

**Home Visiting Advisory Committee Recommendations
To the Washington State Legislature and the
Department of Children, Youth, and Families
(In Response to Legislative Proviso)**

June 8, 2022

INTRODUCTION

Home visiting programs offer a range of services for expectant parents and families with newborns and with young children. These services nurture the attachment between parent and child and enrich parent's capacity to support the physical, social, and emotional development of their children. Home visiting programs have a proven local and national track record of helping deliver better outcomes for children and families. As a result, the State of Washington has made a deep, sustained, and growing commitment to supporting a range of home visiting programs across the state.

In 2010, the Washington state legislature established the Home Visiting Services Account (HVSA). This coincided with the federal government creation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program which provided funding for states to support home visiting. Since then, the HVSA has grown from funding four programs serving 120 families to 44 programs with the capacity to serve approximately 2,800 families statewide¹. Another estimated 6,000 additional families are served through home visiting programs not funded by the HVSA.

To help ensure that programs are suited to the needs of diverse local communities and providers, the state has adopted a "portfolio" approach, funding nine different models of service through the HVSA. (See the Overarching recommendation below.) The nine HVSA-funded models are delivered by more than 40 public and private local implementing agencies (LIAs), each having different levels of organizational capacity and resources. Many of these local home visiting programs are supported by additional funders (federal, state, local, and private), each with their own operational, evaluation, and reporting requirements.

The HVSA-funded services also operate within the context of the larger home visiting system in Washington State. Additional services for thousands of families are supported by non-HVSA resources, enabling providers to use even more models and work across more communities. As a result, supporting the current and future HVSA-funded programs requires deliberate attention to all of the underlying and overlapping systems that enable these programs to succeed, including training and development for the diverse workforce; understanding the technology, reporting and data needs; and ensuring that any funding for home visiting recognizes the true cost of supporting such a diverse set of program models, providers, and communities. HVAC hopes that many of the following recommendations will, when possible, go beyond the programs funded through HVSA and support the larger field of home visiting in Washington State.

In 2021 the Washington State Legislature adopted a budget proviso that recognized the importance of these complexities for the current home visiting system and for potential future expansion. That proviso language requested the Home Visiting Advisory Committee (HVAC) to: "...make recommendations to the department and the legislature by June 1, 2022, containing strategies for supporting home visiting providers and serving additional families." HVAC was asked to consider how best to enhance data system collections and reporting, support professional development, and assess the need for rate adjustments to reimburse for the true cost of service delivery.

In response to the proviso, HVAC members discussed these recommendations as a full group seven times between September 2021 and May 2022, held numerous sub-committee meetings, and participated in a meeting with representatives from numerous local implementing agencies (LIAs). It should be noted that HVAC did not have an opportunity to engage with providers outside of HVSA to gather feedback.

These recommendations build upon previous reports and studies and celebrate the success of the existing home visiting system. HVAC is confident that these foundations create an opportunity to further strengthen and effectively expand home visiting services for all families. In addition to the community voices that shaped these recommendations, HVAC's work was informed by shared equity-driven valuesⁱⁱ and the 10-year Plan to Dismantle Povertyⁱⁱⁱ published by Washington State. Finally, these recommendations were developed recognizing that COVID-19 and systemic racism are dual crises that disproportionately impact Black, Indigenous, and People of Color (BIPOC)^{iv}. HVAC is committed to seeing that state revenues are allocated to balance power, undo structural racism, promote social, racial and health equity and invest in communities disproportionately affected by health and education inequities.

SUMMARY OF RECOMMENDATIONS

OVERARCHING (Page 6)

Recommendation #1 – Community Supported Portfolio Approach: The Department of Children, Youth, and Families (DCYF) and the Washington State Legislature should continue to ensure that the selection of home visiting providers and home visiting models, decisions about technical assistance and training, and the design and operations of services are completed with deep community engagement processes that elevate community and parent voices. Additionally, DCYF should develop a framework for the selection and adoption of home visiting models within the HVSA portfolio that prioritizes investing in rural-serving organizations and BIPOC-led organizations and includes investment in the supports needed for technical assistance and evaluation of both new and existing home visiting models.

WORKFORCE DEVELOPMENT (Page 8)

Recommendation #1 - Wages: DCYF should develop an approach to raising wages across the field which also intentionally redresses: a) racial wage inequities in the system and b) positional wage disparities (i.e., disparities between home visitors and supervisors) in the system.

Recommendation #2 – Access to Professional Development: Increase HVSA training and professional development to ensure a workforce that can address the full range of needs of Washington families.

Recommendation #3 – Workforce Recruitment: Develop infrastructure to recruit and retain a workforce that is representative of communities and families served through the HVSA.

Recommendation #4 – Workplace Well-Being: Invest more deeply in resources that advance organizational and systems changes to support the mental health, well-being, and retention of a diverse home visiting workforce.

Recommendation #5 – Workforce Engagement: Provide time and resources needed to equitably implement policies that elevate the experience and voices of communities, families, the home visiting workforce, LIA's, and model developers.

TRUE COST OF SERVICE (Page 17)

Recommendation #1 – LIA Funding Adjustments: The State of Washington should commit to a funding strategy that builds in regular adjustments for all programs to ensure equity and sustainability.

Recommendation #2 – Cost Study: The cost study work underway at DCYF should inform the development of a customizable, community-driven cost model within the next 12 months.

Recommendation #3 – Stakeholder Engagement in Cost Study: DCYF should continuously consult HVAC members and home visiting service providers throughout the cost study to ensure that the design and implementation of the HVSA funding approach is centered on community interests.

DATA ENHANCEMENT (Page 22)

Recommendation #1 – Align Data Requirements: DCYF should improve reporting efficiency by working across LIAs, models, and funders to align data collection and reporting requirements and minimize inefficiencies.

Recommendation #2 - Increase Capacity to Manage/Use Data: DCYF should enhance data-informed program improvement and advocacy by building data reporting, data analysis and data use capacity across the HVSA.

Recommendation #3 – Data Infrastructure Plan: DCYF should develop a long-term data infrastructure plan for the HVSA.

NOTE: The key below describes the icons used in the following Recommendations section

SYMBOL KEY

| <i>Estimated Budgetary Impact</i> | X | \$ | \$\$ | \$\$\$ |
|-----------------------------------|-----------|--------------------------|---------------------------------------|----------------------------|
| | No Impact | Low (Up to \$250,000) | Moderate (\$250,000 - \$1,000,000) | High (Over \$1,000,000) |

| <i>Estimated Timeline</i> |  |  |  |  |
|---------------------------|---|---|---|---|
| | Immediate This fiscal year (SFY 2023) | Short-Term Next fiscal year (FY 2024) | Medium-Term Fiscal Years 2025-2026 | Long-Term Beyond Fiscal Year 2026 |

Overarching Recommendations

Background Context

The HVSA is committed to a portfolio approach that includes a range of models, programs, and providers, to ensure home visiting will meet the needs of diverse communities and populations. Currently, the nine models the HVSA supports for delivering home visiting services vary significantly, including on factors such as purpose and primary focus of the program, intended participant population, staff who delivers the program, and the intensity (dosage and duration), of the home visit services. However, all of the models share a common focus on building caregiver and child capacity and promoting the healthy development of the child and parent-child attachment.

RECOMMENDATIONS

Recommendation #1 – Community Supported Portfolio Approach: The Department of Children, Youth, and Families (DCYF) and the Washington State Legislature should continue to ensure that the selection of home visiting providers and models, decisions about technical assistance and training, and the design and operations of services are completed with deep community engagement processes that elevate community and parent voices. Additionally, DCYF should develop a framework for the selection and adoption of home visiting models within the HVSA portfolio that prioritizes investing in rural-serving organizations and BIPOC-led organizations and includes investment in the supports needed for technical assistance and evaluation of both new and existing home visiting models.

KEY STRATEGIES

- a. Ensure necessary funding and supports for processes that convene and engage communities, (also emphasized in Workforce recommendation #5).
- b. The framework for selection and adoption of models should include the defined outcomes for the HVSA, alignment with priority populations, data collection standards, and professional development and evaluation of the program outcomes.

