Home Visiting Portfolio Webinar

DCYF - Early Learning/Family Support

Original Date: May 27, 2020
Family Support | Approved for distribution by Rene Toolson, Home Visiting Contract Team Lead

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Washington State Department of CHILDREN, YOUTH & FAMILIES

THIRD SECTOR

Washington State Department of Health

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Agenda

1. Data System Review
2. Reflecting on FY20 Milestones
   - Enrollment
   - Family Retention
   - Depression Screens and Referrals
3. FY21 Service and Quality Milestones
4. FY21 Outcome Milestone Planning and Contract
   - Learning from the PAT work in SFY20
   - Selecting and Outcome for Portfolio Models→ SFY21

What Do We Need From You?

- Open participation in this webinar
- Thoughts and reflections on the data, processes, tools, findings based on your experience, and wisdom in program implementation
- Creative thinking
- Direct input on what it will take to succeed

Reflection on our Data Systems and Data

Data System Review – Berry Dunn

- Strengths
- Challenges
- Path Forward

Data System Strengths – Berry Dunn, 2020

The story that is told is one of a group of diverse entities and individuals that have come together across the HVSA and LIAs to create *the best system possible* to support home visiting services data collection and reporting—and more importantly, *to support Washington's most vulnerable children and families*. These organizations and individuals have invested significant time and energy into overcoming the challenges in the current environment regardless of the constraints and barriers that exist, and *they have developed strong relationships, a spirit of collaboration, and mutual trust and respect along the way*. This—along with key stakeholders' *shared vision for the future* and *profound commitment to serving others*—may serve as the HVSA's largest strength and opportunity as it moves forward with improving its data collection and reporting environment.

Data System Challenges – Berry Dunn, 2020

- HVSA funds diverse models with different programmatic approaches and priorities
- Models and Programs are funded by multiple donors, with differing reporting requirements
- Some LIAs do not use the existing data systems to support the provision of services
- Funding for HVSA infrastructure has not kept pace with funding that supports expansion to new program models, LIAs, and more families.

Recommendations & Next Steps – Berry Dunn, HVSA

ON-GOING

- **Accelerate the onboarding of LIA data into DOH's SQL database**

SHORT TERM

- **Research how other states have tackled similar challenges.**

LONG TERM

- **Enhance existing HVSA TA and tools to support all LIAs**

AND

- **Build on HVSA efforts to demonstrate and enhance the value of collecting and providing data to the LIAs.**

Reflection on FY20 Milestones

Milestones:

- Enrollment
- Family Retention
- Depression Screening and Referrals

Caveats:

- 7 Models representing 10 Programs
- HVSA Program Size variation:
  - < 10 families (2 LIAs)
  - 10-24 families (3 LIAs)
  - 25-50 families (2 LIAs)
  - > 50 families (1 LIA)
- Quarterly reporting & processing
  - Q3 data not yet processed
  - Retention analysis not yet completed

Enrollment *(Service Milestone)*

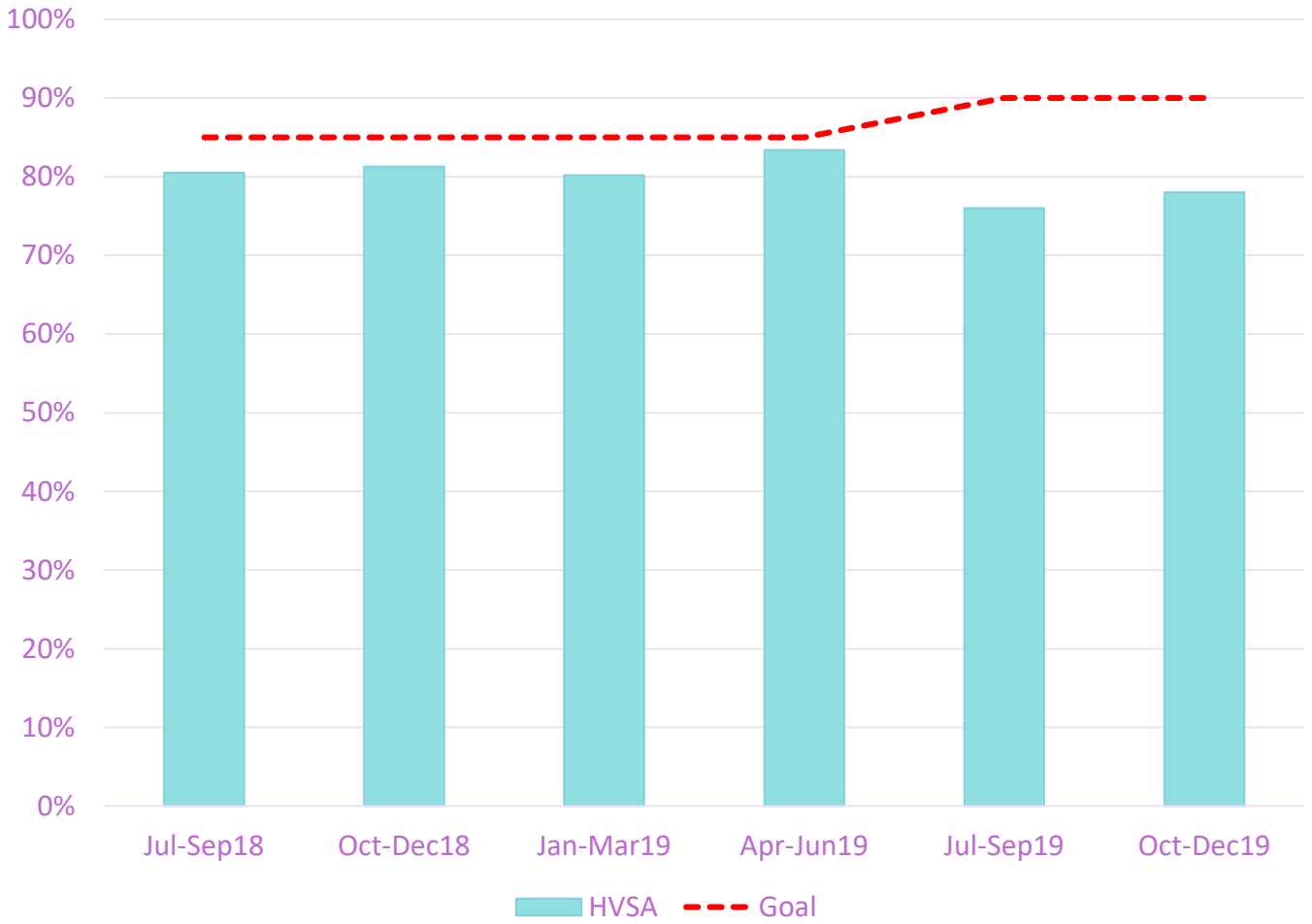
Meet/exceed quarterly enrollment of 90% (of funded caseload)

