Home Visiting Services Account Annual Report, 2021

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Key Findings

- HVSA served 2,585 families with 2,614 children across 28 counties in Washington State.
- Despite the ongoing COVID-19 pandemic:
    - Home Visiting programs completed 32,245 visits and 21,567 encounters with families in State Fiscal Year 2021 (SFY 2021, July 2020 – June 2021).
    - Families remained longer in services, on average 21 months of service in SFY 2021 compared to 17 months of service in SFY 2019.
    - Four in five families (79%) maintained daily literacy activities.
    - Breastfeeding at 6 months of age increased 5 percentage points between SFY 2019 and SFY 2021, to 53%.
- Performance varied across geography and home visiting model.
- Three successful procurements expanded the number of funded home visiting slots from 2,421 in SFY 2019 to 2,655 in SFY 2021.

Future Directions for the HVSA

- Continue focused efforts to recruit and retain a high-quality and diverse workforce that feels confident and competent to engage families in home visiting.
- Elevate community engagement to raise public awareness and support of home visiting, expand recruitment, and tailor program implementation to improve family engagement in services.
- Support ongoing and expanded programs to center families and equity, while navigating the realities of the next normal following the COVID-19 pandemic.
- Continue to evaluate the impact of home visiting during COVID-19, plan and evaluate the refined program delivery post-COVID-19 pandemic.
- Ongoing partner engagement with the Home Visiting Advisory Committee and other partners, to inform planning for future home visiting expansion, including a framework that guides the portfolio of programs supported by the HVSA.

Introduction

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

Local implementing agencies (LIAs) contract directly with DCYF to provide home visiting services. LIAs are obligated to high levels of data collection and reporting, expending significant resources to comply with these requirements, all while providing high-quality services to

[1] Formerly known as OUNCE Washington and Thrive Washington.

families. These data collection and reporting requirements allow HVSA to assess the services received, by whom, and with what outcomes. Before July 2017, the statewide HVSA partners (DCYF, Start Early Washington, and DOH) engaged programs in a process to select home visiting performance measures that reflect model efforts as well as HVSA priorities. Starting with the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) measures, the HVSA selected a subset of six process and two outcome measures that reflect the breadth and depth of the home visiting work in Washington. These eight Aligned Measures, incorporated in the state fiscal year 2018 (SFY 2018) contracts, started in July 2017 (see definitions, Appendix 1A). In the following fiscal year, SFY 2019, HVSA initiated a new performance-based contracting effort to improve family enrollment and home visit frequency. Financial incentives were offered to LIAs who met specific Performance Milestones during the contract period (see definitions, Appendix 1B).

Shortly after the previous *Home Visiting Service Account Annual Report 2019* was published, Washington and the rest of the world experienced the start of the Coronavirus Disease 2019 (COVID-19) pandemic. On Jan. 21, 2020, a Washington State resident became the first confirmed case of COVID-19 in the U.S. The World Health Organization declared COVID-19 a pandemic on March 11, 2020. After an increase in reported cases and deaths in Washington, Gov. Inslee issued the "Stay Home, Stay Healthy" order on March 23, 2020. Since March 2020, multiple waves of the pandemic have continued to disrupt families' social, emotional, and economic well-being. However, there have also been great stories of resilience, grace, and hope during these difficult times.

Home visitors quickly pivoted to providing alternate engagements with families during the initial Stay Home orders and continued to connect and serve families as guidance changed. Home visitors and their programs played crucial roles in addressing families' basic needs, health, and well-being; promoting access to resources such as health care, early intervention, and mental health supports; and promoting caregiver-child interaction, early care, and education (*Maternal and Child Health Bureau, 2021*). Home visitors referred families to financial, housing, and nutritional services, referred families to physical and mental health services, and kept connecting with families during the time of social isolation and high levels of stress, anxiety, and depression. Anecdotally, families reported more flexibility to meeting with home visitors remotely and some reported new opportunities to participate virtually in group activities. Reports from Washington and nationally suggest that the remote visits pushed a change to better coaching, with parents taking the lead and home visitors observing and offering feedback.

Past pandemic experiences show that the transition from the pandemic to post-pandemic world will likely be gradual. The economic and social impacts as well as the mental and behavioral health impacts of the pandemic may outlast the length of the pandemic. Home visitors will continue to play a key role in addressing the complex needs of families during this time of transition.

In SFY 2021 (July 1, 2020 - June 30, 2021), HVSA administered a mix of federal and state funding streams to support 44 LIAs, offering nine home visiting models in 28 counties. This report focuses on the characteristics and experiences of families served. However, during the same

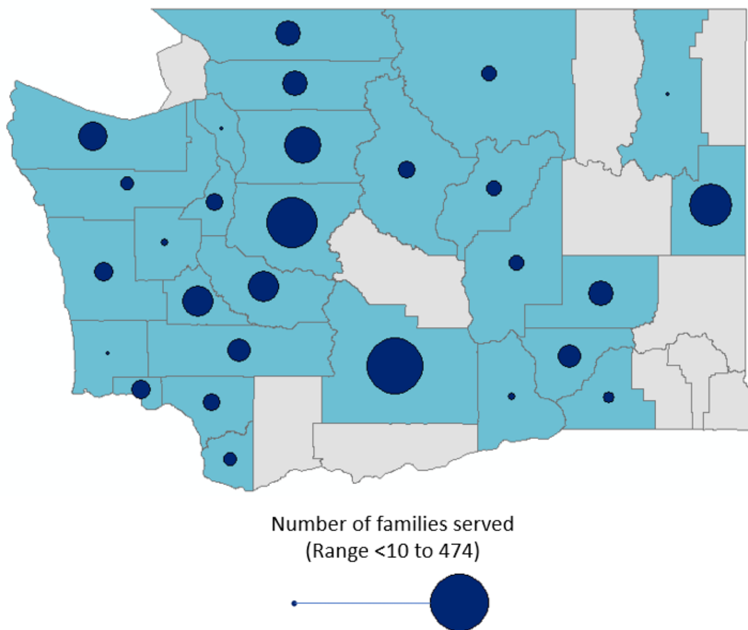
period of the report, LIAs engaged in training, coaching, technical assistance, and evaluation and research studies. Details on other aspects of home visiting system development and support can be found on the DCYF website.

Families Served in SFY 2021

In SFY 2021, HVSA served 2,585 families with 2,614 children across Washington State. Among all families served, 38% newly enrolled in home visiting during SFY 2021. More than half (58%) of newly enrolled families enrolled prenatally.

Families resided in 28 counties (Adams, Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Yakima) (Figure 1). The number of families served by county of residence ranged from <10 families to 474 families.

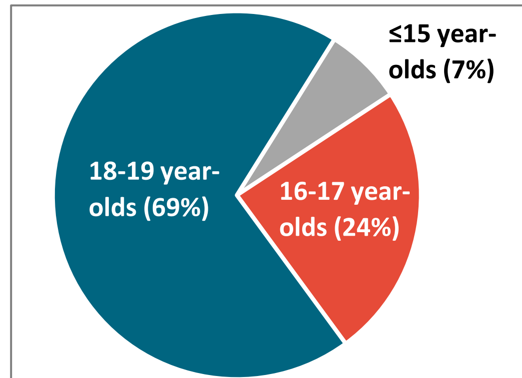
Figure 1: Number of Families Served by HVSA Programs, by County of Residence



The HVSA prioritizes serving pregnant women and families with infants and toddlers up to 36 months of age. More than one-quarter (28%) of caregivers served were pregnant during some portion of the year and 76% of children enrolled were between 0 and 36 months old, with the largest majority between 1-2 years of age. In total, 85% of families included a pregnant caregiver and/or a child between the ages of 0 to 36 months.

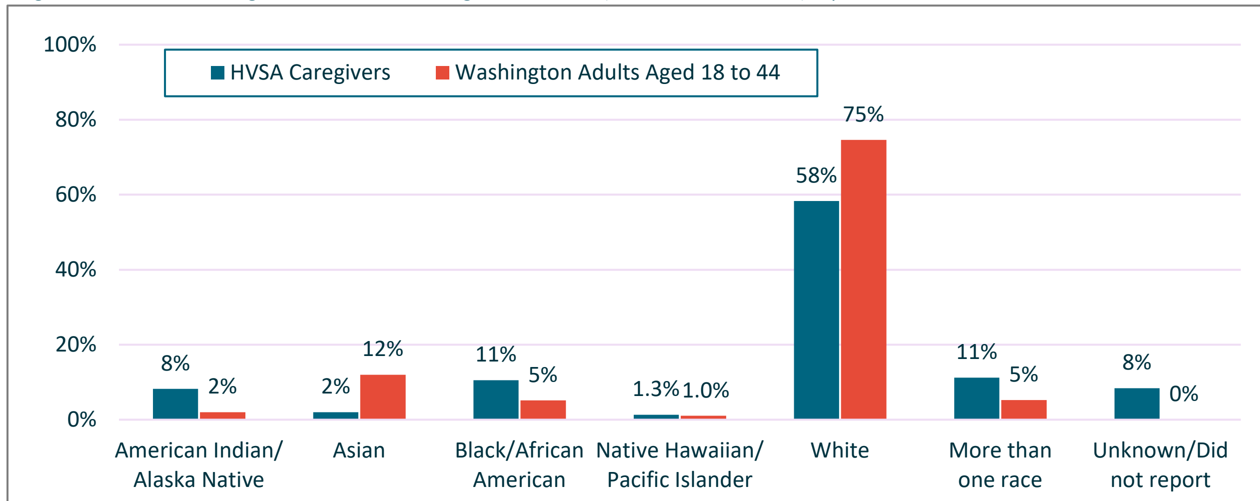
Pregnant and parenting teens are another priority population for the HVSA. Pregnant and parenting teens ages 19 and younger may face unique challenges to caregiving. In SFY 2021, 11% of HVSA families included a teen parent (n=306). Of those teen parents, a majority were 18 to 19 years old and only 7% were 15 years old or younger (Figure 2). Statewide the teen birth rate has steadily decreased from a high of 10% in 2000 to 3% in 2018 (Community Health Assessment Tool, March 2019).

Figure 2: Teen Parents by Age, SFY 2021



Compared with population estimates of adults aged 18-44 in Washington, some racial groups were represented in higher proportions among HVSA caregivers, including American Indians and Alaska Natives (AI/AN), Black/African Americans (Black/AA), and those reporting more than one race; while Asian and White caregivers were less represented (Figure 3). Native Hawaiian and Other Pacific Islanders (NH/PI) make up a small proportion of families in Washington and served by the HVSA.

Figure 3. HVSA Caregivers and Washington Adults (18-44-Year-Olds) by Race, SFY 2021



Source for Washington: Community Health Assessment Tool (CHAT), October 2021

In terms of ethnicity, Hispanic/Latino caregivers comprise a greater proportion of HVSA caregivers (44%) compared with the general population of adults aged 18-44 in Washington (16%) (Figure 4).

