



Home Visiting Advisory Committee (HVAC) Meeting Minutes

June 1, 2023 – 10 a.m. to 2 p.m.

Virtual Meeting

Welcome and Introductions

DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah welcomed and initiated introductions via the chat.

- [June 1, 2023 HVAC Presentation](#)

Systems Update

<p>Discussion</p>	<p>Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Update</p> <ul style="list-style-type: none"> • Does the Federal fiscal year run from October 1 to September 30th? <ul style="list-style-type: none"> ○ Yes, that is correct. • Would that training be for MIECHV programs only or can you include any Home Visiting Services Account (HVSA) funded program? <ul style="list-style-type: none"> ○ No, I believe the HVAC recommendations develop new trainings for competencies and workforce engagement. There are some restrictions on MIECHV and what it can do. Our intent and assumptions are that these are systematic investments and not just trainings for MIECHV programs. We are trying to match what the legislature has asked us to do and what MIECHV allows. We have some policy pieces to sort out with partner engagement. <ul style="list-style-type: none"> ▪ That’s good. I just didn't know if it would be restricted by HVSA. • This would be my first-time voting. I understand signing the agreement, but how do you find the balance for funding sources? <ul style="list-style-type: none"> ○ The intent is that all of the funding sources that our programs utilize would also have increases. The legislature is waiting to adjust our contracts and leverage MIECHV to the extent possible. The intent for MIECHV is to not create further inequities, but DCYF will be adjusting budgets across funding sources. ○ We are on here to support and look at this from a Local Implementing Agency (LIA) perspective. I’m not here about my program. I’m here about home visiting in the area I serve. We need to focus on what do all of us need. We know we need infrastructure, we need DCYF, Start Early. • Expansion is great and I hope we can keep expanding. We can always serve more, but staffing shortages are an issue. MIECHV used to be our largest source, but now the rate we are getting paid for MIECHV is so much lower per family and has not been sustainable. Every year we have to make decisions on what to take out of it and hope General Funds – State (GFS) will cover those costs. <ul style="list-style-type: none"> ○ I agree. This has been a common theme for a lot of LIAs. It’s a logical move to sustain the programs we are serving. I’m glad the state is looking at doing this. • We’re actually looking at the same static funding level for Initiative 502 and Temporary Assistance for Needy Families (TANF), as well. • I think the increase in funding is coming because we’ve been talking about this for many years and we’re finally going in the right direction. • Regarding the DCYF Recommendation for Federal FY23, is that part of the 27%? Will some of that need to be moved over?
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- Yes, that is because the rate study work is just starting. We looked at a couple different options and budgeted at the higher amount. The intent is to fully support whatever rate increase is modeled.
- Is the rate adjustment proposing a 20% increase for programs? Or is that going to be up to 20% based on what the rate study shows per program?
 - The 20% is what we are estimating, but that's what our watermark is. It funds two models and we will be using state dollars for others. It could be more than 20%, it could be less, it just depends on the rate study work.
 - What we're voting on is how we want to fuse the funds?
 - It's how the MIECHV grant will be utilized and how to distribute the new dollars.
- This will be for fiscal year 23 which ends in September?
 - No, federal year 23 actually begins in October of this year and the plan runs for two years.
- The group voted to approve the DCYF Recommended FFY23 MIECHV Budget plan.

Home Visiting Rate Setting

- What if you have a model that requires less of those things and what if you have a model that requires more?
 - We are looking at contract requirements and matching it to the model.
- Are you expecting that the contract will change mid-year? Is it going to change after all the programs are reviewed?
 - Rates will not be enacted until all of them are done.
- How long are you anticipating it to take with each model?
 - I would estimate 3-4 months for each model, but it varies.
- Which models will be going first?
 - Parent and Teachers (PAT) and Parent Child Plus will be going first. Parent Child Plus is a unique model. It is rooted in community and engages with diverse organizations and diverse staff.
 - And PAT for similar reasons?
 - It is the largest and has complex model standards.
- I still feel really in the dark about this. Is there a role for the true cost committee in this process or are we just being told that it is not needed?
 - I don't think that's what that means. We're trying to figure out roles and engage all stakeholders in different levels. It's been a regrouping for us, as well. We are all trying to figure out how to stay true to the recommendations and align with agency direction. There will be opportunities to engage, and we do appreciate your statements.
 - I hear those comments and recognize completely that this is a complicated process. From an advocacy perspective, I've been a part of this rate setting work in different settings. In all of those experiencing, it's resulted in significant rate increases. As home visiting has grown and we've seen additional state investment, having this substantiation will benefit all of us. I am confident that this work will increase investment and compensation.

