Home Visiting Exploration Study

Examining Home Visiting Program Interest and Feasibility in Asotin, Columbia, Garfield, Klickitat, and Skamania Counties

Final Report | August 2022

Liv Woodstrom, Start Early Washington, *Project Advisor*

Stephanie Walchenbach, Waypoint Early Childhood Consulting, *Principal Interviewer, Analyst, and Report Author*

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Project Overview

Purpose

As the Department of Children, Youth & Families (DCYF) seeks to expand home visiting services in Washington State, it is vital that funding opportunities and processes resonate with the needs and capacity of communities who need it most. This key informant interview project aimed to explore community interest, fit, and feasibility for launching home visiting programs in five prioritized counties that currently do not offer home visiting services and show high need in the 2020 Washington State Home Visiting Needs Assessment and the 2019 Home Visiting Expansion Plan. The goals of this community engagement process were to:

- o Assess community strengths, needs, and gaps for families.
- o Develop community level familiarity with home visiting programs and assess community level interest in offering home visiting services.
- o Understand the potential fit of home visiting to meet family needs and alignment with home visiting model goals.
- o Understand feasibility of implementing home visiting models within the community to inform funding processes made available in State Fiscal Year 2023 (SFY23).
- o Identify other stakeholders that should inform future community planning efforts.

Focus Counties

The five counties selected by DCYF for this interview process and future funding opportunity were Asotin, Columbia, Garfield, Klickitat, and Skamania. These counties do not currently have Home Visiting Services Account (HVSA) funded home visiting programs and are home to families whose demographics or risk factors indicate home visiting may be an impactful addition to their service landscape. All five counties are located along the southern border of the state. In four of five counties, the majority of residents live in areas categorized as rural by the U.S. Census Bureau.

Approach

Invitee List Generation

Outreach began with stakeholder groups with known involvement and commitment to administering early childhood services or supporting families to access resources. This included programs and positions required by law to exist in each county or who draw upon longstanding federal funds to deliver or scaffold early childhood services, as well as community organizations who support cohesion of service delivery or partner collaboration. Initial priority stakeholder groups included: 1) Local Lead Agencies for Early Supports for Infants and Toddlers, 2) Children and Youth with Special Health Care Needs (CYSHCN) coordinators, 3) Early Learning Coalition leads, 4) ECAEP or Head Start centers, 5) local health departments or districts, and 6) Parent 2 Parent coordinators.

Specific points of contact were generated using a combination of state directories, organizational websites, and phone calls to general front desk lines. Each contact who responded was in turn asked to recommend additional stakeholders in their community who may lend insight or have interest in

learning more about home visiting programming and future funding. This colleague referral strategy aimed to identify individuals working in school districts, clinical settings, and parent support organizations not readily visible through available staff directories and online searches.

Outreach Emails

Initial contacts, and those recommended later by invitees, were emailed individually. The initial outreach email outlined there would be an upcoming funding opportunity and requested a 60-minute conversation to discuss their community's strengths, service landscape, unmet needs, and alignment of home visiting with their community priorities. Additionally, it included an overview of HVSA-approved home visiting models and a visual of existing home visiting programs availability across the state. The description of forthcoming funding named the 5 counties eligible to apply and included a link to the 2020 Home Visiting Needs Assessment and the 2019 Expansion Plan which informed the prioritization.

See Appendix A for outreach email language.

Interview Format

Upon scheduling, interviewees received a set of questions to guide their reflection before and during the conversation. These open-ended questions explored their own scope of service, trusted partners and service providers, and child/parent populations or topics warranting new or expanded services. Participants were welcome to bring colleagues to the call who may bring additional perspective and questions.

The conversation created space to gage and build familiarity with home visiting programming, as a precursor to discussion of whether this type of service may be a relevant addition in their community at this time. In addition to the pre-interview question guide, interviewees received high-level documents outlining the HVSA-eligible program models and the distribution of existing home visiting services statewide to clarify the nature of the funding opportunity.

See Appendix B for the interview guide sent to participants.

Data Collection and Analysis Process

Collaboratively, Liv Woodstrom and Stephanie Walchenbach identified the initial outreach strategy and stakeholders in the focus counties and developed interview questions. Liv Woodstrom served as primary outreach contact, participated in early interviews, and brought valuable expertise and historical knowledge of Washington's HVSA-funded program implementation.