Figure 4: HVSA Caregivers and Washington Adults (18-44-Year-Olds) by Ethnicity, SFY 2021

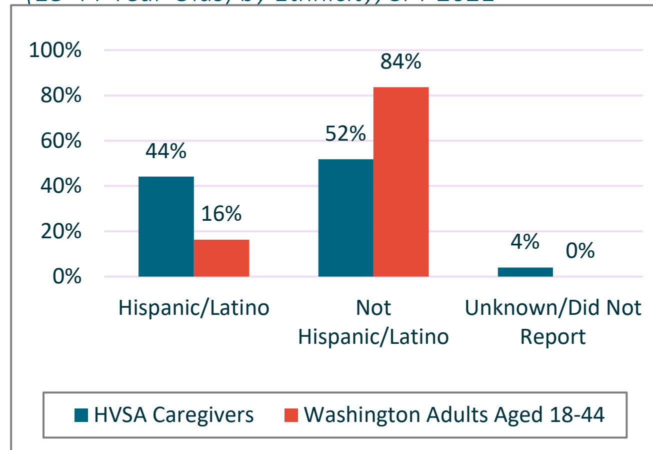
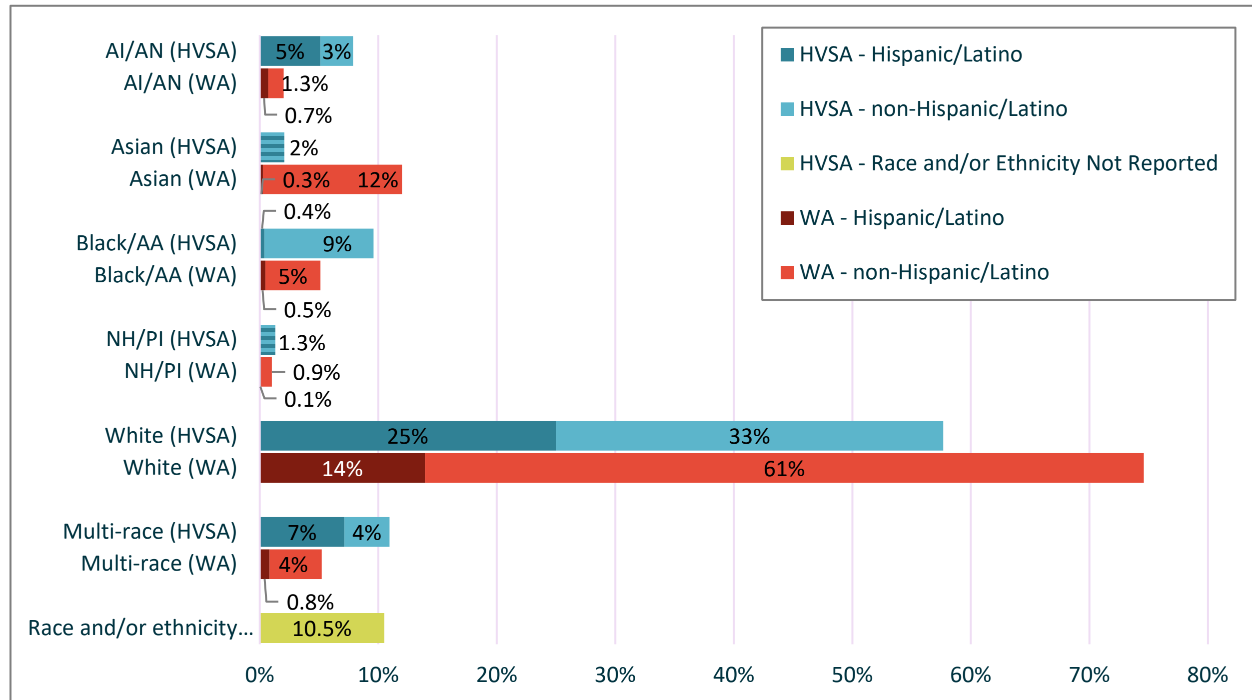


Figure 5 brings these two demographic characteristics together, displaying the proportion of caregivers who identified as Hispanic/Latino within each racial category across the HVSA. Looking at the 8% of HVSA caregivers who self-reported AI/AN race, over half of these caregivers (5%) also reported Hispanic/Latino ethnicity while 3% self-identified as non-Hispanic/Latino. Compared to Washington's adult population, Hispanic and non-Hispanic AI/AN were represented in larger proportion among the HVSA caregivers. Hispanic/Latino Whites and Hispanic/Latino multiracial caregivers were represented in larger proportions among HVSA caregivers served in SFY21 than among Washington adults age 18-44 years. Likewise, non-Hispanic/Latino Black/African American caregivers were more highly represented in the HVSA. Note that the ethnicity of Asian and NH/PI caregivers was not shown due to small numbers.

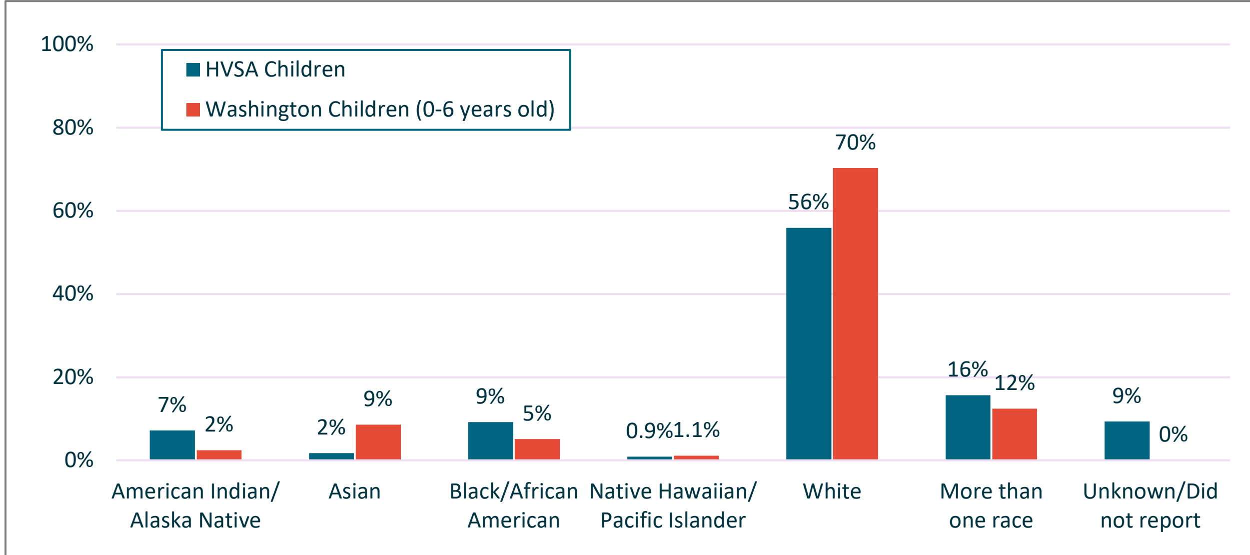
Figure 5: HVSA Caregivers and Washington Adults (18-44-Year-Olds) by Race and Ethnicity, SFY 2021



Source for Washington: Community Health Assessment Tool (CHAT), October 2021. Note that the ethnicity of Asian and NH/PI caregivers is not shown due to small numbers.

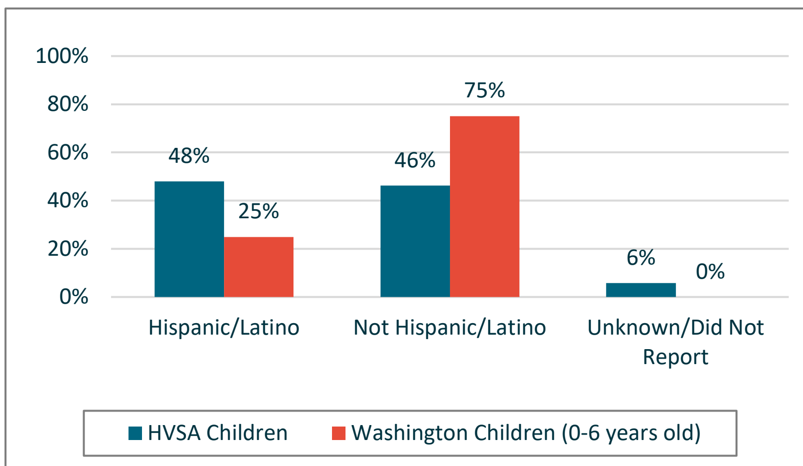
A similar pattern is seen when reviewing the race and ethnicity of the children as reported by the caregiver. Figures 6-8 present HVSA-served children 6 years of age and younger as compared to children in Washington state ages 0-6. HVSA is serving a higher proportion of AI/AN, Black/AA, multi-race, and Hispanic/Latino Whites compared to the overall Washington child population.

Figure 6: HVSA Children and Washington Children (0-6-Year-Oolds) by Race, SFY 2021



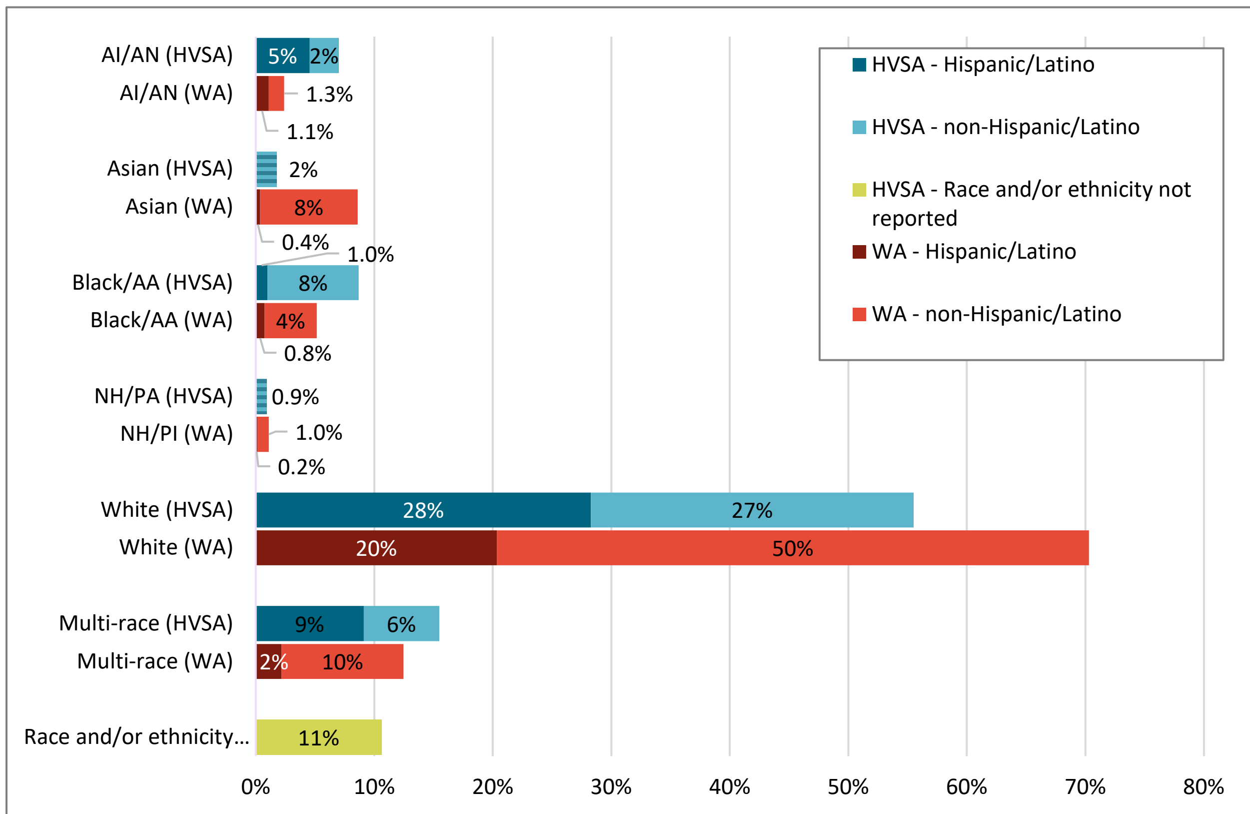
Source for Washington: Community Health Assessment Tool (CHAT), October 2021

Figure 7: HVSA Children and Washington Children (0-6-Year-Olds) by Ethnicity, SFY 2021



Source for Washington: Community Health Assessment Tool (CHAT), October 2021.