Advocacy and Policy

- Do you feel like legislators might be receptive and open to this?
 - If we do our jobs they should be. DCYF has been doing this in other spaces and becoming familiar in this process to feel confident in the methodology. There is a big emphasis on living wages in different sectors.
- This will create consistency across contracts and this will make things easier for increases.
 - I do agree with that but recognize that this is imperfect. Having the methodology will help DCYF.



FY24 HVAC Schedule

<p>Discussion</p>	<ul style="list-style-type: none"> • As someone who has to fly over, I appreciate the October and April dates for in-person meetings. • For a hybrid option, make sure it's in a place with quality internet speeds. At the last meeting we had connection issues. • I prefer virtual - hybrid had some tech/audio issues. In person is great but increased costs/times/logistics. • It sounds good to have a couple in person. • In the past we've been reimbursed for the cost of traveling to in person meetings, will that be the same moving forward? <ul style="list-style-type: none"> ○ Yes, it is. • The Parents as Teachers (PAT) National Conference is October 16-19. <ul style="list-style-type: none"> ○ That is something for us to look into and consider.
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Workforce Subcommittee

- [Workforce Subcommittee Presentation](#)
- [Workforce Subcommittee Handout](#)

<p>Discussion</p>	<ul style="list-style-type: none"> • Do you have a sense of how you'll be moving through these sections over the year or is it something you're identifying as it goes? <ul style="list-style-type: none"> ○ Much of it is driven by the timeframe stated in the recommendations to the legislature. It's more of a long-term goal, some of them are already going slower than we expected. We recognized that this is an added burden on the workforce with the rate conversations and we don't want to be doing too many things at once. • My concern when we talk about increasing salaries is my staff salary schedules are set by the school district. A lot of our DCYF funding does not cover staff time, but the district does. How will that play into this talk? <ul style="list-style-type: none"> ○ That's a really good point. Are you thinking relative to trainings? <ul style="list-style-type: none"> ▪ My staff's contracts are hourly and they only have so many hours for data entry, home visit, and a certain amount of professional development. Can the contract pay them additional for additional professional development that may happen in the summer when they're off? <ul style="list-style-type: none"> • That's good feedback for the rate discussion. We're still waiting on the rate discussion and legislature to guide us. • Thank you for highlighting this. The diversity of providers that we have, the flexibility that they have within their structures, the rate work are all things we should take into consideration. Do we provide enhancements in a different way? Where do we have flexibility to increase supports? These are the things that we want to hear during this process. We are looking at a tiered approach so that it does impact and influence the rate work. • Is your staff working 9 or 10 months? <ul style="list-style-type: none"> ○ They are contracted for 860 hours, generally between September and June but not full time. • We have staff in our program that need to attend mandatory trainings, but can we also look at others? <ul style="list-style-type: none"> ○ Yes, definitely the foundational ones, but we also want to hear about new trainings that organizations want their staff to take. • Are we looking at specific trainings through DCYF or do we need to chart out agencies across the nation that we use for key trainings?
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- That's part of the organizational culture and learning about what trainings you do and what you need support on. Do you have an example?
 - For substance use we use Brazelton a lot. Are we looking to have our own WA state database where all the trainings are listed instead of organizations having to search?
 - That's a great question that we'll need to follow up on.
- Fortunately, most of the training have been virtual over zoom but if they move to more in person trainings our staff wouldn't have access to them.
 - That's a great point to make. As we are transitioning into more in person opportunities, that does change people's availability and the costs goes up.
- The other thing we were hoping to identify in the survey, are there gaps that exist? Are there trainings that would benefit your staff that you don't have access to?
 - Trainings also need to be offered more times throughout the year.
 - Trainings and professional development opportunities that align with the core competencies.
 - We need to find out what's available in the landscape now and identify gaps and needs.
 - It needs to be systemized so supervisors can direct their employees to upcoming ongoing trainings.
- What are the universal needs and what do we need to target in person and also virtual?
 - Trainings for the home visiting workforce, competency based, building out additional offerings for professional development.
- Would the training survey be put out by the consultant group?
 - Yes, that's correct.
 - What's the timeframe for the consultant?
 - State fiscal year 24. We're fining out when they can work with us as soon as possible.
- Is there any benefit to linking participation in training to performance-based contracting as one way of incentivizing?
 - That's concerning because different models will have different capacities and different ways to participate. It would put constraints on a lot of programs. Linking it back to other ideas like competencies could be helpful.
 - I'm not opposed to there being an incentive, but this needs to be looked at after we address workloads. Maybe address this in a meaningful way, especially for those folks who already feel their job is too big for the number of hours they are paid for.
- Do we need to be thinking of questions in each of these areas?
 - That will be taken up with the consultant, but if you have an idea please put it forward.
 - If there are specific questions or things that you think would be important to discuss please let us know so we can forward to the consultant.
- Are we already collecting this information?
 - We do have quarterly reports but these are new questions. We have registration lists. We're looking at how do you think about this work in the field and I don't think we've ever asked it in a systematic way.
 - I am not aware of it being as comprehensive as we are hoping it to be and it is also not located in a central place.
- We have people that have training needs now and don't want to wait for next spring when fiscal year 24 begins. Is there a way to gain information, so our home visitors can be getting some of things they're lacking right now?
 - The state fiscal year that starts July 2023 so this will be happening soon.



