STATE OF WASHINGTON

DEPARTMENT OF EARLY LEARNING

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December 1, 2017

Senator Hans Zeiger
Representative Ruth Kagi
Washington State Legislature

Re: HB 1719 home visiting transition update

Dear Senator Zeiger and Representative Kagi,

Thank you for the opportunity to provide you with an update on the Home Visiting programs administered, via the Home Visiting Services Account, by the Department of Early Learning. We administer these programs in partnership with the Thrive Washington, the Department of Health, and community partners, and engaged these partners in the development of this letter.

For the purposes of this letter and to align with terminology often used in the field, we've included the following definitions:

Definitions:

- **Home Visiting Model**: these are the programs that are typically supported by a national organization, such as Nurse-Family Partnership or Parent Child Home Program.
- **Home Visiting Program:** these are the teams of people in local organizations that are responsible for implementing the home visiting model.
- **Home Visiting Contractor:** these are the organizations that DEL contracts with to implement a home visiting program using a specific home visiting model

In addition to the responses to your questions below, we have included further information as appendices on numerous elements of the program, and we are at your service to provide any clarification or additional details.

- Appendix I: HVSA Models
- Appendix II: Slots and Enrollment by County for July-September, 2017
- Appendix III: Home Visiting Scan
- Appendix IV: Home Visiting Governance Structure Visual
- Appendix V: What happens on a Home Visit Infographic
- Appendix VI: Implementation Hub Overview

1. Outcome of the transition of administration of home visiting contracts from Thrive to DEL

During the SFY2017, the Department of Early Learning facilitated the process for transitioning the management of home visiting client service contracts from Thrive Washington (Thrive) to DEL. The process was kept grounded through DEL's knowledge of local programs concerns and future goals as they faced the upcoming transition. Six workgroups were formed, focusing on cross-team coordination, contracts management, fiscal monitoring, data collection/reporting and communications. DEL engaged with Thrive and the Department of Health to gain a thorough historical background on the current process, seek opportunities for improvement, and to prepare DEL infrastructure to receive this body of work.

As the year progressed, DEL worked within state government expectations for procurement accountability, ethics, and transparency while strengthening the roles of the entire state team (Thrive, DEL, and DOH). Our goal throughout was to support high-quality home visiting programs housed within sustainable and supportive local organizations. In the end, the transition achieved the following milestones:

- **Executed single contracts:** previously organizations often managed several HVSA contracts, one contract per funding stream. Now organizations manage a single contract that includes braided funding stream and integrates requirements of each funding stream to mitigate administrative burden for programs.
- **Developed an integrated and consistent statement of work** across all Home Visiting Services Account programs that is more efficient but still allows for minor customizations necessary for varying home visiting models and funding requirements, with clear parameters.
- **Aligned performance measures and data collection methodologies** across the entire HVSA, again with flexibility towards differences in service delivery content and program data collection capacities.
- **Increased focus on Continuous Quality Improvement**, requiring all contractors to focus on four specific critical elements and outcomes of home visiting programs: parent-child interaction, family engagement, maternal depression, and domestic violence screening.
- **Streamlined communication and coordination** with both home visiting providers and behind the scenes as the team members at Thrive and DEL interacted with and supported the local programs. This has included developing a predictable communications schedule and new internal cross teaming protocols.
- **Improved availability of information** on the internet via DEL's renewed home visiting web page: www.del.wa.gov/homevisiting.

2. Delineation of roles at Thrive and DEL for home visiting after the transition

Significant operational functions of the Home Visiting Services Account were moved to DEL as part of the transition. However DEL and Thrive continue to view their partnership in home visiting as both strategic and operational in nature. Because of this, Thrive and DEL have begun a two-step process to refresh and renew the functions of each agency to best meet the needs of home visiting systems building in Washington State.

1. **Strategic Planning:** refresh an internal strategic plan by first developing a shared Theory of Change. This work is well underway and will continue to take shape through early 2018.
2. **Planning and Governance:** DEL and Thrive have operated under an agreed-upon "Partnership Management" Governance structure since 2012 (see Appendix IV). The partners have agreed that following the strategic planning, we will begin to examine the governance structure to ensure the partners agree upon how and where decisions are made about the HVSA.

In our shared Theory of Change, the partners outlined eight major strategies of focus for the partnership. The following table summarizes roles and responsibilities by strategy area.