Figure 8: HVSA Children and Washington Children (0-6-Year-Olds) by Race and Ethnicity, SFY 2021



Source for Washington: Community Health Assessment Tool (CHAT), October 2021. Note that the ethnicity of Asian and NH/PI children is not shown due to small numbers.

HVSA Priority Populations

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

Low-income families are one of the most commonly enrolled groups in HVSA. The MIECHV program, which comprises more than half (53%) of the funded HVSA slots, defines low income as living at or below 100% of the federal poverty level. This means that a family of four would have a household income of $26,500 or less per year. In SFY 2021, more than 55% of all HVSA families reported living at or below 100% of the federal poverty level. An additional 26% of families were living between 100% and 200% of the federal poverty level. Note that about 15% of families were missing data on annual household income or number of household members supported by their annual income. While we continue to work with programs to reduce missing data, it remains a challenging data point to track.

Box 1: HVSA Priority Populations

Demographic Characteristics

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

Adverse Experiences

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

Other Characteristics

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

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Charlie became connected with our organization as a patron of the Drop In center, where she and her daughter would spend many afternoons. Charlie struggled with not only her own mental health, but with the compulsive and aggressive behavior of her young daughter. Charlie struggled with secure attachment and positive discipline, often speaking of her daughter in a negative way, and even reporting feeling overwhelmed and unattached from her child. With continued guidance, support, and education from her parent educator, Charlie sought mental health services for herself and for her daughter. This resulted in a drastically improved relationship between the two, with parent reported improved attachment and a reduction in observed aggressive behavior from the child.

- From First Step Family Service Center

Home Visiting Program Engagement

Program Enrollment

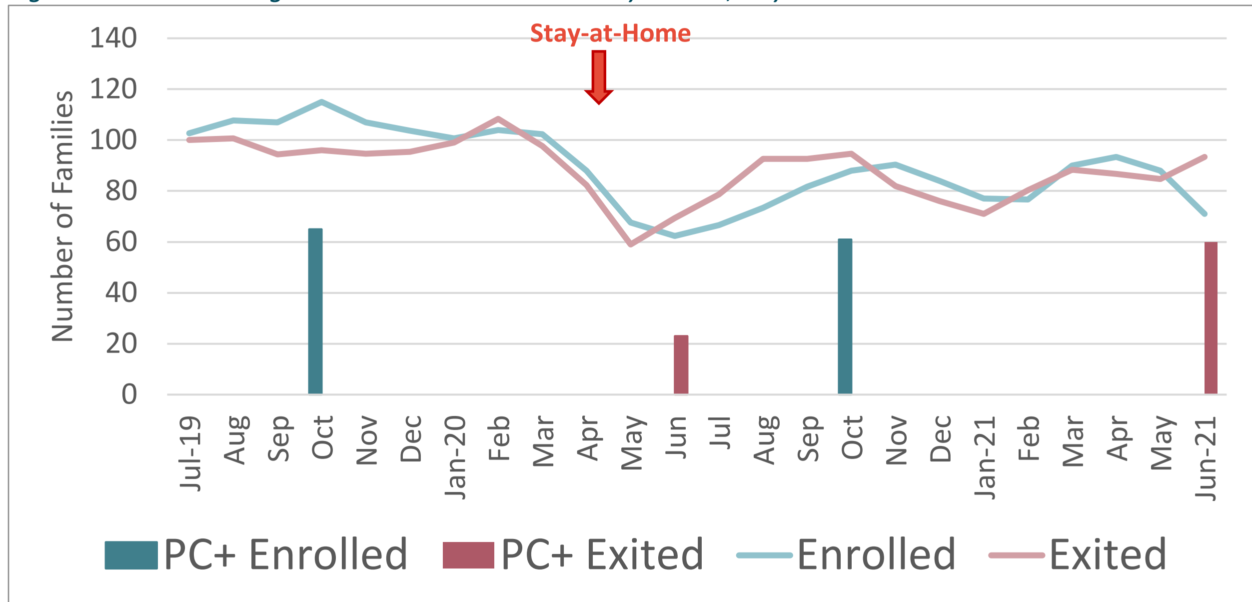
In SFY 2020 and 2021, the HVSA continued promoting and rewarding Performance Milestones for maximizing family enrollment in home visiting. Concurrently, HVSA underwent three procurements, expanding the funding for home visiting slots in November 2019, July 2020, and October 2020, and the LIAs faced the pandemic starting March 2020. The expansion increased funded slots from 2,421 in SFY 2019 to 2,655 in SFY 2021; while the pandemic negatively impacted recruitment, enrollment, and engagement in home visiting.

In SFY 2021, the enrollment performance milestone was met when at least 90% of the funded slots were filled with families each quarter. During SFY 2021, 14 LIAs met the 90% enrollment threshold at least one quarter during the year, 12 of these LIAs met the threshold two or more quarters, and two LIAs met the enrollment threshold every quarter (see definitions, Appendix 1B).

SFY 2021 LIA Enrollment Performance Milestones
MET 1 Quarter: 14 LIAs
MET 2-3 Quarters: 12 LIAs
MET 4 Quarters: 2 LIAs

The impact of the COVID-19 pandemic is evidenced by the number of families newly enrolled and newly exited each month (Figure 9). In early SFY 2020 there was promising enrollment data; however, the drop in enrollment and exits from March through June of 2020 clearly show the decline in new enrollments and exits. LIAs successfully pivoted to new service models and resumed services but continue to lag behind pre-COVID-19 enrollment norms.

Figure 9: Home Visiting New Enrollments and Exits by Month, July 2019 – June 2021



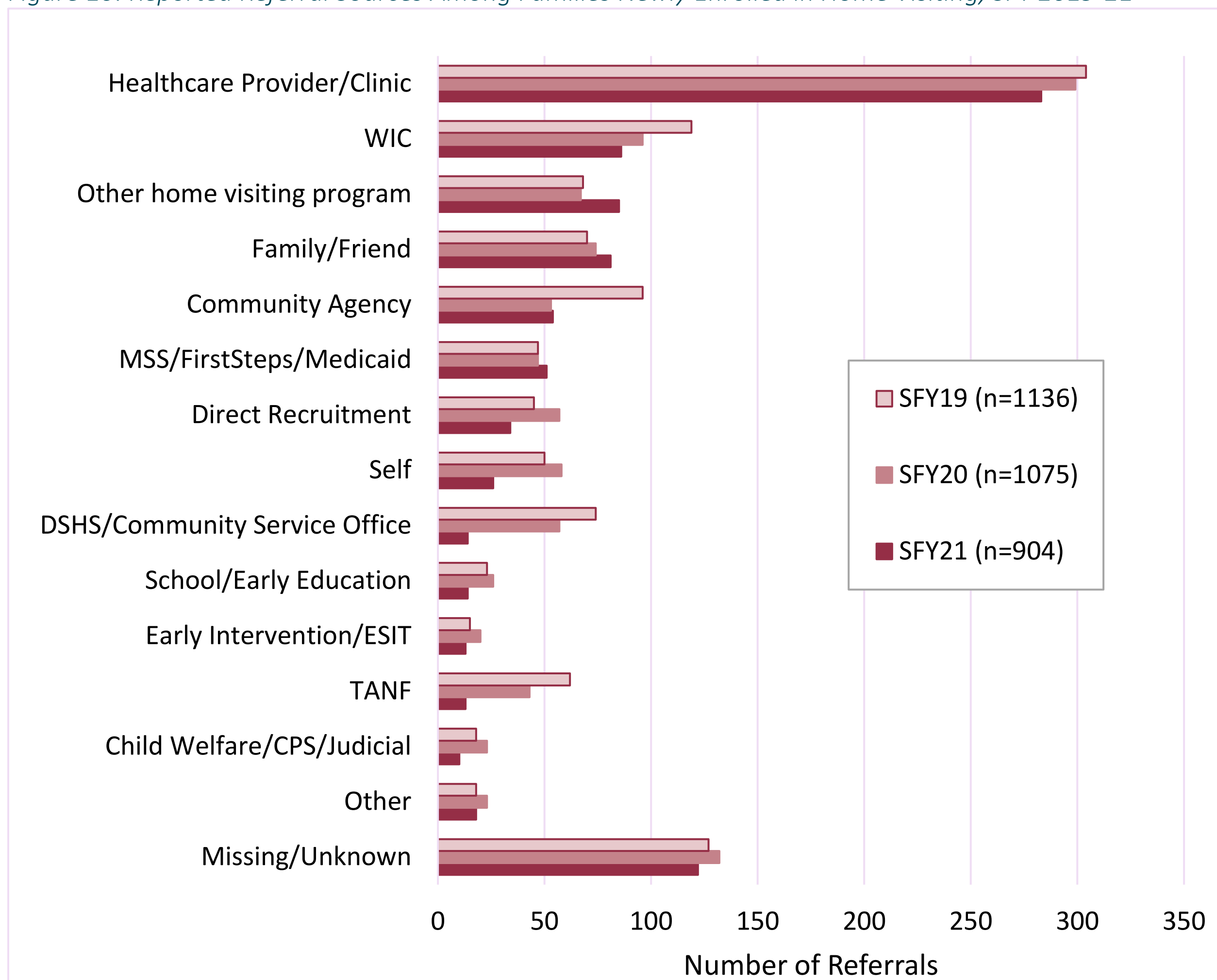
Note: All ParentChild+ families enrolled in October and exited in June.

Referrals into Home Visiting

Coordinated outreach and referral systems are the first step in successful family engagement. These community-based home visiting programs depend on a wide referral network to identify, locate, and contact families who might benefit from home visiting services. As seen in Figure 9, new enrollments continue to challenge the home visiting programs yet it is difficult to determine what is attributable to difficulties for families to engage or a breakdown in the referral networks.

Among families served by the HVSA in SFY 2021, the largest source of referrals were health care providers and clinics (31%), while the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and other home visiting programs each account for 9% of referrals (Figure 10). Of note, the number and proportion of referrals from TANF dropped markedly as did referrals from DSHS, Community Service Offices (CSOs). This drop was likely due to closures in CSOs and all applications for TANF processing through a central office, remote/phone system. We expect these referrals to increase again in SYF22 as CSOs begin to offer in-person services again.

