Prevention Services Reporting System User's Guide

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Contents

Definitions

- "DCYF" means the Washington State Department of Children, Youth & Families.
- "PSRS" means the Prevention Services Reporting System – the system for submitting reports to DCYF.
- "LIA" means the Local Implementing Agency who contracts with DCYF to provide home visiting services in their local community.

PSRS Site

PSRS can be accessed by going to https://apps.dcyf.wa.gov/psrs. The system is designed to work in any Microsoft-supported Internet browser (e.g., Internet Explorer, Google Chrome and Mozilla Firefox). However, depending on your agency's IT protocol, you may find that one browser works better than another does. Any browser that is not supported by Microsoft platforms may not be able to run PSRS (e.g., Safari). If you are experiencing glitches, it is recommended that you clear your web browser search history prior to initiating a report.

PSRS Accounts

Each agency will need to maintain at least one active account for PSRS. To obtain an account, complete the Registration fields on the sign-in page, then click **Save**. You should then receive an email sent to the primary email address you provided asking you to activate your account by clicking on a link. This step is used to verify that you have entered a valid email address .If you have an issue or receive an error message, please email your DCYF Home Visiting Program Specialist and the DCYF Home Visiting Inbox (home.visiting@dcyf.wa.gov) to resolve this issue.
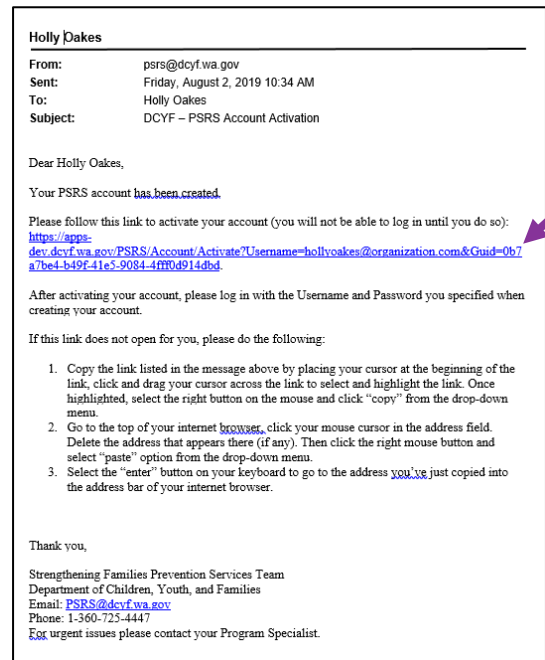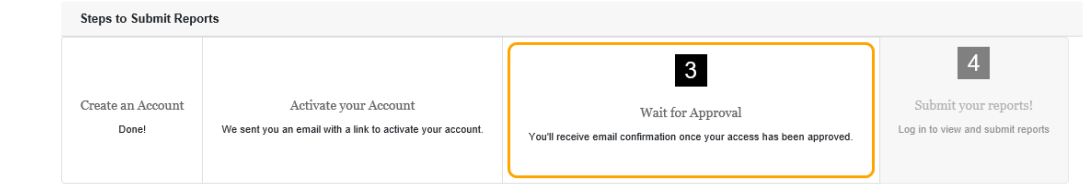
Once you have verified that you have a valid email address in the registration process, the user will then have to wait for their account request to be approved. For the first account set up for each LIA, the approval will come from the PSRS support team at DCYF. After the initial account is set up, that account can then approve account requests.


Approving or Removing Accounts

If you are the primary contact in PSRS for your agency, you are able to approve new account requests. The primary contact can only be set up by a DCYF PSRS Administrator. The primary will receive an email notification of a new account request. To approve a request, you will need to navigate to Manage Organization link in the menu across the top of the page.
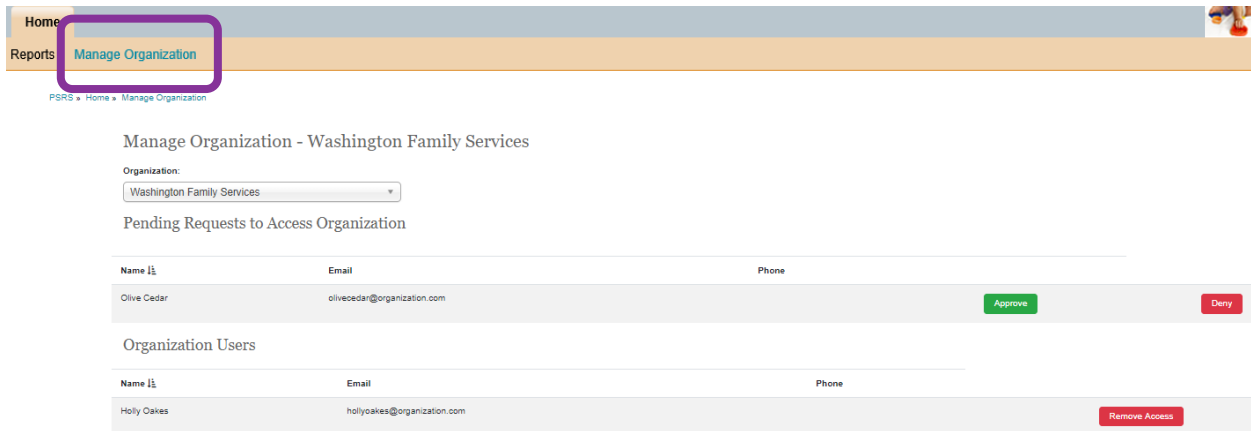
In the top half of the page, the pending requests are listed. Click on Approve if your organization has decided that the user should have access to PSRS. If the user is not approved, click Deny.