Strategy	DEL	Thrive
Service Delivery and Access: Contracting Practices	*Role*: Lead *Key Responsibility*: Develop, execute and monitor all 40+ local home visiting program contracts.	*Role*: Support *Key Responsibility*: Review contracts process for implications of program quality and fidelity.
Service Delivery and Access: Capacity Building	*Role*: Support *Key Responsibility*: Ensure contracting process for new funding and programs meets funding requirements and is responsive to community capacity and need.	*Role*: Lead *Key Responsibility*: Work in and with communities to build capacity and readiness to implement evidence-based, research-based or promising home visiting models.
Service Delivery: Portfolio and Innovative Models	*Role*: Support *Key Responsibility*: Ensure funding requirements, examine sustainability and develop contracting and monitoring process support implementation of a portfolio of high quality home visiting programs including innovative models.	*Role*: Lead *Key Responsibility*: Examine the fit and feasibility of implementing new home visiting models in Washington and make recommendations for building evidence for current promising or research-based programs.
Quality and Improvement:	*Role*: Co-Lead *Key Responsibility*: Co-lead the partnership with the Department of	*Role*: Co-Lead *Key Responsibilit*y: Co-lead the partnership with the Department

Strategy	DEL	Thrive
Data Use and Sharing	Health who is responsible for data collection, sharing, quality and quality improvement and evaluation.	of Health who is responsible for data collection, sharing, quality and quality improvement and evaluation.
Quality and Improvement: Statewide Policies and Practices	*Role*: Lead *Key Responsibility*: Develop policies and procedures to meet federal and state requirements to ensure high quality home visiting.	*Role*: Support *Key Responsibility*: Provide support and feedback on the implications of policies and procedures that support high quality home visiting.
Communications and Story Telling	*Role*: Lead *Key Responsibility*: Develop and implement a communication plan including, but not limited to: monthly newsletters, webinars, one-pagers, videos for home visitors and stakeholders.	*Role*: Support *Key Responsibility*: Provide feedback, content and support on communications materials. Develop materials specific to the **Implementation Hub*** and resources to support quality home visiting implementation.
Finance and Sustainability	*Role*: Lead *Key Responsibility*: Examine financing strategies to sustain and grow financial resources for the HVSA.	*Role*: Support *Key Responsibility*: Leverage private funds to contribute to overall funding portfolio for the HVSA and support examination of additional financing strategy.
Governance and Planning	*Role*: Co-Lead Key Responsibility: The Home Visiting Governance Structure is co-led. DEL leads and staffs the Partnership Group and Leadership Forum.	*Role*: Co-Lead Key Responsibility: The Home Visiting Governance Structure is co-led. Thrive leads and staffs the Home Visiting Advisory Committee.

** The **Implementation Hub** is a unique, Washington-specific, innovation that Thrive leads. The Implementation Hub is comprised of a team of home visiting specialists who have experience in implementation of home visiting models and implementation science. The Implementation Hub uses implementation science, a field that has studied and applied techniques to support the effective scale-up of evidence-based and evidence-informed interventions, to ensure that the scale-up of home visiting in Washington is delivered with fidelity and quality to the original researched intervention (see Appendix VI).*

In general, the DEL, DOH, and Thrive teams are focused on maintaining a customer-service focus that considers the impacts of policies and practices on child, family, home visitor and supervisor experiences in the home visiting program. The teams are generally comprised as follows:

- DEL's team includes contract and policy specialists with management, administrative and communication support.
- Thrive's team includes model specialists and implementation specialists with some management and administrative support.
- Department of Health's team includes continuous quality improvement, evaluation and data systems specialists with some management support.

3. Detail on all available funding, by fund source, as well as slots and enrollment in each county funded through the Home Visiting Services Account (federal, state, local/private)

	SFY17 Expended	SYF18 Budgeted	SFY19 Projected
HVSA Federal Funds			
MIECHV Formula: Service Delivery	$10,151,033	$10,080,000	$10,002,900
MIECHV Innovation: Enhance Service Delivery	$100,361	$2,000,000	$1,000,000
HVSA State Funds			
TANF State Funds	$2,562,929	$2,625,000	$2,625,000
I-502 State Funds	$2,188,695	$2,434,000	$2,434,000
State General Funds	$163,224	$691,000	$744,000
Total	**$15,166,242**	**$17,830,000**	**$16,805,900**

In Appendix II, you will find a table of the Home Visiting Services Account slots and enrollment by county. In 2016-2017, DEL also worked to update a 2014 scan of home visiting programs across the state, irrespective of funding stream. This Home Visiting Scan is included as Appendix III.