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Rationale

Given the differences between the nine models and the existence of many other home visiting models, some evidence-based and others evidence-emergent, the models selected for a particular community should be a good match with that community's needs, interests, resources, and supports. Community-driven selection that elevates the voice of families is likely to result in a strong match between a community, families served, the provider, and the model. This will support more robust parent engagement, enhance an organization's ability to implement the model as intended, and increase a program's durability and impact within the community. Some communities already successfully utilize this type of engagement.

In considering model and provider selection, it is also important to create opportunities that prioritize investments in rural communities and organizations led by people of color to reverse longstanding disparities. The HVSA recognizes the underfunding of BIPOC-led organizations and traditional

competitive contracting processes are often detrimental to these organizations . The HVAC believes that underfunding BIPOC-led work has deep consequences not only for communities of color but for everyone. More support for BIPOC-led organizations serving BIPOC families can ensure better programs for the community as a whole and better outcomes for all children and families receiving home visiting services. Additionally, development of services for rural communities will require outreach and investments in local organizations to support their delivery of home visiting services.

The [2017](#) and [2020 Washington State Home Visiting Needs Assessment](#), and the [2019 Opportunities and Considerations for Expanding of Home Visiting Services in Washington](#), all indicate the need to prioritize BIPOC and rural communities. In 2012-2013 and again in 2015, the HVSA supported a [community-planning process to expand home visiting in rural communities](#), funded by federal MIECHV funds. This process informed by Implementation Science (the field of study that seeks to understand and support equitable implementation and the scale-up of effective practices in different settings) brought together stakeholders and parents to guide the selection of home visiting models. This process, however, was limited to two evidence-based models that are funded by the MIECHV in Washington. Future community-planning work should build from this effort, expanding on community and parent engagement for model selection.

Ensuring a strong community-centered approach requires intentional systems supports. For example, at this time, all home visiting programs have access to data supports, topic specific training, and professional development. However, significant effort is required to manage and support the data from all of the models. The HVSA also only provides home visiting model-specific supports for 3 of 9 models currently funded by the HVSA. Implementation Science should continue to guide and support the development of a portfolio framework, and the HVSA must commit infrastructure supports for all of the service models and organizations in its portfolio.

Authorizing Authority

No changes needed to support this recommendation.

Potential Budgetary Impact

Low-impact: Financial support for development and implementation of community-planning and portfolio framework.

Timeline

This must be an ongoing effort. Utilizing community planning processes necessarily impacts the timing of adoption and implementation of home visiting in communities, but it will support successful scale-up.

Workforce Recommendations

Background Context - Providing Home Visiting to Washington Families

Since the creation of the HVSA in 2010, the account has received incremental increases in funds through investments from multiple sources. These have come from federal MIECHV grants, state appropriations, dedicated Cannabis Account funds from Initiative 502 and a unique partnership **with the** Washington State Department of Health and Human Services that invests Temporary Assistance for Needy Families (TANF) funds to expand access to home visiting for very low-income families accessing or eligible for the TANF program. The increased investments have supported an expansion of access to high quality services for families. Additionally, the HVSA has received funding not only to increase the number of families served, but also to support innovative partnerships and quality improvement efforts, including a Region X grant in 2016 to address workforce recruitment and retention.^v

A current HVSA expansion is underway to serve an additional 350 families starting in SFY23, increasing the HVSA reach by more than 10%, including dedicated funding for families in tribal communities. Just as the home visiting field will need to grow to meet this increase in services, pandemic related workforce attrition and dramatic wage and hiring instability are happening across sectors statewide. Supporting Washington home visiting professionals and local implementing agencies has never been more critical, as evidenced by:

- **Current HVSA Workforce Feedback.** The past two years have seen higher than usual attrition among home visitors and unusually high supervisor attrition, including retirements predicted in the 2019 *Region X Workforce Study*.^{vi} During the November 2021 feedback sessions with approximately 100 home visiting supervisors and administrators, one quote summed up the field's stress: "Wages are a morale and retention issue." The top universal concerns expressed during these sessions, included:
 - Hiring challenges due to low pay,
 - training availability for new staff, and
 - the challenge of balancing working directly with families with the lack of time to access ongoing professional learning and development.
- **Historical Devaluing of Care Labor.** Positions in the early care and education sector are some of the lowest-wage occupations in the United States, due in part to the undervaluing of care labor which has historically been performed predominantly by people of color and women.^{vii} Within this underpaid workforce, Black, Indigenous, and People of Color (BIPOC) educators—who comprise nearly 40% of the workforce—experience significant disparities in pay.^{viii} Both of these systemic inequities occur in the Washington state home visiting workforce.

According to the *Region X Workforce Study*, the region's average hourly salary of home visitors (\$22.65) hovers near the living wage of \$23-27 per hour for one adult and child as calculated by an MIT study. Over half of home visitors in the region earned below that amount.^{ix} In Washington state, the gap between existing compensation and living wages showed that 49% of home visitors earned less than \$20 per hour.

The Workforce study also found that the BIPOC home visiting workforce makes \$1.35 less per hour than the white home visiting workforce, holding all other variables equal.

- **The Great Resignation.** In the wake of the COVID-19 pandemic, more than 33 million Americans left their jobs, the majority of which were low-wage workers in hospitality, retail, and healthcare

sectors. ^x This has resulted in a labor shortage that has been effectively leveraged to increase wages. ^{xi} While increased wages are a positive development for workers, home visiting providers observed that they are unable to maintain competitiveness with hospitality jobs now paying upwards of \$20/hour. A report released by the National Council on Nonprofits reported that “charitable nonprofits from across the country have reported significant difficulties retaining staff and filling vacancies in the last half of 2021, with nearly a quarter of respondents reporting a vacancy rate of 24%.” ^{xii} Salary competition was identified by 79% of respondents as the key barrier. Wages in the early childhood sector must increase in order to recruit and maintain a workforce.

- **Building an Anti-Racist Field.** Early childhood education is increasingly grappling with the systemic racism that shaped the field. ^{xiii} The *Region X Workforce Study* found that “home visitors and supervisors most commonly identified as white and of European origin; supervisors were more likely to be white than home visitors (78% vs. 62% respectively).” ^{xiv} The existing workforce is not reflective of Washington’s many communities.

A key strategy in beginning to dismantle these racist structures is ensuring that Black, Indigenous, and People of Color communities are served by professionals and organizations that are reflective of their communities. At the systems level, this means supporting the development of a well-compensated BIPOC workforce, investing in anti-racism training and the continued evolution of organizations combatting racism, and investing in BIPOC-led community-based organizations.

- **Training a Diverse Field Across Diverse Service Models.** The ability to add additional home visiting models will require broad systems enhancements, including a training infrastructure where all home visiting professionals have equitable access to model-based trainings and professional development opportunities that match the needs of individual families and communities served.

As a field, home visiting draws from many professional backgrounds to recruit staff. In addition, the range of specific home visiting models used nationally and in Washington, each requires its own intensive training to implement the model with fidelity. Together, this means that much of the home visiting workforce requires robust training post hire, as many practitioners do not enter the home visiting role with all of the skills needed to perform the scope of work.

The HVSA needs to expand its onboarding and training infrastructure that can prepare and retain a diverse workforce that enters the field with unique sets of strengths and pre-service skills. For example, in the Region X Study, the majority of home visitors (70%) and supervisors (90%) hold bachelor’s degrees or higher, though 40% of home visitors and 45% of supervisors hold degrees unrelated to the profession. ^{xv} While home visitors and supervisors rated themselves most confident in their knowledge of child and social-emotional development, they were least confident in supporting families with children with special needs and with culturally and linguistically responsive home visiting practices. Staff new to the field need access to trainings that align with core competencies, such as child development, two-generation services, and trauma-informed, healing-centered, approaches for serving families facing complex challenges.

The following HVAC Workforce and Professional Development Recommendations are designed to grow strong, vibrant home visiting services statewide, by redressing workforce development inequities across policies, systems, communities and professional development of the field. We are proud to present recommendations that give voice to the lived and worked experience of the field; that are grounded in

research; and that reflect the community organizations and state partners that support home visiting, including the HVAC Workforce Subcommittee and the HVAC as a whole.

RECOMMENDATIONS

Recommendation #1 - Wages: DCYF should develop an approach to raising wages across the field which also intentionally redresses: a) racial wage inequities in the system and b) positional wage disparities (i.e., disparities between home visitors and supervisors) in the system.

