Like so many other things in our world right now, this year’s All Home Visiting Services Account (HVSA) meeting will be looking a little different this year.

We’ve pared down and gone virtual this time – and bolstered in part by the survey responses, we’ve put together a pretty comprehensive agenda, in a shortened period of time, understanding that no one can handle staring at a computer screen for too long.

Our hope is that you will find it as an opportunity for supervisors and home visitors to feel re-charged, held and supported, incorporate self-care and mindfulness and a time well utilized.

Since it is a virtual, it also means that it is not limited in attendance. If you see something on the agenda that might be of interest, feel free to attend or extend the invitation to home visitors or others on your team.

On Wednesday, May 6, our focus will be on logistics and contracts, as well as an evaluation of our current situation.

HAPINESS CAN BE FOUND, EVEN IN THE DARKEST OF TIMES, IF ONE ONLY REMEMBERS TO TURN ON THE LIGHT.

-Albus Dumbledore

Continued on page 2
On Thursday, May 7, we will have an emphasis on professional development as well as some information on the past year.

We will release the full agenda a week prior to the event, so that you can thoughtfully plan for which staff would be best suited to attend sessions/days.

We hope that you find this time to be helpful, engaging and a chance to interact with your peers as we continue to adapt to our current situation.

Survey Help: Please take this quick, two question survey regarding your interest in participating in a Prevention Services Reporting System (PSRS) training webinar. The survey closes on May 8. We appreciate your feedback!

PSRS Tip: Having trouble completing the monthly or quarterly reports in the Prevention Services Reporting System (PSRS)? Check out the PSRS User Guide for helpful information on how to complete monthly and quarterly reports. Always feel free to email homevisiting@dcyf.wa.gov or contact Grace Edwards, Home Visiting Program Analyst, at 564-999-0683 with any questions.

Mindful Self Compassion: the Brazelton Touchpoints Center, the Center for Child and Family Well-being at the University of Washington and the Center for Mindful Self-Compassion have teamed up for a three-part webinar series that will introduce families and family-facing providers to mindful self-compassion (MSC) practices to help them care for themselves and each other. Find out more information here.

Supporting Mental Health in COVID-19 Webinar Recording

During this uncertain time, mental health is more important than ever for all of us – especially families that may be experiencing increased social or financial stress. At the same time, keeping each other safe means not meeting face-to-face, which can often feel like such an important part of supporting mental health. We were fortunate to partner with Mia Edidin from Perinatal Support Washington to offer a webinar focused on supporting family mental health during this time of COVID-19. If you were unable to attend, or want to listen again here is the recording - Supporting Mental Health in COVID-19 Webinar Recording.

• Making sense of common emotional responses to fear, stress, and crisis
• Supporting family mental health and wellness virtually
• Virtual PHQ-9 screening and response
• Information on virtual mental health resources
• Supporting our own mental health and wellness
Remotely Supporting Survivors During COVID-19

Do you have questions about remotely supporting survivors and their families during COVID? Home visitors can be a lifeline to a survivor of domestic violence and their children.

Join us and learn about new Federal recommendations regarding IPV screening, virtual CUES and practical strategies for connecting with local domestic violence advocacy programs and virtual safer planning for families.

This webinar will be hosted by: Rebecca Levenson, Former Senior Policy Analyst, Futures Without Violence, co-author of Healthy Moms, Happy Babies curriculum and Cards, and CUES; and Leigh Hofheimer, Program Coordinator, WSCADV.

The webinar is set for Thursday, April 30, 12-1:30 p.m.. Register here.

A New Face for Home Visiting

Home Visitors across the state and across the nation are finding ways to make things work for their families.

Karen Nevarez (pictured left), a Parent Educator at Columbia Basin Health Association completes a virtual visit with her family. Visits may look and sound a bit different these days, but the heart of the message remains the same.

Thank you for all your work, and your flexibility and adaptability during this tumultuous time.

You are all rock stars!

HVSA Annual Report: We are excited to release the 2019 HVSA Annual Report. This report looks at data for the HVSA from State Fiscal Year 2019 (July 1, 2018 – June 30, 2019). We hope you enjoy reading about all the great work of the HVSA LIAs!