*Figure 10: Reported Referral Sources Among Families Newly Enrolled in Home Visiting, SFY 2019-21**

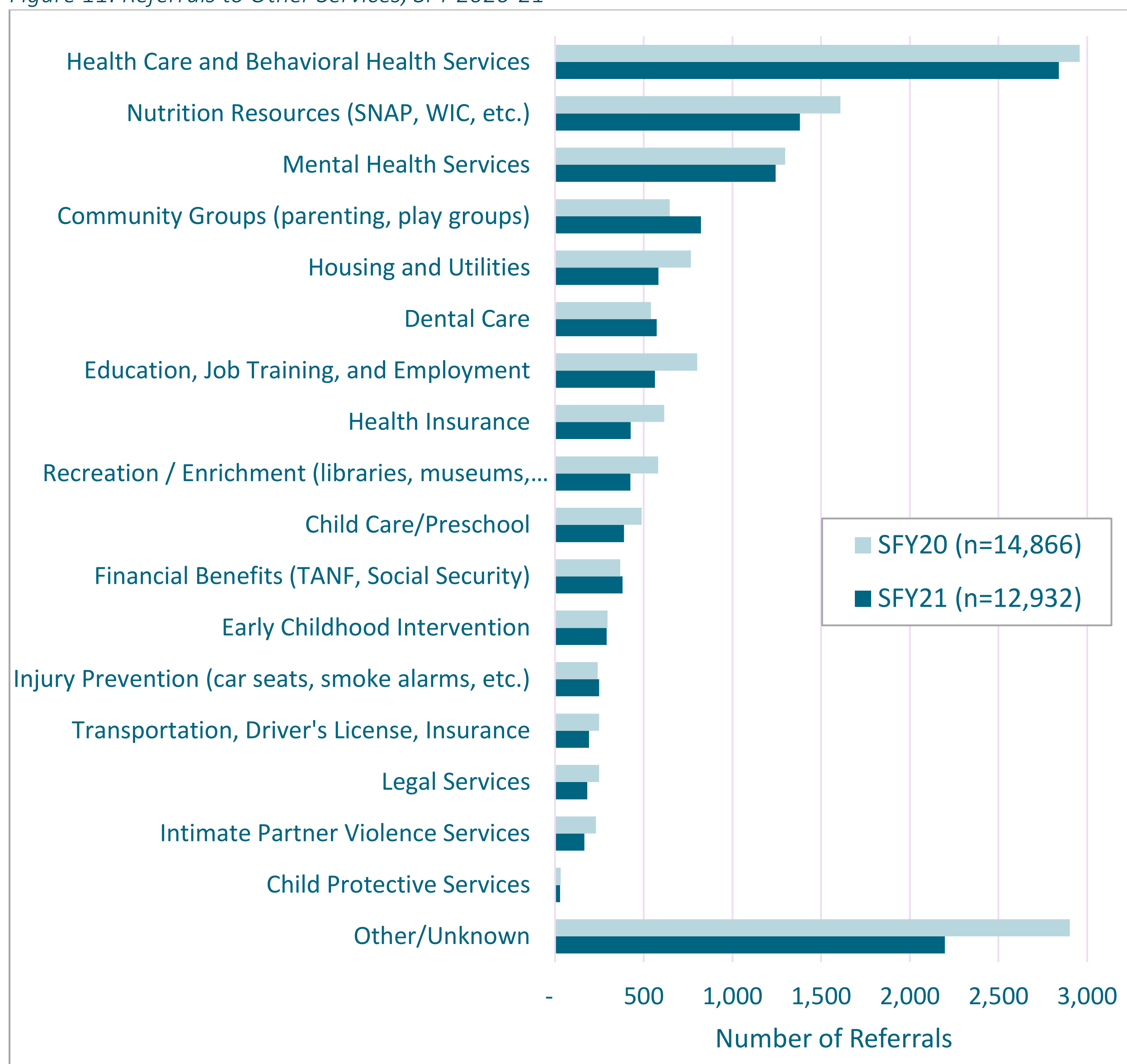


**Includes families that submit data to the SQL warehouse only.*

Referrals to Services

HVSA LIAs reported making nearly 13,000 referrals to other services for families enrolled during SFY 2021. More than 20% of referrals were to health care and behavioral health services, 11% were to nutrition resources including SNAP and WIC, and 10% were to mental health services. Referrals in the "other" category include general parenting support, faith community, child support, and adoption services (Figure 11).

Figure 11: Referrals to Other Services, SFY 2020-21



Program Engagement

On March 17, 2020, DCYF provided guidance to HVSA-funded home visiting programs, allowing them to shift services to fully virtual (video-based) or remote (telephone-based) visits with enrolled families. Like many other services, home visiting programs pivoted quickly to serving families remotely, shifting from 94% in-person visits to 15% in-person, 49% via phone, and 36%

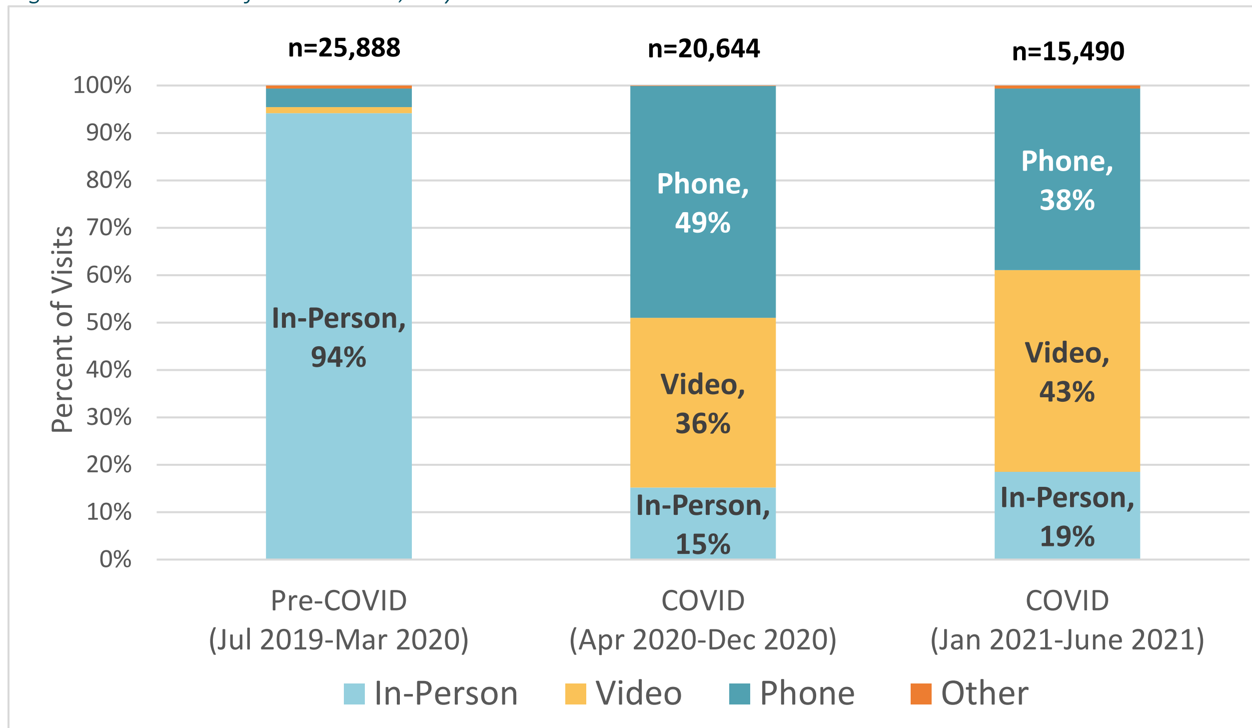
via video between April 2020 and December 2020 (Figure 12). During the last six months of SFY 2021, in-person visits increased by 40%. Between January and June 2021, 18% of visits were in-person, but the majority of visits were virtual or remote.

Home visitors employed creative strategies to support parents to reach their goals for their children and themselves and to address their family's immediate needs. This engagement took the form of Home Visits and Encounters (see Definitions), which together helped maintain that lifeline to families during an unprecedented period of stress and isolation (Figure 13). Programs report that home visitors are often connecting with families more often than previously especially given acute family needs during the pandemic.

Definitions

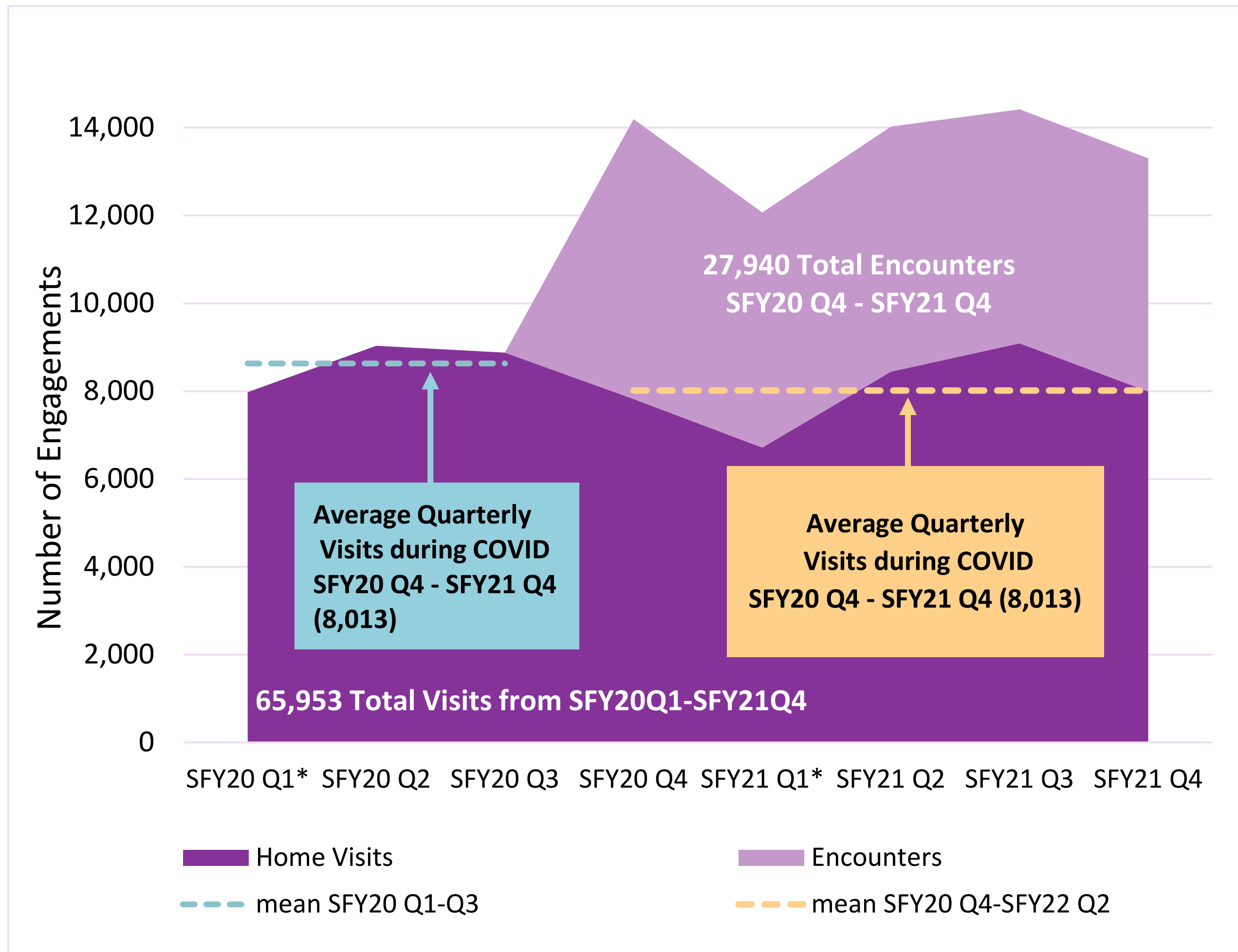
Home Visit: In-person, virtual, or phone visit with Model content delivered.
Encounter: Alternative engagement during Stay Home order, including phone, email, text, porch drop-offs.