Stephanie Walchenbach compiled contextual data on county demographics, geography, location of key health and service infrastructure, and health metrics often improved by home visiting supports. She served as primary interviewer, also providing pre-interview information to participants and addressing follow-up questions. Interviews were conducted over Zoom and recorded (with permission) to support transcription and analysis. She reviewed transcripts for key themes, patterns, and features unique to a given community and distilled their funding -related reflections to generate recommendations in this report.

Outreach and Participation Data

Number of individual stakeholders contacted and interviewed, by county

County	Stakeholders Invited	Stakeholders Interviewed
Asotin	6	1
Columbia	7	2
Garfield	6	3
Klickitat	15	7
Skamania	14	7

*If a stakeholder had knowledge and expertise in more than one county, they are counted for each county.
**Counties with more invitees were a result of initial participants recommending colleagues to contact.

Unduplicated individual stakeholders contacted and interviewed, by organization type

Organization Type	Stakeholders Invited	Stakeholders Interviewed
Community-based Organization	10	2
Educational Service District/Higher Education	11	5
County	10	6
Medical Clinic	3	0
Total	24	13

Patterns in Participation

Organization types represented: The greatest number of participants interviewed were employees of county health departments, followed closely by educational service districts. A few stakeholders participated from community-based organizations. Several medical clinics were invited to interview but did not participate. Other clinical entities were located across state or county lines, so were not included. As a result, no information was gathered directly from staff at clinics or hospitals. Nurses who participated worked in a public health capacity for a county government or community-based organization.

Organizations based out of the focus counties or outside Washington State: Several organizations outside the 5 focus counties were named by interviewees as trusted, indispensable service providers to local families. Entities outside of Washington State (Oregon and Idaho) have historically been ineligible to apply for HVSA funds, so were not interviewed for this project. As a result, their scope of service and relationship to the community were gleaned secondhand.

Unmet Community Needs

Several common trends emerged around gaps in services and the characteristics of families who could most benefit from home visiting services. *Parentheses indicate the percentage of interviews in which this service gap was described.*

Service Gaps

- Pediatrician or medical specialist (100%)
- Childcare (63%)
- Early learning programming open to any family. E.g., play groups, library story times (63%)
- Parent education and support, not court ordered or in response to developmental concerns or risk factors (38%)
- Mental health services, for parent or child (38%)
- Preschool, non-Head Start or ECEAP (38%)
- Housing (38%)
- Family preservation support post-6-month monitoring (25%)
- Access to basics – car seats, diapers, gas (25%)
- Breastfeeding support (25%)

Underserved Family Populations

Family or child populations named as most in need of services at this time included:

- Families with children who have special health care needs (indicated in 50% of interviews)
- Families whose primary language is Spanish (38%)
- Families whose agricultural work involves moving often or living in remote places (38%)

Other populations noted in more than one interview included:

- Sovereign tribe members who do not live near tribal health service providers (25%)
- Families recently engaged with CPS but no longer under investigation (25%)
- Families who earn too much to qualify for current income-based programming but cannot afford private options (25%)
- Foster parents (25%)
- School aged children (25%)

Populations noted in one interview included:

- Undocumented families
- Parents with intellectual disabilities
- Families without insurance
- Families with a LGBTQ+ parent or child
- Kids aging out of ESIT, but not attending developmental preschool

Assets for Pursuing Home Visiting Funding

Partnerships

Most interviewees (75%) named a multi-agency or multi-sector stakeholder convening they attend regularly, at which they could share information about home visiting services and discuss their collective interest in pursuing upcoming funds. As many of the stakeholder convenings did not specialize in early learning services, the participants had a wide range of topical and sector representation. In regions where early childhood supports are limited, this broader service landscape representation is an asset, as the partners present have diversified access to families.

Readiness to Staff New Programs

Nearly all interviewees described the tenure and versatility of their staff, most of whom have worked in their role or in adjacent community organizations for many years. This continuity serves as a strong foundation for community collaboration and a deep working knowledge of existing service options and needs.

