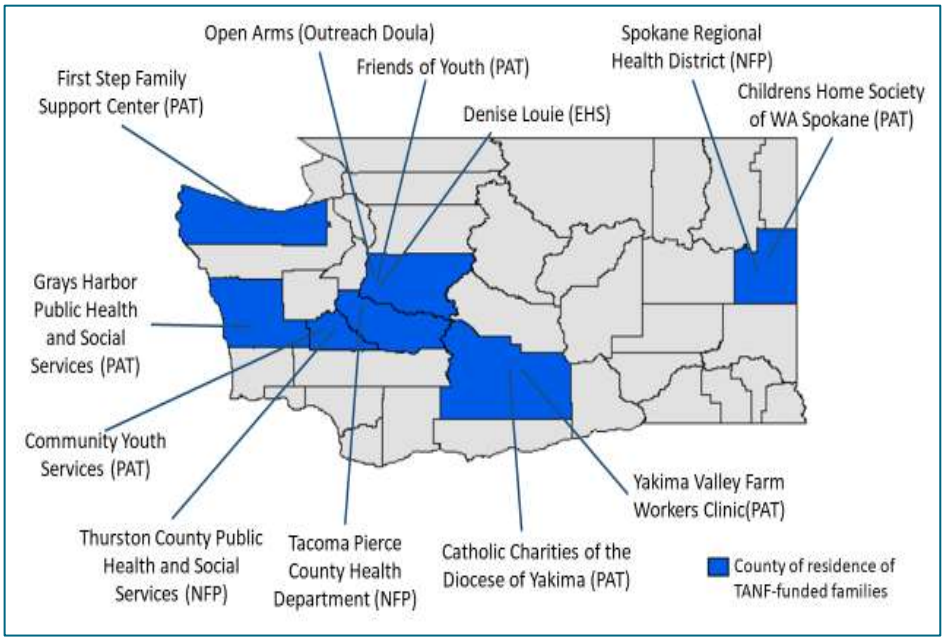

Figure 1. Counties of residence of TANF-funded HVSA families. (Note: County of residence based on family zip code or LIA location, if zip code unavailable)

The HVSA prioritizes serving pregnant women and families with infants and toddlers up to 36 months of age. Twenty-nine percent of all caregivers served were pregnant during some portion of the year, and 84% of children were between 0 and 36 months old, with the largest majority between one and two years of age. In total, nine out of every 10 families (92%) included a pregnant caregiver and/or a child between the ages of 0 to 36 months.

Pregnant and parenting teens are another priority population for the HVSA. Pregnant and parenting teens age 19 and younger may face unique challenges to caregiving. In SFY 2019, 9% (n=40) of TANF-funded HVSA families included a teen parent.

Compared with adults in the State of Washington,[2] a higher proportion of TANF-funded clients were American Indian/Alaska Native (AI/AN), Black/African American and those reporting multiple races. Additionally, 22% of the clients reported Hispanic/Latinx ethnicity in the HVSA compared to 10% among Washington State residents.

HVSA Priority Populations

HVSA LIAs are required to enroll families with two or more high priority characteristics (Box 1). Due to differences in data reporting systems by model, data was not available for all participants across all of the priority population characteristics. However, each model funded by HVSA aims to serve families reflecting these priority populations.

Low-income families are one of the most commonly enrolled groups in the HVSA. By virtue of TANF participation, clients served with TANF funds meet this priority.

Data also suggest that at least half of HVSA families report having experienced one of the six adverse experiences listed as an HVSA priority (Box 1). An estimated 31% either reported a history of IPV or were currently experiencing IPV (including suspected cases); 56% reported a familial history or current experience with substance use, including tobacco; and 55% of parents experienced mental illness as reported by the home visitors. Thirteen percent (13%) of families reported being homeless when asked at enrollment or at their annual update; homelessness was three times more prevalent among TANF-funded families than reported among all HVSA families. Because data on housing are collected infrequently, this may be a conservative depiction of families' experiences with homelessness and housing instability.