The bottom half of the page will have existing PSRS users. If the user should no longer have an active PSRS account, click on the Remove Access button.

Reports

The main page of PSRS will be a list of reports available in PSRS. The report status will tell you which reports are available and the status is of each report.

PSRS Report Status Definitions	
Unstarted	The organization has not yet entered and saved any data for the report.
Saved, Not Submitted	The organization has entered and saved some data for the report, but it has not yet been submitted.
In Review	The report has been submitted and is currently being viewed or processed by a DCYF Program Specialist or PSRS Administrator. You may not open a report in this status.
Waiting for Review	The organization has submitted a report, but it has not been returned or approved by a DCYF Program Specialist or PSRS Administrator. The user may select the report to edit it. When opened, the status of the report is updated to "In Progress" and other users are not able to open the report for viewing or editing.
In Progress	The report is currently opened and being completed or updated by another user at the organization.
Returned	A DCYF Program Specialist or PSRS Administrator has returned the report to the organization for correction or edit.

Approved	A DCYF Program Specialist or PSRS Administrator has approved the report; it can no longer be edited without contacting a PSRS Administrator.

On the reports page, you can select the option to create, edit, or view the report. If the report has a status of <u>unstarted</u>, you will need to select **Create**. If the report is <u>not in an editable version,</u> the button will say **View**. If the report has been <u>started</u> and is editable, the button will say **Edit**.

The Report Period column will tell the user which report is being collected. Monthly Reports will list the month and year for which the report will be selected. The status date indicates when the report was assigned the report status, if the report is still unstarted, the status date will simply be the current date. The Due Date column indicates when the report is due.

Monthly Report

From the **Reports** screen, identify the report you need to submit by the Report Period column. Then you can click either **Create** or **Edit** to enter the information.

When you open the report, there will be a header at the top specifying which report is being submitted and the report period. Below that header is a reminder of when the report is due.

The next two sections of the report, **Organization Information and Contact Information,** are not editable fields and are automatically completed based on your organization profile and your user profile. The **Organization Information** is set up by the DCYF PSRS Administrator and will include the organization name, home visiting model, the PSRS-generated organization ID number, and the funding sources that support enrollment slots. The contact information is determined by the user's profile, which is set up during the account request process. Additional information, such as phone number and address should be set up at https://apps.dcyf.wa.gov/Default.aspx. The **Contact Information** section will always update with the last person who edited the report from the organization.

The next section is the **Cumulative Families Served** section in which you will be asked to indicate the number of families and children served by the HVSA funds. PSRS will only display columns for the funding source(s) that your organization has. At the top of each column is the number of slots your organization has assigned to each funding source, with a total on the far right. Just below the number of funded slots is a button to click if your organization did not serve any families for the month.

Cumulative Families Served

Please provide the following information for children and families served by HVSA funds during the reporting month.

	Funded by MIECHV	Funded by i502	Funded by General Funds State	Funded by TANF	TOTAL
Total Number of Contract Slots	45	25	25	24	119
	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	
Cumulative number of families/clients served: *The number of home visiting participants who received a home visit or encounter within 3 months of the last day of reporting period; this may include families who have entered and or exited during the reporting period. During the COVID-19 pandemic, actively enrolled means participant received a visit (in any modality) or an encounter within 92 days of the end of the month.*	0	0	0	0	0
Number of Children served: *Received a home visit or other model-approved contact in the last 3 months*	0	0	0	5	5
Number of families that recieved home visits during report month:	0	0	0	0	0
Number of home visits during the report month:	0	0	0	0	0

The remaining questions in the **Cumulative Families Served** section will need to be completed. First, you will enter the number of cumulative number of families/clients served. While it is not unusual for this number to be greater than the total number of funded slots, if the number that is entered exceeds 150 percent of the funded enrollment, a warning symbol will display (an orange triangle with an exclamation point inside). Hovering over the triangle will display a message indicating your number has exceeded 150 percent of funded enrollment. Having this warning present will not prevent you from submitting the report, but is meant to help users notice if a typo is made (e.g., entering 100 instead of 10).

Cumulative Families Served

Please provide the following information for children and families served by HVSA funds during the reporting month.

	Funded by MIECHV	Funded by i502	Funded by General Funds State	Funded by TANF	TOTAL
Total Number of Contract Slots	45	25	25	24	119
	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	
Cumulative number of families/clients served: *The number of home visiting participants who received a home visit or encounter within 3 months of the last day of reporting period; this may include families who have entered and or exited during the reporting period. During the COVID-19 pandemic, actively enrolled means participant received a visit (in any modality) or an encounter within 92 days of the end of the month.*	45	46 ⚠ You have reported a number of families/clients actively enrolled that exceeds 150% of your funded enrollment level. Please verify that this number is correct before proceeding.			1 6
Number of Children served: *Received a home visit or other model-approved contact in the last 3 months*	57	50	33	32	172
Number of families that recieved home visits during report month:	45	46	20	22	133
Number of home visits during the report month:	62	46	22	31	161

Next, enter the number of children served. This should be the number of children in the families listed in the row above and may be greater than or less than the number of families, depending on the families being served.

The next row will ask for the number of families that received home visits during the report month. If a family had received a home visit during the month, they should be counted in the number of families/client actively enrolled. If you enter a number of families receiving a home visit that exceeds the number of families/clients actively enrolled, an error message will display and you will need to either increase the number of families/clients actively enrolled or decrease the number of families that received home visits during the report month in order to submit the report.