Multiple interviewees noted they already had staff or community members in mind who would be well-suited to serve as home visitors (30%). Several others highlighted their experience hiring and utilizing staff who align strongly to their clients' language, culture, or lived experiences (30%), yielding a notable positive impact on client engagement and trust.

Community health workers were named as a current or emerging strategy for meeting the diverse and dispersed needs of residents, a staffing model not dissimilar to home visitors' service delivery format. Public health nurses have played a versatile role, meeting part-time or interim needs within public health departments, responding to needs within WIC, school health, COVID contact tracing, and CYSHCN.

Ongoing Needs Assessment

For nearly all counties, participants described community-driven needs assessments were underway to reexamine needs and priorities in the 'COVID-impacted era' (80%).

Examples included:

- Parent cafes to gather family input on new program priorities and policies
- Family surveys on awareness, interest, and barriers to accessing existing early childhood services
- Multi-county coalitions reviewing and reordering priorities for their shared programming

Regional Approaches

Nearly all participants described a current program or initiative that utilizes a regional approach to evaluation, funding, program planning, and/or service delivery. Many stakeholders already coordinate their data collection for healthcare or early learning coalition needs assessments, while two other interviewees named emerging funding opportunities for which they are coordinating a joint

application. Entities who are regional by design, such as educational service districts or regional early learning coalitions, supplied natural examples of their stakeholder engagement and staffing structure that support multi-county program planning and service provision. Interviewees indicated the benefits and pragmatism of this strategy, from its economy of scale and a wider geographic range of drawing both staff and participants.

Community Receptivity and Enrollment Challenges

Interviewees across the five counties noted trends that challenge recruitment, each exacerbated by the pandemic's impact on demographics, service provision, and political climate. They mentioned two factors that hinder locating and engaging families with young children: 1) some families are moving to other counties for greater housing or work prospects, and 2) many programs that historically build rapport with families have closed or see fewer clients in person. Several interviewees noted how increased polarization around vaccines, immigration, and government spending have heightened distrust of program motives or the data they collect. They indicated this attitude's direct impact on existing programs' enrollment and attrition. Lastly, a prominent service landscape pattern was a scarcity of programming for general 'early learning,' without qualifiers of income or risk factors. According to interviewees, this increases the need for parent support programs but also creates a climate where such support is not normalized.

Access to eligible families has decreased in recent years due to changes in demographics and in-person service provision.

- Interviewees for three counties described a decline in the number of families with young children in their area, a pre-pandemic trend they attributed to decreased housing affordability and job prospects in their counties.
- Limited family-facing programming in these communities translates to fewer referral partners.
  - o Childcare programs, particularly those for infants, have been closing in recent years due to financial or staffing hardship. In some counties, ECEAP or Head Start were the only remaining licensed childcare providers.
  - o Certain community early learning offerings, such as library events or play groups, paused or ended during COVID.
  - o Some remaining early childhood services, such CYSHCN nurse support, have needed to shift their model away from in-person visits due to changes in funding parameters. Others were forced into a virtual or phone format by the pandemic, such as WIC and ESIT.

Increased community distrust of government services and related data collection have elevated apprehension around individualized family supports.

- Service providers face increased family concern for government "overreach" into their personal lives. The pandemic added a new skepticism of government-affiliated entities, such as health departments, with their literal or optical tie to COVID vaccinations, contact tracing, or related information promotion. This concern was even noted for a community organization receiving government funding for non-COVID activities, such as subsidized childcare.

- Stakeholders operating family-facing programs with intensive enrollment and programmatic data collection reported it deters family participation in two ways:
  - Producing the necessary documents poses logistical challenges. This barrier is higher for families with variable documentation status, who move frequently for work, or who have limited English proficiency.
  - Many eligible families judge the risk of sharing their information to outweigh the program's benefits. Even if the program or organization is well trusted in the community, collecting data to contribute to a state database triggers fear of involving entities that may affect their family safety or security, such as the child welfare system or immigration and customs enforcement.

Parent education or early childhood support services have become increasingly scarce or inaccessible.