$$\frac{\textit{Average of the number of families actively enrolled on the last day* of Month 1, Month 2 and Month 3 of the quarter}}{\textit{Maximum Service Capacity (funded caseload)}}$$

- Award based on size of contract budget (~.125% of budget across all funding sources)

Note: *Actively enrolled means participant received at least 1* ***visit*** *in last3 months* (or encounter after April 1)*

Enrollment: HVSA – SFY19Q1 – SFY20Q2



HVSA Enrollment:

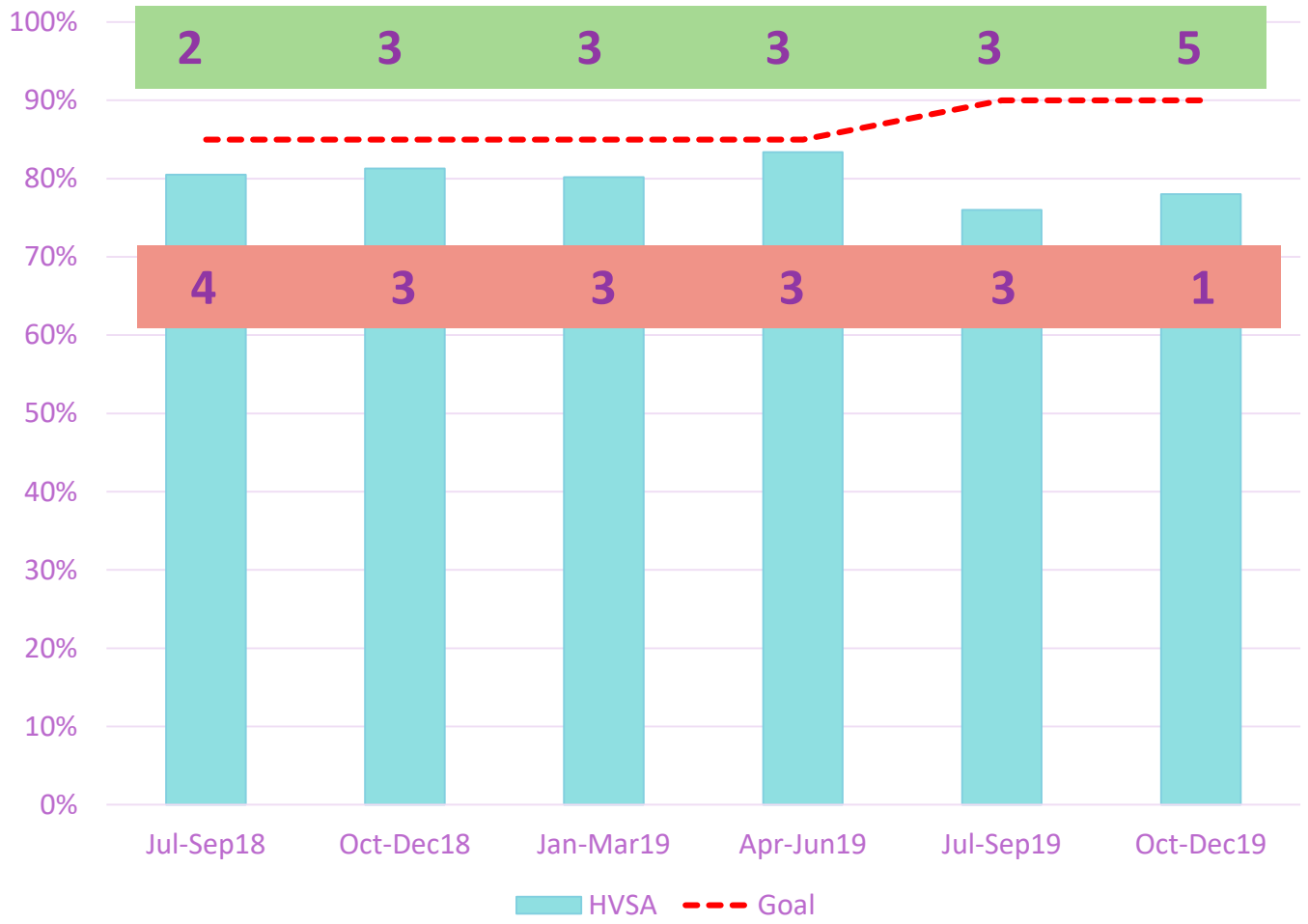
- Q1 = 76%
- Q2 = 78%
- Q3 = 76%*
- Goal = 90%

