
Home Visiting Scan

Protect children and strengthen families so they flourish.



Fall 2019 | Updated from Fall 2017



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Overview



Home visiting programs are voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of the child.

Either before their child's birth or in their child's first few years of life, families are voluntarily matched with trained professionals. Trained professionals visit families in their homes or community settings to provide information and support related to children's healthy development, support parent-child relationship, and provide information on the importance of early learning and connections to other information, services and supports in the community. The benefits of home visiting span more than one generation.

In order to have a clearer picture of the varied home visiting services in Washington, this document attempts to identify in one place the key home visiting programs operating across the state, their funding sources/ governing agencies, and the demographics of their scope.

Included are programs that:

- Provide voluntary home-visiting services to families as the primary intervention
- Focus on supports that span from prenatal up to transition to school (ages 0-5)
- Use trained professionals to provide intensive supports
- Focus on one or more outcomes such as:
 - Child abuse, neglect, and injury prevention
 - Reduction of domestic violence
 - Coordination of community resources and supports
 - Child development and parenting
 - Economic self-sufficiency

The goals and objectives for Washington's State Plan for a Home Visiting Program include:

Service Delivery and Access:

Ensure that high-quality, culturally competent home visiting services that meet the needs of local communities are available and accessible to at-risk families across the state.

Governance and Planning:

Integrate the home visiting system as part of the broader early learning planning and governance structure, encourage collaboration at the state and local levels, and engage and reflect the communities served.

Finance and Sustainability:

Build finance strategies and generate resources to sustain and grow the home visiting system in Washington State.

Quality and Accountability:

Ensure high-quality services and effective implementation of home visiting models and programs.

Public Engagement:

Build community and public will for a home visiting system that provides high-quality services to families in local communities.



Background

Home visiting has a long history in Washington. Communities, in partnership with public health, education and social and health services, have been providing relationship-based home visiting services for many years. Decades of research show that home visiting is effective, prompting key state and national work:

- In 1989, through the Maternity Care Access Act, our state's First Steps program was launched.
- In 2007, a funding proviso in the Council for Children and Families (CCF) supported increased access to home visiting services for expectant parents and families with young children.
- In 2008, the State began a formal process to build agreement among state agencies on coordinating a system of home visiting, via Senate Bill 5830.
- In 2010, the Legislature established the Home Visiting Services Account (HVSA) to leverage public and private dollars to support home visiting services and infrastructure. The HVSA is overseen by the Department of Children, Youth & Families (DCYF). Ounce Washington (formerly Thrive Washington*), the private-public partner, supports the programs funded through the HVSA. Ounce Washington also raises private funds to support the HVSA. Department of Health (DOH) is a key partner for supporting data, evaluation and quality. This aligns with strategy #5 in our 10-year Early Learning Plan: "Make evidence-based and promising prenatal and child (birth to 5 years) home visitation services more widely available to at-risk families and caregivers."
- Also in 2010, the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) was established through the Affordable Care Act. The first grant was coordinated by the Washington State Department of Health (DOH) with funding from the Human Services Health Resources and Services Administration (HRSA). The new program required state Title V agencies to complete a State Home Visiting Needs Assessment. DOH, in partnership with DCYF, the Department of Social and Health Services (DSHS) and the CCF, identified target at-risk communities for expanding home visiting services using 15 risk indicators and existing home visiting services.
- The Governor's Office identified a partnership structure in which DCYF with DOH, DSHS, CCF and Ounce, led planning for the implementation of the MIECHV Program. This included the development of a state plan for home visiting. The plan includes high-level goals and a set of clearly prioritized, feasible and actionable objectives necessary to foster a home visiting system in Washington State. These priorities were identified through a collaborative process.
- From 2010 to 2019, the HVSA has received steady increases in funds through increased investments. These come from MIECHV, state appropriations, dedicated Marijuana Account funds from Initiative 502 and a unique partnership with DSHS that invests Temporary Assistance for Needy Families (TANF) funds to expand access to very low income families accessing or eligible for the TANF program. The increased investments have supported an expansion of access to high quality services for families from approximately 100 slots in 2010 to more than 2,400 in 2019. The HVSA has received funding for not only increased slots, but funds to support innovative partnerships and quality improvement efforts including a grant in 2016 to address workforce recruitment and retention.

* Thrive Washington transitioned to Ounce Washington in February 2020

As part of the Washington State home visiting landscape, several types of home visiting programs are offered through different state agencies and local communities. The following snapshots are intended to give a brief overview of each home visiting model in Washington.



Home Visiting Models Overview

Program Highlights

Total Programs in Washington

- Nurse-Family Partnership
- ParentChild+
- Steps to Effective, Enjoyable Parenting
- Parents as Teachers
- Community Based Outreach Doula Program
- Child-Parent Psychotherapy
- Early Head Start/Home Based
- Parent Child Assistance Program
- Family Spirit
- Early Steps to School Success