	<ul style="list-style-type: none">• The working document is really helpful. There are some loose timeframes for each workforce recommendations. Is it possible to put together something that shows the steps we're taking and what has been completed over time? For example, the things that say fiscal year 23, have they already been completed? It's hard for me to track the order of things happening.<ul style="list-style-type: none">○ I think what you're going to see first is the rate conversation and that's part of the work we're bringing the consultant in on as well. I hear what you're saying but the complexity of this will make this not linear. We can make it more linear but we're not there yet.<ul style="list-style-type: none">▪ Could we maybe prioritize some items?<ul style="list-style-type: none">• Are you looking for concrete timeframes and priorities?<ul style="list-style-type: none">○ Priorities and loose timeframes would be helpful.<ul style="list-style-type: none">▪ We can try and prioritize some areas but we were intentional on giving large amounts of time for the recommendations. This was an intentional strategy to ensure we were able to hear from all places to make it universal and accessible.• Do we have any homework?<ul style="list-style-type: none">○ Please reflect further on what it is you want to know and deep dive into the recommendations. Think about what is exciting to you, what feels urgent and important.
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Data and Evaluation Subcommittee

<p>Discussion</p>	<ul style="list-style-type: none">• Ashley Beck is the new HV Supervisor for Department of Health (DOH)!• Now that we are fully staffed within our DOH team and IT team, we are planning to move some work forward that had previously been on hold due to capacity needs. <p>Recap of NFP database transition:</p> <ul style="list-style-type: none">• <u>Background:</u> In early 2022, NFP announced plans to transition monthly data extracts from one format (ODS) to a new format (MODS). The transition to a new data file format was proposed as a needed update to ensure complete and accurate data on families was shared with state programs (like HVSA). The reformatting of the data extracts to the MODS format has created months of work for DOH – remapping data elements from new tables, QA work to identify missing data elements, and efforts to understand why we received more or fewer moms and babies in our extracts. The QA work is not complete and NFP has not yet provided a final transition date. Recently DOH participated in a national ASTHVI discussion with other states facing challenges with the NFP data extracts and communications. The following notes provide some info from that meeting as well as some clarifications from our NFP colleagues, etc.• The national conversation recently revealed some new information - some of the same issues and some different ones on the national level but overall, many states have ongoing work with the database transition they had originally planned to take a few months but is now a year in the works.• DOH, in conversation with some NFP LIAS, continues to have concerns that data details on all MIECHV funded families are included in the NFP extracts. Specific concerns recently raised are the exclusion of Multiples families from the monthly data extracts.• The information is missing for other states as well so it's both a national and state level issue to figure out how to receive and know about missing data.• Programs are also experiencing missing data through the switch and difficulties in exporting their data through the new system. It is DOH's understanding that the data supporting the FLO PowerBI is based on ODS not yet MODS format; hence there may continue to be data QA concerns.
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- At the national level they are treating each state individually so we need to learn from states that have queued and cleared their issues to better advocate for our specific needs knowing that similar issues may have been improved in other states. We are going to have to experience them ourselves and request the individual solutions ourselves. For example, New York has fully implemented their new data system, so we can learn from them, and they can help us advocate for what we need to have here as well. That's the kind of collaboration that's taking place and what we have on our radar.
- Worry from the rate reimbursement that program data is accurate and reflecting the work that programs are doing - for example not all the people that are enrolling are showing up right now (NFP program) and for NFP in general programs have ongoing difficulty capturing accurate data using Flo but not sure how that looks for DOH.
- **ACTION:** Beneficial to have DOH included in model specific rate conversations because we will have a better sense of what might be possible either out of the existing data or not.