HVSA Slots:

SFY18 = 2,138
SFY19 = 2,213
SFY20 = 2,326**

**Excludes UIAT and Portfolio Programs*
***Excludes Lummi, Brigid Collins, Atlantic Street, and Dec'19 expansion.*

Enrollment: Portfolio Programs – SFY19Q1 - SFY20Q2



Number of Portfolio LIAs with Enrollment **above** Quarterly Goal

Number of Portfolio LIAs with Enrollment **below** Quarterly Goal

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Family Retention *(Quality Milestone)*

Individual award: Participants remain engaged for 12 months after enrollment

PC+: Participants remain engaged for their first program year

Number of enrolled participants who have not exited and receive a visit between 30 days before/after the 12-month anniversary of enrollment during the contract year*

PC+: Number of first year enrolled participants who have not exited and receive at least 44 of the 46 visits during the contract year

($40 for each participant; $20 bonus for each participant with 2 or more characteristics below)

Individual award: Participants remain engaged for 18 months after enrollment

PC+: Participants remain engaged for their second program year

Number of enrolled participants who have not exited and receive a visit between 30 days before/after the 12-month anniversary of enrollment during the contract year*

PC+: Number of second year enrolled participants who have not exited and receive at least 44 of the 46 visits during the contract year

($20 for each participant; $10 bonus for each participant with 2 or more following characteristics)

ated to Early Exit:

Family Retention *(Quality Milestone)*

Demographic Characteristics Related to Early Exit:

Teenage (parent <20 years old)

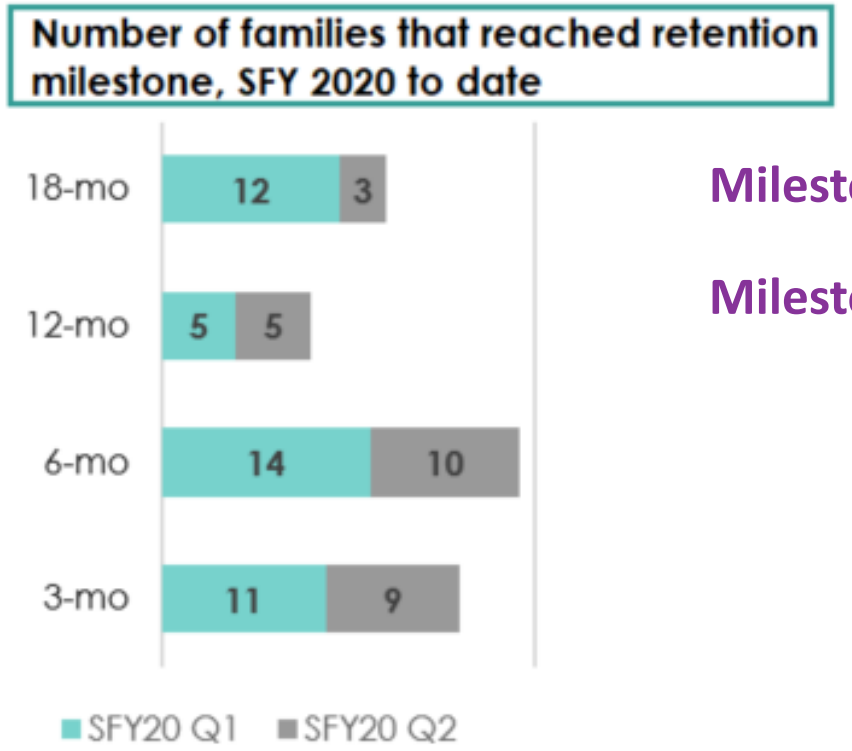
Homelessness

Participating on TANF

Education: Less than high school completion (among non-teen parents)