KEY STRATEGIES

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| <p>a. Conduct policy and costing research and analysis to inform potential strategies for raising wages in regions across the state.</p> <ul style="list-style-type: none"> ▪ Develop parameters for what is included in the definition(s) of living, competitive, and thriving compensation (i.e., housing, child care, benefits, etc.) ▪ Explore potential unintended consequences of wage increases (i.e. loss of access to public benefits, etc.) | \$ |  |
| <p>b. Partner with LIAs to co-create a wage increase strategy and compensation structures that is pro-equity. Define and understand the cost of “living wages,” “competitive wages,” and “thriving” wages and identify which will drive the approach in co-creating policy guidelines and compensation structures to implement increased wages in partnership with providers. Ensure policy guidelines:</p> <ul style="list-style-type: none"> ▪ Include enhanced compensation for home visiting professionals who bring cultural or advanced speaking proficiency^{xvi} in more than one language to their work advancing home visiting practices. ▪ Demonstrate a value for lived experience. ▪ Address racial wage disparities across programs and within organizations. ▪ Address incentives at the systems, agency, and role levels that deepen practitioner expertise, advance program quality, and maintain longevity for home visitors. | \$ |  |
| <p>c. Identify strategies for supporting organizations and programs in implementing wage changes.</p> | \$ |  |

Rationale

Compensation Increases: As mentioned above, positions in the early care and education sector are some of the lowest-wage occupations in the United States.^{xvii}

Racial Wage Disparities: Within this underpaid workforce, Black, Indigenous, and People of Color (BIPOC) educators experience significant disparities in pay.^{xviii} Racial pay disparities were found in Washington in the *Region X Workforce Study*. After accounting for relevant characteristics such as education, experience, and job role, race significantly predicted lower pay.^{xix}

Positional Wage Disparities: Home visitor economic well-being is disproportionately impacted by low wages. In the *Region X Workforce Study*, home visitors were significantly more likely to report not having enough money to make ends meet. Regionally, 23.4% of home visitors and 17.4% of supervisors

received public assistance and used an average of 2.2 and 1.6 public assistance services, respectively. Recent HVSA LIA feedback suggested that more home visitors may be struggling with housing instability and/or need to spend more than one paycheck to pay rent. ^{xx}

Authorizing Authority

DCYF has authority to implement a policy and cost study to align analysis and policy development with true cost. DCYF may have authority over some systems changes, such as increasing the budgets or rates or recommending a base wage for those LIAs who contract directly with DCYF. LIAs as independent contractors have the authority to set wages for their home visitor and other home visiting staff. Federal and state funders, as well as sovereign governments, have control over the capacity of HVSA to implement recommendations over time.

Potential Budgetary Impact

High Impact – This recommendation would require regular HVSA budget increases on an ongoing basis. It would also need allocated staff resources to develop and implement policy and cost study, and complete policy analysis, development, and alignment of work.

Increased funds would be needed for workforce and community engagement to ensure that those impacted by the policy decisions are at the table, especially direct providers and community members traditionally underrepresented.

Timeline

The HVSA could begin the review and strategy development in SFY23 if staff capacity and engagement funding are provided.

This would require the legislature to provide additional funds; could begin in next biennium.

Recommendation #2 – Access to Professional Development: Increase HVSA training and professional development to ensure a workforce that can address the full range of needs of Washington families.

KEY STRATEGIES

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| <p>a. Establish equitable participation guidelines for balancing caseload and visit dosage expectations with paid training time and ensure inclusion in, and access to, professional development for entry level and continuing staff.</p> | <p>\$\$</p> |  |
| <p>b. Expand current training to build a comprehensive, integrated training infrastructure that includes centralized and community-based offerings:</p> <ul style="list-style-type: none"> ▪ Develop a predictable, annual HVSA calendar of onboarding, specific model-required trainings, and foundational and advanced professional development, offered at regular intervals as needed, to meet service delivery standards. ▪ Offer virtual, in-person and on-demand trainings to maximize accessibility and support timely onboarding of new hires. ▪ Identify and develop training offerings needed to align with home visitor and supervisor core competencies currently in development. ▪ Increase advanced content trainings, coaching, as well as role-specific and team-based learning opportunities that may include | <p>\$\$</p> |  |

- implementation supports and mentorship opportunities shown to build and sustain relationship-based practices.
- Develop comprehensive professional development offerings related to supporting:
 - ✓ culturally and linguistically responsive home visiting practices,
 - ✓ families of children with special needs, and
 - ✓ families experiencing stressors including historical trauma, poverty, health/mental health issues, substance use and domestic abuse
- c. Conduct annual assessments of training and technical supports in order to ensure access to trainings that support community chosen programming (e.g., Native evidence-based practices) as well as access to trainings for models new to the HVSA or to HOMVEE.
- d. Identify trainings that can be made accessible to all home visiting professionals throughout the state, including those that are HVSA-specific as well as staff funded by other sources.

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Rationale

Workforce Turnover: The impacts of the pandemic have increased home visiting staff turnover while adding significant complexity to recruitment. In the 2018 Region X study, 34.1% of Washington’s home visiting sector reported being in their position for less than 2 years, (WFS Brief 1, p.9).^{xxi} Current field reporting suggests that close to 30% of the current field is new to their roles within the past year. At the same time, unfilled vacancies are increasing due to rising wages in other sectors and across the state.

Vacancy and Expansion Hiring: Combined with current vacancy challenges, the spring 2022 HVSA expansion will serve an additional 350 new families, adding a higher than usual influx of new home visitors needing entry level trainings.

New Hires New to the Field: The First Five California Home Visiting Workforce Study found that 40% of the field reported less than 3 years in their current position and reported they had been in home visiting for less than 3 years. As mentioned above, the Region X study found that one third of home visitors and almost a quarter of supervisors had been in the home visiting field and in their positions for less than two years.^{xxii}

Authorizing Authority

DCYF has authority to implement these recommendations for the HVSA. However, a majority of families in Washington receive home visiting services funded outside the HVSA. Training and professional development opportunities would benefit the entire field of home visiting and should be made available to all. This would require deeper engagement and collaboration structures.

Caseload and visit dosage considerations would require authorization and cooperation of numerous home visiting models. Model developers have the authority to approve non-standard caseloads.

Potential Budgetary Impact

Moderate to High Impact – Would need additional funds to increase access to training and professional development and to decrease caseload sizes. If there is not an increase in the funding, the number of

families served would decrease. This recommendation would need allocated personnel resources to implement changes, and increased funds for stakeholder, model developer, workforce, and community engagement.

Timeline

Planning and implementation ramp up in SFY23, with completion of training infrastructure by June 30, 2024. Ongoing investment in training will be required beyond this timeline.

Recommendation #3 – Workforce Recruitment: Develop infrastructure to recruit and retain a workforce that is representative of communities and families served through the HVSA.

KEY STRATEGIES

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| <p>a. Develop HVSA strategies to advance the cultural, linguistic, and racial match between home visitors and families served.</p> <ul style="list-style-type: none"> ▪ Invest in community based, multilingual training and targeted recruitment to reach potential candidates where they live and build more diverse applicant pathways into the home visiting field. ▪ Offer compensation enhancements for home visiting professionals who bring cultural or advanced language proficiency in more than one language that they utilize to advance home visiting practice. |  |  |
| <p>b. Develop HVSA professional development trainings, tools, and mentorship at leadership, supervisor, and home visitor levels in order to advance supportive, multicultural workplace practices.</p> <ul style="list-style-type: none"> ▪ Develop an intentional career pathway for BIPOC home visiting professionals to advance into leadership roles in the field of home visiting. ▪ Provide Communities of Practice for providers serving families with similar cultural and language backgrounds, to build cultural and family engagement capacities across LIA's. ▪ Provide Communities of Practice for organizational LIA executive and program managers to support culturally responsive and anti-racist workplaces. |  |  |

Rationale

Family Engagement Outcomes: Research has shown that families are more engaged in home visiting when programs matched a greater proportion of home visitors to families in terms of sociodemographic characteristics, including race or ethnicity.^{xxiii} (WFS Equity Brief)

Language Match: The March 2021 First Five California Home Visiting Workforce Study found that while 67% of the field reported sharing racial, ethnic or cultural traits with most of the families they serve, there was a significant gap in language match, which could impact building relational trust and provision of services such as referrals and health education.^{xxiv}

Authorizing Authority

DCYF has authority to encourage this recommendation as best practice. Individual LIA organizations have the authority to make some of these changes now. Additional research is needed on precedence or practice for obligating contractors to provide differential pay for cultural and/or language match.