Zero to Three Resources

Anyone engaging with infants and toddlers knows right now is a tough time. Zero to Three has resources to help during this stressful time for the whole early childhood community. There are webinars on Addressing Abuse and Neglect during COVID-19, Mindfulness Breaks, Professional Development and online classes.

Find more information here.
April CQI Spotlight

Changing CQI during COVID-19

Thank you for your patience as we considered how to move forward with CQI given the significant disruptions to typical ways of serving families. The current CQI Learning Collaboratives will pause through the end of SFY20, with the intention of resuming projects on Family Retention and Caregiver Depression next fiscal year. This pause will allow us to shift our CQI focus on supporting (and learning from) rapid adaptations, innovations, and challenges you are managing through the COVID-19 pandemic. What this pause means:

- Previous PDSA and Data Trackers will not be due for March, April, May or June (or the Story Board due in July).
- Instead, programs will submit a COVID CQI Log to document current strategies/changes in practice (see below) for April, May and June activities. The March PDSA deliverable was waived.
- Feel free to include as many examples of COVID-19-related PDSA changes/strategies as you’d like.
- CQI Webinars will continue, but will focus on emerging topics and not be limited to family engagement or caregiver depression.
- CQI Learning Collaboratives will resume in SFY21.

If you have any questions please reach out to Elisa Waidelich – ewaidelich@ounceofprevention.org.

*COVID PDSA Reporting (April – June 2020)*

Programs are demonstrating immense creativity, innovation and resilience right now - PDSAs are happening every day related to virtual visits, family and team supports, screenings/assessments, mental health, etc. We want to capture what we’re learning, what’s going well and where there may be room for improvement. Instead of submitting the monthly PDSA report and topic Data Trackers, HVSA programs will use the COVID PDSA Log to document and reflect on the various strategies/changes/adaptations implemented in response to COVID-19. This log was provided to you in the form of an excel spreadsheet.

- The COVID PDSA Log will be submitted each month (beginning May 20) in place of usual CQI reporting. Please submit these logs to Elisa at ewaidelich@ounceofprevention.org and cc your DCYF Program Specialist.
- This is not topic specific (though you may continue to focus on Family Retention or Caregiver Depression)
- Please keep your notes specific but brief – just a sentence or two.

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<tr>
<th>Topic</th>
<th>Date</th>
<th>(Plan) Brief description of change/strategy</th>
<th>(Do) What successes or challenges did you experience?</th>
<th>(Study) What did you learn?</th>
<th>(Act) Next steps</th>
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CQI Webinars: We will continue to host CQI webinars – but instead of being topic-specific, we will offer two webinars each month to explore group learning, and you can choose the time that works best for you. We will use the April CQI webinars to review this new approach and think about what CQI might look like right now.

Examples of COVID PDSAs:
• Virtual Visits: Taking baby steps with virtual visits (letting families decide when comfortable to turn on video), acknowledging that virtual visits may feel awkward and ask family’s help to make it successful, dropping off or sending visit materials ahead of time, creating video resources for families
• Team Support: Creating a buddy system, daily team huddles, group texts/chats to send updates throughout the day, reflecting on gratitude
• Mental Health: Helping clients create a wellness plan for the current situation, virtual mindfulness/meditation/movement resources

SFY21 Contracts

It’s hard to imagine that in the midst of all the flurry and change of these weeks, we need to look forward to next year! Here is a brief summary of how we will be building contracts for the next state fiscal year (SFY21).

Process:
• SFY21 contracts will actually be amendments to your SFY20 contracts. These will require the same routing and signature requirements as new contracts, but potentially streamline some of DCYF internal processing to help speed them through approvals.

• We understand that many of you will have unanticipated underspend this year due to COVID-19; unfortunately, we do not have the spending authority to enable you to carry forward those funds into the next fiscal year.

• PCQs and FY21 Budget templates have gone out. You should have received your customized form (if not, please contact your program specialist). We reduced some of the questions to make it a bit easier for you, and we know the budget will take some time. The deadline for submission (in the excel template you are provided) is May 18.

