

2018 Supplemental Budget Decision Package

Agency: 307 Department of Children, Youth, and Families

Decision Package Code/Title: PL-HV / Sustain & Expand Home Visiting Services

Budget Period: 2017-19

Budget Level: Policy Level

Agency Recommendation Summary Text:

The Department of Children, Youth, and Families requests \$2.3 million in funding for Fiscal Year 2019 to sustain and expand home visiting services in communities for approximately 265 at-risk families during pregnancy through the earliest years. Of these funds, \$500,000 will sustain existing programs that started receiving funds through the Home Visiting Services Account (HVSA) in the 2011-2013 biennium. These programs have not received budget increases for cost of living or inflation and are at risk of losing staff because they cannot accommodate salary increases, increased costs for mileage to home visits, or health care benefits. The remaining \$1.8 million will be used to expand services to approximately 275 families.

High-quality home visiting is one key investment in a portfolio of child abuse and neglect prevention services. Research repeatedly indicates that home-based support results in more confident parents and healthy children who are less likely to suffer from abuse or neglect. Presently, fewer than ten percent of eligible at-risk families in Washington State have access to high-quality home visiting services. Investments in the earliest stages of life will lead to a higher percentage of children being kindergarten-ready regardless of race or income, and will translate into long-term savings on social services, health care, education, and other government assistance programs.

Fiscal Summary:

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
001-1 General Fund-State	\$0	\$2,299,479	\$2,299,479	\$2,299,479
Total Cost	\$0	\$2,299,479	\$2,293,479	\$2,293,479
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	0	1.0	1.0	1.0
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Object A - Salaries	\$0	\$74,199	\$74,199	74,199
Object B - Benefits	\$0	\$27,051	27,051	27,051
Object C - Contracts	\$0	\$150,000	\$150,000	\$150,000
Object E – Goods & Services	\$0	\$1,875	\$1,875	\$1,875

Object G – Travel	\$0	\$3,600	\$3,600	\$3,600
Object J – Capital Outlays	\$0	\$6,000	\$6,000	\$6,000
Object N – Grants & Benefits	\$0	\$2,000,000	\$2,000,000	\$2,000,000
Object T – Indirect Costs	\$0	\$36,754	36,754	36,754

Package Description:

Home visiting programs have positive impacts on children’s cognitive development and behavior and are part of DCYF’s strategy to achieve its goal that 90 percent of children in Washington are kindergarten ready by 2020. In 2016, children of color were less likely to enter Kindergarten ready to learn on all six developmental domains. Home visiting is a key strategy to engage parents in their child’s development and learning from the prenatal stage to age three. In 2016, home visiting program family characteristics were as follows:

- 40 percent of enrollees were Hispanic.
- 8 percent of enrollees were American Indian/Alaska Native (2-3% of WA State births annually.)
- 12 percent of enrollees were Black/African American (4-5% of WA State births annually).
- 20 percent of enrollees were under age 19 (<6% of births annually).
- 75 percent of enrollees had children under the age of two.

The Home Visiting (HV) program is reaching families during a *critical period* of a child’s brain development and family development. Home visitors see the gifts and strengths in parents that some don’t realize they have in order to inspire and support parents to meet their goals related to their children, parenting, education, health, and much more.

Maintain Home Visiting:

HV services funded through the Home Visiting Services Account (HVSA) have historically been funded with multiple funding sources that each contribute to various levels of direct services, capacity development, and administration. The HVSA was created in 2010 to expand access to high-quality home visiting in at-risk communities by leveraging various funding sources. Since 2010, DCYF has overseen a growth of funding from just 100 slots to nearly 2,300 slots for families annually in 25 counties and Tribes throughout the state. In accordance with RCW 43.215.130, DCYF and Thrive Washington (Thrive) work together to efficiently administer the program while also managing the complex and distinct requirements of each funding stream and of each community. In Fiscal Year 2017, DCYF and Thrive made significant shifts in the operation of the program to further improve and expand quality home visiting services for families in high-risk communities. One significant shift was moving the administration of contracts with local home visiting programs from Thrive to DCYF starting in July 2017. Through this transition process, DCYF worked with Thrive and local home visiting programs to develop a new contracting process and ensure input was incorporated, making only incremental changes and committing to examine opportunities to improve quality and efficiency of contracting process.