Family Engagement: Portfolio – SFY20, Q1-2

Retention

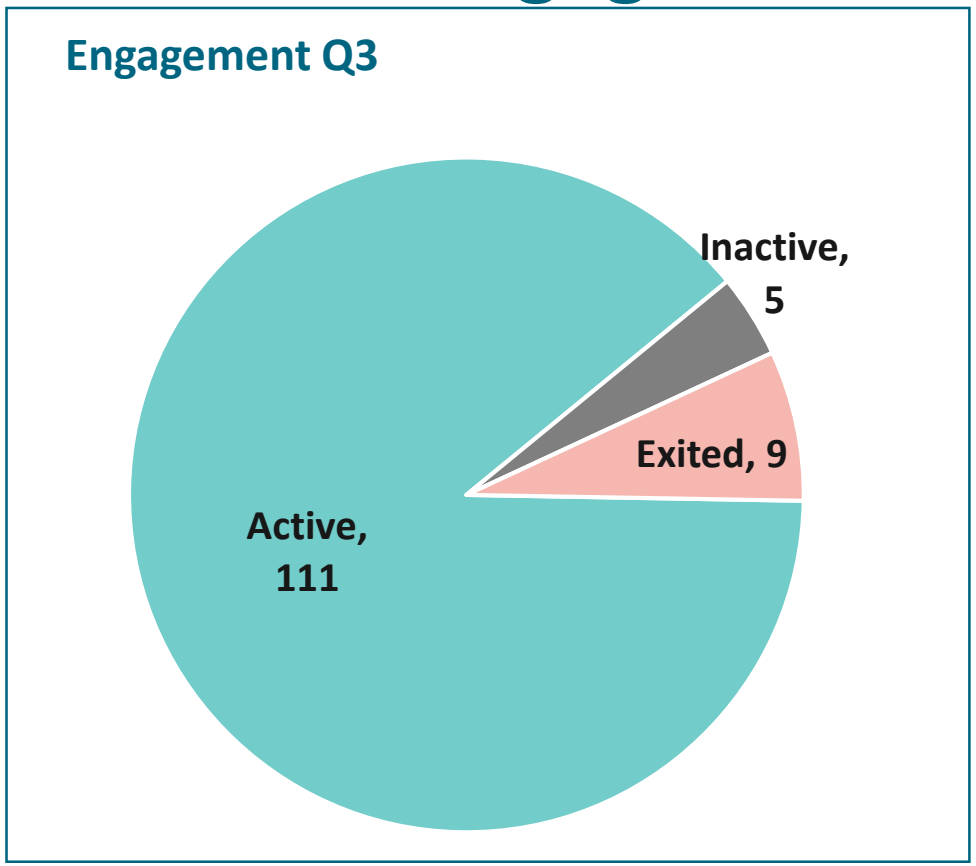


Milestone #2 = 15

Milestone #1 = 10

Note: PC+ note included in graph

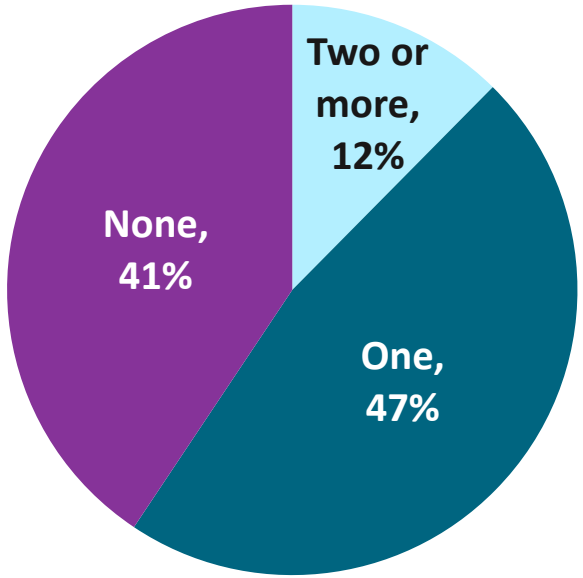
Engagement

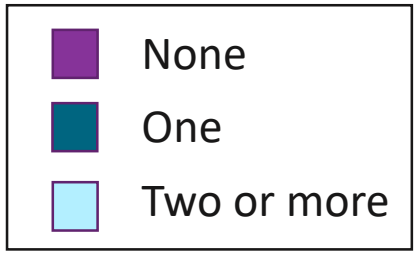


Family Retention: Additional Characteristics for consideration – 12 month example (NFP+PAT)

Retention Factors Included:

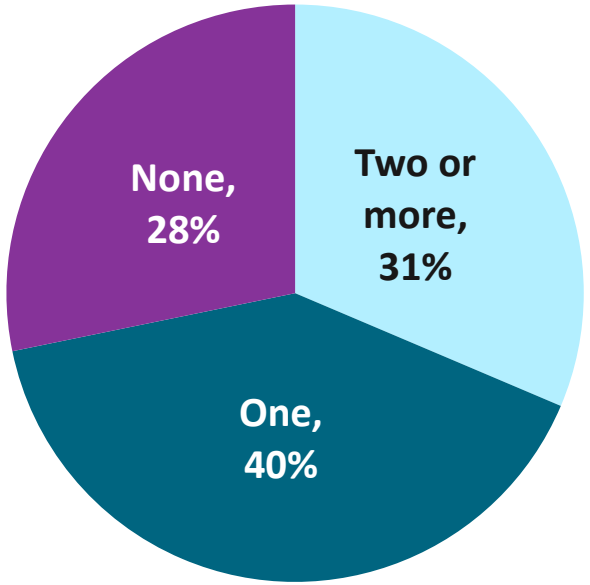
Teen parent, Less than HS education, Homeless, TANF





Retention Factors Included:

Teen parent, Less than HS education, Homeless, TANF, *and no live-in partner*



Depression Screening and Referral *(Quality Milestone)*

Individual award: Participating caregivers receive depression screen within 3 months of enrollment/delivery

Number of depression screenings performed during the year in the time frame
($30 for each screening, capped at # payments for 100% of funded caseload)

Individual award: Participating caregivers receive a second depression screen within 3 to 6 months following the initial screen.