Box 1. HVSA Priority Populations

Demographic Characteristics

- American Indian/Alaskan Native Non-Hispanic
- Poverty/Low-Income
- Teen Parents
- Non-English Speaking or Recent Immigrant
- Enrolled in WorkFirst/TANF

Adverse Experiences

- Prior Child Welfare System Involvement
- Intimate Partner Violence
- Familial History or Current Experience with Substance Use, Including Tobacco
- Parent Mental Illness
- Current and Previously Incarcerated Parents
- Homeless/Unstable Housing

Other Characteristics

- Parents with Low Educational Attainment
- Parents with Disabilities
- Families Currently or Formerly in the Military
- Children with Disabilities, Especially Those Not Linked with Early Intervention Services

During this time of uncertainty in the world, there is a family who has been working hard to be where they are at and excel even in these hard times. Mom has continuously had contact with the home visitor, even when things just don't seem to be easy or the struggles of everyday life are hard. The family finds comfort and regularity with consistent visits. Mom puts her kids first and you can see that through the progress the child in the program has had over the months the home visitor has known them. The mom makes sure that the child attends his regular visits with both home visitor and the Speech language therapist. Each week in the meetings you are

[2] Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2018, Community Health Assessment Tool (CHAT), March 2019.

able to see the fondness the family has for one another. Play is incorporated in everyday activities. You can tell they enjoy the time they spend together. Whether it be through playing in the kitchen, cars, reading books, long walks, playing soccer, playing with little people characters, or just listening to music together. The family has thrived over the last few months even with such stress and anxiety in the world.

Home Visiting Program Engagement

Program Enrollment and Visit Dosage

In SFY 2018, DCYF introduced Performance Milestones focused on family enrollment in home visiting and the frequency of home visits received. The HVSA contracts prioritized quality assurance and improvement activities for LIAs to maintain enrollment for 85% of their funded slots. Recognizing that a singular focus on enrollment may adversely affect the quantity of home visits, the HVSA identified a complementary milestone to maintain or improve the frequency, or dosage, of home visits for families. This second milestone required LIAs to deliver at least 80% of the model-recommended home visits each quarter to 60% of the families enrolled (see definitions, Appendix 1B). To support LIAs' improvement on both of these milestones, DOH shared quarterly performance data dashboards, Thrive provided CQI support, and DCYF offered incentive payments in SFY 2019 for those LIAs meeting the performance thresholds.

From the beginning of SFY 2018 to the end of SFY 2019, the percent of TANF-funded slots filled increased steadily from 67% to 79% (Figure 2). This mirrored the increase seen across the entire HVSA albeit a little lower overall; the HVSA enrollment increased from 72% to 83%. During this same period, the dosage of home visits to these families did not increase meaningfully. However, dosage remained steady at 50-57% of families receiving at least 80% of the recommended quarterly visits. Fewer than half of the sites met these measures each quarter and those that did meet the enrollment measure did not meet the dosage measure, and vice-versa. Similar to the entire HVSA, sites typically were stronger in one or the other measure.

To promote program improvement and achievement of the Performance Milestones, the HVSA simultaneously launched Continuous Quality Improvement (CQI) projects with LIAs to test rapid improvements. LIAs engaged in two annual CQI projects, completed in six-month cycles. LIAs had the opportunity to select from a menu of topics, yet over the two contract years, SFY 2018 and SFY 2019, all TANF-funded LIAs focused at least one CQI project on some aspect of family engagement – including enrollment, dosage, retention and reducing "no-shows."

Applying CQI methods of small-scale, iterative tests of change, home visiting programs tested new strategies to improve family engagement related to communication, recruitment, incentives, scheduling visits and Group Connections (PAT). Of those programs that focused on increasing or maintaining enrollment, CQI appears to have had a positive impact on these efforts. As discussed above, overall rates for dosage remained relatively stagnant, despite a focus from CQI. However, some individual programs who focused CQI on dosage and visit frequency did experience positive change.