- Particularly following the isolation of the pandemic, families have fewer points of reference for typical development and therefore bring basic questions to the providers they do see, even if not early learning professionals.
- Pediatric clinical services are challenging to access due to limited transportation, affordability, and system navigation supports.
- The most visible services are for families experiencing crisis, poverty, mental health challenges, or similar risk factors. The absence of proactive, general population supports for children and families contributes to stigma around parent support, making families less likely to seek out to accept intensive one-on-one supports.

Variables Impacting Interest and Feasibility

Organization Type and Traits

Interviewees highlighted strengths and challenges regarding their interest in applying and likelihood of succeeding in launching new programs. Key variables were an organization's government affiliation, catchment area, and reputation for responsive services.

Government Affiliation: According to interviewees both within and outside of government-based agencies, applicants perceived as 'government-affiliated' have the additional trust-building challenge among populations with increasing distrust of government motives and activities.

Track Record for Responsive Services: Interviewees emphasized that a track record for serving the community consistently and responsively was the largest variable in service delivery success. This seemed to supersede government affiliation, funding source, or health topic. Given the vital role of word of mouth in accessing harder-to-reach populations, reputation for meeting individuals where they are (geographically and in terms of need) is an essential ingredient for new programming.

Regional Entities: Entities with a regional catchment area described or exhibited several features that may be advantageous for applying or beginning new programs:

- Wider stakeholder representation—geographically, topically, or both
- Larger data set for seeing trends or patterns in demographics or service need

- More robust staff and administrative infrastructure of applying or executing grant functions; economy of scale
- Greater resilience amid funding fluctuation
- Wider geographic pool for recruiting home visitors

A disadvantage of regional entities is less community-specific knowledge of, or access to, families. Conversations about family need remain may be based on higher-level, regional themes. Given the limited number of direct services currently delivered in the focus counties, regional entities whose catchment areas do cover those areas tended to have more peripheral knowledge of the local populations or needs.

County-specific entities: Entities based in and focused on a single-county described or exhibited features that may be advantageous for applying or beginning new programs:

- More direct relationships and trust with community members
- More acute and responsive understanding of evolving community needs
- Localized referral partner network

Out-of-state or out-of-county partners: All interviewees (100%) named **out-of-state or out-of-county partners** who served as critical service providers to families in their area. Even if not eligible or preferred as primary applicants due to being based administratively out of the focus counties, they bring unique insights into community need and may be essential to program enrollment.

Clarity and Feasibility of Application Process
Time Commitment and Support

For nearly all the interviewees, exploring this funding opportunity would require significant knowledge building about three topics: home visiting program models, the process for selecting and launching a home visiting service, and context about DCYF as an agency and funder. Interviewees noted that investing this time in exploring a new program or funding opportunity is not strategic if the funding is a "long-shot," is limited term, or has low likelihood of continuation. They indicated it would be valuable to have as much information up front as possible, and to understand more clearly what information must be gathered, as well as the detail and timeline of program planning decisions.

Data

Data for Application: These potential applicants, at this point in time, face heightened challenges to compiling and presenting data on community features or needs. These may increase the resources and time needed to prepare data for their application and inform their program selection.

- Large national data sets, such as the Behavioral Risk Factor Surveillance System (BRFSS) or US Census, have insufficient sample sizes to provide county-specific values. The Washington State Department of Health's Maternal and Child Health Dashboard has similar numerical limitations for these areas. This requires county-specific applicants to generalize from regional or neighboring county data and draw strongly upon community-generated data.
- COVID changed the demographics and communities needs significantly, causing data gathered locally prior to the pandemic to feel less relevant or actionable. Collecting and updating this

data, while valuable, requires allocating community-facing and/or evaluation personnel whilst COVID still places demands on staff resources.

Reporting: The volume and process of reporting was named as a factor in whether to pursue funding and their staffing approach. Duplicative data entry and reporting, complex data portals and platforms, and constant changes to reporting expectations were common pain points for other funding streams. A streamlined, straightforward reporting protocol would increase the approachability of this funding.

