Washington State Department of
CHILDREN, YOUTH & FAMILIES

Home Visiting Advisory Group
Meeting Minutes

June 13, 2024 -10:00am-3:00pm
Virtual Meeting

Welcome, Virtual Meeting Protocols and Introductions
DCYF Home Visiting Policy and Systems Manager, Mbajah Nelly, welcomed attendees and initiated introductions and welcomed attendees.

HVSA Rates Update & Discussion
DCYF Home Visting Practice and Implementation Manager, Rene Toolson provided a progress update and members had an opportunity to discuss.

Discussion	• Direct billables- when I filled PSQ does it need to be the exact amount I need to get (there are different categories not listed)?
	  ○ Want to match the direct billable budget (as much as possible). If you have other costs lets discuss the matter further (we should add or edit) and don't want to go under.
	• How does this look? You have a rate for the model contract. Does it get directly billed to DCYF?
	  ○ How do you currently project for mileage for PSQ?
	  ▪ I use a 12-month projection and more so curious what will happen moving on?
	  • You will complete a questionnaire form/ budget worksheet based on these items and you will be billed based on these cost reimbursements. Still using direct billables.
	• Basically, you get the whole 100% if the slot is filled or 35% for capacity filled.
	  ○ Yes; correct.
	• Who is the person I should reach out to about Fatherhood? We are exploring launching a fatherhood home visitation model.
	  ○ Please reach out to Nelly (Home Visiting Policy and Systems Manager).
	• You have a 30 day hold in Home Visiting slots and this is a quick turn around and there's a time to follow up. The likelihood of refilling that slot is too quick of turnaround and doesn't feel ethical.
	  ○ It can take 4-6 weeks for a complete model visit, the counterbalance may help with that issue.
	• We are the only program going through this process (contracts in July). When this was presented to us an encounter that was pre-enrollment would not be counted as active engagement and now I'm hearing a different thing today. What is the actual definition of "active engagement"? I have some serious concerns, because we work with multilevel communities that have a high level of distrust with home visiting. So this requires a lot of relationship building to ensure higher retention. This could

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	lower retention and open up the possibility of coercion. I don't think the current definition excluding pre-enrolled families is workable and not what I heard. ○ You're correct, once a family is enrolled the service numbers does start to count. I appreciate your input and articulate about the impact of this. ▪ And explaining the complexities of this funding structure within our fiscal partners. This is why we are constantly adjusting our funding and figuring out our rates structure. • I appreciate that, and because we meet so infrequently. Frankly, I feel like we're the guinea pigs right and we're asked to sign a contract by July 1st, what happens now will impact everyone else in the future. ○ And the challenge is neither the models nor our contract specified a quantity, so in the rate modeling without that specific kind of quantity of time or percentage of effort, either that we dictate to you or the model dictate to you about how much time it takes to do that it was really difficult for us to make the case. As to we need to have an outreach worker basically supporting the enrollment process. One of the nuances of the model assumes that everything within the model is already captured within the model structure or, specifically and quantifiably. I'm hoping that we if miss something in the first round we reassess the impact and pinning these on round two. Looking at this I'm getting concerned. What about contract model fidelity? What is our role as HVAC? This feels like you're telling us what you're doing but not asking for our input. Who is leadership? I don't feel like our role is not clarified or supported, and it feels like an afterthought. • We're talk about following model fidelity but we're not doing it for the caseload or looking at active enrollment? What is our role in the process, if feels we're an afterthought because it's already been decided? Who is leadership? ○ I would encourage you to reflect on what the role of HVAC says that is for the collective here to determine. We are utilizing a DCYF design process to move this to rates. It's important that external partnerships vocalize their