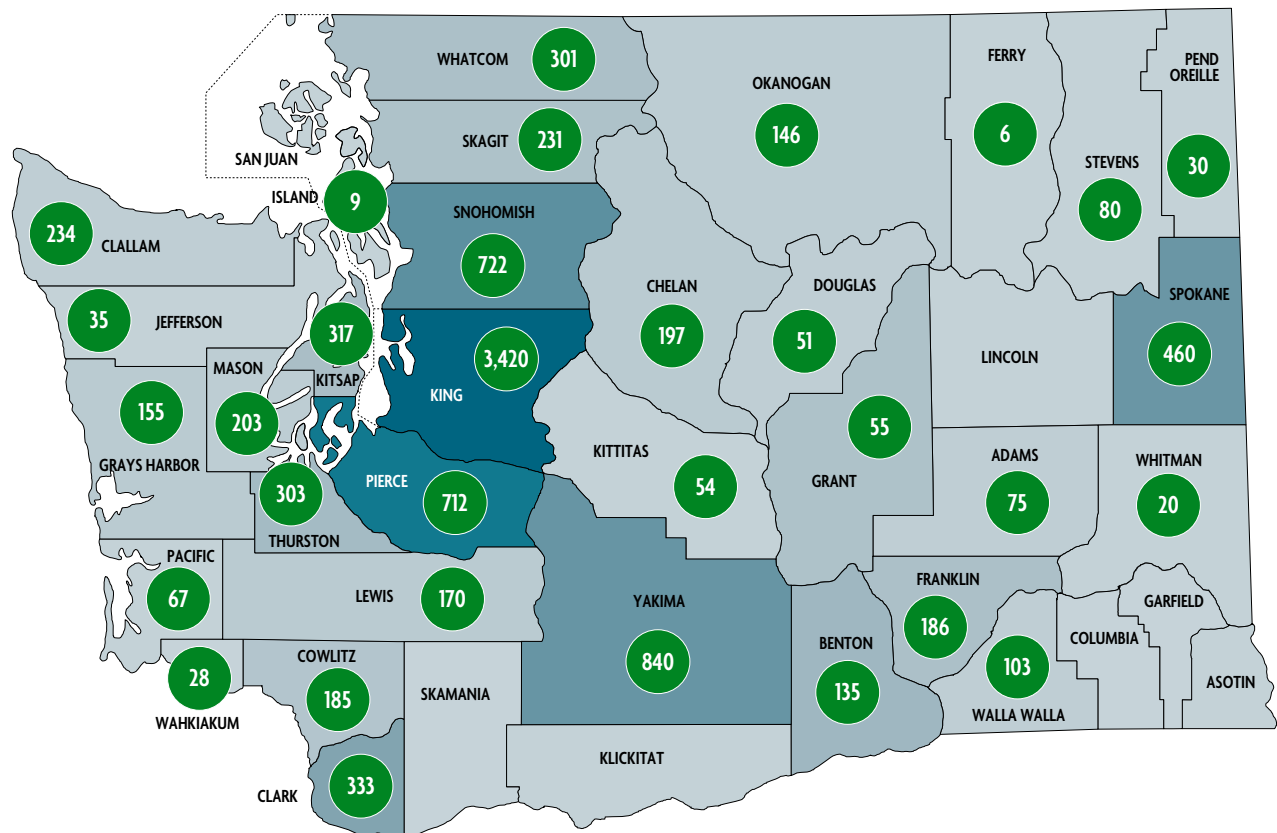
Total Counties Served by at Least One Program*

28

Total Slots Across All Programs in Washington

9,863

TOTAL HOME VISITING PROGRAM SLOTS



Total Slots: 9,863

Medicaid Births and Children 1-3 < 200% FPL

41  31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

* Please note that counties that do not have slots listed may still be receiving services by some of the programs listed under additional services that could not provide a slot per county breakout of their services at this time.

Additional Note – the change between 2017 and 2019 includes expansion of HVSA slots, Best Starts for Kids King County funding for home visiting services, and the transition of Safe Babies, Safe Moms model sites to PCAP sites.

Program Highlights

Program Goals

- Increase positive and joyful parent-child verbal interaction, imagination and creativity; build language-rich home environments
- Empower parents to become their child’s first and most important teacher
- Promote early literacy and social-emotional/ cognitive skills

Eligibility/Population Focus

- At-risk parents (single, isolated, low-income, teen parents, English not spoken at home, low literacy, limited access to education, multiple risk factor families, etc.)
- Program begins when a child is 2 years old (can begin as young as 16 months) and continues until they turn age 4

Duration of Services

Two years involving both parent/primary caregiver and the child

Frequency of Services

92 home visits per year

Professional/Paraprofessional Requirements

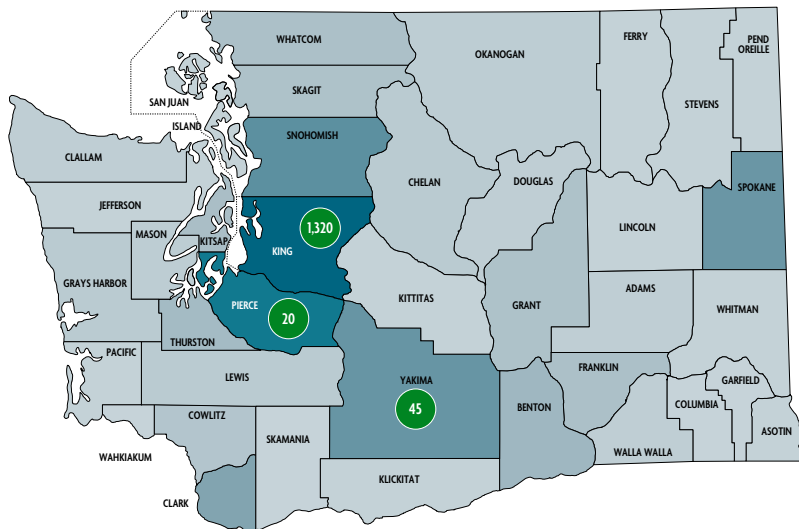
- Coordinators – bachelor’s degree or higher
- Early Learning Specialists (Home Visitors) – Should be a linguistically and culturally appropriate match with families participating in program; Education requirement is determined by LIA

Designation

Promising Practice:

- California Clearing House – promising practice
- WSIPP – promising practice

PARENTCHILD+ PARTICIPATION



Medicaid Births and Children 1-3 < 200% FPL

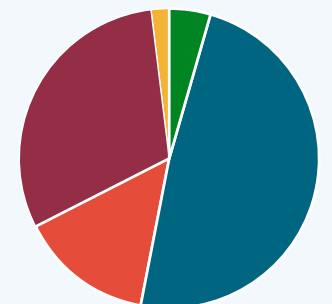
41  31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

