August 22, 2024 -10:00am-12:00pm Virtual Meeting

Welcome, Virtual Meeting Protocols and Introductions

DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah, welcomed attendees and initiated introductions.

HVAC Roles and Values

DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah, provided a brief overview of HVAC roles and values.

• Roles and Values Presentation

| | What would be the staffing support and clarifying these chair and co-chair |
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| Discussion | roles? |
| | This could be better clarified over time. |
| | That makes a lot of sense that it would be learning over |
| | time on where there could be authority or ability to |
| | influence because the statute is so short. |
| | More clarification with who would be part of the HVAC planning committee. |
| | How are we thinking about the duration of the roles of chair and co-chair? |

Polls and Jamboard Discussion

Members had an opportunity to vote and discuss on items.

Jamboard

Discu ssion

- Poll question: Do you support electing 2 HVAC members, one of which would be the ELAC representative, to co-chair the Committee?
 - o Poll results: Yes- 88% (14 votes) and Other- 13% (2 votes)
 - I chose "other," because I am not sure I have enough information to support this. I agree the position should receive some level of compensation. Also, not clear on whether Start Early should be part of this role, or another group that isn't directly funded by HVSA. It's more difficult for a Local Implementing Agency (LIA) affiliated member.
 - Thanks for raising that, historically we have had a role in HVAC decision making and want to carry this conversation on about how to restructure this committee.
 - We'll follow up on this at the next meeting.
- Poll question: Do you support the proposed HVAC FY 2025 Meeting Schedule.
 - Yes- 100% (7 votes)
 - Should I vote yes if I know I'm going to be out of town for some of these dates.

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- Which dates?
 - o Feb 20th & April 17th.
 - It's helpful for us to know, and we based these dates on 2024 dates. If you're unable to make a meeting do let us know in the event, we are doing votes and also we do record meetings.
- Poll question: In procurement, do we include the whole geographic area that has been identified or some?
 - o Include-78% and other-12%
- Two polls were conducted after the meeting since we ran out of time.
 - Which Models would you recommend DCYF focus on for 6109 slots? (select multiple)
 - 3 responses for All Models
 - DCYF is recommending that the expansion slots be limited to one Full Time Equivalent (FTE) caseload per site (10-15 slots, model dependent). Do you agree with this recommendation?
 - 1 response: "yes"
 - 2 responses: "other"
 - This doesn't seem necessary to me, I imagine people will use the slots across a variety of positions? Basically, I'd be curious to hear how people want to integrate this work in their staffing structure.
 - sometimes it is easier to hire for a 32 hour week
- What is your understanding of the statement that provides the legislative intent of HVAC.
 - Representing the rural and vast communities in southwest WA (such as Yakima) and being open to new ideas and thoughts.
 - A stakeholder listener and contributor of ideas on equitable distribution of funds across WA.
 - On behalf of Washington State Coalition Against Domestic Violence (WSCADV), I see my role as a collaborative stakeholder in the community.
 - My role as state agency staff is to ensure all community voices are represented, heard, and used to make statewide decisions.
 - Talk to community stakeholders, as well as other home visiting LIA's to understand their perspective.
 - Thinking about the model perspective and variations within the LIAs.
 - I represent an LIA Parent as Teachers (PAT) program funded by HVSA as well as a home visiting program not funded by HVSA.



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- As an LIA supervisor, it's great modeling for our team to be active at the state level bringing their voice to the table.
- How would you define your role within HVAC using this statement as a compass?
 - Provide the perspective of a successful, BIPOC-serving program model on program implementation and help ensure equitable decision-making.
 - Bring rural perspective and voice the needs of rural communities, families, and children.
 - o I don't understand the statement.
- Where do you need more clarity?
 - How are the recommendations and concerns raised in meetings utilized?
 What is the decision-making power of this group?
 - Ditto on the question about decision making power of the group.
 - What is the decision-making power of the group and where can we provide more meaningful advisement?
 - How do we incorporate feedback from those closest to the work more broadly - a value "grantee feedback"?
 - When "votes" are taken, it would be nice if the results were shared with the group and if it were made clear whether the results will guide decision making.
 - Wondering if this group has a role related to monitoring accountability in implementing the recommendations?
 - Are we thinking of the entire home visiting field when we make these decisions? It makes me think about my role and its impact on the entire system. HVAC's roles within HVSA.
 - I would agree with this. Do we think about how the decisions impact home visiting in Washington state? I do think about that as we communicate with other Nurse Family Partnership (NFP) agencies, because not all are funded through the HVSA.
 - From a funding standpoint we are limited for home visiting, but we aren't entire restricted for the larger aspects.
 - That does make sense, we have a lot of constraints.
 We focus a lot on funding and not policy. Sometimes we intentionally not talking about it, and we are a

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powerful group and there are things we should be saying things about. HVAC is an amazing group.