Federal and state funders, as well as sovereign governments, have control around capacity of HVSA to implement and fund recommendations over time.

Potential Budgetary Impact

Moderate Impact – Would need increased funds for compensation enhancements. Would need allocated staff resources to develop infrastructure policies and practices.

Would need increased funds for workforce and community engagement, especially engaging families and direct providers.

Timeline

Could begin the review and strategy development if staff capacity and engagement funding are provided in SFY24.

The request for increased funds for compensation enhancements could occur in the next biennium.

Recommendation #4 – Workplace Well-Being: Invest more deeply in resources that advance organizational and systems changes to support the mental health, well-being, and retention of a diverse home visiting workforce.

KEY STRATEGIES

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| <p>a. Build system capacity in trauma-informed and healing-centered practice.</p> <ul style="list-style-type: none"> ▪ Continue to build field capacity in reflective supervision through guidelines and trainings. Ensure building both understanding and skills in responding to the impacts of racial trauma and healing processes. ▪ Build supervisor pipeline for delivering reflective supervision that is reflective of home visitors and communities served. ▪ Ensure all LIAs have access to Paid Family Leave, (focusing on addressing disparities in access for rural communities). | <p>\$\$\$</p> |  |
| <p>b. Provide funding and implement contracting approaches that support organizational well-being.</p> <ul style="list-style-type: none"> ▪ Re-evaluate and reduce caseload requirements with consideration of specific community implementation needs and practices and adjust caseloads. ▪ Provide adequate funding for LIA administration needed to implement well-being activities. ▪ Reduce reporting requirements and streamline data collection (See data enhancement recommendations). ▪ Provide funding for LIAs to engage stakeholders and develop and implement local, community-based responses by: <ul style="list-style-type: none"> ✓ Contracting with community experts to provide culturally responsive self-care and healing events, ✓ <i>Mainstream Organizations:</i> Conducting organizational equity assessments addressing anti-racism and intersecting oppression. Setting goals to make institutional changes to address intersectional oppression, access training and coaching that supports institutional and practice change (including implicit bias training), and work toward building inclusive work cultures ✓ <i>BIPOC Organizations:</i> Engaging in restorative and transformative practice opportunities, | <p>\$\$\$</p> |  |

- ✓ Developing and implementing affinity groups or caucuses, and
- ✓ Providing benefits and promoting access to mental health services.



Rationale

Individual home visitors operate in the context of their own programs. In alignment with Infant and Early Childhood Mental Health (IECMH) practices of parallel process, this approach considers the systems and organizational impacts on practitioners — focusing on trauma-informed and healing centered approaches.

This would allow individual organizations to pursue culturally specific approaches to healing and community care that are responsive to their respective communities.

The recommendations respond to provider feedback that caseloads and administrative burden negatively impacts retention (Region X study).

Authorizing Authority

DCYF has authority to implement HVSA systems change in order to build capacity in some trauma-informed and healing practices and organizational supports for LIA’s. Some data collection and reporting requirements cannot change due to requirements from specific funders, such as the federal Maternal, Infant and Early Childhood Home Visiting Programs (MIECHV).

Authority is varied and complex with regards to access to paid family leave, and mental health services. Home visiting programs are housed in diverse organizations, from small rural organizations - to large non-profit agencies serving multiple communities - to county public health agencies. While home visitor duties share many similarities across models, where the program is housed can mean the difference between benefits that are comparable to a state child welfare worker or expensive co-pays that disproportionately impact the wellbeing of home visitors earning lower, entry level wages.

Potential Budgetary Impact

High Impact – Would need increased funds and allocated staff resources to build systems capacities and develop and implement new measures.

Implementation of this recommendation would need increased funds for workforce and LIA leadership engagement and pay enhancements for cultural/language match in particular.

Timeline

Request for increased funds for compensation enhancements could occur in the next biennium.

Recommendation #5 – Workforce Engagement: Provide time and resources needed to equitably implement^{xxv} practices that elevate the experience and voices of communities, families, the home visiting workforce, LIA’s, and model developers.

KEY STRATEGIES

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|--|---------------|---|
| <p>a. Develop guiding principles and an engagement framework that centers diversity, equity, and inclusion of voices at the onset of implementation for all workforce and professional development recommendations.</p> | <p>\$\$\$</p> |  |
| <p>b. Procure equity and engagement personnel in order to center BIPOC and other underserved community voices in identifying home visiting needs.</p> | <p>\$\$</p> |  |

This may include such things as developing communication protocols, convening structures for outreach and engagement, annual calendar of feedback activities, reimbursement mechanisms for families, community members and home visitors, survey tools, etc.

- c. Prioritize engagement around model and funding fidelity requirements to understand impact of current caseload policies on overall home visitor performance, well-being, and retention.
- d. Prioritize development of equity standards such as shared definition of “cultural match” relative to diversifying the field.
- e. Develop evaluation protocols to regularly monitor progress made at systems, implementation, and outcomes levels.

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Rationale

Shared Accountability: “When leaders engage with community members and diverse stakeholder groups in meaningful activities that are ongoing, they develop a shared understanding of problems and potential solutions, develop strategies that address community needs and assets, and create a sense of mutual accountability for building the systems of supports needed to sustain change and advance equitable outcomes.” xxvi

Robust Workforce Feedback: A variety of qualitative and quantitative data collection, as well as ongoing communication loops, needs to be implemented to ensure diverse representation of lived and worked experience.

Reduction of Burden on the Field: This recommendation has the potential to support the other recommendation areas and minimize the duplication and time burden on the home visiting field, especially home visitors.

Authorizing Authority

Currently, DCYF has authority to make ad hoc incremental change to how it conducts workforce engagement. Implementing this recommendation requires significant financial resources and adequate time to develop policies and practices leading to systemic change and transforming state and LIA capacity to recruit and retain a diverse, well compensated, well cared for, field.

Potential Budgetary Impact

High Impact – Anticipate one or more competitive procurements to provide expertise in areas including but not limited to: racial equity, systems development, human centered Design/Liberatory Design, Communications, etc.

Timeline

SFY24-25, pending available funds.

True Cost Recommendations

The following recommendations concerning the True Cost of Service are intended to support the goal of strengthening the state home visiting system. For the purpose of these recommendations, the true cost of service is defined as the cost to operate a program with appropriate levels of staffing and compensation, and inclusive of elements that contribute to quality and effectiveness at the community, provider, and systems level. The Overarching, Workforce, and Data Recommendations include many elements that impact true cost.

Background Context

The expansion of the HVSA and the resulting increase in the availability of home visiting services throughout the state has a tremendous positive impact on Washington families. While the HVAC desires for the continued growth of the HVSA, it is increasingly apparent that focusing resources on expansion without accompanying investments in infrastructure has inadvertently contributed to funding inequities across LIAs. Newly contracted and recently expanded organizations are often funded at higher levels compared with established programs that have been locked into years of static funding. In order to continue growing and serving families, current home visiting programs must be sustained and met with the same levels of investment as newly contracted service providers. Assessing the true cost of services includes evaluation of the rise in costs over time and accounting for important service elements that are not currently budgeted by home visiting providers due to lack of sufficient funding.

The ‘portfolio approach,’ which HVAC strongly supports, means that true cost of service must reflect the diverse array of provider organizations and service models. Community-driven prevention is necessarily as diverse as the communities served. In response, the HVSA has partnered with a variety of organizations to deliver a variety of home visiting service models. Its current service providers range from small, local churches and community organizations to tribal governments, county health agencies, and large, regional nonprofits. This is a strength of Washington’s home visiting program. However, the true cost of services must recognize the community adaptations necessary to effectively provide home visiting services and anticipate further diversification of the HVSA portfolio in future growth.

Predictable and sustainable funding approaches that reflect the diversity of the home visiting landscape will position the HVSA to successfully scale up services across the state. The range of service models and organizations, the braiding of multiple state and federal funding streams, regional and historical inequities in resource availability, and the importance of cultural adaptations contribute to a complex funding landscape. The HVSA needs a consistent and customized forward-looking funding approach, informed by provider and community expertise, that supports further inclusion and sustaining funding for communities. The Legislature can support this with strategic commitments to the HVSA that prioritize existing providers alongside continued growth of services, continued investments in the infrastructure needed to support a diverse portfolio and allowing for adequate time and planning to engage diverse stakeholders in accordance with an equitable portfolio approach.