Cumulative Families Served

Please provide the following information for children and families served by HVSA funds during the reporting month.

	Funded by MIECHV	Funded by i502	Funded by General Funds State	Funded by TANF	TOTAL
Total Number of Contract Slots	45	25	25	24	119
	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	No Families Enrolled for period	
Cumulative number of families/clients served: *The number of home visiting participants who received a home visit or encounter within 3 months of the last day of reporting period; this may include families who have entered and or exited during the reporting period. During the COVID-19 pandemic, actively enrolled means participant received a visit (in any modality) or an encounter within 92 days of the end of the month.*	45	24	22	22	113
Number of Children served: *Received a home visit or other model-approved contact in the last 3 months*	57	50	33	32	172
Number of families that recieved home visits during report month:	45	26 ✕ *The number of families that received a home visit during the report month may not exceed the number of families/clients actively enrolled. Ensure all families who received a home visit are counted in the Number of families/clients actively enrolled.*	20	22	113
Number of home visits during the report month:	62	46	22	31	161

Finally, you will need to enter the number of home visits completed during the report month.

In the next section, **Caseload Changes**, you will need to describe the changes to the program's caseload that occurred during the reporting month. This includes number of new families enrolled, number of exits *before* reaching HVSA retention goal, and number of exits *after* reaching HVSA retention goal. There is also a Total column on the far right.

Caseload Changes

Please provide the following information about new enrollments, exits, and program completion during the reporting month.

	Funded by General Funds State	Funded by i502	Funded by MIECHV	Funded by TANF	TOTAL
Number of new families enrolled:	0	0	0	0	0
Number of exits before reaching HVSA retention goal: *Clients that exited the program during the month before receiving 24 months of service.*	0	0	0	0	0
Number of exits after reaching HVSA retention goal: *Clients that have exited the program during the month after receiving 24 months of service.*	0	0	0	0	0

The **Caseload Maintenance** section summarizes the data entered in previous sections. If the active caseload reported is *below* 85% of funded slots, a text box will appear where the organization can explain the enrollment numbers, CQI strategies and if they need additional CQI support. If enrollment is *above* 85%, the text box will not be present.

Caseload Maintenance

Your Monthly Caseload percentage is calculated by dividing the number of families cumulative served in the report month by the number of Maximum Service Capacity (funded slots) described in your contract. If the percentage of family enrollment to capacity for your program is below 85%, please provide a brief explanation in the space provided.

Number of Cumulative Families Served this month: 79   Maximum Service Capacity (funded slots): 119

Monthly Caseload: 66.4%

Please explain Monthly Caseload being under 85%

Number of characters remaining: 999

Please describe PDSA cycles that address Monthly Caseload and/or CQI strategies and approaches you are utilizing to address this.

Number of characters remaining: 999

Would you like additional support from the Start Early CQI lead?

Number of characters remaining: 999

If you have qualitative information to share with DCYF and your enrollment is *at or above* 85% percent, you may email home.visiting@dcyf.wa.gov or your DCYF Program Specialist. Additionally, you can use the **attachment** section of the report to upload a document. The attachment section has an option to upload an updated insurance certificate as new certificates are obtained. However, any other documents may be uploaded here at the request of DCYF. To attach a document, <u>click on the Browse button</u>.

Upload Documents

Please follow the instructions below to upload documents with your monthly report.

Insurance Certificate Renewal:
Attach a current Insurance Renewal if your insurance was renewed in the last month.

[Browse]

Other Documents:
Please attach any other documents you need to share for this month

[Browse]