Flexibility in Service Delivery

Interviewees acknowledged that home visiting services could add great value to their service landscape, but many remarked that strong alignment with community and staffing needs is essential for effective program launch and to reach full family enrollment. They recommended the funding afford the following programmatic flexibility to be responsive to their communities' needs, concerns, and priorities:

- Flexibility in service locations, with budgets to support family participation outside the home (e.g., gas cards for families; office space for staff to host families as preferred).
- Flexibility in visit frequency and duration.
    - o Options for families to begin with a few visits and ramp up, if desired or comfortable; this helps foster a provider-family interaction that is responsive and built on trust and attunement.
- Priority on family privacy, from a data perspective.
    - o Reduce documents needed at enrollment to verify eligibility.
    - o Reduce data collected at each visit, especially if data is shared with other agencies.

Staffing and Budget

The following funding approaches would allow host organizations to build scalable, resilient home visiting programs that complement existing services:

Model and budget flexibility to allow grantees to braid home visiting duties into existing roles and spread smaller caseloads across more staff. This would enable program administrators to:

- Leverage existing staff without creating staffing gaps elsewhere in their programming.
- Reduce reliance on recruiting and training brand new staff from their community.
- Select a model whose staff education and experience requirements match known available staff or contractors.
- Diversify how current staff are funded, to allow them to retain staff or more gradually sundown a program's services if funding is discontinued.
- Blend staffing for multiple family-facing programs to deliver a richer service offering to clients. This has 3 advantages:
    - o These staff bring direct service experience, often specific to families.
    - o The preexisting programs or individual staff have built trust with current clients who could promote the new program via word of mouth (noted as the most common source of referrals for current programs)

- o Staff may deliver complimentary services (e.g. recertify for WIC just after a home visit session; community health worker with insurance navigation experience could deliver prescribed home visiting content and also assist with Medicaid enrollment)

Sufficient funding to address the increasing cost of administrative functions.

- Climbing gas prices impact feasibility for staff to commute and families to drive for care. Lean staffing, either due to limits on payroll funding or hiring success, results in each staff person covering multiple roles. Any additions or reductions in staff or program demand are felt acutely, making staffing an early consideration for funding utility.
- Staff funding allocations historically do not keep pace with inflation or pay increases in other sectors, posing challenges to attracting or retaining staff.
- New programs typically require more staff time for supervision, reporting, and backbone functions than long-standing services. Ample resources for support staff allows administrators to troubleshoot and refine their processes as services get underway.

Promote a Continuum of Family Support Services

Home visiting is a valuable service on a continuum of family and community supports. However, all interviewees reported extremely limited offerings relevant for all families, such as childcare, preschool, play groups, or general parenting education classes. This lack of broad-based family services contributes to a stigma around parenting support or intensive 1:1 home visiting services, and also decreases the number of places and partners who could build trust and refer families to a home visiting program.

To lay groundwork for home visiting program success and also bring support to more families, interviewees suggested these funding or application process strategies:

1) In addition to information about home visiting program models, provide information about other DCYF resources or funding opportunities. Whether or not the organization and its partners move forward with an HVSA application, they may discover other areas in which DCYF's funding priorities or existing family and workforce supports can benefit their community's plans across the service continuum.
2) Allow grantees to utilize a portion of granted funds to host lighter-touch community offerings alongside the intensive activities required by HVSA-approved models. This can help programs create a climate of positive parent support, engage families hesitant of intensive programming, and establish visibility and trust for program enrollment. Above all, it invests in a well-rounded continuum of early learning, so home visiting and other focused interventions can succeed.

Applicant Information Needs
Stakeholder Access to Baseline Information

Interviews explored stakeholder awareness regarding home visiting and the information and support needed to make this funding opportunity most accessible. A successful application process for this audience would advance:

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Awareness of the funding opportunity. Many interviewees had limited familiarity or interaction with DCYF as an agency, so were unlikely to learn of this RFP through their existing channels. Additional efforts to bring this opportunity and program type to non-early childhood focused stakeholders may increase the number of applications and leverage the expertise and trusted service provider networks in these counties.

Baseline information about DCYF processes and programming. Part of understanding a funding opportunity and preparing a competitive application is understanding the funder's philosophy, priorities, and scope. It may be impactful to link to DCYF agency overview documents or webpages within the funding announcement or related communications regarding the scope and approach of the agency.

Streamlined access to information about home visiting program models with sufficient time to explore and discuss with partners. Applicants must gather and discern a significant amount of information when deciding to apply or make decisions regarding model selection.