4. Detail on overhead/administrative costs and FTEs (including, if possible, detail by fund source, object and program index) at both Thrive and DEL related to this program;* and *Detail of spending plans for various funding sources

Five different public revenue sources flow through the Home Visiting Services Account. Each of these revenue sources have specific and unique requirements associated with the funds as such there are some important caveats and constraints regarding funding sources that we would like to call your

attention to. For example, the MIECHV Innovation Grant is specifically only allowed to enhance service delivery, not fund any service delivery. We are using this grant to improve recruitment and retention for the home visiting workforce in four states (Alaska, Idaho, Oregon and Washington). It also requires a high quality evaluation. Alternately, TANF funds are specifically allocated for families enrolled on TANF WorkFirst in the Pregnancy to Employment Pathway or experiencing housing instability. These funds require local home visiting programs specialized reporting in DSHS's client management system. These different funding-source stipulations require a great deal of training and coordination to ensure that referrals and partnerships between home visiting programs and local community services offices (CSOs) are adhering to program requirements. Additionally, each funding source has varying reporting and evaluation requirements. With these diverse requirements, each funding stream requires a unique amount of administrative and systems level support to ensure we are in compliance and supporting high quality home visiting services.

State Fiscal Year 2018 Full Time Equivalents Budgeted for DEL and Thrive are as follows:

- DEL: 11.80 FTE
- Thrive: 7.9 FTE

The following table illustrates state fiscal year 2017 expenditures and 2018 budgeted expenses.

	SYF17 Expended Admin	**SYF17 Expended Systems**	**SYF17 Expended Services**	**SYF18 Budgeted Admin**	**SYF18 Budgeted Systems**	**SYF18 Budgeted Services**
Federal Funds						
MIECHV Formula: Service Delivery	$418,000	$2,502,000	$6,736,000	$855,000	$2,063,000	$6,980,000
MIECHV Innovation: Enhance Service Delivery	$45,000	$52,000	$0	$245,000	$1,860,000	$0
State Funds						
TANF Funds	$200,350	$372,000	$1,991,000	$236,000	$278,000	$2,125,000
I502 Funds	$17,700	$140,000	$2,031,250	$420,000	$264,000	$2,050,000
General Funds	$105,000	$38,000	$20,000	$0	$35,000	$518,000
Total	**$786,050**	**$3,104,000**	**$10,778,250**	**$1,756,000**	**$4,500,000**	**$11,583,000**

- **Admin Definition***:* DEL salaries, benefits, goods and services, travel (supplies, meeting expenses), and DEL's indirect rate
- **Systems Definition***:* Contracts necessary to ensure comprehensive and quality services or federal or state program and reporting requirements. This includes contracts for Thrive's implementation support, data and evaluation, training and consultation contracts, Tribal partnership,
- **Services Definition***:* Contracts to local home visiting programs.

DEL estimates that after one year of the transition, cost recovery associated with the transition of contracts administration will reportable. During the first year of transition, there are a number of variables and activities still in development. There are still expenditures that have not been completely allocated, for example a contractor reporting information system is still in development which may require additional investment. One example is where DEL has allocated approximately $140,000 of cost recovered funds to performance incentive payments for contracted home visiting programs to exceed contract requirements for enrollment and home visiting dosage.

5. If available, detail on all available funding, by fund source, and slots and enrollment in each county outside of the Home Visiting Services Account (federal, local/private)

Attached to this letter as Appendix III is a scan of the home visiting services available in Washington State compiled by DEL. It is important to note that the scan asked national home visiting organizations to submit information from their last complete year whether that was calendar year, sate fiscal year or federal fiscal year. Initiatives like King County' Best Starts for Kids are not shown in the current version of the scan due to the date the information was collected. In September 2017 through January 2018, Best Starts for Kids (BSK) is releasing Request for Proposals for Evidence-Based, Evidence-Informed and Community Based practice and we expect their information would be included in any future scans.

The home visiting models included in the scan vary in the target population served, outcomes and number/length of visits provided. Programs were included in the scan if the services are voluntary, long-term, provide home-based services and enroll families prenatal to age five. It should be noted that some models do differ from the some of the DEL funded home visiting programs in that they are not voluntary or are very short term, however all are important programs that support the fabric of community supports for families prenatal or with children birth to five.