After clicking Browse, a file selection dialogue box will pop up. Locate the file that you want to upload as an attachment to the monthly report and select it for attachment.
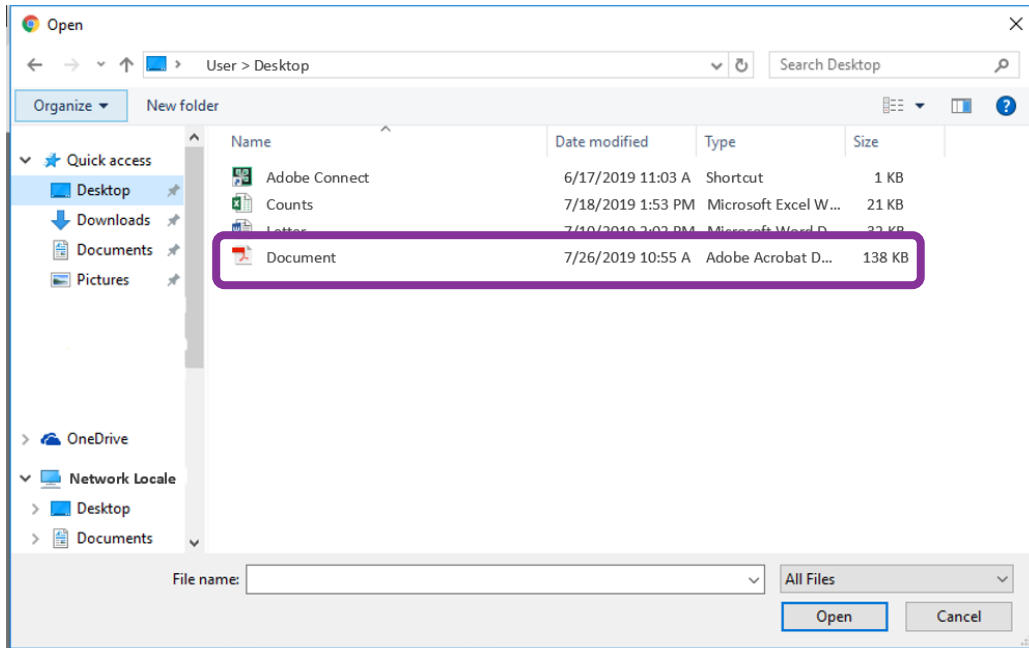
The file path will appear in the document attachment box.
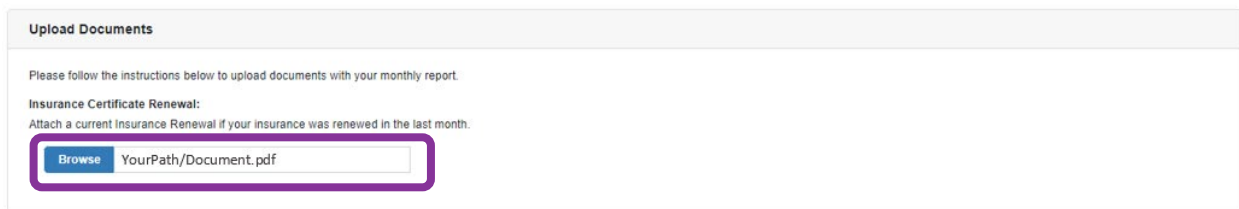
Once you have entered all of the information necessary you can save your report. You can either click Save & Close if you are not ready to submit the report to DCYF yet or click Submit if you are ready for a DCYF review.
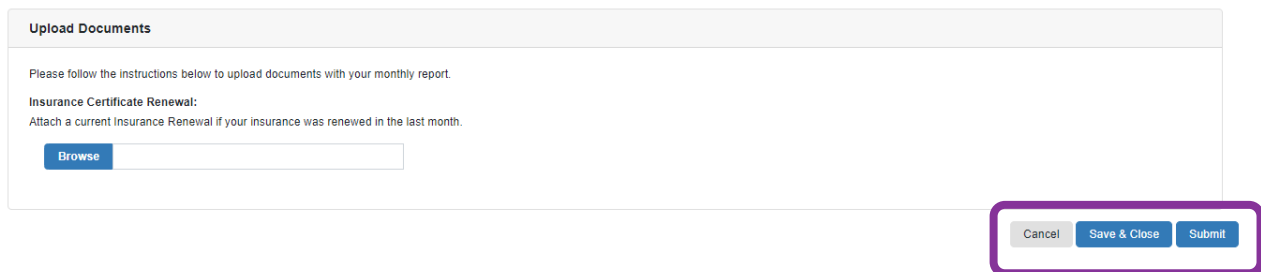
Your DCYF Program Specialist or a PSRS Administrator will review your monthly report at this point. The report status on the report screen should change to Waiting for Review. When the report is reviewed, the Program Specialist or PSRS Administrator will have the option to either approve the report or return the report to the program. If the report is approved, no notification will be given to the organization. However, if the report is returned, an email will be sent to the person who submitted the report in PSRS.

Olive Cedar

From:	psrs@dcyf.wa.gov
Sent:	Friday, August 2, 2019 9:17 AM
To:	Olive Cedar
Subject:	DCYF – PSRS Report Returned

Dear Washington Family Services,

Your March 2019 Monthly Enrollment report has been reviewed and found to contain possible errors. The report has been returned and is available for you to edit in the PSRS System . If you do not believe an error was made on the report, please contact your program specialist. Please re-submit your March 2019 Monthly Enrollment report within 2 business days, which is 7/27/2019.

Sincerely,

The Washington State Department of Children, Youth, and Families Home Visiting Team
Strengthening Families Prevention Services Team
Department of Children, Youth, and Families
Email: PSRS@DCYF.wa.gov
Phone: 1-360-725-4447
For urgent issues please contact your Program Specialist.

Once the report is returned to the program for editing, the status on the report screen will be Returned. The status will also be in red text to help alert you to a returned report if you were not the person who submitted the report. Click on **Edit** on the report screen to re-open the report and make any changes necessary.

Quarterly Report

From the reports screen, identify the appropriate quarterly report you need to submit by the report period column. Then click either **Edit** or **Create** to enter the information.

When you open the report, there will be a header at the top specifying which report is being submitted and the report period. Below that header is a reminder of when the report is due.

The next two sections of the report, **Organization Information** and **Contact Information**, are not editable fields and are automatically completed based on your organization profile and your user profile. The Organization Information is set up by the DCYF PSRS Administrator and will include the organization name, home visiting model, the PSRS-generated organization ID number and the funding sources that support enrollment slots. The contact information is

determined by the user's profile, which is set up during the account request process. Additional information, such as phone number and address should be set up at https://apps.dcyf.wa.gov/Default.aspx. The Contact Information section will always update with the last person who edited the report from the organization.

The next section is the **Fidelity to Program Model** section in which you will be asked to report on any areas in which your program is not meeting model fidelity. If your program does not have any areas in which you are not meeting model fidelity, this item can be skipped. To add an area in which your program is not meeting model fidelity, **click on the +Click here to add indicator area** button.

This will bring a pop-up for you to complete the information about your program's progress toward meeting model fidelity. You will want to list the indicator area as well as the steps you are taking toward getting your program into model fidelity. When you are done, you can choose to either **Save the record,** or **click Add Another** to include an additional indicator area.

Your indicator areas will be listed in the report after saving your final indicator area. If you need to make a change, there is an option to either edit or delete an indicator area.