Figure 12: Method of Home Visits, July 2019 – June 2021



Note: 3,931(10%) of visits during COVID-19 were missing information on visit type, thus were not included in the figure.

Figure 13: Home Visiting Engagements by Quarter, SFY20 Q1 – SFY21 Q4 (July 2019 – June 2021)



**ParentChild+ programs program year covers Q2-Q4; no data for Q1 is included.*

Program Retention

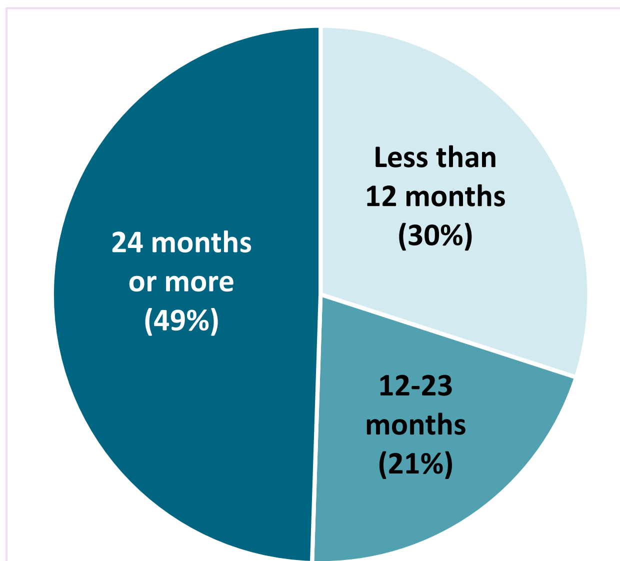
In SFY 2019, the HVSA added a new Performance Milestone – Family Retention. This measures how long a family remains in a home visiting program, with milestone awards for 12-month and 18-month retention. For most of the models supported by the HVSA, typical programming provides two years of education and support, with extensions dependent on additional births or ongoing family needs. To meet Performance Milestones, a family must be enrolled as of the anniversary date and have participated in a home visit or encounter within 30 days pre- or post-anniversary. ParentChild+ programs offer weekly services over two program year cycles, with the expectation for a family to receive 46 visits over approximately eight months, each program year. ParentChild+ families meet the 12 Month Performance Milestone when they complete 44 visits in Program Year 1, and the 18 Month Performance Measure when they complete 44 visits in Program Year 2.

SFY 2021 Family Retention Performance Milestones
MET 12 Month: 691 Families **MET 18 Month:** 619 Families

During SFY 2021, 1,087 families exited from home visiting services. Almost half (49%) of the families who left home visiting in SFY 2021, graduated after two years of services; one-fifth (21%) received between 12-23 months of service, while 30% exited before one year of service (Figure 14). Overall, the average duration of service for families was 21 months in SFY 2021 compared to 17 months in SFY 2019.

At the time of exit, families were asked why they were leaving the program. More than half (54%) of exiting families graduated from the program, aged-out of services, reported returning to school or starting a job, or reported receiving services elsewhere. However, nearly one in four families were lost to follow-up, highlighting the barriers and competing demands for populations eligible for home visiting.

Figure 14: Duration of Services Among Families That Exited in SFY 2021 (n=1,087)



Home Visiting Services Provided

HVSA Aligned Measures

HVSA Aligned Measures include eight performance indicators that all HVSA programs collect and report on for participating caregivers and children (Box 2). These eight measures cover four domains that encompass the children's and caregivers' health, well-being, and development. Most of the HVSA Aligned Measures are process measures, with two outcome measures, Breastfeeding and Child Maltreatment. Process and outcome measures can be described as:

- Process Measure – if and how much an activity happened.
- Outcome Measure – how well did something happen.

Some measures are assessed once per child or caregiver (e.g., IPV screening) while others are tracked annually (e.g., parent-child interaction). See Appendix 1 for measure definitions. National performance data from MIECHV from federal fiscal years 2018-2019 (October 2017-September 2019) is presented as a comparison for each measure, however, please note that the period of performance for MIECHV is pre-COVID-19.

Changes in statewide performance were observed for most of the Aligned Measures between SFY 2019 and SFY 2021, except for two measures (e.g., daily literacy activities, child maltreatment) (Figure 15). Some notable changes include breastfeeding rate at 6 months, which increased five percentage point between SFY 2019 and SFY 2021. One reason for this increase may be due to more parents shifting to remote working or staying at home during the pandemic. At the same time, screening rates for depression, developmental delays, and IPV declined, which may be associated with stressful situations families and home visitors faced during the pandemic and the challenges administering screenings during remote and virtual home visiting. Well child visit received declined slightly in SFY 2020, but it trended upward in SFY 2021. Lastly, observation of parent-child interaction declined in SFY21 because some of the parent-child interaction tools were not recommended for fully virtual visits due to lack of validation or inability to complete some aspects of the assessment such as observation of home environment. Differences in performance were noted across geographies (Appendix 2).

Box 2: HVSA Aligned Measures

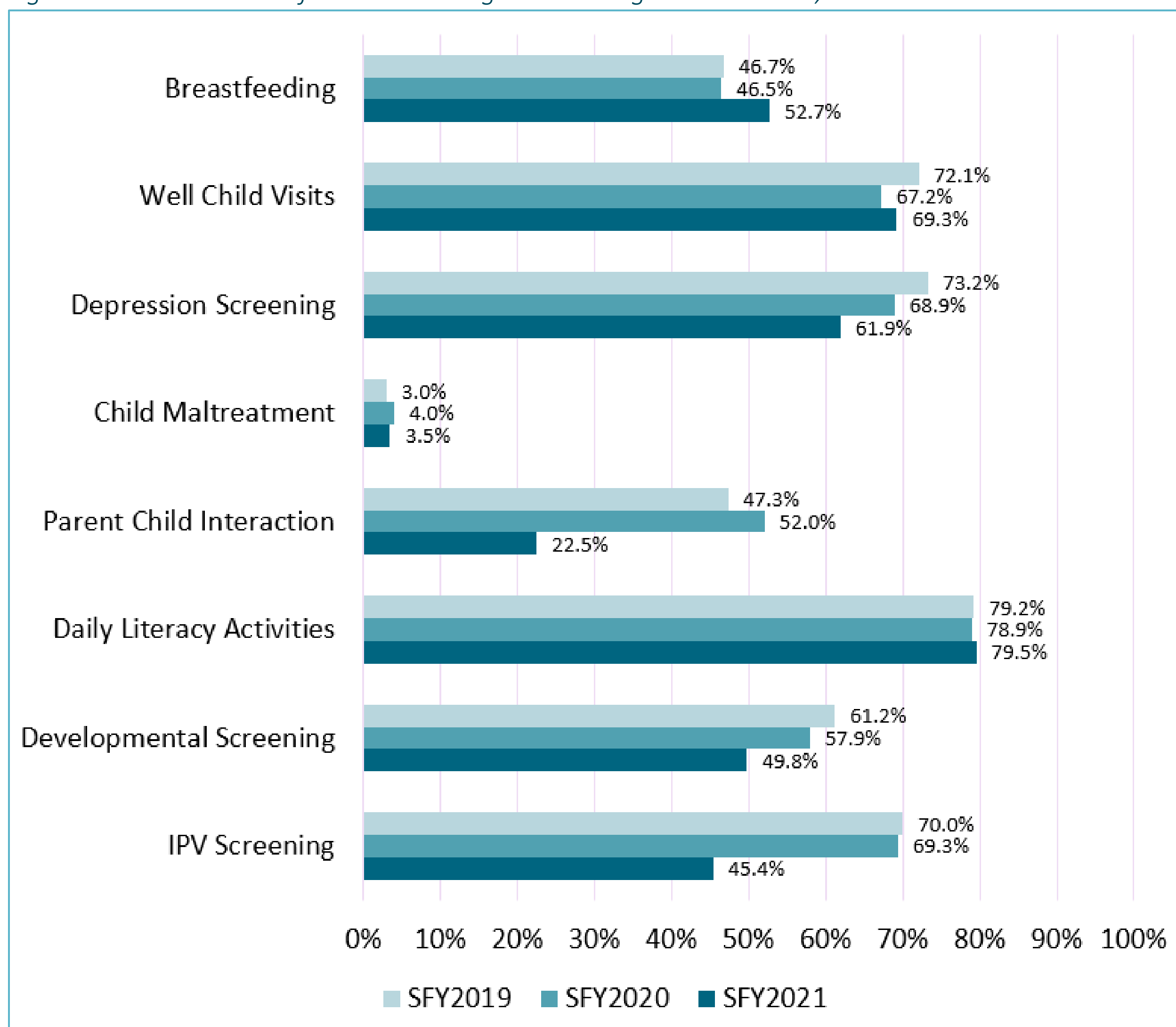
Domain 1. Improved Maternal and Newborn Health
- Continued **Breastfeeding** at 6 months of age
- Routine **Well Child Visits** completed on time
- **Depression Screening** completed for caregivers

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

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

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

Figure 15: Statewide Performance on Eight HVSA Aligned Measures, SFY 2019-SFY 2021