- I think of us as stakeholders in the community trying to bring awareness and advocacy to these programs. I could seek more clarity on roles within legislative and federal obligations, that's not always so clear to me.
 - Yes, we could be clearer.
- The TRIO staff are in between us and leadership and navigating that can be difficult. When talking about rates setting how can better communicate the impacts on HVAC (is this something we want to do)?
 - I wanted to weigh in and support significant program changes (like right now) and collecting the significant feedback.
- Start Early is part of the TRIO, it's a state private partner and want to be inclusive about how we talk about our work and represented by the TRIO. We are a body of people that sit on different committees and community perspectives. I'm wondering how folks who sit on different places can better integrate these pieces, and hold the full state perspective to support HVACs capacity?
- I think it is good to clarify the authority of the advisory committee, and then I like the idea of ongoing thoughts on how do decisions at the HVAC impact other home visiting funding sources and programs in their administration, what are the impacts in service delivery and how do we know this?
 - Can you say more about what you mean by clarifying the authority?
 - What are the ranges of decisions the HVAC can impact more s pecifically.
 - For a couple people from hvac to be part of the early I earning advisory makes sense because we are part of a continuum of early learning
- Wondering if this group has a role related to monitoring accountability in implementing the recommendations?
- Is anyone missing from our roster?

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| | Many people inquire about how to join this group - Many voices want to be a |
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| | part of these meetings. It's unclear what the process is for new members to |
| | join. |
| • | How does HVAC want to provide recommendations? |
| | What kind of topics can we provide recommendations? |
| • | How does HVAC want the True Cost Committee to support rates work? |
| | Track recommendations, bring them to leadership, report back on how they |
| | were used, as well as the rationale of the decisions. |
| | Evaluate the impact and effectiveness of rates and then make |
| | recommendations about possible future adjustments to the rates structure. |
| | Evaluate the impact of rates, be clear about what the primary goal of rates is |
| | to make sure are making progress on the goal. Track unintended |
| | consequences. |
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Planning for SFY 25

Members discussed planning for 2024-2025 meetings dates and any special sessions.

| | There's a mid-winter break in February (2025) and may pose a challenge for |
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| Discussion | the proposed in person meeting. |
| | We had our last meeting on the east side (Spokane) and had to race to the |
| | airport. When you've made the investment with travel and prioritizing |
| | getting all the work done we should have longer meetings. |
| | We can discuss what in person meeting makes sense and we |
| | can check in at our first meeting. Do we want all the meetings |
| | virtual or meet once in person? |
| | These approvals are for dates and times and not in person. |



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Home Visiting Practice and Implementation Manager, Rene Toolson provided an update on HVSA expansion and SB 6109, and members have an opportunity to discuss and vote on items.

| | Last HVAC meeting we recommend not doing a start-up, new programs |
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| Discussion | because of the continued work with rates. |
| | We did have a conversation about it and not sure when dollars |
| | will be available, we're in a financial transition. |
| | I'll defer to our colleagues about a recommendation. |
| | I recall the conversation too, start- ups right |
| | now are difficult because of the rates, not a |
| | 100% sure that we made a firm decision. |
| | We did speak to the difficulty of a new team |
| | coming into the whole rate setting situation, |
| | when there's so much to learn with a new |
| | program model standard and DCYF |
| | deliverables. |
| | I remember we had concerns about a start-up |
| | during rate setting. Also, not 100% sure that |
| | we made a final decision but thought it would be very difficult for a new startup. |
| | Based on the last polls for vote on expansion |
| | we didn't come to a consensus. |
| | There's no priority of active using or pregnant? |
| | It depends on the process, screening and risk assessment. |
| | They don't always screen during pregnancy, and this is |
| | a population that could benefit from services the |
| | earlier the better. |
| | We can talk through this for referral process, |
| | but this isn't a priority in this legislation. |
| | Good point and we also need |
| | increased funding to support |
| | increasing treatment services in the |
| | community for pregnant folks who are using, so folks are not forced into a |
| | punitive system response because |
| | there aren't actual support treatment |
| | services available. |



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- If we say we're focusing on families and the impact and helping pregnant women based on priority geography.
- Looking at out of home placements in counties in this for 6109 or for both expansion area?
 - This is just for 6109, the other slide is for out of home placements as geographic areas.
 - It's specific to this legislation but not narrowing the population.
- To clarify: Counties with the highest rates: Adams, Asotin, Clallam, Cowlitz, Grays Harbor, Lewis, Lincoln, Okanogan, Pacific, Skagit, Spokane, Stevens, Wahkiakum, Whatcom, Yakima.
- The way this is written is looking at child maltreatment and not looking at opioid use or delivery rates.
 - When a referral comes in there's lot of options of what it can be tagged. There could be an increase for needs, so we had to think about it for broad use for data collection purposes.
 - Preventative Dashboard.
- There was concern that home visitors would be used as counselors, 6109 included several services there are public health nurses, there contracted slots. There is a plan to target these services in counties.
- Am I correct in understanding that the legislature is requiring us to use
 existing home visiting programs that are currently part of the HVSA or can
 existing home visiting programs outside of HVSA join HVSA via expansion to
 serve these families?
 - The legislature was not specific about HVSA funded, just that existing home visiting programs.
- Possible to include how this model is a good fit in the questions.
- Is it clear on what we're doing differently now and expected from these families.
 - o It may not be a big difference for how families are referred.
- We are already serving women with substance use disorder (SUD). And many who are living with family members who are using. I'm hoping the referral process isn't through child welfare, because that is not "voluntary".
- Looking at out of home, highest out of home placements by county is that specifically related to substance use or is it generic highest out of homes or are we looking at 6109?



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| This is just specific to 6109. And this slide here that's talking about the offices with the highest number of out of home placements and is the additional layer to 6109. Our division director wanted us to add and consider as a geographic area as well. So it isn't specific to substance use. But there could be substance use disorder individuals grouped within this. Just to just to clarify, that's also the case for the other |
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| 9 , |
| substance use. |

Closing Remarks/Adjourn

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