* ParentChild+ (PC+) was formerly known as Parent Child Home Program (PCHP)

PARENT CHILD+ FUNDING SOURCES SFY 2019

TOTAL \$6,818,958



Federal	.....	\$0
State	.....	\$323,851
King Cty	.....	\$3,409,350
City Sea	.....	\$1,030,757
UWKC	.....	\$2,136,500
Other	.....	\$135,000

Child-Parent Psychotherapy

Program Highlights

Program Goals

- Child-Parent Psychotherapy is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. It is developmentally appropriate and is foundational in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Each session is conducted in a dyadic setting including both the child and parent or primary caregiver
- CPP's primary goal is 1) to support and strengthen the relationship between a child and his/her caregiver in order to restore the child's cognitive, behavioral, and social functioning. CPP also focuses on 2) addressing social determinants that may impact the caregiver-child relationship

Eligibility/ Population Focus

Children age 0-5 and their caregivers

Duration of Services

Services offered as long as needed

Frequency of Services

Program is designed to consist of up to 50 weekly one-hour sessions, once a week for as long as clinically indicated

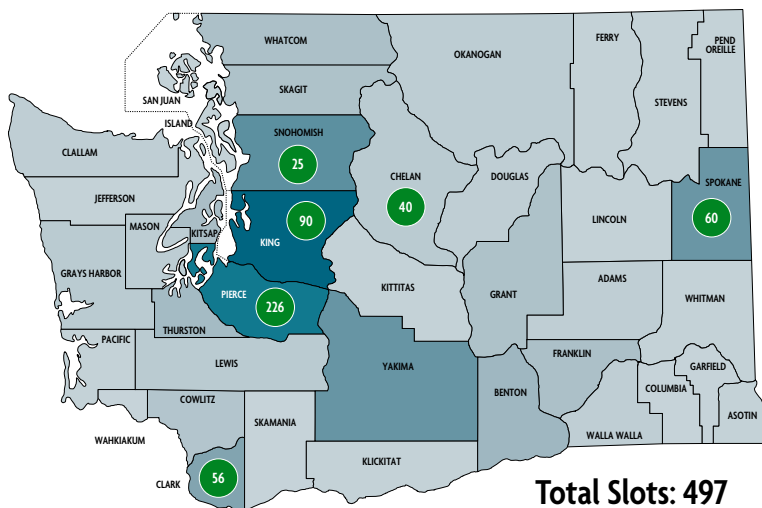
Professional/Paraprofessional Requirements

Licensed or license-eligible mental health providers who have gone through an 18-month learning collaborative or been trained by a certified CPP agency

Designation

The California Clearing House has designated CPP as "Supported by Research Evidence," which is the 2nd highest level of in their 6-point scale: <https://www.cebc4cw.org/program/child-parent-psychotherapy/> WSIPP has designated CPP as Research-Based. In their meta-analysis and cost-benefit analysis of CPP they found it has a 96% change of the benefits exceeding costs, with a cost to benefit ratio of \$13.96: <https://www.wsipp.wa.gov/BenefitCost/Program/263>

CPP PARTICIPATION



Medicaid Births and Children 1-3 < 200% FPL

41  31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

CPP FUNDING SOURCES SFY 2019

Child Parent Psychotherapy is funded by various sources.

- Medicaid reimburses for some CPP services in all counties across the state, but does not cover the full cost of care.
- The Department of Children, Youth & Families Home Visiting Services Account funds slots at one local site.
- Best Starts for Kids funds slots in King County totaling \$515,000 for 2019.

Steps to Effective, Enjoyable Parenting

Program Highlights

Program Goals

- Prevent social-emotional problems in children challenged by risk factors such as poverty and stressful life conditions
- Promote healthy parent-child relationships

Eligibility/ Population Focus

Socially vulnerable families with medically fragile infants from neonatal intensive care unit (NICU) discharge

Duration of Services

Up to three years post discharge from the neonatal intensive care unit

Frequency of Services

2 to 3 home visits per month based on dosage; one group sessions offered per month

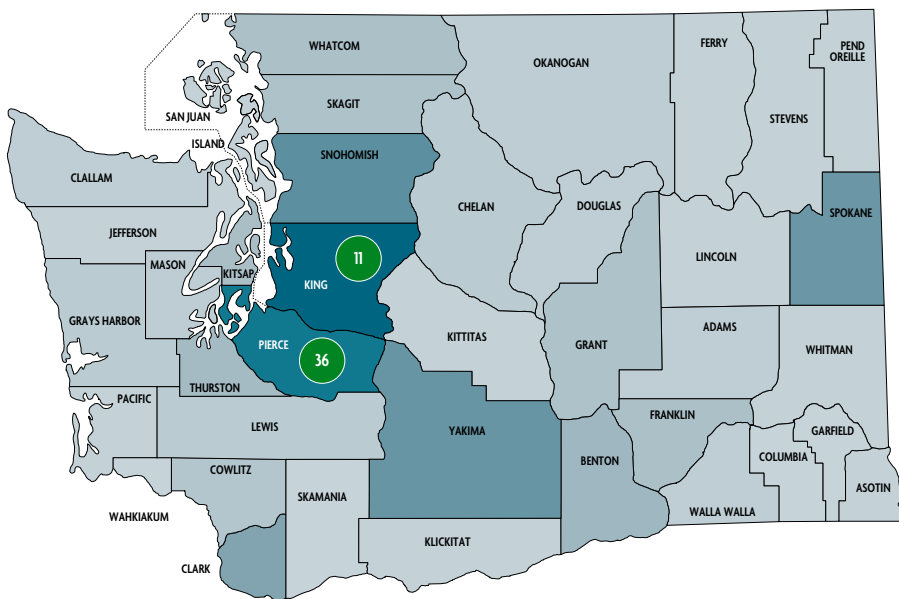
Professional/Paraprofessional Requirements

Master's level social worker or mental health provider

Designation

STEEP is a research-based program

STEEP PARTICIPATION



Total Slots: 47

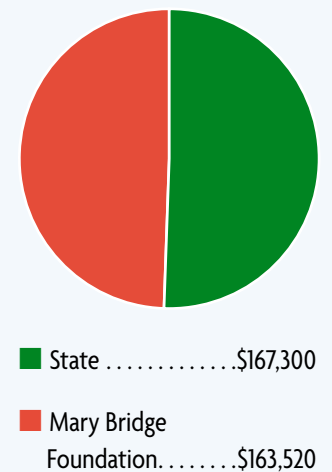
Medicaid Births and Children 1-3 < 200% FPL



Medicaid maps and data pulled from the 2017 Home Visiting Scan.