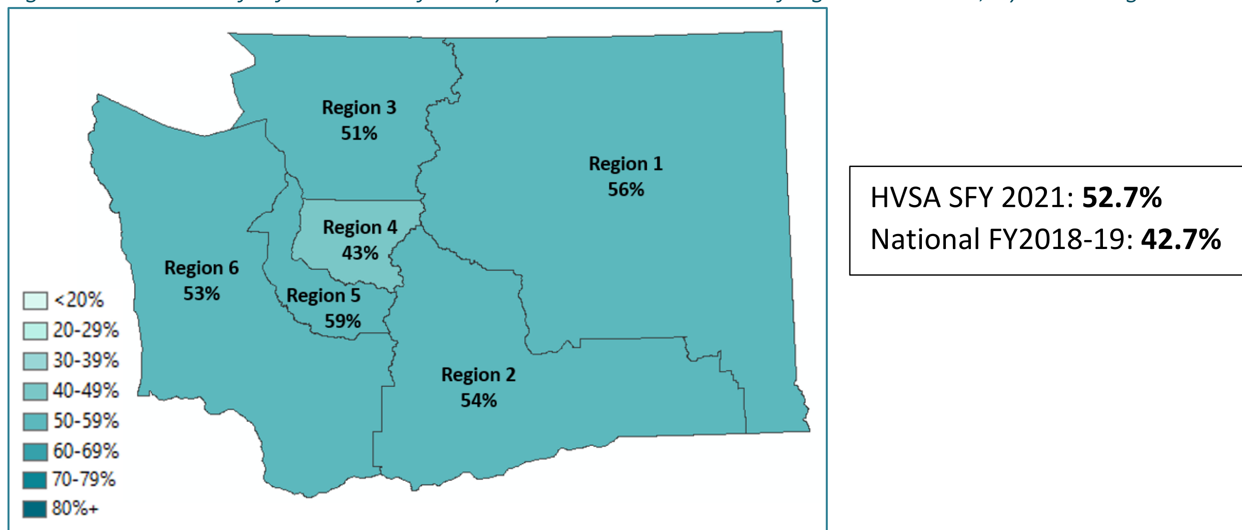
Note 1: Measures of breastfeeding, well-child visits, depression screening, daily literacy activities, developmental screening, and IPV screening were recalculated for SFY 2019 and SFY 2020 using the most up-to-date data received from each data system and using the same calculation methods as SFY 2021. Therefore, some of the numbers for these measures may not match what was reported in the SFY 2019 HVSA Annual Report.
Note 2: In SFY 2020, HVSA started including DANCE and PICCOLO in addition to HOME as validated tools for parent-child interaction measure. Until SFY 2019, HOME was the primary tool that counted toward the measure.

Improved Maternal and Child Health

Breastfeeding is associated with a reduced risk of infant mortality and many illnesses in children, such as asthma, obesity, type 1 diabetes, and severe lower respiratory disease. Breastfeeding can also help lower a mother's risk of hypertension, diabetes, and breast and ovarian cancers. In addition to the health benefits for mothers and children, breastfeeding has been associated with improved mother-infant bonding, thus thought to have positive psychological impacts on mothers and children.

The statewide performance for infants who were breastfed at any amount at 6 months increased from 47% in SFY 2019 to 53% in SFY 2021. This may be attributed to more parents remote working or staying at home and not returning to workforce during the pandemic, although more research is needed. The breastfeeding rate in SFY 2021 is lower than the statewide breastfeeding rates (75%, Breastfeeding Report Card) and the Healthy People 2020 Goal of 61% (Healthy People 2020), but higher than the national average, 42.7% for FY 2018 to FY 2019 (MIECHV Demonstration of Improvement in Benchmark Areas, 2020).[2] Variation across DCYF regions is significant ($p<0.05$), ranging from 43% in Region 4 to 59% in Region 5 (Figure 16). Note that breastfeeding data needs to be interpreted with caution due to high proportions of missing over the years (30%, 18%, and 48% missing for SFY 2019, SFY 2020, and SFY 2021, respectively). This may be due to a change in data collection methodology for NFP, confusion around when the data collection needs to happen, and the mismatch between required timing of data collection and the actual home visits. Further change in data collection methodology is planned for NFP programs in 2022.

Figure 16: Percent of Infants Breastfed Any Amount at 6 Months of Age in SFY 2021, by DCYF Region



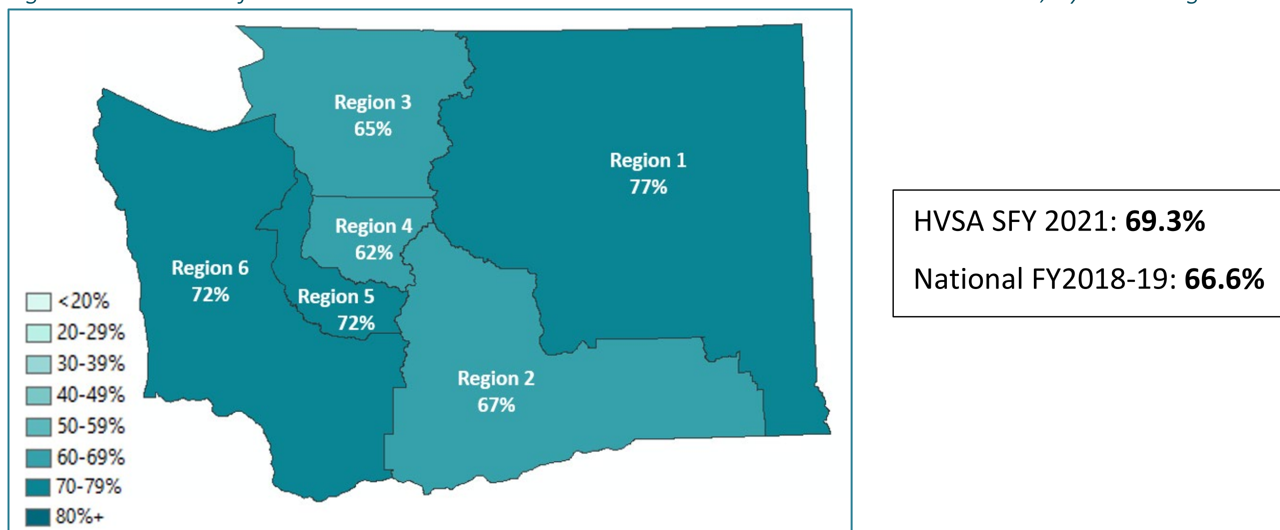
The other indicator for infant and child health, well child visits, assesses whether a child received the most recent visit recommended by the American Academy of Pediatrics. When children receive their recommended well child visits, they are more likely to be up-to-date on immunizations, have health and developmental concerns recognized and addressed early, and are less likely to visit the emergency department.

Overall, well child visits statewide decreased by five percentage points between SFY 2019 (72%) and SFY 2020 (67%). A similar trend has been reported nationwide as families stayed home during this time due to the mitigation measures to combat the spread of COVID-19. Well child visits increased by two percentage point between SFY 2020 (67%) and SFY 2021 (69%) during the time of phased reopening. Washington's performance has been above the national

[2] National threshold value is calculated as the average of Federal Fiscal Year 2018 national mean and Federal Fiscal Year 2019 national mean for MIECHV-funded programs (MIECHV Demonstration of Improvement in Benchmark Areas, 2020).

average, 66.6% (MIECHV Demonstration of Improvement in Benchmark Areas, 2020). In SFY 2021, regional difference was statistically significant ($p<0.05$), ranging from 62% in Region 4 to 77% in Region 1 (Figure 17). However, well child visits data needs to be interpreted with caution due to high proportions of missing over the years (33% to 35% missing between SFY 2019 and SFY 2021).

Figure 17: Percent of Children Who Received Recommended Well-Child Visits in SFY 2021, by DCYF Region



HVSA SFY 2021: **69.3%**

National FY2018-19: **66.6%**

Identifying potential caregiver mental health issues and providing services and referrals is a key role for home visitors. This was especially relevant during the pandemic when many caregivers struggled with mental and emotional health issues. Past research has shown that children of caregivers who are struggling with depression are at increased risk of attachment issues, child abuse and neglect, and developmental delays (Earls, 2010). Caregiver depression screening and treatment is an important tool to protect the children from the potential adverse physical and developmental effects of caregiver depression.

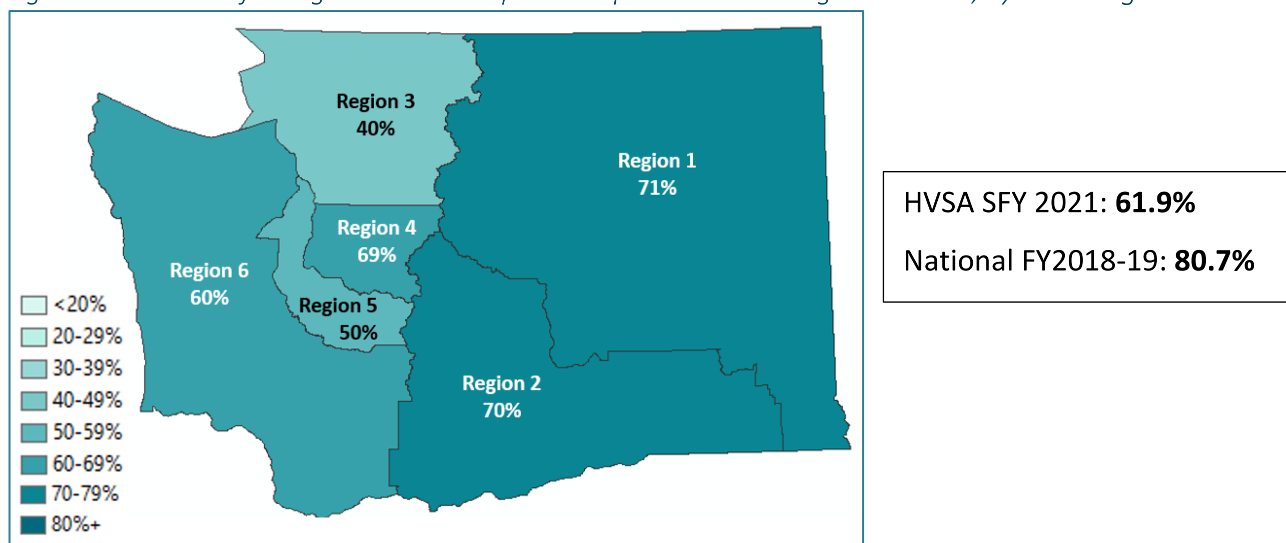
In SFY 2019, depression screenings and referrals were added as Performance Milestones in an effort to elevate the importance of timely screening. The goal of the depression screening performance award was to incentivize screening for all newly enrolled caregivers within three months of enrollment or three months following the birth of their child if the caregiver enrolled prenatally.

Home visitors screen caregivers with the Patient Health Questionnaire-9 (PHQ-9). For SFY 2021, LIAs received incentive awards for the 528 caregivers screened for depression during the screening window in the fiscal year (down from 720 caregivers and 672 caregivers in SFY 2019 and SFY 2020, respectively). Depression screening rates declined overall for HVSA from 73% in SFY2019 to 62% in SFY2021, with regional variation from 40% to 71% (Figure 18, Appendix 2).