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	concerns. DCYF Leadership - is the Secretary, the Assistant Secretary, the Chief Financial Officer and the Chief of Staff. • I've seen this rate process in other areas of the agency with successful substantial increases. This is a valuable program that hasn't had rates before, and there are compelling points being made about the courtship and respecting cultural aspects. • I'm very concerned what I'm hearing (and Dila I recognize that you're the guinea pigs for this). Trying to be respectful to rural and differing cultural communities, we're required 2 visits/ month, and they work long hours (especially during seasons). In order for this work that mutual respect but be there and pressuring our client to see us is going to change our practices/ relationships and I don't know in a good way. • Will this have the unintended consequence of agencies unenrolling folks quicker instead of working to reengage to save budget? How might this impact families - in particular families with SUD as a factor that requires consistent reengagement. No need to discuss here, just a factor to ensure is being considered. • I wonder if this is an issue with DCYF because so many of the programs it funds are not voluntary (CPS, Juvenile Rehabilitation), but programs on the prevention side/HVSA are voluntary? So the system doesn't know how to capture the fact that we don't have a built in caseload. We have to work for engagement and enrollment. • I see this adversely affecting retention and the diversity of families engaged and enrolled. • We do have concerns about different rates for different regions. • I think it is accurate that the rate is higher compensation. What is not being discussed explicitly here is how that will come about. In our case, our slots are being reduced by about 25%. That number was provided after we specifically requested it. That is despite consistent performance pay and being awarded competitive applications for expansion since 2016. I think it is important for all the programs to know that serving fewer families could/will be an outcome of this process.
Follow up	Please reach out to Rene Toolson (rene.toolson@dcyf.wa.gov) for any follow up questions.

HVSA System Updates

DCYF Home Visting Practice and Implementation Manager, Rene Toolson and DCYF Strengthening Families Washington Administrator, Laura Alfani provided a progress update, and members asked any questions about written updates.

	• Why is there a loss of slots?

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Discussion	○ Because we only have a certain amount of money. We adjusted the caseloads based on how the programs are currently staffed. I don't have information on the underspent. ▪ The FTE that we're funding, the previous 15 slots are now going to 13 slots. We're not funding more staff and supporting existing staff within the organization. • Are we submitting a decision package for the Delta? ○ Yes, it will be put together, not sure if it will be based on slots or funding. ▪ I didn't envision any loss of slots bc they would be paid at a higher rate from underspent of the DP from the Delta. This is news to me. ▪ The increase in costs will vary from model to model, 2 million federal and 2 million state is not sufficient. If we maintain the capacity of FTE then there's a slight reduction and that's the approach we're basing this off of. ▪ What about the 8 million budget we secured in the past? ▪ That wasn't fully available money or MIECHV funding. ▪ What about the Jan 1 funding? • That's $603,000 dollars that we be applied to these rates. • How many total slots are being lost through rate setting? ○ 93 slots starting July 1st. ▪ I'm okay with the reduction of these slots. • This should be a conversation including us on these changes, because I do care about these reductions. I'm one of the first groups to go through this and we won't go through with a process that doesn't serve our best interest.

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	• It looks like expansion is going to cover about 70 regained slots, is this an accurate assumption?
	• For Parent as Teachers (PAT) and Nurse Family Partnership (NFP), in July, we will be relooking at the rates work that paused several months ago.
	• Concerned about equitable pay for home visitors serving rural communities. We've had a vacancy for a year to serve Spanish speaking families due to pay. The reimbursement doesn't appear to be an increase in our region.
	• Why can't we use this leftover money for PAT and NFP?
	  ○ Are you referring to 6 million because that's federal authority because we only got 2 million increases.
	  ○ So we only got 4 million of the 8 million?
	  ▪ Yes; and I communicated this with our financial offices.
	  ▪ The intent of the $1M is expansion, the slides are a little confusing the way it is framed regaining.
	  ▪ FFY22: $10,003,144
	  ▪ FFY23 $12,786,985
	  ▪ FFY24: $11,987,453
	  ▪ The newer legislation SB 6109 dictates that expansion is based on rates, not the prior expansion.
	• I think programs who did have a slot reduction should get higher priority in competitive procurement. Maybe they get more points or something like that.
	  ○ I agree, this should be a conversation with the LIA, about what's best for your community and your organization.
	  ○ Just as a side note, DCYF did meet with us. We were told about the caseload caps and then as an organization looked at what that would mean for us and then we presented that to our contract specialist and Rene. They agreed with our proposed numbers. This is a large part of why our organization is comfortable with the reduction. The numbers were led by us.
	  ○ In our case they only told us the number after I asked (they shared the rate, but not the number of slots). I literally had to ask. You know, what's harder is for them to decide it because negotiating backward with them is so hard.
	• Unfortunately prioritizing those programs won't help because it wouldn't be the intent of the budget (the expansion).