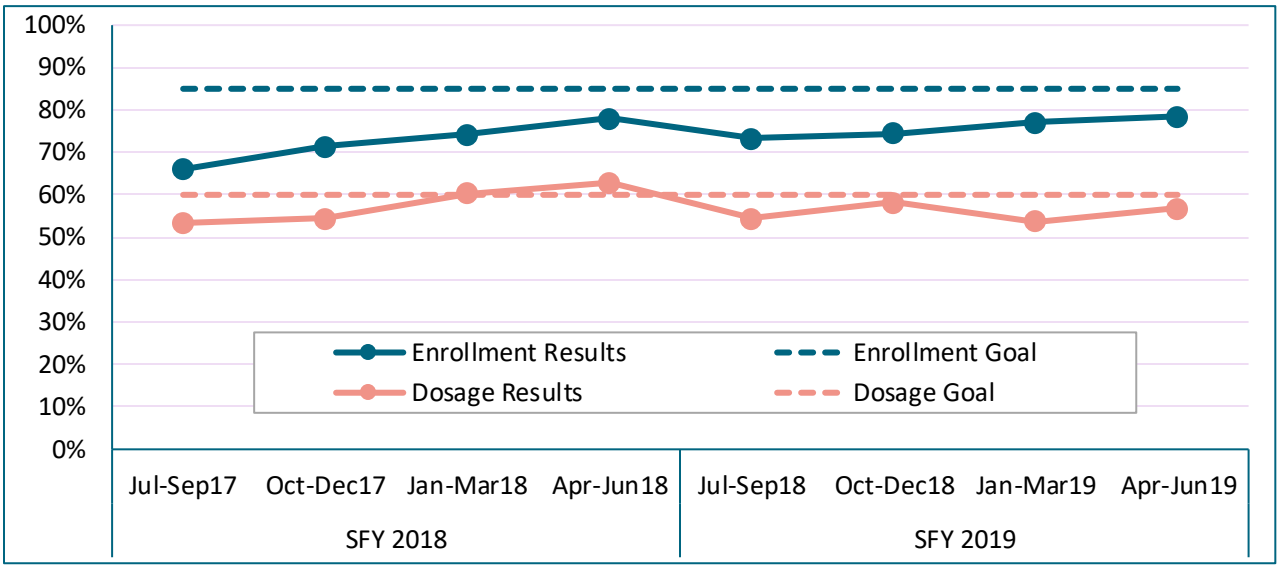

Figure 2. Performance on family enrollment and visit dosage for TANF families, SFY 2018-2019

Program Retention

In SFY 2019, the HVSA added a new Performance Milestone – Family Retention, or how long a family remains in a home visiting program. For most of the models supported by the HVSA, typical programming provides two years of education and support, with extensions dependent on additional births or ongoing family needs. Together with dosage and content of services, family retention is a necessary component of program implementation (Anne et al., 2018). Dosage and retention measure the "quantity" of home visiting. Whether this "quantity" is associated with family outcomes is question for further research.

Among all TANF-funded families, 214 exited services in SFY 2019. Among those who exited, one in five exited prior to reaching three months enrollment (80% retention at three months), 60% were enrolled for at least six months, and fewer than half reached 12 months of enrollment (42%) (see Figure 3). Only 20% of families exiting in SFY 2019 met 24 months of enrollment prior to exiting. Across all retention periods, TANF-funded families exited earlier than the general HVSA-funded population, with 14% exiting before three months and 35% reaching 24 months. At time of exit, families were asked why they were leaving the program. Of families who exited early, 21% reported graduating from the program or aging-out of services, re-enrolling in school or starting a job or receiving services elsewhere, compared to 35% among all HVSA exited families in SFY 2019. Additionally, one in five families were lost to follow-up and another 10% were unable to meet the model requirements, typically due to missed appointments. Challenges of program engagement remain acute among the TANF families.