RECOMMENDATIONS

Recommendation #1 – LIA Funding Adjustments: The State of Washington should commit to a funding strategy that builds in regular adjustments for all programs to ensure equity and sustainability.

KEY STRATEGIES

- a. DCYF decision package to the legislature to request funding increases for LIAs.
- b. In cases where funding cannot be increased to meet service costs, consider reducing the number of families served to align with the personnel costs supported by existing funding.

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Rationale

Washington’s work to build a statewide presence for home visiting during the past decade should be celebrated. At the same time, long-established HVSA providers feel left behind in the commitment to grow Washington’s home visiting program. The last funding adjustment provided by the Legislature occurred in July 2018 and covered LIA funding awards issued before SFY14. While the HVSA has pursued contract adjustments as funding allowed, more investment is needed, especially in light of rapidly rising market wages and housing costs. Service providers report a significant gap between the public investment and the true cost of service given that funding has not risen alongside costs. In order to achieve sustainable growth, Washington must maintain its foundation of existing providers by recognizing and addressing the cost increases that have occurred over the past ten years. It must also ensure that all home visiting providers and their communities see the State’s commitment to continue these important services once established. While the HVSA hopes for continued growth of home visiting statewide, investments must be made to support and sustain existing providers in order to set the stage for a successful, long-term home visiting program.

Authorizing Authority

Funding adjustments will require new funding granted by the Washington State Legislature. For HVSA providers with federal, TANF, or Cannabis-account funding, DCYF may need to consider alternative remedies such as reducing the number of families served or transitioning families from these funding sources to State dedicated home visiting funding.

Potential Budgetary Impact

TBD – Further cost study, as described in Recommendation Two, will support greater understanding of the budgetary impact of this recommendation.

Timeline

Given the limited increases over time and the existing funding inequities across HVSA-contracted providers, it is recommended that funding increases be granted as soon as possible.

Recommendation #2 – Cost Study: The cost study work underway at DCYF should inform the development of a customizable, community-driven cost model within the next 12 months that will:

- a) Guide a formal request for funding increases to stabilize existing providers,
- b) Inform a schedule and approach for ongoing cost evaluation and sustaining funding adjustments, and
- c) Serve as a transparent, equitable, and sustainable funding model for future expansion and growth of the HVSA aligned with the portfolio approach.

KEY STRATEGIES

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| <ul style="list-style-type: none"> a. Build upon historical cost data as well as the provider data collected in the development of this recommendation. b. Engage home visiting stakeholders in the design and implementation of a cost study and cost model (per True Cost recommendation #3). c. Conduct a compensation/wage study (per Workforce recommendation #1) to inform a cost model that provides funding for staff salaries and benefits. d. Study staffing patterns and other metrics that ensure quality service provision. e. Evaluate infrastructure needs associated with the other frameworks developing around workforce, data, and portfolio needs. f. Use the cost model to guide a formal request for funding increases, develop an ongoing cost evaluation approach, and guide future expansion funding requests. | |
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Rationale

Home visiting models often specify visit frequency, staff credentials, caseloads, supervisor levels, and other adaptations to effectively deliver services, which contribute to differences in costs across and within the models. Some communities also grapple with disproportionate levels of investment and resources as a result of historical and structural policies. Understanding the true cost of providing home visiting services is key to developing a robust early learning system that meets the needs of all children and families in the state. In anticipation of further diversification of the HVSA portfolio of providers and models, and because home visiting providers adapt to changing family and community needs over time, ongoing assessment of provider and systems support costs will be important to long-term sustainability. Attending to such diverse community and organizational needs requires a custom, forward-looking funding approach that supports this.

Though DCYF has a cost study underway to address this need, more resources are required to achieve the proposed timeline. The work will require strong engagement processes, a compensation study, and further costing analytics for the variety of service components required for effective home visiting service. The HVAC believes it is essential that any funding approach be informed by provider expertise. An agency-driven, rather than community-driven, process risks continuing systemic inequities. (Also see Recommendation #3 below.) The recommended timeline of 12 months is essential to balance the need to address LIA funding gaps with the necessary provider and stakeholder engagement, data collection, and analysis to assess true cost of service. This work should inform a robust cost model linked to the

true cost of quality home visiting and reflective of the various communities across the state. HVAC hopes that DCYF will use the cost model to prepare a funding request to stabilize existing LIAs, propose an approach for ongoing evaluation and funding adjustments, and guide future expansion opportunities.

It should be noted that service data was collected from HVSA LIAs during the development of these recommendations and should be used to inform the cost model. In addition to wages commensurate to the work and supporting the recommendations of the 10-Year Plan to Dismantle Poverty in Washington, the staffing model should consider reasonable caseloads, supervisor time, data and systems supports, outreach and recruitment personnel, and/or any other resources needed to serve families. Providers also noted that the cost model should, at minimum, include customizations for the different service models and account for community need, such as translations, outreach, culturally appropriate supports, etc. LIAs identified geographic complexities to consider (e.g., differences in cost of living, including rising housing costs, or the costs associated with travel in rural communities). Finally, the cost model should also consider systems supports (e.g., data systems, technical assistance, training, etc.) necessary to sustain the diverse network of service providers.

Authorizing Authority

DCYF is authorized to complete the costing work. There is no statutory change required for implementation of this recommendation. Increases in investment to support system sustainability would need to be granted by the Washington State Legislature as described in True Cost Recommendation #1.

Potential Budgetary Impact

Low Impact - The cost to complete this study has not been determined. The current legislatively appropriated spending authority is likely sufficient to support this work.

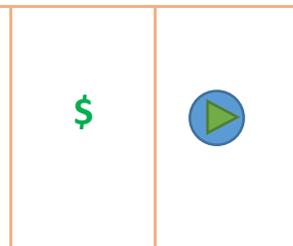
Timeline

This recommendation should be implemented in the short term (one year). However, it is recommended that the cost study continue on an ongoing basis to ensure sustainability.

Recommendation #3 – Stakeholder Engagement in Cost Study: DCYF should continuously consult HVAC members and home visiting service providers throughout the cost study to ensure that the design and implementation of the HVSA funding approach is centered on community interests.

Key Strategies

- a. Engage home visiting stakeholders, both HVSA and non-HVSA providers and other Washington home visiting funders, in the design and implementation of a cost study and cost model to build and inform a more cohesive statewide approach.
- b. Offer participation stipends to ensure equitable and wide-ranging engagement.



Rationale

Institutional practices often reinforce and perpetuate racial inequities. For example, institutional processes often prioritize institutional interests over community interests, discourage community-identified solutions by being too prescriptive, or may be especially burdensome for less resourced organizations that serve communities of color. The HVAC recognizes that LIAs are experts in service delivery, that communities and families are experts in their needs, and that the various stakeholders are

deeply committed to a strong, statewide home visiting program that centers community priorities, includes those that have been disproportionately impacted, and increases transparency. The HVAC hopes to build upon the engagement work that contributed to the development of these recommendations by continuing to work together through their implementation. As HVSA-funded home visiting represents about one-third of all home visiting in the State of Washington, broad engagement will also contribute to stronger statewide system alignment which benefits all stakeholders.

Authorizing Authority

DCYF has the authority to do consultation with providers and the HVAC.

Potential Budgetary Impact

Low Impact - DCYF has dedicated meeting spaces for consultation with the HVAC, and LIAs can be engaged at no (or marginal) additional cost. However, engagement with non-HVAC members, non-HVSA LIAs, and/or families, as applicable, might benefit from the availability of stipends to reduce barriers to community and family representation.

Timeline

HVAC and LIA engagement supported the development of these proviso recommendations and should continue throughout the design and implementation of these recommendations during the next 12 months.