STEEP FUNDING SOURCES SFY 2019

TOTAL \$330,820



Parents as Teachers

Program Highlights

Program Goals

- Increase parent knowledge of early childhood development and improve parent practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and success

Eligibility/ Population Focus

- Families with children between prenatal through kindergarten
- Families with risk and protective factors including children with special needs; families at risk for child abuse; teen parents; first-time parents; immigrant families; families with limited literacy; and parents with mental health or substance abuse issues

Duration of Services

- Program must be designed to provide at least 2 years of service
- Optimal service duration is 3 years

Frequency of Services

Frequency of services ranges from one to two visits per month, depending on the family's needs, as well as group connections

Professional/Paraprofessional Requirements

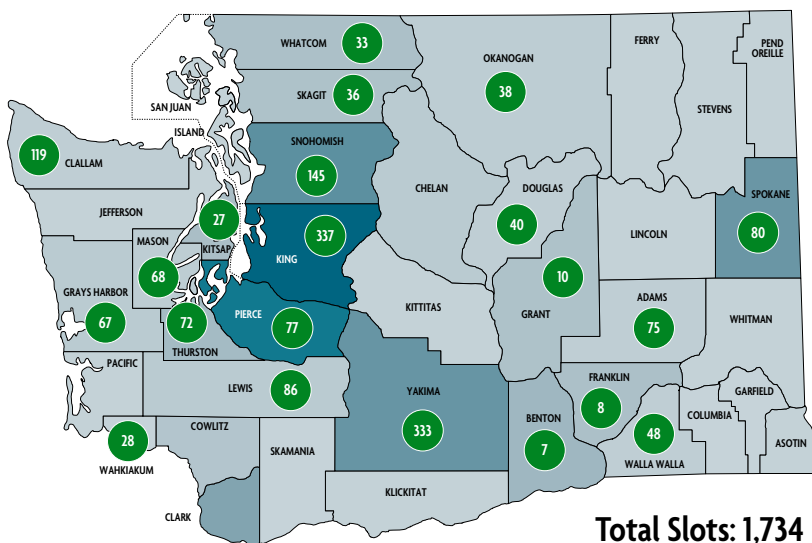
- **Parent educators** – High school diploma or GED
- **Supervisors** – Bachelor's degree recommended in early childhood education, social work, health, psychology or a related field

Designation

Evidence-Based:

- Meets evidence-based criteria of the Maternal, Infant, Early Childhood Home Visiting program, 2011 <http://homvee.acf.hhs.gov>
- SAMHSA's National Registry of Evidence-based Programs and Practice www.samhsa.gov/ebp-resource-center
- Community-Based Child Abuse Prevention's evidence-based program directory [https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/](https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/matrix-of-evidence-based-practice/)

PAT PARTICIPATION



PAT FUNDING SOURCES SFY 2019*

(7-1-2018 – 6-30-2019)

Federal	61.5%
State	50%
Private	26.9%
Other	34.6%

* Data comes from the 2018-2019 Annual Performance Reports, percentages of local agencies report receiving certain funding sources. LIAs can select multiple sources that won't total to 100%.

Medicaid Births and Children 1-3 < 200% FPL

41 31,656

*Medicaid maps and data pulled from the 2017 Home Visiting Scan

Community Based Outreach Doula Program

Program Highlights

Program Goals

- Decrease rates of cesarean births, low birth weight, NICU stays, and babies born preterm
- Increase breastfeeding duration until 6 months
- Improve children's social-emotional development
- Improve health outcomes for child and parent

Eligibility/ Population Focus

Low-income pregnant women who are primarily Latinx/ Spanish speaking, American Indian Alaskan Native (AIAN), African American and Somali and their families through pregnancy, birth, and into early parenting

Duration of Services

Second trimester of pregnancy up to the child's second birthday

Frequency of Services

Prenatally twice monthly, increased to weekly visits close to the birth, between one and five visits in the immediate postpartum period, followed by at least twice monthly visits until age 2

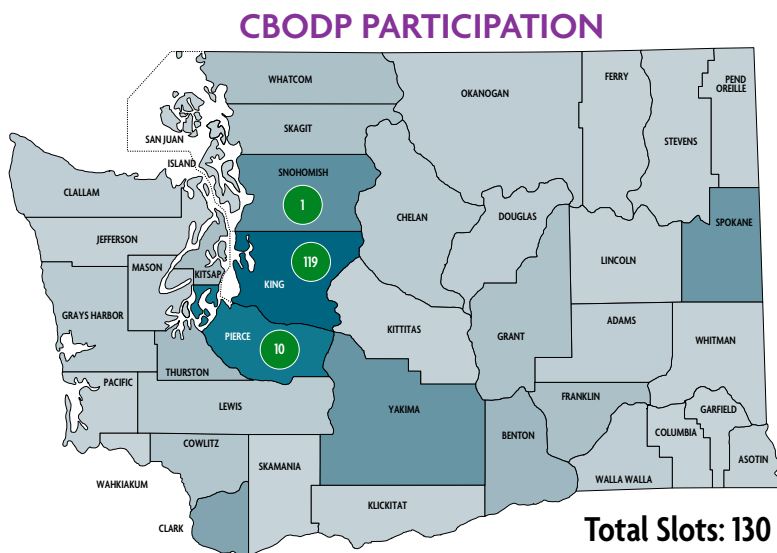
Professional/Paraprofessional Requirements

- Community-based outreach doulas, but they must be of and from the communities they serve, sharing language and cultural backgrounds
- Doulas must complete an intensive 20 week doula training prior to employment or within the first year of employment and training in Promoting First Relationships.