In the **Staffing Deliverables** section, you will first need to add the staff for your program whose positions are funded by the HVSA. Click on the **+Click here to add staff** button. For your initial quarterly report, there will be no staff listed in this section. However, in subsequent reports the staffing table will be copied from previous quarters and you will only need to edit the table based on changes in the previous quarter.

When you click on the **add staff** button, a pop-up will display to enter information on the staff member. You will need to select the staff role of Home Visitor, Supervisor or Other. Then enter the Home Visiting ID # in the box – this number likely comes from your program's data system. If you need help identifying this number, the Department of Health staff may be able to advise you. Then add the first and last name in the staff name line. If the position is vacant, enter "Vacant" as the staff name. Next, add the employment start date for the employee – if the position is vacant, this field can be left blank. Employment End date should only be entered for those whose end date is within or before the prior quarter – future planned end dates should not be included. The final fields are related to the FTE funded by each funding source. The total FTE may not exceed 1.0 FTE.

When you have entered all information about this staff person, select either **Add Another** or **Save** if there are no additional staff to add.

Add Staff   ×

Enter the information for the staff member below.

Staff Role   **Home Visiting ID #**

Home Visitor   ▾   12369745

Staff Name (First & Last Name)

Holly Birch

Employment Start Date   **Employment End Date**

08/15/2017   11/30/2019

In the fields below indicate how the FTE is funded. For example, if this person is a 1.0 FTE is funded by one funding source, put a 1 in that funding source. If the staff person is funded by 2 sourced enter the amount funded by each source (for example 0.5 General Fund State and 0.5 MIECHV). If a person is not a 1.0 FTE, enter the portion of FTE for this person (e.g, 0.5 FTE for a person who works 20 hours per week).

Funded by MIECHV   **Funded by TANF**

0.75   0.25

                                    Cancel   Add Another   Save

After adding all of the staff, the staffing tables will be completed. Using the information you have entered in the staff detail table, a summary table will be populated. However, this second table can still be edited if it is not accurate.

Please report all FTE/staffing positions funded by this contract for Home Visitors, Program Supervisors, and other staff. This includes any vacant positions. To build our understanding of staffing, caseload and transition we need detailed and accurate completion of the tables below.

+ Click here to add staff

Staff Role	Staff First & Last Name	HV ID#	Start Date	End Date	Funded by MIECHV	Funded by TANF	TOTAL	Edit	Delete
Home Visitor	Holly Birch	12369745	8/15/2017	11/30/2019	0.75	0.25	1	✎	✖
Home Visitor	Rose Oakes	512449896	6/15/1999		0.67	0	0.67	✎	✖
Home Visitor	Ivy Pine	412485695	2/19/2019		0.25	0.35	0.6	✎	✖
Supervisor	Fern Beech		6/3/2007		.7	.3	1	✎	✖
Other	Jasmine Sycamore		10/15/2010		0.1	.04	0.14	✎	✖

Staff Role	Funded by MIECHV	Funded by TANF	TOTAL
FTE of Home Visitors who:			
Currently Filled Positions	0.92	0.35	1.27
Vacant Positions	0.75	0.25	1
FTE of Supervisors who:			
Currently Filled Positions	0.7	0.3	1
Vacant Positions	0	0	0
FTE of Others who:			
Currently Filled Positions	0.1	.04	0.14
Vacant Positions	0	0	0

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After the staffing tables are follow-up questions regarding staffing. Each of these items may be left blank if they do not apply to your program.

Please describe any changes in program staff that occurred during the reporting quarter (e.g. vacancies, extended leave, etc.). Leave blank if not applicable.

> We had one home visitor leave our program to work in the local hospital. We are working on replacing this position.

If you are experiencing staffing transitions, please describe your program plan and timeline for addressing those transitions in order to maintain enrollment numbers and continuity of services to families. Leave blank if not applicable.

> We were able to post the home visitor position in mid-December and will leave the position open until mid-January. We are optimistic we will have a new person in place and ready for training by early February.

Please describe, if applicable, any ongoing challenges with recruiting or retaining staff and how your program is currently addressing these challenges. Leave blank if not applicable.

Challenges with staff retention

> Most of our staffing has been fairly stable for a while. We have one position that has experienced fairly regular turnover.

Challenges with staff recruitment

> We do face a difficulty competing for nurses with the local hospital.

The next section of page one is the **Supervision Deliverables** section. In this section, you should indicate your supervision activities in the provided table. If you have any comments or additional information to share, include a comment in the provided space. You will also be able to describe changes to policy and/or practice.

Supervision Deliverables

Please report on the number of hours of supervision that Supervisors provided for Home Visitors this quarter.

Type of Supervision	Average number of hours provided to each Home Visitor per month		
	Month 1	Month 2	Month 3
Administrative/Clinical Supervision (one-on-one)	1	1	1
Reflective Supervision (one-on-one)	2	2	1
Group (staff meetings, trainings, etc.)	6	6	7

Please add any comments on your supervision activity this past quarter below, including any barriers encountered to fulfilling supervision hours in the above categories (as expected for model fidelity or outline in your contract.)

> We were unable to complete as many hours of reflective supervision due to losing a staff person and other filling in with the remaining families, holidays and personal leave.

Number of characters remaining: 1326

Describe any changes your organization has implemented to staffing policy and/or practice in the past year to support high quality program implementation and reduce turnover in the program or organization.

> Our team continues to work remotely. We began meeting in-person for our team meetings twice a month in April. During the warmer months staff will offer to meet families outdoors. Staff are still required to wear a mask at the visits when inside.