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	○ The legislature doesn't understand how hard it has been to maintain our programs, especially since 2011. ○ Do you have any recommendations for wording restructure? ▪ This was a believed structure of 8.5 million for expansion (increase) and an additional between 1 million for slots. • What if you look at longevity over a consistent set of time? • I have no concerns about the startup program if they can be well-supported. • There's a learning curve that high performing programs have navigated. The rate setting process is going to introduce a lot of variability. • As an HVAC, we should discuss the idea of backing the idea that programs with 85% enrollment and have a reduction in slots should get priority and maybe vote on that. ○ Yes we have a request to vote. ○ I think Retention is important, related to high-quality performance. ○ There was a proposal around long-term, high-quality performance. ○ I think you could do both - 85% and long-term quality. ○ The 85% could demonstrate long term quality if we were to agree on that and move forward. ○ When is the expansion implementation timeframe? ▪ July-August (2024) ○ Maybe there's a question in the application process to speak to enrollment -- so context could be considered? ○ It would seem silly to me to give expansion slots to an org that is not regularly meeting their base enrollment guidelines. • First vote: Start up • Second vote: Expansion • What is the average underspent? ○ 2-5% is typically what is underspent and depends on staffing. • And we have some programs that have already spent their funding by April.

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Planning for SFY 25

Planning for 2024-2025 meeting dates and any special sessions.

Discussion	• My recommendation is to have engaged and discussed before Aug 22. • For us to be involved in early on decisions. • Proposed schedule looks good to me.
Follow up	Please reach out to Nelly Mbajah (nelly.mbajah@dcyf.wa.gov) for any follow up questions.

Data & Evaluation Subcommittee Updates

Discussion	• What do we want to learn from an evaluation?
	  ○ We shouldn't be the one defining success. I'm working on a key drive for father engagement and using ChatGPT and it came with 50-60 questions on assessing success in the program. It asked the question "are we asking our participants how were measuring their success?" Participants input.
	• Define success, define who it worked well for, who it didn't work for?
	• Retention as a marker of success. Looking at retention rates by demographics (age, race, ethnicity).
	  ○ Who is benefiting and are some people not benefiting/ or even being hurt by it.
	  ○ Is home visiting the right match or are there other needs that need to be addressed?
	  ○ Meeting goal of who we would like to serve?
	  ○ Capture info on "why" behind declining an evaluation.
	  ○ Did intervention impact desired outcome?
	  ○ Smaller and deeper scale questions, the quality as well.
	• What do we want to evaluate?
	  ○ Rates
	  ○ Client acuity (SB 6109, PAT, NFP)
	  ○ Home visiting effectiveness with multilevel families.
	  ○ NFP is shown to be most effective with high-risk families. While we measure the same thing we have different providers, and living in health care provider desert is daunting. We are seeing moral distress and burnout.
	  ○ Longitudinal studies (for example: kindergarten readiness)