One initial opportunity for improvement is creating equity of funding amounts across home visiting contractors to ensure stability of services. Between Fiscal Years 2010 through 2017, funding from the HVSA was issued through waves of competitively-awarded contracts, resulting in 13 “cohorts” of contracted programs. In reviewing the funding allocations, it is clear that this structure of funding has

created some inequity across programs over time. For example, local programs funded after 2013 receive an average of \$700 per slot more than those funded before that time. This is due to the fact that older slots do not have incremental increases resulting from rising costs – those programs simply absorb the increases. Without increased funding over time, many programs funded prior to 2013 are supplementing costs of service delivery or at risk for closure. In recently-completed, Washington-led research of nearly 50 programs nationwide, the average staff turnover rate was 36 percent over a 2.5 year period¹ (see Attachment: RISE Retention Infographic). DCYF needs to ensure that programs can continue to provide high-quality services and recruit and retain home visiting staff, and sufficient financing is one key strategy. DCYF is proposing to create a funding allocation process that allows programs to access a higher contract amount for those slots.

DCYF is requesting \$500,000 to maintain these programs. This assumes an average increase of \$355 per slot for the 1,500 slots funded before 2013.

Expand Home Visiting:

Evidence shows that home-based support results in healthy children who are less likely to suffer from abuse or neglect. Investments in the earliest stages of life will lead to a higher percentage of children being kindergarten-ready regardless of race or income, and will translate into long-term savings on health care, education, and other government assistance programs.

The Home Visiting program is reaching fewer than ten percent of eligible families who are likely to participate. Qualified participants are low-income families with children under the age of three. With expansion funds received in the 2015-17 biennial budget, the HV program expanded contracts for services for 154 families. With just \$770,000 of increased funds in the competitive application process available for home visiting services, dozens of contract proposals were received totaling \$7.4 million in requested funds of home visiting services. This was a greater demand than had ever been experienced before, indicating a substantial unmet need and readiness for expanding home visiting services in many communities across the state. Many of the families served in the next biennium will have children nearing kindergarten entry in 2020; the year DCYF is expecting 90 percent of enrolled children to be kindergarten-ready. Based on the current array of programs funded, including the administrative, training and evaluation costs, DCYF estimates that the average home visiting slot costs \$6,800. An additional \$1.8 million in the 2017-19 biennia will allow the program to serve 275 new families in the following models at the following estimated per slot costs:

- Parents as Teachers: \$4,800 (Range: \$3,500-\$6,800).
- Nurse-Family Partnership: \$6,100 (Range: \$4,400-\$7,000).
- Other Home Visiting programs: \$5,700 (\$3,900-\$12,800).

Expanded services will continue to be prioritized for populations such as children with adverse childhood experiences, American Indian/Alaska Natives, low income families and families receiving TANF, teen parents, child welfare-involved families, previously or currently incarcerated parents, among others.

¹ SRI International, RISE Home Visiting Evaluation Report, 2017.

Base Budget:

Fiscal Year 2017	MIECHV-Fed*	GF-S	TANF-State	Total
Administrative Costs	\$1,060,000	\$200,000	\$270,000	\$1,530,000
Contracted Costs	\$1,990,000	\$130,000	\$360,000	\$2,480,000
Local Program Funding (Slots)	\$6,900,000	\$2,410,000	\$2,085,500	\$11,395,500
	\$9,950,000	\$2,740,000	\$2,715,500	\$15,405,500

Decision Package expenditure, FTE and revenue assumptions, calculations and details:

See the attached cost model for details, including a breakout of the sustainability and expansion components of the request. Staffing costs are included in the cost model attached, and the FTE details are listed below.

FTE, Salary and Benefits:

Additional staff will be needed each fiscal year to support high-quality implementation of home visiting services and specifically cultivate relationships with state and local partners. In the TANF Home Visiting partnership, it has been critical to have a team member at DCYF where a portion of their position is focused on facilitating relationships between the state and local offices. This has been critical to ensure that there is translation of field or agency specific language, consistent communications, and following up on partnership issues that arise. This partnership has been sought out by many states as well as Center for Law and Social Policy (CLASP), the National Center for Children in Poverty and the National Governor's Association.

1.0 FTE costing \$101,250 in salaries and benefits in each of fiscal years 2019-2021.

Duties of these FTE are as follows:

- A program specialist (PS5) added in fiscal year 2019 will be responsible for contracts administration and management (including on-site monitoring and reporting). This position will have two primary functions, developing and supporting relationships between the state and local children's administration offices and contract monitoring. This position will carry a caseload of approximately 12-15 contracted organizations (about 500 slots), consistent with other program specialists. This caseload is necessary to adhere to the intensive monitoring and reporting requirements of the various funding sources. Evidence-based home visiting services funded by multiple sources require careful monitoring to ensure compliance with each unique funding requirement.

Personal Service Contracts:

See the attached cost model for projected slot costs and assumptions broken out by fiscal year.