Data Enhancement Recommendations

Background Context

As mentioned earlier, home visiting services in Washington are delivered through multiple standardized models that address different goals and populations, rely on different approaches, and demonstrate effectiveness in different ways. LIAs are obligated to provide 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 by the state, national models, and additional private and public funders allow the HVSA and other funders to assess the services received, by whom, and with what outcomes. Models and local programs use a variety of data systems to support case management and reporting. However, no one system efficiently meets all the demands for services and reporting. The challenges of data collection, reporting, and management are felt across the system - from the families to the funders - and must be addressed to ensure that the data infrastructure evolves in step with the services for Washingtonians.

The potential expansion of home visiting services in Washington over the next biennia and beyond may expand the role of the HVSA in supporting this work and demonstrating the impact of these services for families. In order to serve as good stewards of state and federal funds, to ensure the best use of resources to support families, and to demonstrate the impact of home visiting services for these families, the HVSA must be committed to providing timely, complete and accurate data to support program improvement and accountability. This will require investing in data system(s) and workforce to meet the needs of expanding home visiting. Central to this effort must be a family-centered, strengths-based approach to data collection and protection, reporting, analysis and use of data for the betterment of home visiting services in Washington. The HVSA must remain committed to working in partnership with families, LIAs and state agencies to promote equity across the data infrastructure to guide home visiting services, practice and policies for all Washingtonians.

With this in mind, the HVAC Data and Evaluation sub-committee first developed a set of values for home visiting data systems to guide the discussions and review of challenges and opportunities.

Values for Home Visiting Data Systems:

- Promote **Equity** in data and system(s) to support all programs
- Data is a **partnership** between families, local implementing agencies and state agencies
- Produce the **right data** to:
 - Tell the home visiting story,
 - Inform program practice and quality of services to best serve families, and
 - Respond to funder and partner requirements and requests
- Support the local and state **workforce** to **right-size** data collection, reporting and production

Information that guided these discussions included the Business Analysis completed by Berry Dunn and Associates in 2020, feedback from discussion with supervisors and home visitors across the HVSA, as well as the experience and expertise of the sub-committee, which includes people from local implementing agencies, model leads, and state staff. There were several over-arching themes from these sources of information that elevated the desire for data systems that: meet comprehensive home

visiting implementation needs; ensure complete, accurate and efficient reporting; and provide useful data to support program improvements and policy work.

RECOMMENDATIONS

The following recommendations are designed to outline policies and investments needed to build the data infrastructure capacity to best partner with and serve Washington families and communities, through improving data collection, reporting and use.

Recommendation #1 – Align Data Requirements: DCYF should improve reporting efficiency by working across LIAs, models, and funders to align data collection and reporting requirements and minimize inefficiencies.

KEY STRATEGIES

- a. Reduce or eliminate duplicate or unnecessary reporting within the HVSA.
- b. Align reporting requirements and definitions with other funders, as possible.
- c. Tailor reporting requirements and/or measures to models, as possible.
- d. Support innovations in data collection, including technology and staffing solutions.
- e. Work with model and program data systems to implement changes to accommodate the needs of the HVSA; and
- f. Identify opportunities to use administrative data to alleviate data collection (e.g., birth certificate data, Medicaid claims data; developmental screening data).

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Rationale

The value of reporting data and measuring outcomes is supported across the HVSA. However, the burden of data collection and reporting is heavy and disproportionately shouldered by the local implementing agencies. LIAs' top priority is ensuring that every family receives the full benefits of home visiting. Doing so requires collecting and monitoring data on families served and services received. Layered on top of that are requirements by models and funders to demonstrate model fidelity and program outcomes. LIAs are obliged to navigate differences in data definitions and requirements in order to produce reports specified by these audiences.

Responsiveness to the multiple reporting demands requires technical resources, both systems and staffing. Smaller LIAs or local models that may not have the support of national data systems or the resources to dedicate to juggling all the reporting requirements, are particularly burdened by this work. Moreover, families served by LIAs laden with reporting requirements may feel the effects of additional data collection or reduced service time due to competing staff demands. Alignment across models and funders on data definitions and reporting requirements will reduce inefficiencies as well as potentially strengthen the home visiting services statewide.

Authorizing Authority

DCYF has the authority to convene programs, models and funders operating in Washington to investigate and negotiate reporting standardization. However, changes to federal reporting requirements (MIECHV) or funders of other home visiting programs in Washington (e.g., Best Starts for

Kids) are outside of DCYF’s authority. Additionally, while changes to model data systems may be requested, final changes are at the discretion of the models.

Potential Budgetary Impact

Low Impact – No additional operational funding would be needed. For many LIAs, the actual time required for data entry and processing exceeds current funding. An improved data collection and reporting system will ensure more efficient use of LIA resources. Additional funds may be needed to address technical needs of programs, to modify national or local data systems, and to implement data exchanges to increase use of administrative data.

Timeline:

This recommendation can be implemented in stages and should start immediately and continue over the next 12-18 months. Work is already underway to revisit HVSA reporting requirements, while negotiations with models and funders to align requirements will need time and commitment from partners. Data exchanges to incorporate administrative data will take funding, time and established data governance agreements.

Recommendation #2 – Increase Capacity to Manage and Use Data: DCYF should enhance data-informed program improvement and advocacy by building data reporting, data analysis and data use capacity across the HVSA

KEY STRATEGIES

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| <p>a. Increase Department of Health (DOH) capacity to make data customizable/interactive for LIAs’ program needs.</p> | <p>\$\$</p> |  |
| <p>b. Increase capacity at LIAs to process and use data for advocacy and program improvement.</p> | <p>\$</p> |  |
| <p>c. Expand opportunities for families to consume the data and engage in decisions around data usage.</p> | <p>\$</p> |  |

Rationale

The value of data is measured by how it is used to improve practice and inform policy. Current data products generated by DOH for the HVSA are insufficient. Feedback documented by the Berry Dunn Business Analysis and echoed in the HVSA listening sessions noted concerns about timeliness, accessibility, and usefulness of data reports for program improvement and advocacy efforts. Generating data products tailored to LIAs’ program needs would increase both the LIAs use of data to improve program services and better incentivize reporting timely and accurate data. Generating new data products will require dedicated resources: additional state-level staff, contracts and technology solutions to develop improved report functionality; additional staff, training and support for LIAs to generate reports to inform their work; any externally controlled systems (e.g., data systems used by national models) may need to be contracted to build new functionalities; and training across the HVSA to promote family-centered, strengths-based approaches to data reporting and use.

This will help advance equity in several ways. First, improved functionality to aggregate and disaggregate data will enhance the ability at the LIA level, model level, and state level to identify inequities in service provision and outcomes by race, geography, or other factors. Second, creating opportunities for families to engage with the data will improve the value of the data for strengths-based program improvements.

And third, it will help reduce the burden on smaller LIAs that have fewer resources to devote to this work.

Authorizing Authority

No authorizing legislation is needed to move forward on these recommendations; however additional funding is required. The work would be implemented by both DOH who handles data for HVSA and DCYF who may fund additional data capacity at LIAs under existing contracts.

Potential Budgetary Impact

Moderate Impact - This recommendation is scalable provided funding is available for additional state-level FTE, training, and technology solutions. Additional funding will be required to meaningfully engage families with data.

Timeline

This recommendation can be implemented in stages and should start immediately. Technology and staffing solutions to improve access to interactive and customizable data may depend on overall system solutions, which may carry over into SFY25.

Recommendation #3 – Data Infrastructure Plan: DCYF should develop a long-term data infrastructure plan for the HVSA

KEY STRATEGIES

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| <p>a. Define primary required functions and system gaps for the HVSA data infrastructure.</p> | <p>X</p> |  |
| <p>b. Document workforce impacts to collect, report and analyze data across the full system, both local and state level.</p> | | |
| <p>c. Document the true costs of data production, considering infrastructure and workforce across the entire local and state system.</p> | <p>\$</p> |  |
| <p>d. Determine limits on the number of data systems that can be feasibly and fiscally supported.</p> | | |
| <p>e. Identify best data infrastructure investments to support the HVSA.</p> | <p>\$\$</p> |  |

Rationale

The HVSA currently receives data from nine models and supports two separate systems to manage and process these data. There are multiple local and national data systems used by LIAs across the HVSA, straining workforce capacity and exacerbating reporting inefficiencies. There are local costs for data collection and reporting born by the LIAs who need to balance serving families and reporting data, as well as state costs to transform and aggregate data for reporting and evaluation. With future expansion of the HVSA, these challenges will multiply without a data system(s) designed to accommodate the future of home visiting. A sustainable, long-term data infrastructure plan must be developed to strategically identify the most efficient and effective investments to support the priorities of the HVSA. There is a cost for maintaining the status quo that must be weighed against the costs of potential alternatives.