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	○ What families are we missing? ○ Qualitative data • What do we want to learn from evaluating? ○ Client acuity changed over time? ○ Evaluation questions: geographic, diversity ○ How might rates change impact with client served? ○ How might rates change impact family engagement/ retention? ○ How does acuity impact staff retention? ○ Have client priorities/ need changed over time? ○ PAT programs are not capturing accurate acuity. Importance of definition and family qualification consistency across HVSA. • Do we want to come up with universal definitions and coaching for all programs for data use perspective? Defining "homeless and housing unstable". • We're offering evaluations to clients and have collected great information about what's gone well and what they wish were different in our program. I think we could get their voices if that's what we wanted. • Distinguish the model outcomes, the family holistically. • SB6109 comments ○ Some program already serving families with substance use needs ○ Important to approach this pilot and work wisely ○ Consider using funds for those individuals/families who faced substance use disorder in the past and are now living with users, these folks are at high risk for relapse. • Priority Populations are noted in contracts and procurement requests; however, there is lack of consistency in measurement and use of this information. If we want to understand level of acuity families are facing and how that may change over time or in response to Rates implementation, etc., then: ○ HVSA should create a set of universal definitions. ○ Need to standardize data collection across programs/models. ○ Need all models represented. ○ Are there newly emerging acuity issues that put families at higher risk for poor outcomes? ○ Important to recognize the difference between an acuity that is a family stressor and what HV is designed to improve.

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Follow up	Please reach out to Martha Skiles (martha.skiles@doh.wa.gov) for any follow up questions.

Workforce Development Subcommittees Updates

Discussion	In attendance: Alison Bowen, Tulalip Tribes; Kristi Jewel, Gather Church; Chloe Leipzig, Best Starts for Kids (BSK); Laricia Longworth-Reed, Butler Institute for Families; Emily Morgan, Community Engagement Office DCYF, HVSA Trio Members: Nina Evers, DCYF; Ashely Beck, DOH; Cassie Morley and Liv Woodstrom, Start Early. 1. Meeting began with introduction of Laricia Longworth-Reed from Butler Institute who is joining this project due to staff transitions at Butler. DCYF reported that the survey instrument had been drafted and that purpose of meeting was to *review specific survey question's answer categories to gather final input from subcommittee.* Also was noted that 4 LIA's and 5 HV programs were interviewed, and their feedback has been very valuable to the development of the survey. 2. Laricia shared that we'd be reviewing a set of the training question responses to ask committee members to weigh in on: • Do we have the right response options? • Are there choices you'd add? 3. *Survey Question: Primary Languages Categories*, based on 2021 census for top 10 languages in WA State: • Input received and Butler/DCYF follow up ○ Are noticing additional languages given recent immigration trends, such as Arabic. ○ *Follow Up*: Butler looked at updated categories from 2024 and adjusted choices to include changes, resulting in Arabic being added *4. Survey Question: Race, Ethnicity or Origin:* Categories Nina pointed out that the responses to this question are the shortened version of what the norms are for data reporting found on document page 11 (p.12 of pdf) and that this can be rolled up into the OMB categories put forth for data collection (and used by HVSA for families)is really about what how we'd be

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	collecting race, ethnicity, or origin. Document can be found here: https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf • Input received and Butler/DCYF follow up ○ The way it's formatted requires a choice that includes multiple categories vs. having a variety of category lists where the individual can select multiple choices as they apply. ○ *Question* was asked about what the purpose of collecting the data was. Response: to create a snapshot in time of make up of workforce to help inform: ▪ WF recommendation #5 engagement strategies such as affinity grouping to support relational safety of participants. ▪ To establish the practice of collecting this workforce data over time to track workforce diversification as it relates to HVAC WF recommendations over time. ▪ Are thinking that whatever categories we use for the workforce would be used for families and communities participating in recommendation #5 engagement too. ○ *Answered*? Yes, categories look familiar. But there are so many standards. There could be potential to, if the purpose was to describe, to ask that, like very broad kind of menu options, and then to like code them into the categories based on that as well. ○ *Question:* can you clarify who this question is going to again. *Answer:* Would start with training survey participants, meaning it would include home visitors, supervisors, program managers and LIA leadership. ○ Multiple comments made about if purpose is to describe then important for those engaging in the survey to choose the way they're reflecting that rather than it be in the reporting categories that are used. ○ Other insights: being able to self-identify is always the preference and so was just trying to think about how that can be put into practice on something. And are you acknowledging, like race and ethnicity as distinct, but also often like unintentionally combined. Agreement from multiple people liking the idea of allowing people to self-