• We’ve been able to pull together very modest budget increases. These small increases likely will not match your experienced program cost increases, but they represent your new annual budget allocation moving forward. There are no caseload expectations with the budget changes. For some of you, the increase may represent a new fund source to track expenditures. Please work with your program specialist for more specifics.

• You will work with your program specialist to negotiate your budget and contracts in June, with the anticipated execution date of July 1.

Statement of Work Updates:
• We do not anticipate any major changes in the statements of work.

• Of course, we will recognize the transition from Thrive to the Ounce WA!

• We will continue our CQI Learning Collaboratives with the same topics as this year - Family Retention and Caregiver Depression.

• Data collection expectations remain the same.

• Performance based contracting milestones will remain the same, with some updates for PAT and portfolio programs – because of our interrupted planning this year, next year’s milestones will likely be related to planning for and identifying our program outcomes to be monitored.

• ***More info on this at the All HVSA meeting***
Early Language and Literacy

Reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy and social-emotional skills that last a lifetime. Reading aloud with young children is one of the most effective ways to expose them to enriched language and to encourage specific early literacy skills needed to promote school readiness. Indeed, early, regular parent-child reading may be an epigenetic factor associated with later reading success. Yet, every year, more than 1 in 3 American children start kindergarten without the language skills they need to learn to read. Reading proficiency by the third grade is the most important predictor of high school graduation and career success. Approximately two-thirds of children each year in the United States and 80% of those living below the poverty threshold fail to develop reading proficiency by the end of the third grade. Children from low-income families hear fewer words in early childhood and know fewer words by 3 years of age than do children from more advantaged families. Children from low-income families have fewer literacy resources within the home, are less likely to be read to regularly and are more likely to experience early childhood adversity and toxic stress at an early age, all resulting in a significant learning disadvantage, even before they have access to early preschool interventions.

The 2011–2012 National Survey of Children’s Health found that 60% of American children from birth to 5 years of age from families whose incomes were 400% of the federal poverty threshold or greater were read to daily, and only 34% of children from families whose incomes were below 100% of the poverty threshold were read to daily. These numbers indicate that, even in higher-income families, many children do not experience the enhanced engagement and language-rich parent-child interactions, including book handling, print exposure and other early literacy experiences, afforded by daily shared reading. All families face issues of limited time, limited parental understanding of the key role of reading aloud and competition for the child’s interest and attention from other sources of entertainment, such as electronic media. In contrast to often either passive or solitary electronic media exposure, parents reading with young children is a very personal and nurturing experience that promotes parent-child interaction, social-emotional development and language and literacy skills during this critical period of early brain and child development.

https://pediatrics.aappublications.org/content/134/2/404

Measuring Performance
All home visiting programs that receive funding through the HVSA are required to assess early language and literacy activities. This measure assesses the frequency of activities provided to the child. Although this measure may be collected at multiple data collection intervals, the data collection time point completed closest to the end of the reporting period is the response used for reporting on the measures. In order to meet this measure, respondents must indicate that in a typical week a caregiver provided one of the indicated literacy activities with the child every day. Any combination of the indicated
activities over the week by any family member meet the criteria for this measure, and as long as these activities are completed by a family member it can be a different family member day to day.

How are we doing?
Of the 2,362 children eligible for this measure in SFY 2019, 1,897 (80.3%) were reported by caregivers to have received literacy activities every day of the week during a typical week. As shown in Figure 1 below, performance on this measure for SFY20 (as of April 1, 2020) is currently remaining consistent with performance from SFY19. Those who are missing (mostly attributable to missing surveys) are cases that are currently eligible for assessment for early language and literacy activity (unless they have exited the program) and have not yet responded in SFY20.

Figure 2 provides a distribution of the responses from caregivers in number of days to the question “In a typical week, how many days do you, or a family member, read, tell stories and/or sing songs with the child?”

There is still time to improve both performance and missing data for this measure in SFY20! Data for this measure will be collected through 6/30/2020. As mentioned above, the last response to the question is used to calculate the measure, so if your client does not currently complete literacy activities with their child every day, continue to encourage this activity and you can reassess towards the end of SFY20.