The state initiated the first step of the work in 2022, tasking a contractor to develop a set of required primary system functions and explore potential solutions to meet those functional needs across the HVSA. Next, DOH will lead efforts to understand and document the benefits, risks, and costs of supporting multiple data systems as well as considerations for adding new home visiting models to the HVSA portfolio. Particular focus will be on the workforce impacts across different models and programs.

Findings from these efforts will inform decisions on a comprehensive data infrastructure plan with considerations for funding, timeline, and implementation.

Authorizing Authority

DCYF can implement this recommendation through contracts with DOH and other parties. Planning and building efforts for a new data system will require Washington State Health and Human Services Coalition and the Office of the Chief Information Officer (OCIO) oversight and additional funding to implement any solutions.

Potential Budgetary Impact

Moderate Impact - Research activities to document existing system costs and potential solutions will require staff resources and potential consultancies. To pursue a sustainable system solution will require implementation and maintenance resources with potentially a high budgetary impact.

Timeline

This recommendation can be implemented in stages, continuing ongoing work now through SFY26 or beyond depending on decisions for system investments. Work is already underway to document system gaps and identify potential solutions. This work will inform budget and timeline decisions moving forward.

HVAC Members & Recommendations Contributors

| First Name | Last Name | Organization | Membership Profile | Voting Member |
|------------------|--------------|---|-------------------------------|---------------|
| Adrian | Romero Lopez | Public Health-Seattle & King County | Allied Professional | YES |
| Alison | Bowen | Tulalip Tribes | Home Visiting Program | NO |
| Amanda | Madorno | Washington Association of Infant Mental Health | Allied Professional | YES |
| Anna | Contreras | Start Early WA | Allied Professional | NO |
| Beth | Tinker | Washington State Health Care Authority | Allied Professional | YES |
| Bridget | Lecheile | Washington Association of Infant Mental Health | Allied Professional | YES |
| Caroline | Sedano | Department of Health | Allied Professional | YES |
| Cassie | Morley | Start Early WA | Policy/ State Systems | NO |
| Catherine | Blair | Start Early WA | Policy/ State Systems | NO |
| Dila | Perera | Open Arms Perinatal Services | Home Visiting Program | YES |
| Ellen | Silverman | Department of Health | Allied Professional | YES |
| Erica | Hallock | Start Early WA/ HV Advocacy Coalition | Advocate | YES |
| Gretchen | Thaller | Thurston County Public Health and Social Services | Home Visiting Program | YES |
| Izumi | Chihara | Department of Health | Data, Research and Evaluation | NO |
| Jake | Deski | Department of Social and Health Services | Policy/ State Systems | YES |
| Katie | Hess | Seven Directions Tribal Public Health | Allied Professional | YES |
| Katie | Eilers | Department of Health | Allied Professional | YES |
| Laura | Alfani | DCYF | Policy/ State Systems | NO |
| Laurie | Lippold | Partners for Our Children: UW School of Social Work | Advocate | YES |
| Leigh | Hofheimer | WSCADV | Allied Professional | YES |
| Liv | Woodstrom | Start Early WA | Policy/ State Systems | NO |
| Marcy | Miller | Public Health-Seattle & King County | Allied Professional | YES |
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| Martha | Skiles | Department of Health | Allied Professional | NO |
| Melanie | Maltry | Public Health-Seattle & King County | Allied Professional | YES |
| Melissa | Kenney | Department of Social and Health Services | Policy/ State Systems | YES |
| Nina | Evers | DCYF | Policy/ State Systems | NO |
| Rene | Toolson | DCYF | Policy/ State Systems | NO |
| Samantha | Masters | CHS-Spokane | Home Visiting Program | YES |
| Valerie | Stegemoeller | DCYF | Policy/ State Systems | NO |
| Valisa | Smith | Start Early WA | Policy/ State Systems | NO |
| Venita | Lynn | First Step Family Support Center | Home Visiting Program | YES |

CITATIONS

- ⁱ https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0048.pdf
- ⁱⁱ See “Home Visiting Advisory Committee Orientation Manual”, Core Values, pg 7 ([HVACOrientationManual.pdf \(wa.gov\)](https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0048.pdf))
- ⁱⁱⁱ <https://dismantlepovertyinwa.com/wp-content/uploads/2020/12/Final10yearPlan.pdf>
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- ^v <https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant>
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- ^{xi} <https://www.theguardian.com/commentisfree/2021/nov/19/great-resignation-mothers-forced-to-leave-jobs>
- ^{xii} National Council on Nonprofits. “The Scope and Impact of Nonprofit Workforce Shortages.” December 13, 2021.
- ^{xiii} <https://www.newamerica.org/education-policy/reports/moving-beyond-false-choices-for-early-childhood-educators-a-compedium/what-is-the-role-of-race-class-and-gender-in-resolving-eces-thorny-knot/>
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- ^{xv} Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). The Region X Home Visiting Workforce Study: Introduction. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.
- ^{xvi} Using the guidance from American Council on the Teaching of Foreign Languages guidance, advanced language proficiency is defined as the ability to “engage in conversation in a clearly participatory manner in order to communicate information on autobiographical topics, as well as topics of community, national, or international interest.” <https://www.actfl.org/resources/actfl-proficiency-guidelines-2012/english/speaking>
- ^{xvii} [From Unlivable Wages to Just Pay for Early Educators - Center for the Study of Child Care Employment \(berkeley.edu\)](https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant); <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>
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- ^{xxi} Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). The Region X Home Visiting Workforce Study: Introduction. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.
- ^{xxii} Findings from the First 5 California Home Visiting Workforce Study [Sarah Shea Crowne, Danielle Hegseth, Yuko Yadatsu Ekvalongo, Rachel Chazan Cohen, Erin Bultinck, Maggie Haas, Sara Amadon, Madeline Carter; February 25, 2021](https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant)
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Sarah Shea Crowne, Danielle Hegseth, Yuko Yadatsu Ekyalongo, Rachel Chazan Cohen, Erin Bultinck, Maggie Haas, Sara Amadon, Madeline Carter; February 25, 2021

^{xxv} https://ssir.org/supplement/bringing_equity_to_implementation

^{xxvi} Allison Metz and Leah J. Bartley, "Implementation Teams: A Stakeholder View of Leading and Sustaining Change," Implementation Science 3.0, New York: Springer, 2020

Summary Table: Home Visiting Advisory Committee Recommendations To the Washington State Legislature and the Department of Children, Youth, and Families (In Response to Legislative Proviso)

About the table:

- 1) While most recommendations can be implemented by Department of Children, Youth, and Family (DCYF) without legislative changes, financial support from the Legislature will be needed for planning, engagement, and implementation to have the intended impact on better serving families, communities and addressing inequality.
- 2) The recommendations are not listed in priority order, but the intended timeline for each individual recommendation is based on both implementation considerations and priority.

SYMBOL KEY

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| <i>Estimated Budgetary Impact</i> | X No Impact | \$ Low <i>(Up to \$250,000)</i> | \$\$ Moderate <i>(\$250,000 - \$1,00,000)</i> | \$\$\$ High <i>(Over \$1,000,000)</i> |
|-----------------------------------|-----------------------|--|--|--|