Examples from Other Communities

Several interviewees reviewed the map of existing HVSA-funded programs and inquired about the model selection process and success in geographically or demographically similar counties. They posed questions such as:

- "Why does this region have so many slots and how did they achieve this?"
- "We are a lot like [BLANK] region. Which program model or family population did they choose and why?"
- "How are other programs getting referrals?"

It is beneficial for new applicants or discerning communities to have access to kindred stakeholders who have experience weighing program options and adapting their implementation strategy to local needs and obstacles.

Preliminary Contracting Questions

An organization must ensure the staff capacity needed to prepare a compelling application will be a wise investment of limited staff resources. The intended programming must also respond to community need and complement existing services, ideally drawing on resources, expertise, and family relationships from several partner organizations. Before discussing details of HVSA-approved program models, interviewees wanted clarity and assurances about several structural elements:
- The funding's longevity and whether it sustainably covered administrative functions and the rising cost of doing business.
- The volume and nature of data collection and reporting, including the platforms utilized and which agencies had access to family data.
- Where and how the program model developers play a role in implementation and reporting.
- The timeline for program planning, initial implementation, and when they would need to meet all contract requirements.
- The monitoring process for contract deliverables, as well as the penalties and supports available if progress is not made as expected.

Recommendations

This project gathered reflections and input from stakeholders in the five focus counties to shape how FY23 funding opportunities can be structured for more equitable access to HVSA funds. The project also reflected DCYF's desire to build community familiarity with home visiting and identify stakeholders to engage in future funding opportunities. The below recommendations aim to refine not only near-term funding accessibility, but also invest in longer-term stakeholder learning and engagement and to cultivate a range of early childhood supports that benefit all families.

Resources for Planning

Equitable access to this funding begins with equitable access to space and supports to examine the opportunity. A potential solution is to allocate resources for initial community exploration, in advance of a formal application. This may reduce barriers of staff capacity and increase knowledge about home visiting and family support services, as well as provide incentive to engage with this funding opportunity. Stakeholders indicated they needed clarity around program options and mechanics, such as budget and staffing, *prior* to applying. In areas with fewer early childhood services and partnerships, the process of exploring this funding must be made fiscally and logistically feasible for a wider range of applicants early in their discernment process.

A robust continuum of early childhood services and partnerships supports ready identification of a lead applicant and referral partners with both knowledge and experience delivering complimentary services. To cultivate these contextual assets in the focus communities, DCYF can allocate resources to cover staff time engaged in planning and lend structure and facilitation for partner conversations that examine alignment of each model with local needs and assets.

Benefits of Investing in Pre-Application Planning

Delivering planning support at this stage of the application benefits the community stakeholders pursuing these present funds. As these capacity and service landscape factors likely impact interest and feasibility for other funding opportunities, this approach is an investment in DCYF's longer-term aims to equitably scale home visiting and other services.

Benefits of Planning to Community Stakeholders

If the planning process associated with this funding opportunity is likely to yield general benefit for early learning services development, communities may be more likely to invest staff time and partner social capital to explore this home visiting funding opportunity.

While these communities are engaging in renewed needs assessment to inform their service offering, allocated funds for pre-application planning can ensure the childhood population's needs are prioritized. This earlier, more in-depth consultation can support a community's general planning and strategy for broadening and deepening early childhood supports in their community, regardless of whether they apply or are selected for this funding.

Benefits of Planning to DCYF Goals for Equitable Scale of Home Visiting and Other Services

In DCYF's broader goals to scale access to strengths-based, preventive services, allocating resources for community discussion and planning lays a foundation for future funding opportunities – for home visiting and other valuable DCYF-supported initiatives.

For this funding opportunity in particular, this pre-application planning support and home visiting model consultation can position DCYF to select a grantee with the greatest need and readiness for implementation. Firstly, it can serve to increase the number and variety of potential applicants. Secondly, it allows the fuller application to ask and address more sophisticated questions about program model fit, referral pathways, and staffing approach. This positions DCYF to make a more informed decision about who could most benefit from this funding, rather than who had resources to study, plan, and apply.