Number of characters remaining: 1253

Then you have the choice to save the information as PDF, go to the next page, save, or to cancel. Please make sure to select save at the end of every page to avoid any entry loss. When you move to the next page, the system will validate the entries to make sure there are no errors. If there is an error, it will be indicated with red font next to the appropriate question, and the page will not advance in the report.

The first section of page two is the **Service Delivery** section. In this section you will enter details about caregivers and home visits. Then you will describe the successes and challenges faced in this quarter. After that you will enter some information about your waiting list and then comment on it if you have anything to add. Next you describe any gaps in services and then challenges on referrals.

Total number of Home Visits Completed are the number of home visits scheduled during the quarter that occurred as planned

Total number of Home Visits Attempted: this is the total number of home visits that were scheduled but not completed. To calculate this number, take the total number of home visits scheduled for the quarter minus the total number of home visits completed in the quarter. Example: Total number of home visits scheduled is 175, total number of home visits completed is 150. Total number of Home Visits Attempted = 175 - 150 = 25In Quarter 4 reporting, you will be asked to enter the total number of families served in the State Fiscal Year (07/01-06/30/YYYY) for each funding source received by your program site.

Service Delivery

Please tell us how many unduplicated caregivers received services this quarter (received at least one home visit during this quarter). Please include all caregivers that are participating in the program.

Number of Female Caregivers: | 15 | Number of Male Caregivers: | 5

Enter the number of home visits completed and attempted but not completed this quarter:

Number of Home Visits Completed: | 63 | Number of Home Visits Attempted: | 87

Please describe the successes and challenges you have faced in completing home visits this quarter.

Changing schedules with school starting for many of our families, combined with weather concerns for outdoor visits (rain, smoke) and family illnesses have all been reasons for cancelations. In the last couple months especially illness has been a common cause for cancelations as we have some families who either still don't feel up to doing a virtual visit or would rather only do in person so prefer to reschedule for outdoor meetings another day when they cannot meet in person due to illness.

Number of characters remaining: 1003

Do you have a waiting list for your home visiting program? : Yes | If yes, how many people are currently on your waiting list? : 1 | Please tell us the estimated number of days it takes for people to wait on the waiting list before you are able to enroll them in your program : 0

Comments

We have one family who opted to wait to start services until they complete their first steps program so they are currently on a waiting list and can enroll at any point once they are ready as there are openings currently already in the program.

Number of characters remaining: 1255

Describe any gaps in services needed by your home visiting participants that are not available in your community (In your response, if relevant, please align with the service categories above)

In the past quarter, we have experienced some delay in receiving mental health services and speech therapy for those referred. It appears these are available but sometimes there is a waiting period due to high demand on current resources.

Number of characters remaining: 1261

Referrals: Of the referrals made, please describe any challenges in connecting families to services. What, if any major trends are you seeing that are different from prior referral patterns?

Right now the most common reason for delay in services is families not following up on referrals. This matches previous patterns well and often it can take some time before people feel the urgency to reach out to the referral agency. Staff typically offer support in doing this if families desire, but sometimes people just want to consider their options more before making any calls.

Number of characters remaining: 1115

The next section is for **Technical Assistance**. Here you will describe any training or technical assistance needs for the next quarter.

Technical Assistance

In reviewing your TA Plan, please describe one key outcome or success that your program achieved utilizing TA during the last six months.

We plan to request TA/training for our new supervisor. We attended DCYF office hours monthly. Participated in CQI call.

Number of characters remaining: 1381

The next section is **Continuous Quality Improvement (CQI)**. In this section you will write about your PDSA cycles, discoveries or surprises while reviewing CQI data and what you have learned in the last quarter based off this information.

CQI

What topics did your PDSA cycles focus on?

One of the topics focused on this quarter was improving the percentages of completed initial assessments.

Number of characters remaining: 1895

Were there any discoveries or surprises when reviewing CQI data?

We continue to work on cleaning up our current caseloads. Staff have been closing out all inactive families and those that are at 26months. With all the transitions this quarter we have focused on keeping families that are already open to services engaged in the program.

Number of characters remaining: 1729

Based on what you learned through your PDSA cycles, what changes will you adopt, adapt, or abandon moving forward?

We will continue to focus on maintaining the families that we have enrolled whether by re-distributing to current staff or holding until new staff are trained and ready to take on families.

Number of characters remaining: 1810

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The last section on page two is **Organizational and Community Updates**. Here you will describe notable changes within your program, activities that occurred this quarter to improve connections, activities or efforts you participated in to strengthen referral pathways and your relationship with local Early Learning Regional Coalition, which community partners you cultivated working relationships with, any notable demographic changes and steps your program is taking to address changes in community need.

Organizational and Community Updates

Please describe any notable changes within your program or organization that have impacted implementation of your program.

> During the quarter we have gone through many transitions which has been a learning curve for the entire team. Learning a different management and communication style from old to new program managers. There is a sense of loss for the team and some excitement for new possibilities.

Number of characters remaining: 1216

Describe any activities that occurred this quarter to create or improve connections with other service delivery systems: early learning, child welfare, early intervention.

> We continue to have representation at the Evidence based Practice community meeting monthly, Help Me Grow and Project Child Success/ First Five Fundamentals monthly meetings.

Number of characters remaining: 1325

Please describe any activities or efforts you participated in during this quarter to specifically strengthen referral pathways from TANF families into your program including connections with DSHS and your local Community Services Office.

> Referrals remain low for TANF families. We have not scheduled any presentations to staff at the CSO regarding our programs with remote work still in place.