Figure 3. Family retention among SFY 2019 exits, n=214

Family retention is a priority for CQI, as well as performance awards. In SFY 2020, all LIAs will engage in a year-long CQI Learning Collaborative project, focused on either Caregiver Depression or Family Retention. Family Retention was identified as a key component of family engagement and an area with room for improvement and learning. As reflected in the data related to exit reasons, a family's decision to remain or disengage in home visiting services is nuanced and not always positive or negative. Sustained engagement in home visiting services is dependent on a number of factors, including family circumstances and commitments, the relationship between the family and home visitor, home visiting staff transitions and more generally how home visiting is able to meet family needs.

Home Visiting Services Provided

HVSA Aligned Measures

HVSA Aligned Measures cover eight performance indicators that TANF-funded HVSA programs collect and report on for participating caregivers and children (Box 2). These eight measures cover four domains that encompass the children's and caregivers' health, wellbeing and development. Most of the HVSA Aligned measures are process measures, with just two outcome measures, Breastfeeding and Child Maltreatment. A process measure articulates whether or how much an activity happened, whereas an outcome measure is how well did something happen. Some measures are assessed once per child or caregiver (e.g., IPV screening) while others are tracked annually (e.g., parent-child interaction). See Appendix 1 for measure definitions.

Box 2. HVSA Aligned Measures

Domain 1. Improved Maternal and Newborn Health
- Continued **Breastfeeding** at 6 months of age
- Routine **Well Child Visits** completed on time
- **Depression Screening** completed for caregivers

Domain 2. Reduced Child Injuries, Abuse, and Neglect
- Investigated case of **Child Maltreatment** initiated

Domain 3. Improved School Readiness and Achievement
- Observation of **Parent-Child Interaction** completed
- Child receives **Daily Literacy Activities** from family member
- Child **Developmental Screenings** completed on time

Domain 4. Reduced Crime or Domestic Violence
- Intimate Partner Violence **(IPV) Screening** completed for caregivers

In SFY 2019, six out of eight measures were met for more than half of the TANF-funded families (see Figure 4). Given that this was only the second year using this performance measurement framework, there is still work to be done to support programs to meet these requirements including technical assistance and data dashboards to monitor progress.

Screening rates for maternal depression, IPV and child development were 77%, 66% and 58%, respectively. Identifying potential caregiver mental health issues and providing services and/or referrals is a key role for the home visitors.