Recommended Application Process

Issue a Request for Proposal (RFP) with maximum transparency on the nature of the funding and the application process, so potential applicants can discern the fit of this funding to their community's priorities before committing their limited staff and partner time to exploratory conversations. A two-phase application process is recommended, involving a letter of interest and a supported application process. This distributes the time required for potential applicants to digest information and mobilize partners and allows for consultation to be made available to communities regarding program selection and implementation.

1. Announce the RFP, stating:
    a. What support will be made available throughout the application
    b. Which decisions will be made later, or during contracting, if awarded funds
    c. Process and parameters for funding extension or renewal
    d. Typical program 'startup and onboarding times' for each program model, as well as where and how the model developer is involved over time
    e. Data collection and reporting expectations (volume, type, and logistics for providing data to state partners and program models)
    f. Options and common strategies for staff requirements and workload distribution (where model dependent, offer easy access to this information)
    g. Who is eligible to apply, including clarity on allowable funding for involvement of partners located outside the focus counties or across state lines
2. Invite applicants to submit a letter of interest (LOI) where they outline:
    a. Intended population
    b. Where, why, and how home-visiting aligns with community need or appetite
    c. Partnership commitment regarding referrals
    d. Preliminary thinking about which model would best suit their needs (choice to be revisited later in application or contracting process)
3. Request proposals where applicants further formulate their program selection and strategy. To support discernment and partner discussion at this phase, clearly outlining what must be decided at the time of application and which details are determined during contracting, if selected (e.g., caseload, timeline for achieving model certification and enrollment targets, other monitored contract elements).

Appendix A: Outreach Email

Dear _____,

I work for [Start Early Washington](#), and we work closely with the [Department of Children, Youth, and Families](#) (DCYF) to support home visiting services in our state. We are writing to you because DCYF will release a home visiting funding opportunity this summer that will be open to 5 counties who do not currently have home visiting and are ranked as high priority for new services using the [2020 Washington State Home Visiting Needs Assessment](#) as well as the [Home Visiting Expansion Plan](#).

The counties that are eligible for this funding opportunity are:

- Asotin
- Columbia
- Garfield
- Klickitat
- Skamania

Interviewing Local Stakeholders in these 5 Counties

Ahead of this funding opportunity (Request for Proposals), we are speaking with stakeholders in each of the 5 eligible counties to:

- Understand interest in starting up a home visiting program
- Learn about your community's unmet needs to support families
- Consider where community priorities may align with primary objectives of home visiting models funded by DCYF
- Support initial thinking as you assess the feasibility of starting up a new home visiting service

As a result of these interviews, we hope stakeholders will learn more about home visiting services and start assessing if these services fit with your communities' local priorities. Likewise, we will consolidate your input into a report for DCYF, so they can strategize to effectively release resources in counties that apply.

Why We Are Contacting YOU!

We are reaching out to you because of your experience supporting young children and families in your community, and/or you have been recommended by a peer. ***Are you willing to complete a 60-minute interview to share your perspective?*** Stephanie Walchenbach with [Waypoint Early Childhood Consulting](#) will be the primary lead in the interview process.

If you are ready to schedule, visit this [Calendly](#) page and select a time. We will send you the list of questions/prompts for our discussion ahead of time. If you have questions, please reply to both me and Stephanie (stephanie@waypointec.com). For reference, I have attached a summary of the home

visiting models funded through DCYF and an overview of the impacts of home visiting in Washington State.

We hope to hear from you soon!

Liv Woodstrom   Stephanie Walchenbach
Director of Programs, Start Early WA   Owner, Waypoint Early Childhood Consulting

Attached:
- DCYF's Summary of Home Visiting in WA State
- DCYF's Home Visiting Models Funded by the HVSA

Appendix B: Interview Guide

Conversation on Interest in Home Visiting

We look forward to hearing about your community's needs and interest in home visiting services that support families. Below are some questions and themes we would love to explore with you. We can focus on those most salient to the needs and strengths you see in your area.

Familiarity and Interest in Home Visiting
- Have you had much exposure or interest in this type of home visiting service?
- Do you think home visiting would be a good fit for your community, why or why not?

Needs for Families
- What do you think are the most significant unmet needs for families with young children in your community/county? Tell us about observations, data, or experiences that reveal these needs.