Number of second depression screenings performed during the year in the time frame
($30 for each screening, capped at # payments for 100% of funded caseload)

Individual award: Follow-up with a referral to or connection with appropriate services for primary caregivers who screened positive for depression

Number of depression screenings performed during the year in the time frame
($50 for each documented referral/connection, capped at # payments for 35% of funded caseload)

Depression Screens & Referrals: Portfolio?

Milestone 1: Completion of a depression screening for an enrolled primary caregiver within 3 months postpartum (if enrolled prenatal) or 3 months after enrollment (if enrolled post-natal).

- Initial Screen – all Models
- **Results Q1-Q3 = 42 completed screens**

Milestone 2: Completion of a depression screening for an enrolled primary caregiver 3-6 months following the Initial Screen in window.

- 2nd Screen – PAT and Portfolio
- **Results Q1-Q3 = 2 completed screens**

Second Depression Screening – Key Questions

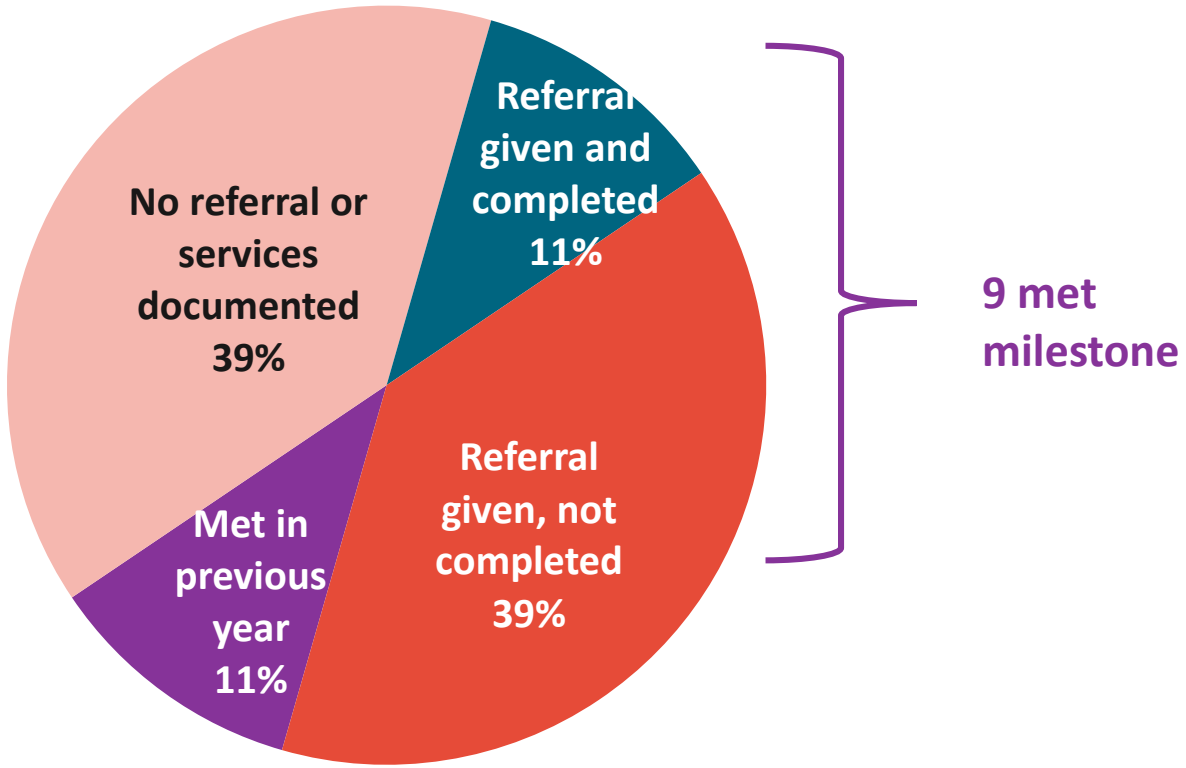
- *What barriers (model, individual, or data system) have limited second screens for your caregivers?*
- *What are your thoughts on the timing of the second screen?*

Depression Screens & Referrals

Milestone 3: Follow-Up with a referral to or connection with appropriate services for an enrolled primary caregiver who screened positive for depression.

- **Results Q1-Q3 = 9 Referrals Given, Completed and/or Receiving Services**

N=18 positive screens in SFY19-20



FY21 PBC Service and Quality Milestones

FY21 awards $ will likely change based on available funding and expected performance.