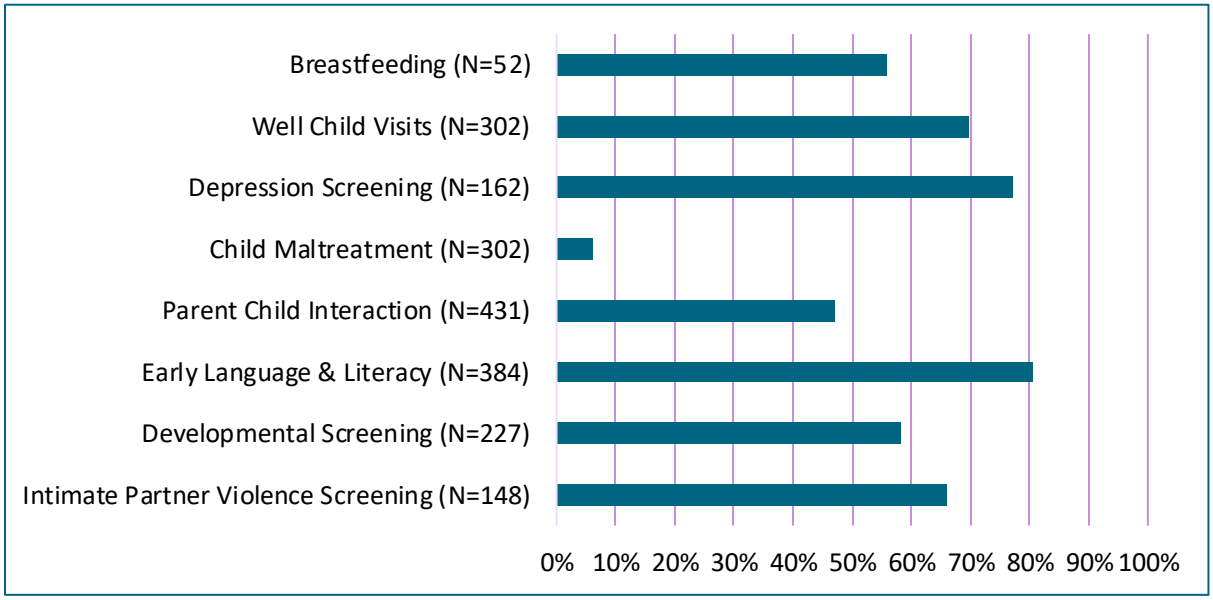

Figure 4. Performance on the HVSA Aligned Measures, TANF-funded HVSA clients, SFY 2019

In SFY 2019, depression screenings and referrals were added as Performance Milestones in an effort to motivate and elevate the importance of timely screening. The goal of the depression screening performance award is to incentivize screening for all newly enrolled caregivers within three months of enrollment or three months following the birth of their child if the caregiver enrolled prenatally. Home visitors screen caregivers with the Patient Health Questionnaire-9 (PHQ-9). In SFY 2019, 77% of caregivers eligible for screening received a screening on time.

The rate for any breastfeeding at 6 months of age was 56%, lower than the statewide breastfeeding rates (71%, Breastfeeding Report Card) and the Healthy People 2020 Goal of 61% (Healthy People 2020).

While reducing child abuse and neglect is often cited as one of the primary goals for home visiting, it is difficult to measure. This is the only Aligned Measure that relies on administrative data collected by Child Protective Services (CPS), rather than using parent self-report. In Washington, what that means is that the HVSA is dependent on parents providing consent to the HVSA to use confidential individual identifiers to match with CPS data. In SFY 2019, 68% of the children enrolled in TANF-funded home visiting had a parent or guardian who consented to share confidential data with the HVSA. Among these children, 6% had a case investigation initiated in SFY 2019, twice the rate found across the entire HVSA.

The three indicators for school readiness and achievement cover interactions in the home between adult and children, and routine child developmental screenings by the home visitor. In SFY 2019, 81% of families met the early language and early literacy measure (i.e., read, told stories and/or sang with their child every day), the best performing indicator for TANF families. Nurturing the parent-child relationship is one of the primary goals for all of the home visiting models funded by the HVSA; yet measuring the strength of that relationship is challenging. Instead, the HVSA uses a process measure to monitor that the parent-child interaction is assessed at minimum annually. Despite the focus on the relationship by home visitors, the formal assessment and reporting of PCI is low. In SFY 2019, only 47% of parents were assessed using an HVSA-approved tool.

Lessons Learned and Future Direction

SFY 2019 was a year of learning and growth for the HVSA. The end of June 2019 marked the two-year anniversary for accountability to the Aligned Measures, and the one-year anniversary for the Performance Milestones. Congratulations are due across the HVSA for the significant accomplishment of adopting a uniform set of measures and milestones to monitor progress statewide. This effort required dedicated home visitors and LIAs to implement, modify and improve home visiting services and reporting, as well as state-level HVSA leadership commitment to provide trainings and support for model fidelity, data collection and reporting.

Looking at the Aligned Measures in SFY 2019, there is room for improvement. Health screenings and referrals for depression, IPV and child development continue to require training support for the home visitor to promote competency and confidence in the tools. CQI methods will continue to promote practice improvements for depression and IPV screenings and referrals, with improved outcomes anticipated in SFY 2020. Additionally, a deeper understanding of the parent-child relationship, including how to support and assess the relationship, continues to be a priority for the LIAs and the HVSA.