Need a refresher on how to enter early language and literacy activities into your data system? Please follow the links for step-by-step instructions on how to enter into Visit Tracker and where to record data on NFP forms.
MINORITY HEALTH DISPARITIES ARE A NATIONAL CRISIS

Minority populations disproportionately experience poor outcomes related to key national health indicators. These disparities respond to persistent inequities in care and access, social and economic factors, and the enduring effects of structural racism.

INFANT HEALTH

• Black babies die at more than twice the rate of white babies
• American Indian/Alaska Native and Black babies are more than 2X as likely to die from sleep-related deaths as white babies
• Black, American Indian/Alaska Native, Native Hawaiian/ Pacific Islander and Hispanic babies all die at a higher rate than white babies

source: https://www.cdc.gov/reproductivehealth/maternal-infant-health/intramortality.htm
https://www.cdc.gov/infant-death.htm

MATERNAL HEALTH

Black and American Indian/Alaska Native women are 2-3X more likely to die from pregnancy-related causes than white women.

source: https://www.cdc.gov/reproductivehealth/maternal-infant-health/intramortality.htm

CHILDHOOD OBESITY RATES

American Indian/Alaska Native
Non-Hispanic Black
Hispanic
White

0% 10% 20% 30% 40%

source: https://pediatrics.aappublications.org/content/141/1/e20173865

CHILDHOOD ASTHMA

In 2015, African American children had a death rate 10X higher than non-Hispanic white children.

source: https://www.aafa.org/about-aafa/news-releases/black-children-asthma

It’s National Minority Health Month

Minority populations disproportionately experience poor outcomes related to key national health indicators. These persistent disparities respond to inequities in care and access, social and economic factors and the enduring effects of structural racism, prejudice, and discrimination. The COVID-19 pandemic has starkly illustrated these inequities, which makes honoring National Minority Health month more important now than ever.

The National Institute for Children’s Health Quality has three webinars available for viewing:
• Addressing implicit bias
• Learning from programs that successfully moved the needle on health equity
• Applying a racial equity lens to health improvement initiatives

Erikson Institute is currently accepting applications for their Infant and Early Childhood Mental Health Certificate Program

The Infant and Early Childhood Mental Health Certificate Program is designed for experienced practitioners who want to enhance their practice with an infant mental health lens. This online program is designed for clinicians and child development professionals from a variety of different disciplines. Coursework focuses on supporting the healthy social and emotional development of infants and young children through supporting the parent child relationship. If you want to enhance your skills in working with parents and young children this program is for you. There are scholarships and the program qualifies for additional financial support through federal financial aid.

For more information and to complete an online application please visit https://www.erikson.edu/graduate-education/graduate-certificates/infant-early-childhood-mental-health-certificate-program/
Listening Sessions

Are you interested in talking about your experience with home visiting amidst COVID19 in a safe space and not be given advice? We are holding a series of Listening Sessions on Zoom and will provide separate sessions for home visitors and for supervisors. It is a place to put your feelings and an opportunity to provide non-judgmental, respectful listening and containment for each other, just like the containment that you provide for the families that you serve. See below for sign up schedules.

Ounce Washington

Virtual Listening Sessions for Home Visiting Staff

YOU ARE INVITED!

Have you slowed down today to take a breath and acknowledge how you are feeling, processing and adapting to this new way of supporting families amidst Covid19? Join us as we come together as a home visiting community, to share and listen to each other's personal or professional feelings and experiences in a safe space.

Please click on the time you would like to attend to register
*Please note we’ll be having separate groups for Home Visitors and Supervisors to join

Upcoming Sessions
*Each group will be capped at 20 people

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For questions please contact homevisitingwa@ounceofprevention.org

Free Online YALE Course on Wellbeing: Yale is offering its online class on the Science of Wellbeing for free during this time. To register, click on this link: https://www.coursera.org/learn/the-science-of-well-being
DCYF and Cooper House are partnering to bring you and your team members a new opportunity to support your FAN practices: Free Quarterly Booster Trainings. These remote Zoom trainings will provide refreshers on key FAN concepts, while connecting you with other FAN-trained home visitors and supervisors throughout our state.