- Enrollment – 90% *- no change*
- Family Retention – 12 and 18 months
  - Bonus when participants have 2 demographic characteristics related to early exit – *add "no live-in partner" to the list*
- Depression Screenings and Referrals
  - Initial screen within 3 months - *no change*
  - Second screen ~~within 3-6 months~~ following the initial screen
  - Referral/connection of those with positive screens *no change*

Agenda

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   - Selecting an Outcome for Portfolio Models
   - Learning from the PAT work in SFY20
   - SFY21

Portfolio Supervisors Outcome Discussion *November 2019*

Outcomes		Navos	DL	Lummi	STEEP	OD	ASC	CISC	WACC	WVSD
Parent Child Relationship	Strengthening Parent-Child Relationship - parent understanding									
Parent Capacity	Positive/Supportive Family Atmosphere									
	Parent-cultural strengthening/connection (retention) and support/efficacy in addressing challenges									
	Reflective Capacity (parent & child)									
	Family Resiliency – advocacy, positive parenting, education, life's challenges, emotional regulation									
	Fostering Parent as Manager of Medical and Developmental Challenges in education									
	Able to take life challenges & solve problems									
	Happy/Knowledgeable Parent – understanding and supporting child development									
	Building self-sufficiency w/parent & child									
	Decrease Parental Stress									
	Reduce trauma symptoms, increase parent coping									
Connection	Connection to Resources - Supported and engaged in community Age appropriate child dev									
Child Development-School Readiness	School Readiness Understand basics before starting school, Early Lit/Child dev									
	Foster Early Literacy									
Health Outcomes	Healthy Birth Outcomes – Mom & Baby									
	Breastfeeding									
Social Connections	Fostering Social Connections (also with home visitor), Break Isolation									
	Increase healthy relationships									
	Trust									
Strengthening Cultural Capacity	Cultural/Linguistic Resiliency - Reduce micro aggression, navigating cultural conflicts, Having trusted messenger (right arrow) building bridges									
	Retention of home language									

Criteria for Selecting an Outcome for PBC Contracts

1. Precise and in an area that your PAT program directly impacts families;
2. Measurable
3. Data are available (observation, measures, etc) or tools potentially accessible
4. Aligned with or lead to achievement of the DCYF outcomes

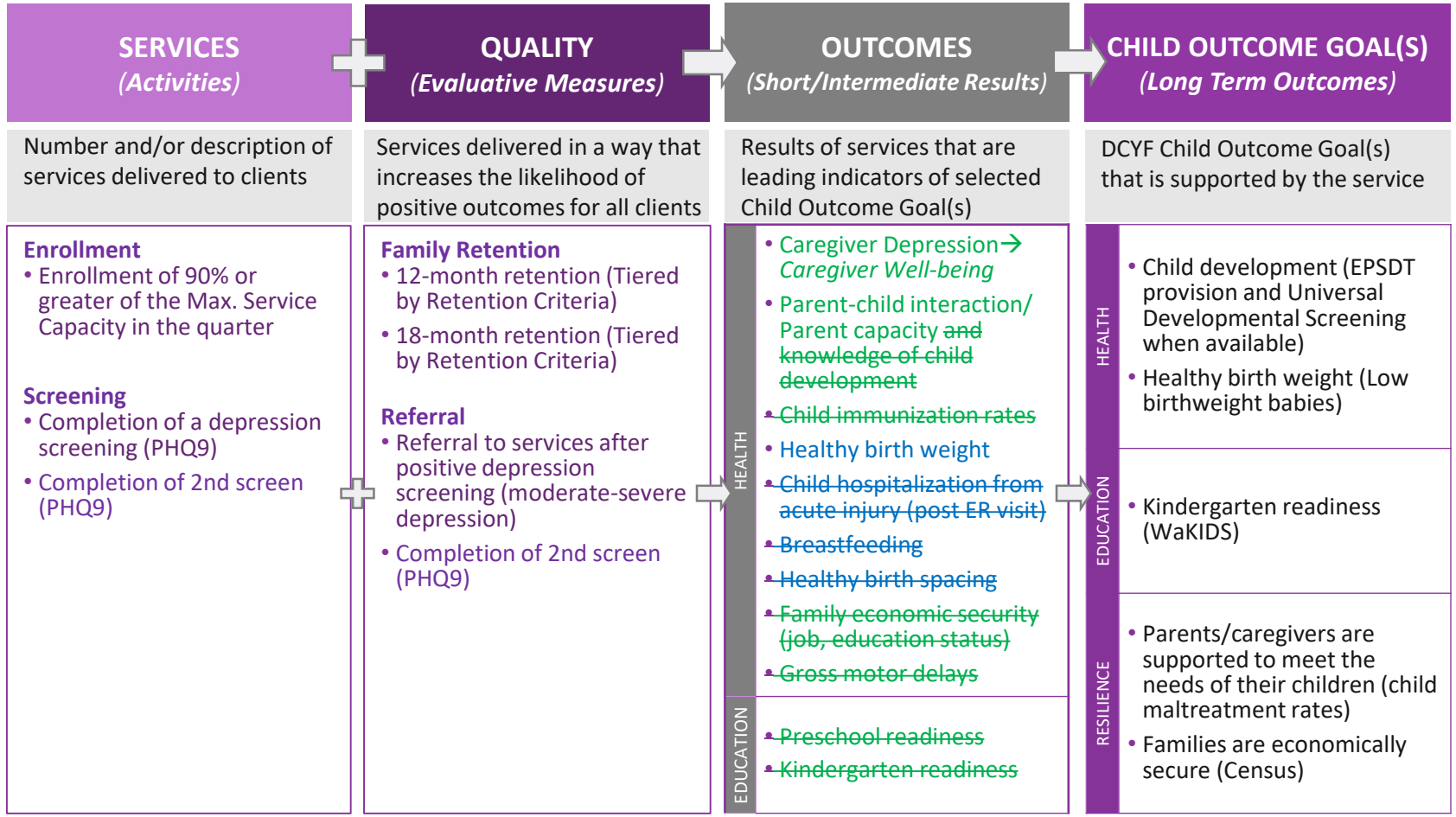
The outcomes identified for HV align with the following DCYF outcomes:

- caregivers and caregivers are supported to meet the needs of their children/youth
- Kindergarten readiness
- Child/youth development

HV: PBC Logic Model – Later Draft

KEY:

- Implemented across all HV programs
- Potential HV PAT milestone
- NFP milestone
- ~~abc~~ No longer considering for FY21 contracts



Learning from PAT's Experience Implementing PBC

Prioritized 2 Outcomes of Interest

PAT Session at Nov. 2019 All HVSA

1. Family economic security
2. **Caregiver depression/mental health**
3. **Parent capacity/parent-child interaction**
4. Child development
5. Kindergarten Readiness

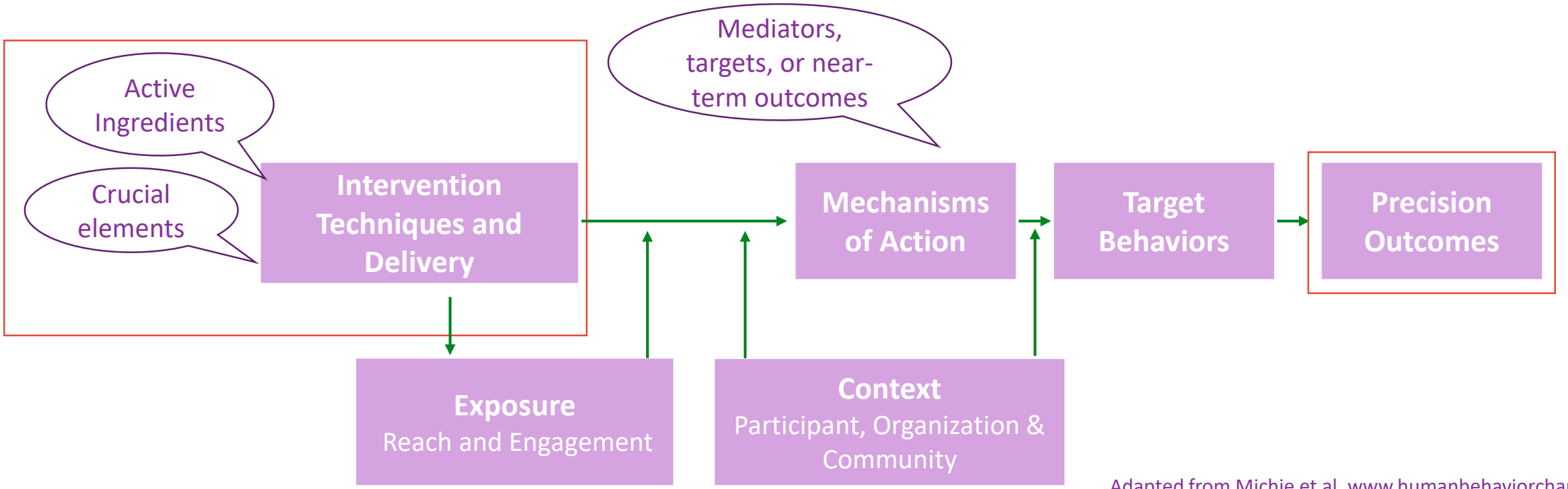
Bolded = priority outcomes

Continued Engagement with Sub-group of PAT Supervisors

- Conversations about caregiver mental health led to a broader focus on **Caregiver Well-Being,** which includes stress and anxiety
- Initial, near-term focus on **Caregiver Well-Being** and long-term focus on **Parent-Child Interaction** because of available measurement opportunities

Identifying Precise Outcomes Using Precision Home Visiting

Overview of Precision Home Visiting Paradigm



Adapted from Michie et al. www.humanbehaviorchange.org

Active Ingredients Supporting Caregiver Well-being

Highly specific elements of the intervention that drive outcomes

Development centered parenting

- *PAT Milestones*
- *Understanding child development*
- *Understanding how parenting behaviors impact child development*
- *Information sharing on child development and parent activities (PAT curriculum and materials)*

Normalizing that parenting is challenging

- *Affirming experience of parenting dyad and dynamic nature of challenges*
- *General knowledge of typical child behaviors and child development (PAT curriculum)*
- *Use of self or examples of other families experiencing similar challenges (Group Connections)*

Working alliance between home visitor and caregiver

- *Partners in facilitating and reflecting*
- *Come alongside*

Reflective Communication

- *Mindful self-regulation*
- *Collaborative exploration*
- *Capacity building*

Crucial Elements Supporting Caregiver Well-being

- **Well-trained Home Visitors**
  - *Retained*
  - *Initial and ongoing training and professional development*
- **Effective Messaging**
- **Home visitors receive regular Reflective Supervision**
- **Consistent engagement between family and Home Visitor**
  - *Multiple encounters*
- **Meaningful Connection between Home Visitor and Caregiver**
  - *Trustworthy*
  - *Reliable and Predictable*

Precise Caregiver Well-Being Outcomes

- Reduced stress and anxiety
- Reduced depressive symptoms
- Confidence in parenting skills and efficacy
- Parental role satisfaction
- Knowledge of child development
- Improvement in parenting skills
- Feelings of connection