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	identify by selecting as many options as are appropriate for them. ○ Laricia Longworth-Reed: clarification: the actual survey does allow, check all that apply since this discussion was supposed to be about the categories, that language is not included in that slide, so my apologies. But if the concern is the ability to select multiple, that will be how the item is phrased and how the item is phrased that little caption is just missing from the slide. ○ Race ethnicity or origin question options were shared and suggestions included: an option to select all that apply, not grouped with slashes in between, but each choice individually displayed. Added to that more nuance to Asian, because of the enormity of region, distinctions within that and, as said earlier consideration of current immigration landscape. Mentioned that within the Hispanic population so much difference between the countries of immigration. ○ ***Next Steps***: DCYF and Butler to revisit WF study categories and within DCYF relative to meeting standards and will describe back to committee when determined. 5. *Question: Home visiting models or approaches*: Laricia Longworth-Reed did time check in and reminded the group that this is not the full question. Are showing the category choices. Do we have it right? That is, the primary purpose of the feedback is to get an idea if the categories provided are accurate. So looking at these models and approaches that we have listed here, we'd like to know? If these are correct. And if there are any additions, and I think, Nina, you might have some other comments on the models as well. Nina: list is not intended to be all inclusive. It was more to be those where there is most certainty of being choice based on programming in our state starting with 9 HVSA models. Also referenced last state home visiting scan and added programs that were included in there, and focused on voluntary home visiting and programs that are implemented by community-based agencies. For instance, SafeCare is associated with child welfare, but there's at least one nonprofit program that provides it at the community level. So thinking about it from a community perspective and what's in communities. Also looked at BSK Community Based work to see if there were categories to include.

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	○ Was pointed out that some descriptions of community-based programming represent BSK branding and only represent a small portion of other community programming that's being designed and implemented elsewhere in the state. ○ Comments included need to consider how we describe the models or approaches and what that would mean to survey participants. ○ Discussion of how some programs may want to choose more than one model and it was pointed out that this was true and reported/described in the Region X Workforce Study. Pointed out that new folks may not know what the name of model they're a part of and some use model curriculums but not the full model and could use "Parents as Teachers Affiliate" to distinguish from Parents as Teachers • Input received and Butler/DCYF follow up: ○ Question categories will go through DCYF review. A primary consideration will be purpose of collecting this data as it pertains to understanding HV workforce training needs across the state. 6. *Question: organizational context* - where the participants are asked to select the type of organization the home visiting program is housed in, and these are the 4 options that are ○ Agreement that tribal programs/organizations needed to be added to this list. 7. *Question: Workload Barriers* Laricia Longworth-Reed: Which of the following workload barriers do you face in accessing training? And these were the 3 workload barriers that we have as options. Any additional workload barriers? ○ *Question*: distinction on the user side between caseload and visit dosage? *Answer:* Caseload is the number of families that you're serving. And visit dosage is what your model or your program requirements are for how often you visit them. So many programs require 2 times a month, but Parent Child + is more frequent. ○ *Question*: From survey participant perspective, how do you want them to make the distinction of why there isn't time in their schedule? ○ Input: This is a really short list, and a lot of people will relate to some of those things, but I'm kind of wondering what the benefit of