Number of characters remaining: 1344

Describe your relationship with/level of participation in the local Early Learning Regional Coalition.

> We continue to send a representative to participate in the Project child Success monthly meetings. We are also very involved with Help me Grow. During the quarter we had representation at a total of nine meetings in the quarter.

Number of characters remaining: 1271

During the past six months, which two to three community partners did you cultivate a stronger working relationship for recruitment, wrap around services, training or other resources?

> We continue our relationship with our behavioral health specialist for our team to collaborate with for their clients that are eligible for Maternity Support Services. She participates in at least one team meetings a month providing consultation for those families. During this quarter we had our infant mental health specialist attend case conferences once a month. She provides valuable support and insight to the team. With our Departments continued collaboration with Help Me Grow and Family Connects we have cultivated strong relationships with their staff. We are working jointly with the diaper bank to get supplies out to our families.

Number of characters remaining: 856

Describe any notable demographic changes in your community in the past year.

> This quarter has continued to be very trying for many of our families. Many are employed in jobs that do not offer paid time off. When families became sick with Covid they had no income coming. Housing continues to be an area of concern with rent prices rising. Now with the rising prices of groceries many of our families are struggling to have food on the table. Add to that the rising price of gas its just another stressor for our families. Many have applied for food stamps for a little relief to their budget.

Number of characters remaining: 982

Describe any steps your program is taking to address changes in community need noted above.

> We are always looking for any resources to help our families with homelessness. We have partnered with other agencies that serve pregnant and parenting families to create a single point of entry to access different housing options. During this quarter we were able to utilize the rescue funds and the diaper banks to help offset some of the stressors our families are encountering. By using rescue funds we assist our families in freeing up dollars that are earmarked for groceries to put those dollars toward rent, gas or past due bills.

Number of characters remaining: 962

Once again you will have the choice to save the information as PDF, go back, save or go to the next page.

Save as PDF

< Back   Save   Next >

The first section of the last page is **Parent or Family Feedback**. Here you will describe a success story and indicate if the family has consented to share. Then you will provide information about client satisfaction over the last few months.

Parent or Family Feedback

Success Story: Describe the impact of your home visiting program on a program participant (parent/child/family) through a detailed story. (Please be sure to change the names of individuals and any identifying information in your story to preserve their confidentiality).

> I started working with H in September. At that time, H did not speak or have much confidence. I worked with H's parent to learn more about H and H's strengths. H's parent was engaged and together we learned how to present new ideas to H while also building up H's confidence as a young learner. After four weeks of working together, I began to see positive changes in H's demeanor. H began to greet me and smile more often. After eight weeks, H began to speak and demonstrated the ability to repeat back colors and add numbers. After twelve weeks, H was able to distinguish between colors, add numbers confidently, and could ask for help with ease. I am most proud of the changes in H's confidence. It has been a rewarding journey to support H's growth and development.

Number of characters remaining: 731

Please indicate if the family has consented that this story can be shared externally in publications: [Yes ▾]

Client Satisfaction: Please provide any information, data, and findings you have gathered over the past several months on client satisfaction. This may include ongoing client satisfaction surveys or information retrieved as families leave services about what did or didn't work for them.

> Families report of noticing progress in child's pre-literacy, math, communication and problem solving skills, as well as positive interaction between adult and child. Story reading has not only become a habit for many families, but also an enjoyable family time.

Number of characters remaining: 1236

The next section is **Quarterly Reflection**. This is where you reflect in your enrollment, what successes and challenges you have faced meeting your deliverables. Then describe successes or challenges in data management over the last quarter.

Quarterly Reflection

Reflecting on your enrollment, what successes and challenges have you faced in meeting your contract recruitment deliverables? Please include thoughts on recruitment, retention, early exits, etc.

> We were successful in enrollment families.

Number of characters remaining: 1458

In reviewing your prior quarter Data Dashboard, what stood out to you? What surprised you, or what concerned you? How did the data inform any program management or service delivery adjustments, if at all?

> No surprises.

Number of characters remaining: 1487

After reviewing your prior Data Dashboard, what does the data not tell you about your program progress that you want us to know?

> There are a lot of behind the scene work that may not be captured in the data. For example, providing resources and information to families, making culturally relevant translation of VISM, and supporting families with urgent needs.

Number of characters remaining: 1268

Please describe any successes or challenges in data management or data use during the last quarter. Indicate how these affected staff and/or program practice.

> No challenges.

Number of characters remaining: 1486

You now have a chance to write any information in the **General Comments** section that was not addressed in the progress report.

General Comments

Comments: Please include anything you would like to add that was not addressed elsewhere in this progress report.

> We are finding that our team has built resilience during the pandemic and we are better able to use data to identify and address issues as they arise as well as deal with the on going stress that the pandemic continues to cause our families and team.

Number of characters remaining: 1250

If you are a TANF funded program you will have the **TANF Referrals Worksheet** to fill in numbers and then write about client exit reasons.

TANF Referrals Worksheet

Please complete the following for quarter 2.

Cumulative Families Served for Quarter 2:	9	Total Number of Referrals Resulting in Enrollment for Quarter 2:	1
Current Enrollees as of the last day of Quarter 2:	9	Average number of days from referral to first HV contact for all referrals in Quarter 2:	89
Total Number of Referrals to Date for Quarter 2:	2	Total Number of Participants who Left Program by Graduating in Quarter 2:	0
Total Number of Referrals from CSO for Quarter 2:	0	Total Number of Participants who Left Program Without Completion in Quarter 2:	0
Total Number of Referrals from Other Source for Quarter 2:	1		

Please list client exit reasons other than graduation.