Two areas of particular ongoing interest to the HVSA are workforce development and family engagement. In 2019, the HVSA along with regional MIECHV partners, published findings from the

MIECHV Innovation Grant focused on the home visiting workforce in Region X (Green et al, 2019). This body of work provides insights into the current makeup of the home visiting workforce, challenges to hiring, retention and staff advancement in the field, as well as opportunities for further analyses of the associations between workforce and family outcomes. Family engagement, which encompasses enrollment, dosage, retention and overall participation in home visiting, is another area ripe for additional exploration. While HVSA-funded LIAs were successful in reaching more families in SFY 2019, visit dosage and retention remained below model expectations. In 2019, the HVSA began to explore the relationship between home visitor workload with family engagement and outcomes. This is a rich area for further study moving forward.

Lastly, the HVSA continues to engage in national communities of practice dedicated to advancing home visiting, and continue to seek insights from national and local studies, including but not limited to the national Maternal and Infant Home Visiting Program Evaluation (MIHOPE) study results recently published (see Duggan et al, 2018 and Michalopoulos et al, 2019 studies in references).

Data Limitations

It is important to note that the data and information included in this annual report are subject to a number of limitations. The report should to be interpreted with these limitations in mind.

First, families enrolled in home visiting programs are often experiencing many challenges and may be reluctant to share fully with their home visitor until a trusting relationship is built.

Second, the data collection and reporting requirements for the HVSA allow for routine monitoring and evaluation across all models, LIAs and families funded by the HVSA. The burden to meet these requirements, however, is high for the home visitor and is variable across models, dependent on model priorities, data collection forms and supporting data systems. Changes to the HVSA measures, the HVSA data system and the model data collection and reporting systems create opportunities for improved measurement, while also presenting challenges to producing comprehensive, routine monitoring data.

Third, this report used available data, feedback from the field and best practices for combining data from different sources. Select models or programs were not included in some analyses if data elements were not available. For example, some models do not report number of family members in a household, making the calculation of federal poverty level unobtainable. In SFY 2019, the HVSA adopted a new quality assurance plan and committed to working with programs and models to ease the reporting burden while meeting the monitoring needs of funders and stakeholders.

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Appendix 1. Measure Definitions

A. HVSA Aligned Performance Measures

Measure	Definition
Breastfeeding	Percent of infants (among mothers who enrolled in home visiting prenatally) who were **breastfed** any amount at 6 months of age
Depression screening	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool **within 3 months of enrollment or delivery**
Well child visits	Percent of children enrolled in home visiting who received the last recommended **well child visit** based on the American Academy of Pediatrics (AAP) schedule
CPS involvement	Percent of children enrolled in home visiting with at least one **investigated case of maltreatment** following enrollment within the reporting period
Parent-child interaction	Percent of primary caregivers enrolled in HV who receive an observation of **caregiver-child interaction** using a validated tool
Literacy activities	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told **stories, and/or sang songs** with their child daily, every day
Child development screenings	Percent of children enrolled in home visiting with at least one **screening for developmental delays** with a validated tool according to the AAP-defined age groups
IPV screening	Percent of primary caregivers enrolled in home visiting who are screened for **interpersonal violence** (IPV) within 6 months of enrollment using a validated tool

B. HVSA Performance Milestones

Measure	Definition
Enrollment	Program meets or exceeds enrollment of 85% of their Maximum Service Capacity (caseload) during the report period. Evaluated Quarterly.
Dosage	Program with at least 60% of their total enrolled families receiving minimum of 80% of expected number of home visits (per model requirements) during the report period. Evaluated Quarterly.
Depression screening	Primary caregivers enrolled in home visiting screened for depression using a validated tool within 3 months of enrollment or delivery during the report period. Evaluated Annually.
Depression Referrals	Primary caregivers referred to or connected with services during the report period following a positive screening. Evaluated Annually.