Designation

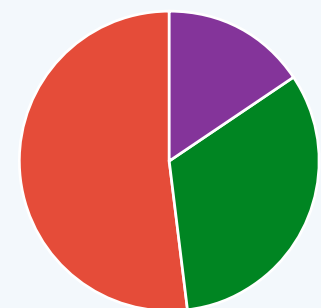
Research-Based:

- CBODP is enhanced by the Promoting First Relationships (PFR) curriculum. This curriculum is informed by attachment theory and aims to promote secure and trusting caregiver-child relationships by supporting caregivers to nurture their young children.



CBODP FUNDING SOURCES SFY 2019*

TOTAL \$948,558



Medicaid Births and Children 1-3 < 200% FPL

41  31,656

*Medicaid maps and data pulled from the 2017 Home Visiting Scan

* Home Visiting Services Account funding is for state fiscal year 2019 (7/1/2018-6/30/2019). Best Starts for Kids funding follows the calendar year of 2019.

Early Head Start / Home Based

Program Highlights

Program Goals

- Enhance children’s physical, social, emotional, and intellectual development
- Support parents’ efforts to fulfill their parental roles
- Help parents move toward self-sufficiency

Eligibility/ Population Focus

Low income, pregnant women and children to age 3

Duration of Services

Families are eligible to participate from pregnancy until the child turns 3 years old

Frequency of Services

Home-Based services bring EHS staff into family homes every week for 90 minute home visits to support child development and to nurture the

parent-child relationship. At minimum, 32 home visits per year and 16 group socializations per year provide opportunities for parents and children to come together as a group for learning, discussion, and social activity

Professional/Paraprofessional Requirements

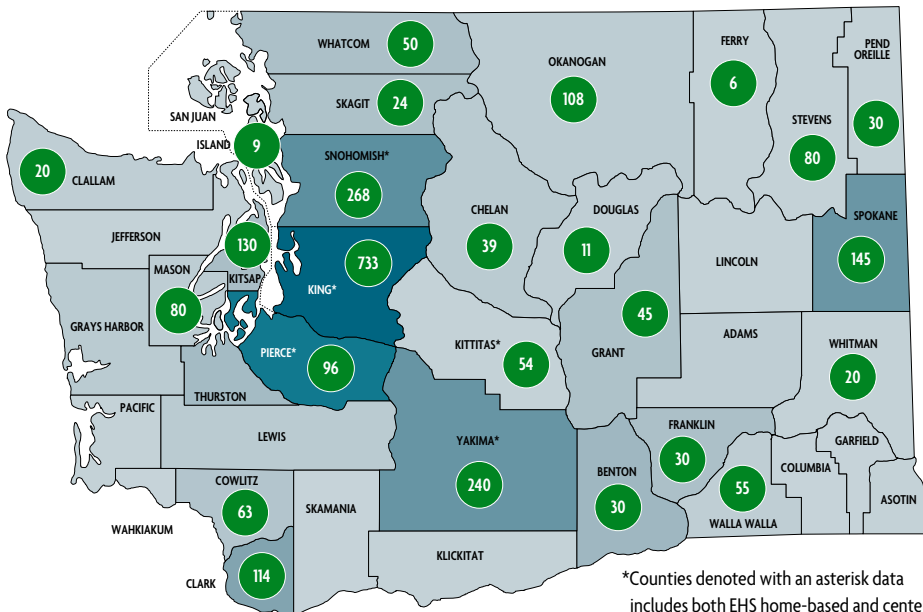
Home visitors: A program must ensure home visitors providing home-based education services have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate’s or bachelor’s degree

Designation

Evidence-Based:

Home Visiting Evidence of Effectiveness (HomVEE): Early Head Start Research and Evaluation Project (US Dept. of Health and Human Services: Office of Planning, Research and Evaluation)

EHS/HB PARTICIPATION

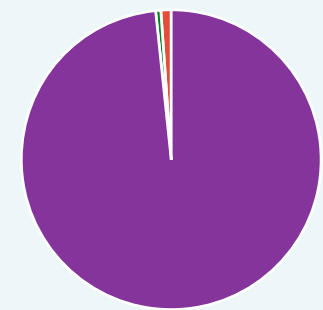


Total Slots: 2,480

*Counties denoted with an asterisk data includes both EHS home-based and center-based slots.

EHS/HB FUNDING SOURCES SFY 2016

TOTAL\$25,889,078



- Federal\$25,512,000
- State\$119,578
- Private.....\$0
- Best Starts for Kids (2019)\$257,500

Medicaid Births and Children 1-3 < 200% FPL

41 31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

Parent Child Assistance Program

Program Highlights

Program Goals

- Assist mothers in obtaining treatment and staying in recovery
- Improve the safety and stability of children in their home environments, improve access to appropriate children’s health care, and link mothers to community resources that will help them build and maintain healthy, independent family lives
- Prevent the future births of alcohol and drug-affected children

Eligibility/Population Focus

PCAP will enroll women who:

- Abuse alcohol and/or drugs during pregnancy; and
- Are pregnant or postpartum (priority shall be given to women who are pregnant and up to six (6) months postpartum; referrals shall be accepted up to twenty-four (24) months postpartum on a space available basis); and
- Are not successfully or effectively engaged with community service providers