Our first Booster Session is scheduled for May 1, 1-3 p.m. and will focus on Collaborative Exploration. Plans for this session have been in the works for some time, but we think FAN practices such as these are especially helpful during this time of COVID-19 and tele visits.

Register now!

We hope you’ll be joining us for the FAN booster training!

Rapid Response: The Institute for Family Support Professionals, through the The Rapid Response-Virtual Home Visiting collaborative (RR-VHV) has put together some great webinars and resources for home visitors during the COVID-19 pandemic. These resources will provide best practice principles and strategies to support all home visiting professionals in maintaining meaningful connection with families during this time of increased anxiety and need. You can register for future webinars, or view previous webinars here.


DCYF’s Family Support Programs division has developed a resource guide to help parents and caregivers navigate the COVID-19 pandemic. This work was done in recognition of the increased demands for parents during this time.

The new Washington State Resource Guide for Parents and Caregivers: Caring for Your Family During COVID-19 is a compilation of information and resources to help bolster the incredible resiliency of parents and families. We encourage you to share this with our families and/or hope you find it useful yourself.

DCYF recognizes the challenges parents and caregivers are experiencing during this unprecedented time. Many parents and caregivers are carrying the burden of school closures and limited child care availability, all while facing their usual work schedules, working from home or job loss.

The resources in this guide are intended to help parents, caregivers and their families understand, manage and respond to the stress and uncertainty of an infectious disease outbreak. These are unique circumstances for families in Washington and around the world. We are working to ensure parents in our state have the resources they need to be successful and strong.

This resource guide is organized in the widely used and accepted Protective Factors framework that outlines five areas of focus for parent, child and family well-being. It was inspired by the voices, stories and strengths of families and communities in Washington and Prevent Child Abuse partners across the country. We are in this together.
WHAT IS COVID-19?

AND HOW DOES IT RELATE TO CHILD DEVELOPMENT?

Doctors first discovered coronavirus disease 2019 (COVID-19) at the end of 2019. It is an illness related to the lungs. It’s caused by a virus that can spread quickly from person to person and can be picked up from surfaces. In some people, it can be severe, leading to pneumonia or even death. Since COVID-19 is new, there is no cure or vaccine for it at this time.

Source: CDC

Illustration of coronavirus, magnified

PROTECTING AGAINST INFECTION AND TOXIC STRESS

Losing a job would be stressful normally. So would having to homeschool at the drop of a hat. But these things are even more stressful when there’s a dangerous virus in the world. It’s important for all of us to stay away from others physically. This will help keep the virus from spreading in our communities. But it’s also very important to stay connected to people we care about. This is true for children and adults.

Video chatting with a friend or loved one is a good example. Or saying ‘hello’ to a neighbor who’s more than six feet away. These connections can make the stress feel easier to bear.

Taking a minute to close your eyes and breathe in and out can also help. That’s because slow breathing tells your body’s stress system to ease up a bit. This can help you respond better at even the most difficult times.

When we as adults feel better, it can help us connect better with the children we care for. This connection can help protect all of us, adults and kids, from the effects of stress. It also supports kids’ healthy growth.

A worldwide virus is a stressful time for everyone. But the stress gets worse for those who were already dealing with things like poverty, racism, or violence. There are still resources that can help in these challenging times: crisis hotlines, food banks, and relief funds. There is no shame in seeking help if you need it.

SUPPORTING FAMILIES THROUGH THE CRISIS, AND BEYOND

We all want to build up the long-term wellbeing of children and families in our communities. That’s why we as a society need to support responsive caregiving everywhere. This includes caregiving in homes, schools, and childcare centers. Together, this will allow us to weather whatever storms we come up against, now or in the future.

For more information: https://developingchild.harvard.edu/covid19

Center on the Developing Child

Harvard University

Food & Housing Security
Quality, Affordable Healthcare
Responsive, Dependable Childcare