SFY 2021 Depression Performance Milestones

Screenings: 528 Caregivers
Referrals: 175 Caregivers

Figure 18: Percent of Caregivers Who Completed Depression Screening in SFY 2021, by DCYF Region



The depression referral performance award is designed to incentivize appropriate follow-up and connection to services for caregivers who screen positive or disclose depressive symptoms. This may include making a new referral for mental health services, completing a referral, or confirming the caregiver is receiving the recommended services and documenting the work. In SFY 2021, incentive awards were made for 175 caregivers who received a referral following a positive depression screening, up from 145 caregivers and 119 caregivers in SFY 2019 and SFY 2020, respectively. This accounted for 39% of the 449 positive screenings reported in the past two years (SFY 2020 - SFY 2021). A majority of these caregivers (42%) already received their referral in SFY 2020, while (19%) had no documented referral or services by the end of SFY 2021. Additional support to home visitors may include education on mental health and depression, coaching on supporting discussions with clients about mental health, improving data collection, and understanding the value of data reporting. Systems-level issues such as the availability of mental health providers in rural communities and the availability of culturally appropriate services may need to be addressed. In SFY 2020, 13 home visiting programs were selected to participate in the caregiver depression screening and referrals CQI Learning Collaborative; however, it was halted when the pandemic began. In summary, while depression screening was conducted less often, more caregivers were referred for needed mental health services in SFY 2021, despite the fact fewer caregivers were enrolled in SFY 2021.

Reduced Child Injuries, Abuse, and Neglect

Child abuse and neglect can have a tremendous impact on lifelong health, opportunity, and well-being if left untreated. Research has shown that child abuse and neglect increase the risks of injury, future violence victimization and perpetration, substance abuse, delayed brain development, lower educational attainment, and limited employment opportunities (CDC, 2021). While reducing child abuse and neglect is often cited as one of the primary goals for home visiting, it is difficult to measure. This is the only Aligned Measure that relies on administrative data collected by Child Protective Services (CPS), rather than using parent self-report. In Washington, what that means is that the HVSA is dependent on parents providing

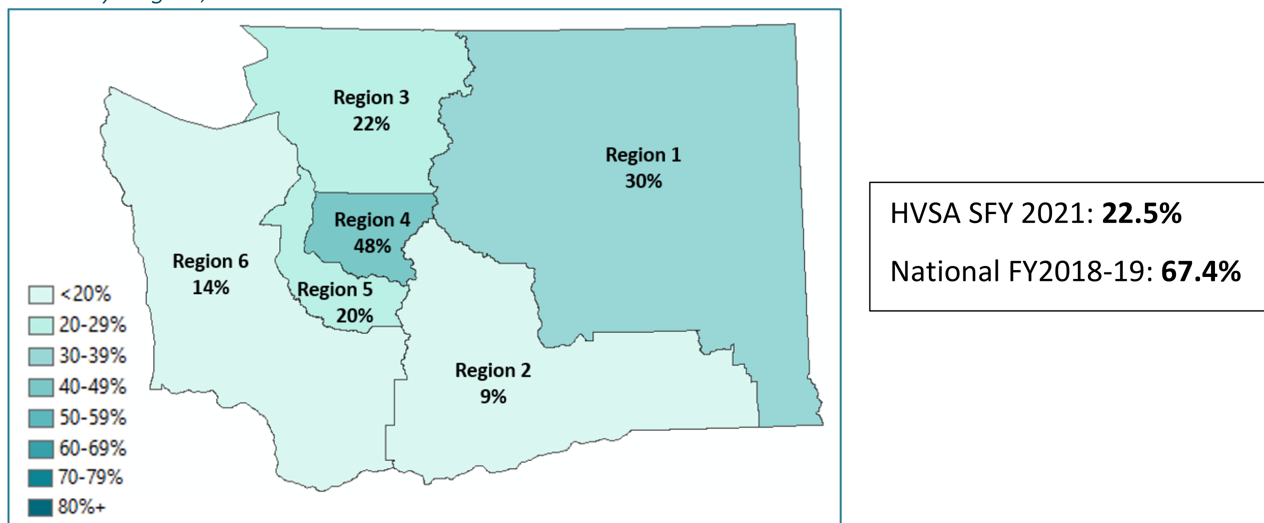
consent to the HVSA to use confidential individual identifiers to match with CPS data. In SFY 2021, 67% of the children enrolled in home visiting had a parent or guardian who consented to share confidential data with the HVSA. Among these children, 3.5% had a CPS case investigation initiated in SFY 2021. This is comparable to the rates in SFY 2019 and SFY 2020. However, statewide rates of child maltreatment decreased during the pandemic.

Improved School Readiness and Achievement

The three indicators for school readiness and achievement cover interactions in the home between adults and children as well as routine child developmental screenings by the home visitor. Nurturing the parent-child relationship is one of the primary goals for all of the home visiting models funded by the HVSA; yet measuring the strength of that relationship is challenging. Instead, the HVSA uses a process measure to monitor that the parent-child interaction (PCI) is assessed at minimum annually.

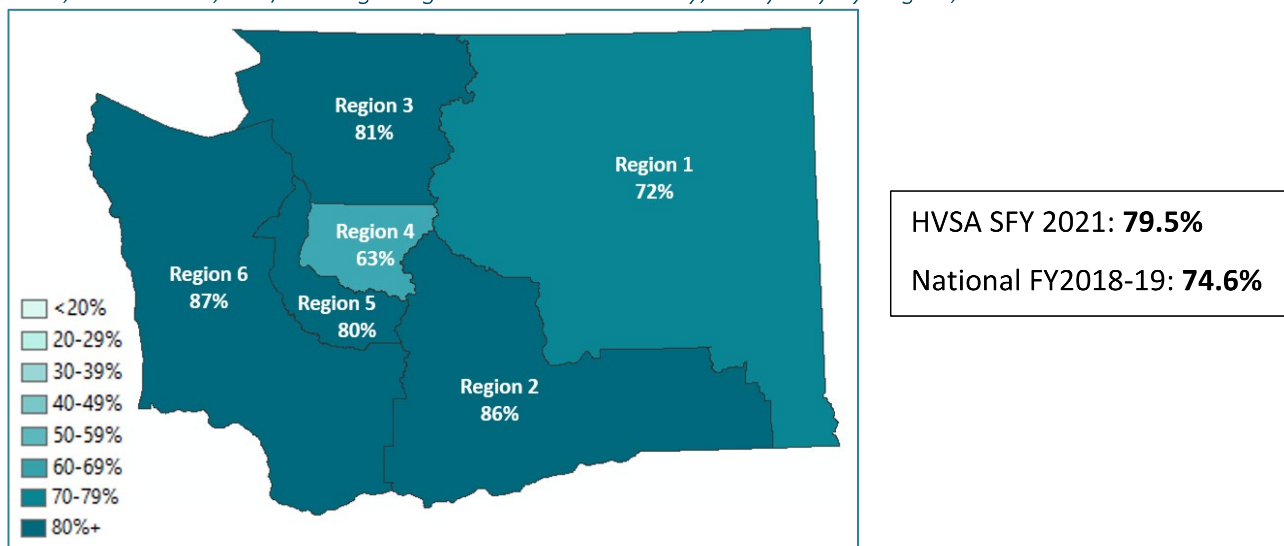
Despite the focus on the relationship by home visitors, the formal assessment and reporting of PCI has been low. In SFY 2019, only 47% of parents were assessed using an HVSA-approved tool. For SFY 2019, the Home Observation for Measurement of the Environment (HOME) tool was the primary assessment tool included in this measure. In SFY 2020, additional MIECHV-approved tools used by LIAs (DANCE and PICCOLO) were added to the list of HVSA approved tools for PCI assessment. As a result, the percent of parents with an observation of parent-child interactions by a home visitor increased by five percentage points in SFY 2020 (52%). Observation of parent-child interaction declined substantially to 22.5% in SFY 2021 due to the pandemic and limitations on in-person visits. Some of the parent-child interaction tools, most notably HOME, were not initially recommended to be used in virtual visits. This limited assessments particularly for those LIAs who were completely reliant on HOME. Starting in early SFY 2021, support has been provided to LIAs to transition to other PCI tools for future assessments. Regional differences were apparent, ranging from 9.3% in Region 2 to 47.6% in Region 4 (Figure 19), which is likely attributed to the tools being used by LIAs.

Figure 19: Percent of Caregivers Who Received an Observation of Caregiver-Child Interactions by the Home Visitor by Region, SFY 2021



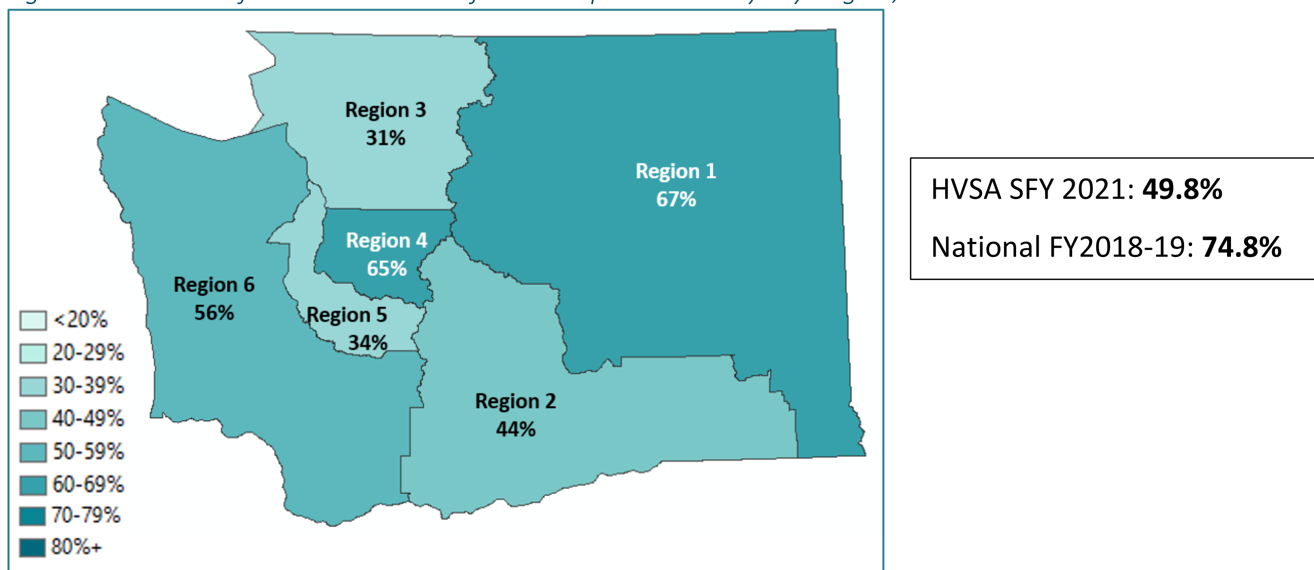
Early Language and Daily Literacy Activities is another measure of school readiness for HVSA. Caregivers are asked if a family member read, told stories, and/or sang songs with their children daily, every day, during a typical week. The performance of this measure remained high at about 79% between SFY 2019 and SYF 2021, exceeding the national average (74.6%). There were some regional variations in SFY 2021, ranging from 63% in Region 4 to 87% in Region 6 (Figure 20).

Figure 20: Percent of Children with a Family Member Who Reported That During a Typical Week S/He Read, Told Stories, and/or Sang Songs with Their Child Daily, Every Day by Region, SFY 2021



The third key measure used to assess early school readiness by the HVSA is a screening for potential developmental delays. Many home visiting models use the Ages & Stages Questionnaires, Third Edition (ASQ-3) to routinely screen for potential developmental delays. The screening tool assesses development in skill areas including communication, gross and fine motor, problem-solving, and social development. The expectation is that at a minimum, children are screened at 9-10 months, 18 months, and 24 or 30 months of age. In SFY 2021, screening rates for the HVSA were 50%. This represents a decline of more than 10 percentage points from SFY 2019 and was comparable to performance in SFY 2018. Regional variation was observed, ranging from 34% in Region 5 to 67% in Region 1 (Figure 21, Appendix 2).