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	keeping this really short list would be, rather than asking in a purely like more qualitative or open ended way as to like what would be the barriers just because it's already so short. So the only use that you use for this is to say, like a certain percentage, responded. That case was a barrier for them. Am sure you have evidence to kind of like lead you towards these ones, but I'm wondering what would benefit would be of being able to quantify that versus like asking in a more open ended way. Maybe you might put some example prompts. That would be like, for example, case, load or like. So you could kind of guide what? Comments made that caseload could refer to size or to complexity. Even visit dosage should probably have more detail. But I'm wondering if, like model requirements or other kinds of things should be included. Dosage isn't a commonly used term amongst home visitors, and if not, then that's probably not a super helpful option. ○ Other comments about there being a proportional relationship between caseload and visit dosage. So it's just kind of hard to separate them. The number of high need families you have typically changes, you know, because you have so many extra things on top of what people think it would be interesting to see that, depending on the model. How many children are in the family depends on how the model counts. ○ Nina Evers: As I'm listening to the comments, am wondering and inviting subcommittee members to reflect on is this a helpful question? Think why we'd want to tease out the impact of visit dosage as well as caseload is that these two factors have substantially different impact on a small organization compared to a large organization: One home visitor missing regular visits for 2 days in a 2 person office, is very different than one person missing 2 days in an 8 home visitor office. The proportional impact of missed visits on LIA contract performance is variable – so what does that mean to access? And the and the reason Caseload is there in there, is that caseload is called out everywhere in our workforce recommendations as something to be evaluated relative to WF wellbeing and retention. And when I asked, do we want this question I need to acknowledge that Butler holds the substantial body of feedback we've collected to date and there may be other reasons for including/not including this question.

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	○ An additional consideration might be thinking about is asking what supports would you like – knowing barriers is helpful, but also asking like, what would you need to feel like you had time for training like what would, what changes would be needed? So it becomes a more, a little bit more actionable. I do think it's an important question, and I think how it's framed, or some of my how it's delivered is also important. If I recall correctly, the survey will go to variety of home visiting staff. And I think if you were to get a supervisor to answer this question. They might say budget and workload barriers is one element of it. ○ And if it's a supervisor answering. they might have other things that would be important to raise. There's no time for my visitors, and I don't have the resources to do it, you know, like. So just also calling that out, depending on who's actually answering the survey organization because organizations will put a freeze on participating and training their own as a precedent of the Web organization. And is it important to ask about the organization size and make up in a different way than just like, what kind of organization is that? 8. *Question: Training on Diversity, Equity, and Inclusion in the Workplace Introduction:* Laricia shared that this introduction to this question item will be given to all participants in the survey, including supervisors, organizational leaders, and home visitors. And to introduce this section, participants will be asked to read these definitions from WA state office of equity. The question itself presents DEI training topics and asks participants how knowledgeable they feel about those topic areas; how satisfied they are with the training they've received; if they'd like to participate in additional training; whether they have access to consultants/supervisors to provide support on this training. Matrix for this question was shared but there wasn't ample time for discussion remaining. Given limited time remaining for the meeting, Laricia described elements of this question: to highlight training topic areas in the area of diversity, equity and inclusion in the workplace and ask committee members to consider what might be appropriate to add here. Topics included organizational screening and assessment with specific reference to equity assessment; any training on building an anti-racist and culturally responsive workplace; trainings on implicit bias, on microaggressions; training on restorative and transformative justice; and culturally responsive self-care and healing in the workplace. And so again,

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	orienting to the fact that this is about the workplace supports for DEI, as there are separate questions in the survey about practice and training in DEI, but these are really about the home visiting staff's experience of this and what professional development around DEI is be provided in their workplace. And we want to know that from home visitors as well as supervisors to see what visitors are getting, but also what organizational leaders are receiving. Engaging in and prioritizing and being able to look at that data by those groups. But they'll all be presented these items. **Meeting Conclusion**: The subcommittee ran out of time to fully review the DEI matrix as well as other questions. Members will be sent a follow up survey to share feedback on this and other questions missed today. Thank you to the Workforce Subcommittee for yet another robust conversation, adding to the great guidance that's helped inform the development of the training survey.
Follow up	Please reach out to Nina Evers for any follow up questions.

Closing Remarks/Adjourn

Next Steps/Follow Up	If you have any questions or additional feedback, feel free to reach out to Nelly Mbajah (nelly.mbajah@dcyf.wa.gov).