Duration of Services

Woman/child eligible to receive services for 3 years upon enrollment date

Frequency of Services

Services on-going and dependent on client’s individual needs for her and her family; sites have waitlists and vary in wait times before intake

Professional/Paraprofessional Requirements

- **Clinical Supervisor** – Bachelor of Arts or higher
- **Case Manager** – Bachelor of Arts or Bachelor of Science

<http://depts.washington.edu/pcapuw/starting-a-new-site/personnel-required>

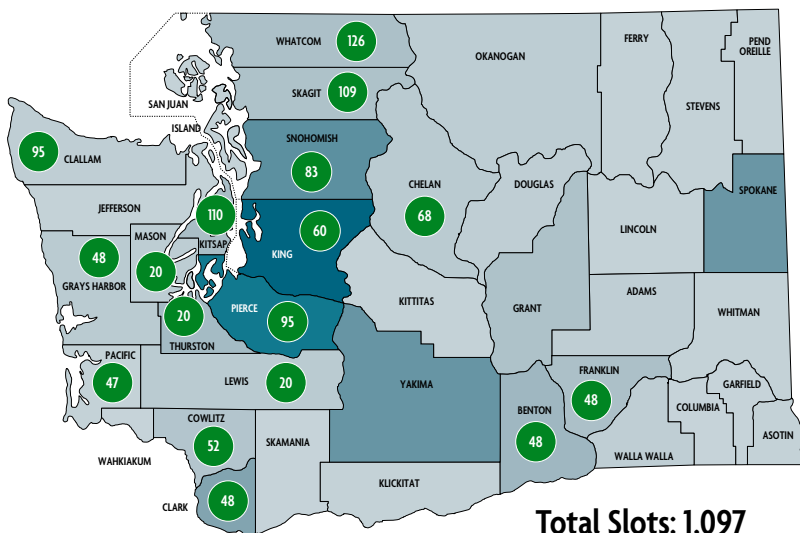
Designation

Promising Research-Evidence:

Rated as Promising Research-Evidence by the California Evidence-Based Clearing House

<http://depts.washington.edu/pcapuw/what-is-pcap/evidence-base-cost-savings>

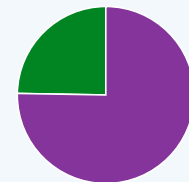
PCAP PARTICIPATION



PCAP FUNDING SOURCES

STATE BIENNIUM 2019-2021*

TOTAL \$19,034,820



Federal	\$8,119,348
State	\$2,644,899
Private	\$0
Other	\$0

* Utilizes General Fund-State and Title XIX (Medicaid). For the 2019 21 Biennium, approximately \$19 million is budgeted.

Medicaid Births and Children 1-3 < 200% FPL

41  31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

Early Steps to School Success

Program Highlights

Program Goals

- Children will enter school with the skills necessary for school success
- Parents will have the skills and knowledge to support their children's education and home-school connections will be strong
- Community knowledge of early childhood development will be increased

Eligibility/ Population Focus

- Rural communities
- Families experiencing locally identified risk factors
- Prenatal through age 3 (service may continue beyond age 3 on a case by case basis)

Duration of Services

Children and their families receive home visits until the child turns 3, as well as participate in Parent-Child Groups and the Book Bag Exchange until the child enters kindergarten

Frequency of Services

Pregnant women and children up to age 3 receive home visits twice a month. Monthly Parent-Child groups. Book Bag Exchange twice per month

Professional/Paraprofessional Requirements

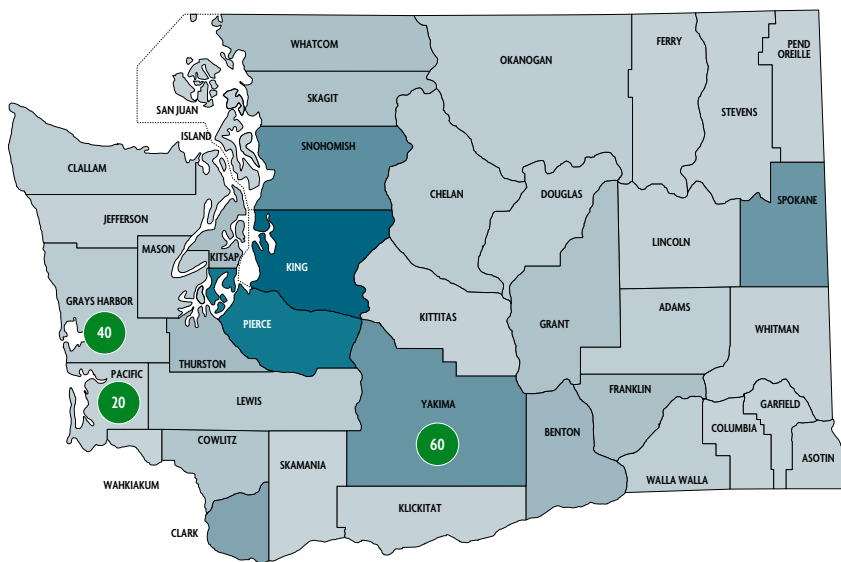
Our partner school districts recruit and hire the ESSS home visitor. The home visitor is their employee. We defer to our partner school district for paraprofessional/professional requirements

Designation

Research-Based:

ESSS has conducted evaluations showing positive gains in school readiness including on vocabulary acquisition and children birth to three were read to on average 37 times per month

ESSS PARTICIPATION



Total Slots: 120

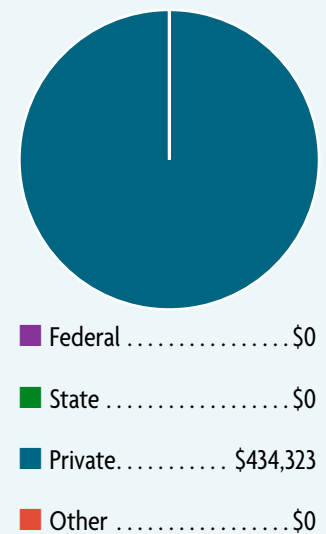
Medicaid Births and Children 1-3 < 200% FPL

41  31,656

Medicaid maps and data pulled from the 2017 Home Visiting Scan.