Existing Resources
- Where do families currently go to have their needs met in their children's early years? (For example: prenatal care, maternal and infant health/mental health, and early learning and school readiness opportunities.)
- What do you see as gaps in resources/services for new families (prenatal to age 5)?
- Do you know of any organizations doing in-home services (of any kind)?

Family Demographics
- In your community, are there specific demographics of families that current services are not adequately supporting?

Organizational Capacity in your Community/County
- What organizations in your community have strong, trusting relationships with families?
- What organizations may be a good fit for hosting a home visiting program? Or could be a great source of referrals to a home visiting program?

Primary Priorities of your Community & Match with Home Visiting Program Models
- When you read/hear about the primary goals of various home visiting programs where is the strongest match with unmet needs in your community? (For reference attached: DCYF Home Visiting Models Funded by the HVSA.)

We will ask for suggestions on who else to speak with in your community. If you would like to review the key findings from our interviews prior to submission to DCYF, please let us know. We are happy to share those with you early on.

Thank you for your time!

Appendix C: Background Data

Jurisdiction	Asotin	Columbia	Garfield	Klickitat	Skamania	State Total
2020 Population Census[1]	22,285	3,952	2,286	22,735	11,604	7,707,047
Race[2]						
White	78.42	91.07	93.04	87.42	88.92	73.04
Black	0.79	0.33	0.39	0.44	0.3	4.23
American Indian/Alaska Native	4.47	1.49	0.79	2.77	1.48	1.93
Asian	1.04	0.58	0.48	0.67	1.01	9.68
NHOPI	0.08	0.03	0	0.23	0.18	0.9
Two or more races	15.21	6.5	5.29	8.47	8.11	10.22
Population Percentage Rural[3]	6.7%	34.3%	100.0%	60.2%	100.0%	16.0%
Babies Born (count)[4]	212	33	18	202	109	83,101
Crude Birth Rate[4]	9.4	7.9	8.1	8.9	8.9	11.0
Low Birth Weight, Singleton[5]	4.3	No value	No value	3.7	6.7	4.7
Mother received prenatal care in 1st trimester[5]	68%	74%	72%	70%	74%	73%
Teen pregnancy rate (age 15-17)[5]	25.5%	No value	No value	18.4%	No value	21.8%
Preterm Delivery[5]	7.9%	No value	No value	7.8%	11.7%	8.3%
Opened CPS Investigations & Assessments (count)[6]	228	30	6	205	56	49,265

Out of Care Prevalence (Kids per 1000)[6]	7.73	1.34	6.93	8.61	5.29	4.87
Personal physician[7]	74%	72%	64%	58%	65%	74%
Reports poor mental or physical health in past 14 days[7]	16%	No value	No value	10%	14%	7.7%
Heavy drinking[7]	8%	No value	No value	4%	No value	5%
Total WIC participants[8]	850	111	89	773	164	235,336
Infant/Child WIC participants[8]	602	84	65	567	116	169,809
Women WIC participants[8]	248	27	24	206	48	65,527

1. Washington State Office of Financial Management, Forecasting and Research Division; April 1, 2021 (Revised) Population of Cities, Towns and Counties.
2. Washington State Office of Financial Management, Forecasting and Research Division; April 1, 2021 (Revised) Race as Percent of County Population.
3. U.S. Census Bureau; Urban and Rural Classification, Percent of Urban and Rural in 2010 by State and County.
4. Washington State, Washington Tracking Network, ACH Dashboard. Data for 2020.
5. Washington State Department of Health- Maternal and Child Health Dashboard, 2020. Report publishing dates vary by metric, from 2013-2015. Data collection dates vary from 2009-2013.
6. Center for Social Sector Analytics & Technology (2022). [Graph representation of Washington state child welfare data]. Data for 2019. *Investigations & Assessments (Count)*. Retrieved from Child Well-being Data Portal.
7. Washington State Department of Health, Washington Tracking Network Data Dashboard. Original data from the Centers for Disease Control and Prevention (CDC): Behavioral Risk Factor Surveillance Survey (BRFSS). Data by local health jurisdiction, 2013-2017.
8. Washington State Department of Health: Women, Infants and Children (WIC) Nutrition Program Data by County, Federal Fiscal Year 2019.