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|---------------------------|--|--|---|--|
| <i>Estimated Timeline</i> |  Immediate <i>This fiscal year (SFY 2023)</i> |  Short-Term <i>Next fiscal year (FY 2024)</i> |  Medium-Term <i>Fiscal Years 2025-2026</i> |  Long-Term <i>Beyond Fiscal Year 2026</i> |
|---------------------------|--|--|---|--|

| AREA | RECOMMENDATION | REPORT PAGE # | KEY STRATEGIES | BUDGETARY IMPACT | TIMELINE |
|-------------|---|---------------|--|------------------|---|
| OVERARCHING | <p>1. Community-Supported Portfolio Approach: DCYF and the Washington State Legislature should continue to ensure that the selection of home visiting providers and home visiting models, decisions about technical assistance and training, and the design and operations of services are completed with deep community engagement processes that elevate community and parent voices. Additionally, DCYF should develop a framework for the selection and adoption of home visiting models within the HVSA portfolio that prioritizes investing in rural-serving organizations and BIPOC-led organizations and includes investment in the supports needed for technical assistance and evaluation of both new and existing home visiting models.</p> | Page 6 | <p>a. Ensure necessary funding and supports for processes that convene and engage communities, (also emphasized in Workforce recommendation #5).</p> | \$ |  |
| | | | <p>b. The framework for selection and adoption of models should include the defined outcomes for the HVSA, alignment with priority populations, data collection standards, and professional development and evaluation of the program outcomes.</p> | \$ |  |

| AREA | RECOMMENDATION | REPORT PAGE # | KEY STRATEGIES | BUDGETARY IMPACT | TIMELINE |
|--|--|---------------|---|------------------|----------|
| WORKFORCE DEVELOPMENT | 1. Wages: DCYF should develop an approach to raising wages across the field which also intentionally redresses: a) racial wage inequities in the system and b) positional wage disparities (i.e., disparities between home visitors and supervisors) in the system. | Page 10 | a. Conduct policy and costing research and analysis to inform potential strategies for raising wages in regions across the state. | \$ | |
| | | | b. Partner with LIAs to co-create a wage increase strategy and compensation structures that this is pro-equity. | \$ | |
| | | | c. Identify strategies for supporting organizations and programs in implementing wage changes. | \$ | |
| | 2. Access to Professional Development: Increase HVSA training and professional development to ensure a workforce that can address the full range of needs of Washington families. | Page 11 | a. Establish equitable participation guidelines for balancing caseload and visit dosage expectations with paid training time and ensure inclusion in, and access to, professional development for entry level and continuing staff. | \$\$ | |
| | | | b. Expand current training to build a comprehensive, integrated training infrastructure that includes centralized and community-based offerings. | \$\$ | |
| | | | c. Conduct annual assessments of training and technical supports in order to ensure access to trainings that support community chosen programming (e.g., Native evidence-based practices) as well as access to trainings for models new to the HVSA or to HOMVEE. | \$ | |
| | | | d. Identify trainings that can be made accessible to all home visiting professionals throughout the state, including those that are HVSA-specific as well as staff funded by other sources. | \$\$ | |
| | 3. Workforce Recruitment: Develop infrastructure to recruit and retain a workforce that is representative of communities and families served through the HVSA. | Page 13 | a. Develop HVSA strategies to advance the cultural, linguistic, and racial match between home visitors and families served | \$\$ | |
| | | | b. Develop HVSA professional development trainings, tools, and mentorship at leadership, supervisor, and home visitor levels to advance supportive, multicultural workplace practices. | \$\$ | |
| | 4. Workplace Well-Being: Invest more deeply in resources that advance organizational and systems changes to support the mental health, well-being, and retention of a diverse home visiting workforce. | Page 14 | a. Build system capacity in trauma-informed and healing-centered practice. | \$\$\$ | |
| b. Provide funding to LIAs and implement contracting approaches that support organizational well-being and sustainability. | | | \$\$\$ | | |

| AREA | RECOMMENDATION | REPORT PAGE # | KEY STRATEGIES | BUDGETARY IMPACT | TIMELINE |
|-----------------------|--|---------------|--|------------------|---|
| WORKFORCE DEVELOPMENT | 5. Workforce Engagement: Provide time and resources needed to equitably implement policies that elevate the experience and voices of communities, families, the home visiting workforce, LIA's, and model developers. | Page 15 | a. Develop guiding principles and an engagement framework that centers diversity, equity, and inclusion of voices at the onset of implementation for all workforce and professional development recommendations. | \$\$\$ |  |
| | | | b. Procure equity and engagement personnel to center BIPOC and other underserved community voices in identifying home visiting needs. This may include such things as developing communication protocols, convening structures for outreach and engagement, annual calendar of feedback activities, reimbursement mechanisms for families, community members and home visitors, survey tools, etc. | \$\$ |  |
| | | | c. Prioritize engagement around model and funding fidelity requirements to understand impact of current caseload policies on overall home visitor performance, well-being, and retention. | \$ |  |
| | | | d. Prioritize development of equity standards such as shared definition of “cultural match” relative to diversifying the field. | \$ |  |
| | | | e. Develop evaluation protocols to regularly monitor progress made at systems, implementation, and outcomes levels. | \$\$ |  |

| AREA | RECOMMENDATION | REPORT PAGE # | KEY STRATEGIES | BUDGETARY IMPACT | TIMELINE |
|----------------------|---|---------------|--|------------------|---|
| TRUE COST OF SERVICE | 1. LIA Funding Adjustments: The State of Washington should commit to a funding strategy that builds in regular adjustments for all programs to ensure equity and sustainability. | Page 18 | <ul style="list-style-type: none"> a. DCYF Decision Package to the legislature to request funding increases for LIAs. | \$\$\$ |  |
| | 2. Cost Study: The cost study work underway at DCYF should inform the development of a customizable, community-driven cost model within the next 12 months. | Page 18 | <ul style="list-style-type: none"> b. In cases where funding cannot be increased to meet service costs, consider reducing the number of families served to align to the personnel costs supported by existing funding. a. Build upon historical cost data as well as the provider data collected in the development of this recommendation. b. Engage home visiting stakeholders in the design and implementation of a cost study and cost model (per True Cost recommendation #3). c. Conduct a compensation/wage study (per Workforce recommendation #1) to inform a cost model that provides funding for staff salaries and benefits. d. Study staffing patterns and other metrics that ensure quality service provision. e. Evaluate infrastructure needs associated with the other frameworks developing around workforce, data, and portfolio needs. f. Use the cost model to guide a formal request for funding increases, develop an ongoing cost evaluation approach, and guide future expansion funding requests. | X |  |
| | 3. Stakeholder Engagement in Cost Study: DCYF should continuously consult HVAC members and home visiting service providers throughout the cost study to ensure that the design and implementation of the HVSA funding approach is centered on community interests. | Page 20 | <ul style="list-style-type: none"> a. Engage home visiting stakeholders, both HVSA and non-HVSA providers and other Washington home visiting funders, in the design and implementation of a cost study and cost model to build and inform a more cohesive statewide approach. b. Offer participation stipends to ensure equitable and wide-ranging engagement. | \$ |  |

| AREA | RECOMMENDATION | Page # in Report | KEY STRATEGIES | BUDGETARY IMPACT | TIMELINE |
|---|--|---------------------|--|---|---|
| DATA ENHANCEMENT | 1. Align Data Requirements: DCYF should improve reporting efficiency by working across LIAs, models, and funders to align data collection and reporting requirements and minimize inefficiencies. | Page 22 | a. Reduce or eliminate duplicate or unnecessary reporting within the HVSA. | X |  |
| | | | b. Align reporting requirements and definitions with other funders, as possible. | | |
| | | | c. Tailor reporting requirements and/or measures to models, as possible. | | |
| | | | d. Support innovations in data collection, including technology and staffing solutions. | | |
| | e. Work with model and program data systems to implement changes to accommodate the needs of the HVSA. | \$ |  | | |
| | f. Identify opportunities to use administrative data to alleviate data collection (e.g., birth certificate data, Medicaid claims data; developmental screening data). | \$ |  | | |
| | 2. Increase Capacity to Manage and Use Data: DCYF should enhance data-informed program improvement and advocacy by building data reporting, data analysis and data use capacity across the HVSA. | Page 23 | a. Increase Department of Health (DOH) capacity to make data customizable/interactive for LIAs' program needs. | \$\$ |  |
| | | | b. Increase capacity at LIAs to process and use data for advocacy and program improvement. | \$ |  |
| | | | c. Expand opportunities for families to consume the data and engage in decisions around data usage. | \$ |  |
| | 3. Develop a Data Infrastructure Plan: DCYF should develop a long-term data infrastructure plan for the HVSA. | Page 24 | a. Define primary required functions and system gaps for the HVSA data infrastructure. | X |  |
| b. Document workforce impacts to collect, report, and analyze data across the full system, both local and state level. | | | \$ |  | |
| c. Document the true costs of data production, considering infrastructure and workforce across the entire local and state system. | | | | | |
| d. Determine limits on the number of data systems that can be feasibly and fiscally supported. | | | | | |
| e. Identify best data infrastructure investments to support the HVSA. | | | \$\$ |  | |