Coordinated access to administrative data:

- What other administrative data can we link with to support programs in understanding and accessing their data to support implementation? Can we pull information from other sources so HVs don't necessarily have to be the ones to ask/ collect it again?
- What kind of information is there and what would it look like to integrate this information for program use?
- The problem is growing in our area, and I know across the state and nation experiencing medical deserts, maternity wards closing, lack of access to healthcare. Our data needs to speak to what home visiting does to address that? The burden that's on the home visitors and the programs because of lack of access to care.
- We are certainly in a place of a desire for data democratization, sharing data out, making data more available for everyone making sure that the providers of the data have ownership over the data, so that the LIAs and the communities they're serving are able to use their data and have a say in how their data is used.
- There's also a lot of concern, which DOH hears from programs about protecting their data. They don't want their data used for certain things, their families that they serve don't want to be included with their names. They don't want to be part of that larger government cache of data so trying to find a balance there is really difficult.
- The data governance for home visiting is complicated because the LIAs who are collecting it, would be the owners. DCYF contracts for those families and so part of that contract is a data set of family served. And then DOH acts as stewards of the data. We don't necessarily own the data which makes setting up some of those data sharing relationships in order to link with other datasets like birth certificates, hospital discharge data more complicated so those are the challenges there we have.
- One potential area to learn more about is the Strong Start child developmental screening data system. This is a new DOH system that is envisioned to serve as a statewide system for any provider completing ASQ screens to upload the screenings and results, then parents can access it too to have a record of all the screenings their children received. The rollout is happening with pediatricians and some parents first; HV is on the list as beneficiaries but it is not yet available for our us.
- Chelan-Douglas NFP program has been involved in the Strong Start pilot per Janey.
- **ACTION:** Revisit this as a follow up conversation; DOH to follow-up with Strong Start.

Who are (could be) the users of Home Visiting data and what are their interests?

- You can access the Jamboard link below to share additional thoughts regarding data users.
- Offline we will continue to flush out the feedback and comments into a spreadsheet to map out who are the different partners and what are some of the things that you've listed as potential uses of data.



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	<ul style="list-style-type: none">• Then we'll come back together as a group on next steps for reaching out to specific partners in these areas to hear from them as well.• Data users brainstorm: https://jamboard.google.com/d/12j7gJck5W4iTt3S3kA8-Gm59AD3-5F83I-SvBNijrs/edit?usp=sharing
Follow Up	<ul style="list-style-type: none">• Might be a good idea to have an NFP specific data discussion to gain a full understanding at the different issues programs are experiencing as well so we can communicate the different levels of experiences we are having as a state with the data.• Request for Oct. meeting - time to hear from PAT programs on how it's gone with the rate study to prepare models that will embark on it soon after• You can access the Jamboard link above to share additional thoughts regarding data users. Offline we will continue to flush out the feedback and comments into a spreadsheet to then reach back out to the group on next steps for reaching out to specific partners in these areas.• If you have any questions or additional feedback, please reach out to Martha Skiles (martha.skiles@doh.wa.gov) or Gretchen Thaller (thalleg@co.thurston.wa.us)

Closing Remarks/Adjourn

Next Steps/Follow Up	<ul style="list-style-type: none">• The next Home Visiting Advisory Committee meeting will be on October 19, 2023.• If you have any questions or additional feedback, feel free to reach out to Nelly Mbajah (nelly.mbajah@dcpf.wa.gov).
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