> n/a

Number of characters remaining: 1497

The next section is reporting on COVID-19 Rescue Funds. Here you will report on technological support, emergency supplies, prepaid grocery cards and coordinating with Diaper Banks during the COVID-19 Public Health Emergency. All sections must be completed in order to submit this report. If you have not made and Rescue Fund purchases this quarter, please checkmark "Other" and enter "No purchases made this quarter" in the comment box.

Reporting on COVID-19 Rescue Funds

Technology to support virtual visits related to the COVID-19 Public Health Emergency

Who received rescue hardware/software this quarter? (Check all that apply)
☑ Home Visitors ☑ Supervisors ☐ Family Participants ☐ Other

What types of rescue hardware or software was acquired/offered this quarter?
☐ Tablets ☐ Phones ☐ Printers ☐ WiFi ☐ Hot Spots ☐ Phone Data/Minutes ☑ Technology Subscriptions Virtual Platform subscriptions (e.g. zoom) ☐ Software (please describe below)
☐ Other (please describe below)

Comments/Description of above

> Purchased doxy.me professional license for each staff member. This HIPAA compliant telemedicine platform allows us to easily connect with clients vis a link and has expanded features that allow us to share documents

Number of characters remaining: 1784

How did you identify technology needs? (e.g. Who needed technology? What technology supports were offered?)

> Our agency will not allow us to use Zoom and our only other option was TEAMS. This has been problematic because not all clients were able to download the app.

Number of characters remaining: 1839

Emergency Supplies arising from the COVID-19 Public Health Emergency

How many unduplicated families received emergency supplies with Rescue Funds during the quarter?:
MIECHV: **General Funds State:**

| 0 | | 0 |

What types of emergency supplies were provided to families this quarter?
☐ Diapering Supplies ☐ Feminine Hygiene Supplies ☐ Food/Water ☐ Infant Formula ☐ Gas Cards ☐ Bus Passes ☐ Transportation such as Uber/Lyft cards ☐ Face Masks ☐ Hand Soap
☐ Hand Sanitizer ☐ Sanitizing Wipes ☐ COVID-19 Tests ☑ Other (please describe below)

Comments/Description of above

> none

Number of characters remaining: 1995

What emergency supplies were provided to Home Visitors this quarter?:
☐ Face Masks ☐ Hand Soap ☐ Hand Sanitizer ☐ Sanitizing Wipes ☐ COVID-19 Tests ☐ Other PPE ☑ Other (please describe below)

Comments/Description of above

> Home visitor emergency supplies were accessed from the agency supply and our funds were not used to access these items

Number of characters remaining: 1881

How did you identify the need for the specific emergency supplies (above) given out this quarter?

> n/a - a need exisits we just don't have the process solidified

Number of characters remaining: 1937

How were the supplies delivered this quarter? Give examples of how and when supplies were delivered, if it was repeatedly or not.

> No orders during this quarter

Number of characters remaining: 1969

Prepaid Grocery Cards arising from the COVID-19 Public Health Emergency

How many <u>unduplicated families</u> received Prepaid Grocery Cards with Rescue Funds?

General Funds State:

0

MIECHV:

0

How did you identify the need for prepaid grocery cards for families this quarter?

no cards distributed this quarter -

Number of characters remaining: 1964

Describe how you distributed prepaid grocery cards to families including how often if more than once. How did you determine the repeating need if given out more than once to the same family?

n/a still ordering, finetuning policy and distributing cards

Number of characters remaining: 1939

Coordinating with Diaper Banks during COVID-19 Public Health Emergency

Did you work with a diaper bank to obtain diapering and hygiene supplies?
◉ Yes ○ No

Which diaper bank?
☐ Battle Ground Adventist Diaper Bank ☐ Eastside Baby Corner ☐ HMG Pierce County (First Five Fundamentals) ☑ Spokane Valley Partners ☐ United Way Skagit County ☐ WestSide Baby

Your Experience Working with the Diaper Bank

Please describe what worked well in the partnership with the diaper bank this quarter.

Met with Spokane Valley Partners and working on our first order.

Number of characters remaining: 1934

Please describe any challenges you are encountering working with the diaper banks this quarter, and how you've worked to resolve those challenges. Please let us know if you need additional support from DCYF.

Slow response time and follow through. Not clear communication about supplies, how they will be made available or cost

Number of characters remaining: 1880

How satisfied are you with the partnership with the diaper bank?:
○ 1 = Very Unsatisfied ○ 2 = Unsatisfied ◉ 3 = Neutral ○ 4 = Satisfied ○ 5 = Very Satisfied

If answered 1-3 please explain your answer.

New to them as well. Hoping once we get the process started it will be much smoother sailing

Number of characters remaining: 1907

The last section of the report is **Document Uploads**.

Upload Documents

| Browse |

+ Add Another File

23

Logging Out

The PSRS system is set up to keep your account open as long as the account is active. If you walk away from the program for several minutes without returning, the system will expire your session. When this happens, a pop-up box will appear asking you to log in again. If you log in from this screen, you will not have any lost work. *However, if you click **Cancel** in the dialogue box, close the browser, or navigate away from the PSRS site, any changes made since the last time you clicked Save will be lost.*

In order to protect the security of the PSRS system, please log out of the system when you are not working in it. To do this, click on **Logout** in the upper right corner of the screen. This will return you to the main sign-in screen for PSRS.