- \$75,000 for an evaluation contractor to implement aligned state benchmark measures, provide intensive data quality supports for programs (including remote and in-person training, coaching and consultation), manage all home visiting service data, link home visiting data to the

administrative data set, and conduct further evaluation design necessary to advance evidence of effectiveness for promising home visiting models.

- \$75,000 to continue adding capacity development in vulnerable communities, which often have the least readiness to implement an evidence-based home visiting program. Over the past three years, the program has increased evidence-based home visiting in Walla Walla, Lewis, Grays Harbor, Adams, and Okanogan counties. These funds will add home visiting capacity in additional rural and Tribal communities as well as support data-driven quality improvement for organizations providing home visiting services.

Goods and Services:

- \$1,875 for FTE-related goods and services (including communications, supplies, employee development and training) in each of fiscal years 2019-2021.

Travel:

- \$3,600 for standard FTE travel costs, assuming the average travel costs for 1.0 in each of fiscal years 2019-2021.

Equipment:

- A \$6,000 one-time expenditure in fiscal year 2019 for necessary office furniture and equipment for the 1.0 new FTE. Ongoing FTEs receive equipment once, in the first year of service.

Client Services Contracts:

- ***Maintain Home Visiting Services for 1,500 Families***

Due to a funding process that has inequitably distributed funds to home visiting programs over time, DCYF is requesting \$500,000 for programs originally funded between 2010 and 2012. *See the package description for the model of projected slot costs.*

- ***Expand Home Visiting Services for 275 Families***

DCYF is requesting to expand capacity for home visiting services by \$1.5 million to continue increase access to high-quality home visiting for vulnerable families. This investment will increase the current state investment by just over 60 percent. DCYF continues to explore innovative financing strategies, however federal investment in home visiting through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program has plateaued and even decreased due to federal sequestration over the past four years. While federal reauthorization seems promising, most congressional proposals have been to provide stable funding for the next five years. DCYF is requesting \$1,500,000 to expand capacity of high-quality home visiting for vulnerable families. DCYF currently invests 90 percent of direct service dollars to support evidence-based programs, however, DCYF also funds promising and research-based practices. DCYF estimates that by funding a range of communities and models, the expanded funds will reach 275 more families.

Intra-agency reimbursements:

- \$36,754 in each of fiscal years 2019-21 for indirect costs for agency administration and central services, calculated at 36.3 percent of direct salaries and benefits ($\$101,250 \times 36.3\% = \$36,754$).

This is for administration and management of the department including governance, executive management, fiscal operations, human resources, communications and outreach, government relations and agency information technology services. It is also for agency central services including space and utilities, data processing fees, and other mandatory charges for other services.

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

- Parents as Teachers model: Higher rates of kindergarten readiness and a reduction in gross motor delays.
- Nurse-Family Partnership model: Fewer emergency room visits due to acute injury, and increased rates of breastfeeding.
- Parent Child Home Program model: Reduced special education caseload, improved positive parenting practices and increased early literacy rates.
- Family Spirit model: Reduced maternal depression and drug use and improved parenting knowledge and attitudes about self-efficacy and safety.

Performance Measure detail:

1. Percent of infants among mothers who enrolled in home visiting at or before delivery who breastfed any amount at six months. Our goal is that 64 percent of women enrolled breastfeed their children through six months of age.
2. Percent of primary caregivers enrolled in HV who are screened for depression using a validated tool within three months enrollment. In 2015, 80 percent of mothers in home visiting were screened for depression within three months of enrollment. Our goal is to increase this to 85 percent of caregivers enrolled in home visiting by 2018.
3. Percent of children enrolled in HV with investigated cases of maltreatment following enrollment. This is a new measure, no baseline yet established.
4. Percent of primary caregivers enrolled in HV who receive an observation of caregiver interaction using a validated tool. Our goal is that 80 percent of parents receive an observation of caregiver interaction during the first six months of enrollment.
5. Percent of children enrolled in HV with a timely screen for developmental delays using a validated parent-completed tool. Our goal is that 90 percent of children are screened for developmental delays using a validated parent-completed tool within six months of birth if enrolled prenatally or six months post-enrollment if enrolled post-partum.
6. The percentage of children enrolled in home visiting who score at grade level on six out of six domains on the WAKIDS assessment completed at Kindergarten enrollment. This is a new measure, no baseline yet established.

Fully describe and quantify expected impacts on state residents and specific populations served.

Specific populations include low income and vulnerable pregnant women and families with children birth through age five (prioritizing prenatal through age three). This population will receive maximum benefit from the home visiting services to impact the domains listed above.