Figure 21: Percent of Children Screened for Developmental Delays by Region, SFY 2021

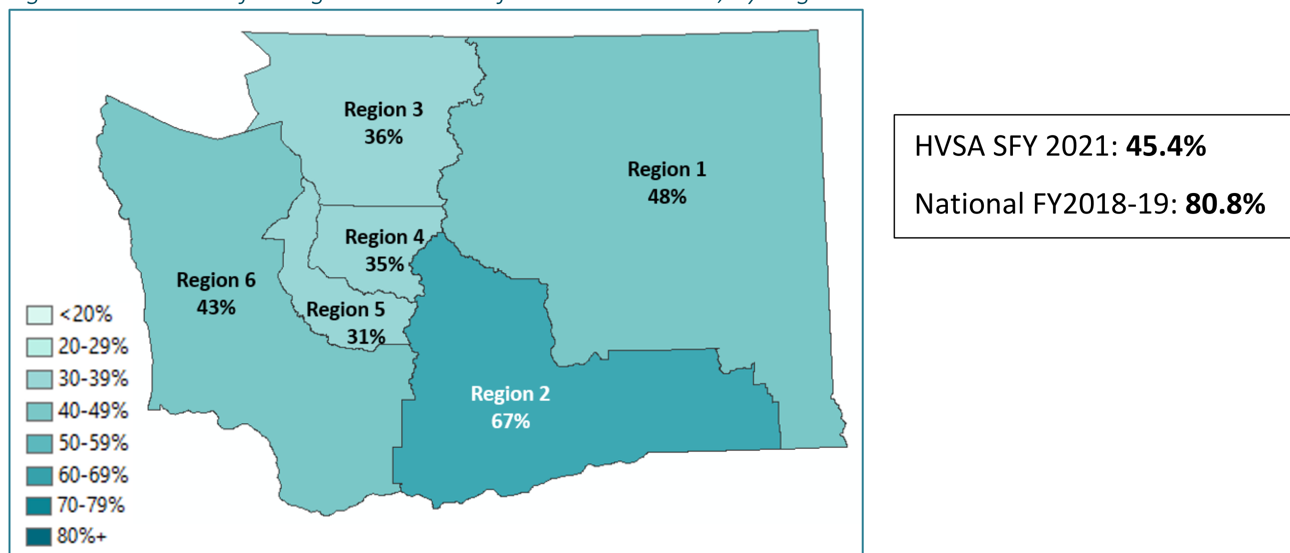


Reduced Crime or Domestic Violence

Intimate Partner Violence (IPV) includes physical violence, sexual violence, stalking, and psychological aggression between current or former romantic partners. Exposure to IPV during childhood can have a detrimental effect on social, physical, and cognitive development as well as on child mental health. During the pandemic, mitigation measures and associated isolation raised safety concerns for people living with abusive partners. Little is known about how home visitors can safely conduct IPV screenings during virtual home visits (National Home Visiting Resource Center, 2021).

Similar to other screening measures, IPV screening declined sharply from 70% in SFY 2019 to 45% in SFY 2021. Regional trends were similar to patterns before the pandemic with relatively higher rates in Eastern Washington (48% to 67%) compared to the rates in Western Washington (31% to 43%) (Figure 22).

Figure 22: Percent of Caregivers Screened for IPV in SFY 2021, by Region



During our initial visit, the client was highly apprehensive about even considering putting her child into a school type setting. In my time working with this client, we have managed to discuss her concerns and work toward alleviating her anxieties. It was through these talks that we had a breakthrough and now her child is enrolled and will be starting school come September. This will, in turn, give her some one on one time with her youngest child. When I first began visiting this client, reading was not happening in the home. Now, reading a book daily is part of their routine.

- From Northshore Youth and Family Services

Lessons Learned and Future Direction

SFY 2021 was a challenging year for the nation, Washington families, and HVSA. The continuing and rapidly changing pandemic has required extraordinary efforts by home visiting staff to provide services. Meanwhile, the acute needs of families oftentimes limit participation in home visiting services. While enrollment in home visiting has decreased and the method of service delivery and types of service provided have changed, there have been some notable successes.

Home visitors quickly pivoted to providing alternate engagements with families during the initial Stay Home orders and continued to connect and serve families as guidance changed. Pre-COVID-19 average quarterly visits exceeded 8,600 home visits (2,900 average monthly count), while during COVID-19 average quarterly visits reached 8,013 (2,671 average monthly count) for fewer families served and were supplemented by almost 28,000 encounters.

Anecdotally, families reported more flexibility to meeting with home visitors remotely and some reported new opportunities to participate virtually in group activities. This flexibility in service may have also contributed to an increase in retention. Among families that exited

services in SFY 2021, more than half (58%) completed at least one year of service, 43% completed two years of service, and the average length of service increased from 17 months in SFY 2019 to 21 months in SFY 2021.

Performance on the Aligned Measures in SFY 2021 continues to show the effects of the pandemic. Notable improvements include an improvement in infant breastfeeding rates and maintenance of strong early literacy activities. This success is tempered by the decline in reporting caregiver depression, IPV, and child developmental screenings, due to remote engagements. Assessments of parent-child interaction dramatically declined; however, LIAs worked to pivot to new tools that accommodate remote assessment. Additionally, reports from Washington and nationally suggest that the remote visits pushed a change to better coaching, with parents taking the lead and home visitors observing and offering feedback. As HVSA expands the performance-based contracting work to include program outcomes, the parent-child relationship continues to be recognized as one of the foundational outcomes of interest across all of the home visiting models. Learnings from this past year will inform the adoption of tools and approaches.

Despite the challenges of the pandemic and the remote environment, home visitors played a crucial role in addressing the basic needs, health needs, and early educational needs of the families. Home visitors referred families to financial, housing, and nutritional services, referred families to physical and mental health services, and kept connecting with families during the time of social isolation and high levels of stress, anxiety, and depression. Past pandemic experiences show that the transition from the pandemic to post-pandemic world will likely be gradual. The economic and social impacts as well as the mental and behavioral health impacts of the pandemic may outlast the length of the pandemic. Home visitors will continue to play a key role in addressing the complex needs of families during this time of transition.

The Washington State Legislature has recognized the positive role that home visiting plays in families lives during this period as demonstrated from the commitment by the Legislature to increase funding to serve more families in SYF 2022-2023. During SFY 2021, funding for new families established almost 100 new family slots; in SFY 2022, 185 new slots and up to 350 new family slots are projected for SFY 2023. With this expansion, support of the home visiting organizations and workforce will be paramount as the landscape of pay and benefits have rapidly changed.

More families and home visitors will likely go back to in-person home visits while some may continue virtual home visits or a hybrid model due to health/safety concerns, re-entry anxiety/social anxiety, or for convenience. Providing support to home visitors and families as they navigate the changing norms in services will be important both for family and workforce retention. Stories from the field indicate that the toll on home visitors has been high, with extensive staff turnover and recruitment challenges. Building a strong workforce, addressing both home visitor well-being and career development, will continue to be a top priority for the HVSA.

Data Limitations

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

First, families enrolled in home visiting programs are often experiencing many challenges and their relationship and sharing with home visitors deepens over time as trust in the relationship grows.

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

Third, this report used available data, feedback from the field, and best practices for combining data from different sources. Select models or programs were not included in some analyses if data elements were not available. For example, some models do not report the number of family members in a household, making the calculation of the federal poverty level unobtainable. In SFY 2019, the HVSA adopted a new quality assurance plan and committed to working with programs and models to ease the reporting burden while meeting the monitoring needs of funders and partners. The COVID-19 pandemic put some of the data quality efforts on-hold as attention turned to more immediate needs. Data collection and entry is a continued focus as evidenced by hiring a Data Trainer at DOH to work closely with LIAs on data collection and reporting.

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Appendix 1: Measure Definitions

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

B. HVSA Aligned Performance Measures	
Measure	Definition
Enrollment	Program meets or exceeds enrollment of 90% of their Maximum Service Capacity (caseload) during the report period, using cross-sectional count of families currently served at the end of each month. Evaluated Quarterly.
Retention	Families who remain engaged in the program for i) 12 months and ii) 18 months after enrollment. For ParentChild+ programs, retention is assessed by completion of i) Year 1 and ii) Year 2. Evaluated Annually.
Depression screening	Primary caregivers enrolled in home visiting screened for depression using a validated tool within i) 3 months of enrollment or delivery during the report period and ii) during the second year of service. Evaluated Annually.
Depression Referrals	Primary caregivers referred to or connected with services during the report period following a positive screening. Evaluated Annually.

Appendix 2: HVSA Aligned Measures by DCYF Region

HVSA Aligned Performance Measures for Caregivers	Maternal Depression Screening Completed			IPV Screening Completed*			Parent Child Interaction Observed*			Daily Literacy Activities*		
	N	D	%	N	D	%	N	D	%	N	D	%
Region 1	92	129	(71.3%)	77	162	(47.5%)	138	463	(29.8%)	300	417	(71.9%)
Region 2	129	184	(70.1%)	119	177	(67.2%)	54	580	(9.3%)	457	534	(85.6%)
Region 3	54	134	(40.3%)	48	134	(35.8%)	84	388	(21.6%)	261	324	(80.6%)
Region 4	107	156	(68.6%)	58	165	(35.2%)	190	399	(47.6%)	169	269	(62.8%)
Region 5	27	54	(50.0%)	19	62	(30.6%)	37	184	(20.1%)	109	136	(80.1%)
Region 6	96	159	(60.4%)	67	155	(43.2%)	78	569	(13.7%)	472	544	(86.8%)
Total HVSA	**505**	**816**	**(61.9%)**	**388**	**855**	**(45.4%)**	**581**	**2583**	**(22.5%)**	**1768**	**2224**	**(79.5%)**

HVSA Aligned Performance* Measures for Children	Breastfeeding at 6 Months*			Last Well Child Visit Received*			Development Screening Completed*		
	N	D	%	N	D	%	N	D	%
Region 1	37	66	(56.1%)	233	303	(76.9%)	161	241	(66.8%)
Region 2	29	54	(53.7%)	282	420	(67.1%)	139	316	(44.0%)
Region 3	35	68	(51.5%)	151	231	(65.4%)	85	276	(30.8%)
Region 4	16	37	(43.2%)	147	239	(61.5%)	110	169	(65.1%)
Region 5	13	22	(59.1%)	89	123	(72.4%)	32	93	(34.4%)
Region 6	37	70	(52.9%)	295	412	(71.6%)	164	293	(56.0%)
Total HVSA	**167**	**317**	**(52.7%)**	**1197**	**1728**	**(69.3%)**	**691**	**1388**	**(49.8%)**

**p-value <0.05 based on Chi-square test across regions*

Note: Investigated child maltreatment measure is not included due to the small number of investigated cases reported.