ESSS FUNDING SOURCES CALENDAR YEAR 2019

TOTAL\$434,323



Additional Programs

DSHS, DOH, DCYF and HCA offer home-based services to various specific populations. These programs vary from those listed earlier in the document because they are generally shorter term, may be offered in clinical or home settings or are targeted to very narrow populations in a tertiary prevention models. For example, DCYF offers an array of home-based and evidence-based services for families that become involved in the child welfare system. Home-based services provided through child welfare are designed to be short-term and address safety and permanency for families involved in child welfare. Some other program models that include home-based services include:

SafeCare

SafeCare/SafeCare augmented is an evidence-based parenting program for families with children 0 to 5. Their mission is that all parents can provide a nurturing, safe, and healthy home environment. SafeCare is aimed at reducing incidents of child abuse and neglect through education and prevention. It contains three modules: 1) home safety, 2) child health, and 3) parent-child/infant interaction. Home visitors also teach structured problem solving to parents on an as-needed basis. SafeCare focuses on three key factors that are universally important for all families: improving the relationship between parents and their children and keeping homes safe and children healthy. Over 30 years of scientific research and 60 studies support SafeCare's effectiveness at improving positive parenting skills and at reducing and preventing abuse and neglect. For a listing of SafeCare programs in Washington state <https://safecare.publichealth.gsu.edu/safecare/safecare-map/>



Promoting First Relationships

Promoting First Relationships (PFR) is an evidence-based curriculum for service providers to help parents and other caregivers meet the social and emotional needs of young children.



DCYF Early Support for Infants and Toddlers

Early Support for Infants and Toddlers ESIT offers an array of services for families with some occurring in the home. Both programs identify the parents as the primary caregiver and the home environment the natural setting for supporting child and family developmental needs. These services can be delivered inside the home; however, it is not a required component of the service. Part C requires ESIT to serve all eligible children statewide. 19,647 enrolled infants and toddlers were served in the last state fiscal year, July 1, 2018 through June 30, 2019.



The Health Care Authority

The Health Care Authority administers First Steps/Maternity Support Services (MSS) and Infant Case Management (ICM) as a Medicaid benefit. Services can be offered in the home or in clinics, and are based on the client's individual risks and needs. MSS and ICM differ from the home visiting models detailed in this report. However, they are a part of the system of in-home family support services that make up the Home Visiting realm in Washington State.



Maternity Support Services

Maternity Support Services is a research-based program that delivers enhanced preventive health and education services and brief interventions to eligible clients as early in a pregnancy as possible and can last through 60 days postpartum.



Infant Case Management

Infant Case Management provides infants and their parent/primary caregiver with information and assistance for necessary medical, social, educational, and other services through the infant's first year.



Currently, 105 sites offer MSS and 100 sites offer ICM services across 28 counties. If services are not available in the client's county, Medicaid will provide transportation to another MSS/ICM service provider. A comprehensive listing of MSS and ICM providers can be accessed at HCA's First Steps Provider Directory or WithinReach ResearchFinder.

In 2017 qualified MSS and ICM providers were paid: \$5,554,654 for MSS services; and, \$1,137,300 for ICM services. This does not include encounter payments paid to the Federally Qualified Health Centers. First Steps is a Medicaid-funded service. Federal Medicaid funding typically requires a state match.

MSS services are funded under a 50/50 match for all pregnant women through 60-days post-pregnancy. After delivery, undocumented individuals are covered 100% under state funds. ICM services are funded under a 50/50 match.

MSS and ICM programs goals include:

- Improving and promoting healthy birth outcomes by increasing early access to, and ongoing use of, prenatal and newborn care.
- Reducing unintended and repeat pregnancies within two years of delivery.
- Improving the welfare of infants and their families through targeted case management and care coordination.

First Steps flyer: <https://www.hca.wa.gov/assets/billers-and-providers/19-500.pdf>

Family Spirit

Family Spirit is an evidence-based, culturally tailored home visiting program of the Johns Hopkins Center for American Indian Health. (HomVEE: <https://homvee.acf.hhs.gov/effectiveness/Family%20Spirit%20AE/In%20Brief>).

Services are provided for 39 months (prenatally until the child is 3 years old). Family Spirit recommends families initiate services prenatally, preferably at or before the 28th week of pregnancy. Family Spirit's target population includes the following: expectant mothers, young mothers 22 years old and under and families of American Indian heritage. Home visits



take place weekly until the child is 3 months old, every other week until the child is 6 months old, monthly until the child is 22 months old, and then every other month until the child is 3 years old. As of the calendar year 2018 there were three Tribes/Tribal organizations trained in the Family Spirit model in Washington state. Due to the smaller numbers of families served in communities we did not include a map of current funded slots. 12 slots are specifically funded by the HVSA.

For more information: <http://caih.jhu.edu/programs/family-spirit> or see www.jhsph.edu/research/affiliated-programs/family-spirit/about/announcements/index.html

Best Starts for Kids

Best Starts for Kids, a levy-funded initiative in King County, funds Community-designed home-based services that expanded the availability of home-based services that draw upon local community knowledge and practice to develop approaches that are designed for and valued by specific communities, and/or addressing populations not well-served by other programs. To see the whole array of Best Starts for Kids home visiting programs see the table on the next page or visit www.kingcounty.gov/depts/community-human-services/initiatives/best-starts-for-kids/programs/awards.aspx