In 2015, the Department of Early Learning (DEL) examined a county-level eligible population, existing home visiting capacity, and prevalence of outcomes of interest for home visiting programs. This analysis revealed only five counties currently serving greater than 15 percent of low-income, age eligible children and families who are likely to participate in early childhood home visiting. While DEL does not see

scaling home visiting to all eligible, low-income (families at less than 200 percent of the federal poverty level) as the goal, the analysis to date has limited capacity to refine the unmet need. To improve our capacity to target services, there are several layers of information and data to improve targeted services.

Additionally, the Department of Health recently conducted an in-depth needs assessment to guide distribution of the requested funding based on risk, need and community-capacity. With expanded funding, DCYF will utilize the needs assessment to prioritize the funding streams. Finally, DCYF is working with the Research and Data Analysis unit at the Department of Social and Health Services to conduct an “Infants at Risk Study” to examine birth certificates and examine the risk factors associated with infant mortality, child welfare involvement, participation in early intervention services, and kindergarten readiness. The study will examine characteristics of the child and mother to create a predictive model of which characteristics tend to be associated with child outcomes. This information combined with the community risk data will allow DCYF and local home visiting programs to target expanded home visiting services to the highest-risk communities and individuals in that community based on the results of both analyses. As more slots are offered, DCYF and Thrive will work with local home visiting programs to establish referral partnerships with organizations most connected with the families and children that are most at risk and support engagement strategies to engage and retain families in the high-quality home visiting services.

What are other important connections or impacts related to this proposal?

Impact(s) To:		Identify / Explanation
Regional/County impacts?	Yes	Identify: Funds for expanded home visiting services will be available for Tribal, county and local governments/organizations to apply for through an HVSA designed competitive process.
Other local gov’t impacts?	Yes	Identify: Funds for expanded home visiting services will be available for Tribal, county and local governments/organizations to apply for through an HVSA designed competitive process.
Tribal gov’t impacts?	Yes	Identify: Funds for expanded home visiting services will be available for Tribal, county and local governments/organizations to apply for through an HVSA designed competitive process.
Other state agency impacts?	No	Identify:
Responds to specific task force, report, mandate or exec order?	No	Identify:
Does request contain a	No	Identify:

compensation change?		
Does request require a change to a collective bargaining agreement?	No	Identify:
Facility/workplace needs or impacts?	No	Identify:
Capital Budget Impacts?	No	Identify:
Is change required to existing statutes, rules or contracts?	No	Identify:
Is the request related to or a result of litigation?	No	Identify lawsuit (please consult with Attorney General's Office):
Is the request related to Puget Sound recovery?	No	If yes, see budget instructions Section 14.4 for additional instructions
Identify other important connections		

Please provide a detailed discussion of connections/impacts identified above. How have families, providers, and communities of color within the early learning system been involved in the planning and implementation of this proposal?

Home visiting services at the community level are provided through various organizations, including County Government, Local Health Jurisdictions, and Tribes, as well as non-profits and other community-based organizations. Home visiting services within these jurisdictions compliment the array of services available for high-risk families during a critical time period for child and family development.

What alternatives were explored by the agency and why was this option chosen?

DCYF continues to explore innovative financing strategies, including Medicaid, local partnerships and other federal revenue streams. Specifically, the agency continues to work with Health Care Authority to determine if there are any viable pathways within Medicaid to expand home visiting services. Federal investment in home visiting through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program has plateaued and even decreased due to federal sequestration over the past four years. While federal reauthorization seems promising, most congressional proposals have been to provide stable funding for the next five years.

What are the consequences of not funding this request?

Not funding this request will lead to continued instability of staffing and services in many of our strong, existing home visiting communities and will not allow for 275 families to gain access these important and effective services. Home visiting is a key strategy in children reaching kindergarten ready to succeed it provides families with information and tools to support healthy development, and mitigate stress that

can be toxic for children developing their foundational brain architecture. The program will continue to reach fewer than 10 percent of eligible families and children who need and would likely participate in these services. The 90 percent of children who go unserved will not enter kindergarten ready to learn at grade level and their families will not receive the tools to support healthy development and mitigate toxic stress.

How has or can the agency address the issue or need in its current appropriation level?

Over the last several years, the department has been active in engaging a variety of funding sources to maintain and expand home visiting services. Unfortunately, those sources (such as TANF funding) are in a constant state of change and often come with highly specialized rules for implementation. The most flexible and strategic option is General Fund-State funding, which would allow us to be more versatile in responding to community needs as the program develops.

Other supporting materials:

- TANF and the First Year of Life – Making a Difference in a Pivotal Moment
- DSHS RDA Research Report of the initial progress TANF Home Visiting Partnership

Information technology:

- No
- Yes