Roadblocks → Opportunities

- More learning, improving, and telling the story of the successes and value of home visiting
- Slow down and carry the work of engagement and measurement into next year
  - Selecting the *right* outcome metrics
  - Measurement of outcomes and ingredients, availability of data

Questions

- To finalize precise outcomes, we need to answer these questions:

    1. *Are these outcomes meaningful for caregivers participating in portfolio home visiting programs, and do they resonate with your home visitors?*

    2. *What measurement tool(s) is available to us that is both useful for home visitors and will successfully measure outcomes with enough precision to show change over time?*

Lessons Learned from PAT Outcomes Planning

- *Longer term planning and conversation*
  - *Agreement on precise outcome*
  - *Understanding the specific active ingredients home visitors use to achieve the outcomes*
- *Measurement and data collection*
  - *May require new tools*
  - *Explore piloting and scaling use of the tool*
  - *Must be useful/valuable to home visitors and families and are not just for measurement*
- *Time and intentionality*
  - *Build authentic foundations*
  - *Incentivize caregiver and home visitor engagement*
  - *Time to discuss, explore*

Draft PBC Outcome Milestones *(in SFY21 Contract)*

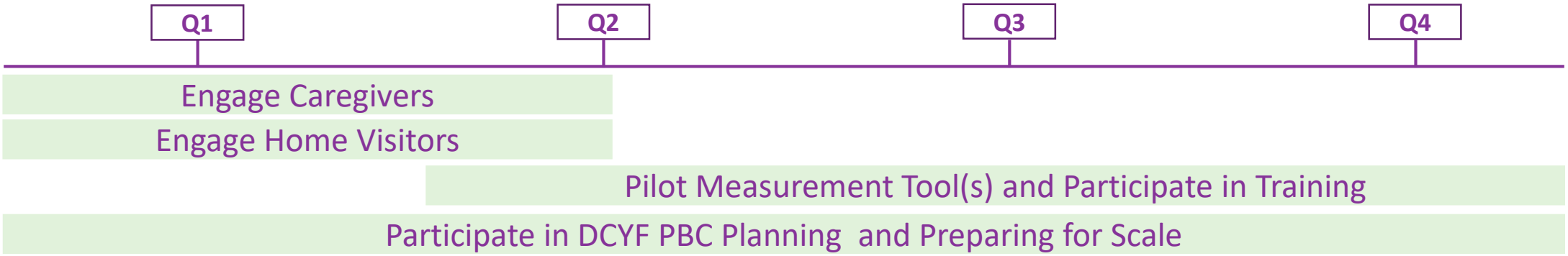
1. Submission of caregiver input during Q1 and 2 to confirm and hone precise outcomes through structured parent engagement opportunities.
2. Submission of home visitor input during Q1 and Q2 (and Q3?) on precise outcomes and active ingredients/modes of action through structured engagement opportunities.
3. Pilot outcome measurement tools among a subset of program participants during Q2 through Q4.
4. Active participation in different stages of PBC planning during the year including outcome precision, tool selection, piloting, and scale up.

PBC Outcome- Incentivized Activities in FY21

Contribute to engagement, piloting, planning and scale up:

- *Engage participants/caregivers in honing the precise outcomes*
- *Engage home visitors in honing the precise outcomes and offering input into active ingredients*
- *Pilot measurement tools and offer feedback on the tools use and usefulness*
- *Participate in outcomes planning and preparing for scale*

FY21 Incentive Activities



Potential Caregiver Engagement Activities (Q1-Q2)

DCYF would develop the questions and methods for use by programs for engagement

- Caregiver focus groups at LIAs
- Include discussion at group connections or other events
- Caregiver surveys
- HV incorporate input questions during visits
- Other?

Potential Home Visitor Input Activities (Q1-Q2)

DCYF would develop the questions and methods for use by LIAs for HV engagement

- Focus groups
- Surveys
- Interviews
- Other?

Pilot Phase (Q2-Q4)

- Selected home visitors are trained on measurement tool(s)
- Home visitors apply use of tool(s) with subset of participating caregivers
- Piloting home visitors contribute feedback on:
  - *Use of the tool*
  - *Utility of the tool for PAT practice, recommendations and guidance*
  - *Contribute insights into scale up process*
  - *Identify potential measurement targets for use as performance milestones in FY22 contracts*

Planning Phases (Q1-Q4)

Active participation in different stages of PBC planning during the year including:

- *Determination of Precise Outcome*
- *Finalizing measurement tool or tool domains and developing initial practice guidelines for pilot process*
- *Develop plan for scale up of tool implementation and practice guidelines*
- *Identification of incentive thresholds for SFY22 contract outcome*

Opportunities for FY21

- Learn, improve, and better tell our story about the impact of portfolio home visiting models on families and possibly across all HVSA
- Robust engagement of home visitors and caregivers to hone the most relevant, precise outcome - directly tied to home visitors' actions
- Select a meaningful and useful measurement tool(s) for practice and outcome evaluation

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  - Referral/connection of those with positive screens *no change*
- *Portfolio Outcome Planning – Incentivizing*
  - *Parent engagement*
  - *Home visitor input, Piloting measurement tools*
  - *Participation in PBC planning during the year*

Thank you!

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