Community-designed Home Visiting Programs Funded by Best Starts for Kids

Organization	Home Visiting Program Name	Program Goals	Core Components	Funded Slots	Better Off Measures
Atlantic Street Center	Learn and Raise Program	<ol style="list-style-type: none"> 1. All African American and Hispanic children receive early learning intervention services, when needed 2. African American and Hispanic children have access to quality preschool or home-based services 3. African American and Hispanic women receive quality prenatal care 	Assistance with navigating the school system; Access to quality home-based services; Access to culturally responsive resources and tools	40	Percentage of families with increased protective factors: concrete support; Percentage of families with increased protective factors: knowledge of parenting and child development
Coalition for Refugees from Burma	Leadership, Education, and Access Program (LEAP)	<ol style="list-style-type: none"> 1. To increase frequency and quality of parent-child interactions that support school readiness behaviors in the home 2. To provide information on healthy child development 3. To increase parent confidence around navigation, access, and advocacy within educational 	Intensive Training and Professional Development; Culturally and Linguistically Matched Home Visits; Learning Toy and Book Delivery Interaction Modeling; Multi-Cultural Knowledge Sharing; Diverse Community Connections and CoLearning Experiences; Feedback loops for program improvement	60	% of families with increased protective factors: knowledge of parenting and child development
East African Community Services	Sheeko, Sheeko, Sheeko Xariira	<ol style="list-style-type: none"> 1. Promote the Importance of early childhood literacy 2. Promote parent-child relationships 3. Provide guidance and support about child development, cultural understanding and referral to cultural relevant services 	Sheeko Sheeko and Home Visiting Program; Village Circles and Parent Education Tools; Quality Child Care Education; Connective and Supportive Community and Neighborhood	30	Percentage of families with increased protective factors: parental resilience; Percentage of families with increased protective factors: social and emotional competence of children; Percentage of families with increased protective factors drop from reporting: social connections

Organization	Home Visiting Program Name	Program Goals	Core Components	Funded Slots	Better Off Measures
El Centro de la Raza	iBebes! Healthy Outcomes	<ol style="list-style-type: none"> 1. Decrease Infant Mortality 2. Decrease Preterm Births 3. Decrease Child Abuse and Neglect in Latinx Women and Children in King County 	Educational Workshops; Assessment, Referral, and Support; Home-Based Care Management	42	Percentage of families with increased protective factors: knowledge of parenting and child development; Percentage of families with increased protective factors: parental resilience
Iraqi Community Center of WA	Iraqi Early Learning and Family Support Program	<ol style="list-style-type: none"> 1. Pregnant parents receive health education and preparation to access available health care resources to achieve healthy birth outcomes 2. Families with young children are supported with parenting approaches and role modeling to develop skills to care for their families in their new communities 3. Parents are engaged in helping relationships to further their competence and confidence in caring for young children in a different and stimulating setting 4. Children are actively involved in learning activities at home that prepare them in several domains to be ready for kindergarten like their classmates. 	Family Needs Assessment and Family Partnership Agreement; Case Management with a Family Empowerment Focus; Prenatal Parent Health Education; Early Learning Activities (developmental screening and promotion); Community Support Connections; Peer Support Networks in Mothers Groups.	30	Percentage of families with increased protective factors: concrete support; Percentage of families with increased protective factors: knowledge of parenting and child development; Percentage of families with increased protective factors: social and emotional competence of children
Open Arms Perinatal Services	Birth Doula Services	Provide community-based, culturally congruent wrap-around doula care	Perinatal Support; Community-Based Doula Services; Wrap-around Support and Training	20	Percentage of families with increased protective factors: concrete support

Organization	Home Visiting Program Name	Program Goals	Core Components	Funded Slots	Better Off Measures
Open Doors for Multicultural Families	Little Keys	Culturally and linguistically diverse families with children with disabilities have confidence and can advocate independently/collectively in the Early Learning system in a manner that results in timely, culturally, and linguistically responsive services	Direct Support through Home Visits; Culturally Responsive Parent Education; Community awareness of disabilities; Early Intervention connection; Language Access	31	Percentage of families with increased protective factors: social connections;
Somali Health Board	Somali Centering Motherhood Program	<ol style="list-style-type: none"> 1. Engage, serve, and improve health outcomes for Somali mothers, babies, and children up to age five in King County, Washington 2. Promote healthy lifestyles, encourage early prenatal care, educate families on their right to care, and integrate both physical and mental health 3. Build social support system and fostering a sense of community 	Skill building in health (nutrition, lactation, nutrition, labor and delivery, early childhood development) via group care sessions and home visits; Community Building; Health-Focused Empowerment and Advocacy; Connecting to Resources (case management)	20	Percentage of mothers with positive birth outcomes
St. Vincent DePaul & Catholic Community Services: Centro Rendu (Kent)	De Colores	Strengthen Latinx caregiver's capacity to support their children's physical well-being and social emotional development in their home and in the community so that Latinx children will enter kindergarten ready to learn and succeed in school with positive relationship skills.	Home visits; Case Management; Caregiver Tools; Community-Building Activities; Parent Leadership to Support Advocacy, Policy Change, and Voice	30	Percentage of families with increased protective factors: social and emotional competence of children; Percentage of families with increased protective factors: social connections

Organization	Home Visiting Program Name	Program Goals	Core Components	Funded Slots	Better Off Measures
United Indians of All Tribes	Daybreak Star Doula Program	<ol style="list-style-type: none"> 1. Empowered mothers and babies 2. Fostering culture and tradition 3. Reducing structural barriers to care 	Full spectrum doula support; Peer and Group Support; Assessments and Screenings; Accessing Grandmas; Community-Based Partnerships for referrals; Ongoing Program Development	25	Percentage of families with increased protective factors: social connections



DCYF's Vision:

All Washington's children and youth grow up safe and healthy—thriving physically, emotionally, and educationally, nurtured by family and community.

Learn more about Home Visiting at www.dcyf.wa.gov/services/child-development-supports/home-visiting or by emailing home.visiting@dcyf.wa.gov

Questions can be emailed to Home.Visiting@dcyf.wa.gov

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