One unique program that is included in the scan that is a slightly different program is the Parent Child Assistance Program (PCAP), which supports substance involved mothers. An example of a program not included, is the Department of Social and Health Services' Children's Administration SafeCare program for families that become involved in the child welfare system – these are generally non-voluntary. The most recently completed scan shows there are approximately 8,500 home visiting slots in Washington State; of those approximately 2,300 are funded through the HVSA.

6. *Expansion plans, particularly in regions with little to no state funding, and an explanation of what preparation work is needed to expand in these areas*

DEL, in partnership with the Department of Health, has updated the 2010 Home Visiting Needs Assessment which will be published in December 2017. This will help determine, particularly for our MIECHV funding requirement, communities of highest need so we can continue to prioritize future funding throughout the state. DEL is also continuing to support community readiness, rural expansion, and tribal participation with our partners at Thrive Washington. We are utilizing state funds to support the establishment of home visiting programs in the Suquamish and Lummi tribes.

The HVSA statute[1] requires a competitive process to award new or expansion slots which allows for communities throughout the state to apply for funding. We know from recent competitive request for proposals (RFP) applications that communities who are interested in implementing home visiting far outnumber the available funding amounts (approximately $6M of request for $800K of available funds). DEL and Thrive plan to leverage Thrive's capacity for community planning by using an approach similar to the Rural Capacity Development Project[2] as home visiting continues to expand. Additionally, with the transition into the Department of Children, Youth, and Families there will likely be deep and broad conversations about how home visiting and other prevention services are funded and delivered in communities, and how these fit within the continuum of care available for Washington families.

7. *Waitlist information or some other form of tracking unmet need, in underserved areas or communities without current home visiting services*

Waitlist information is not a clear indicator of unmet need, nor is there a clear-cut method to assess unmet need in communities. This is true for a number of reasons, most significantly because it's difficult to pinpoint a single narrow eligible population since each home visiting model has different eligibility requirements and slightly different target populations. Furthermore, each community may have unique preferences and needs for models that may not align with availability or eligibility. After completing the update to the Home Visiting Needs Assessment and Statewide Home Visiting Services Scan, we plan to examine the community needs, as far as we are able to identify them, overlaid with current community capacity for each of the various models.

As of September 30, 2017 five HVSA contractors report a waitlist of families ranging from one week to 90 days. A few important notes on waitlists, this is the first time that programs have reported on waitlists to DEL or Thrive. Additionally, Nurse-Family Partnership rarely has waitlists and keeps them very short due to the very limited window for enrollment. NFP programs refer families they cannot serve to another home visiting model for services rather than keep them on a waitlist. Parent Child Home Program completes an initial assessment of community needs utilizing information such as: income level, language spoken at home, WaKIDS scores and trends of housing to anticipate where communities

[1] http://app.leg.wa.gov/rcw/default.aspx?cite=43.215.130
[2] https://www.dropbox.com/s/6u9l7worh9q6op7/Executive%20Summary%20%26%20Lessons%20Learned%20-%20Rural%20Home%20Visiting%20Project%204.1.14.pdf?dl=0

have additional need. PCHPs enroll cohorts of families during specific windows, so maintain a weighted waitlist for a short period of time where families during the enrollment window.

8. Opportunities for potential inclusion of other models;

Currently, the Home Visiting Services Account (HVSA) allows for expenditures on evidence-based, research-based and promising practices home visiting programs. However, as discussed earlier, each source of funding to the HVSA has unique specifications, including the type of programs which can receive funding.

- **MIECHV:** Requires investments to be made in evidence-based program certified through the Home Visiting Evidence of Effectiveness study. It allows for up to 25% of the overall MIECHV grant to fund promising practices and requires that there is a rigorous evaluation of the promising practices.
- **TANF:** The initial investment required expenditures towards evidence-based programs, which DEL defined and DSHS approved as programs certified through the Home Visiting Evidence of Effectiveness study. The second investment expanded expenditures to promising practices and research-based home visiting.
- **I-502 Funds:** I-502 funds following the Dedicated Marijuana Account statute and the Home Visiting Services Account statute, which requires that 85% of non-supplanted funds are invested in evidence-based programs as determined through a process involving the DSHS Division of Behavioral Health and Rehabilitation and their partners at the University of Washington. The remaining 15% of non-supplanted funds may be invested in research-based and promising practices home visiting models. There is a requirement on these funds to show a return on investment by 2020.
- **State General Funds:** State funds allow investment in evidence-based, researched-based and promising practices home visiting programs.

There are no other limitations on the potential inclusion of other models in the HVSA. During SFY18, Thrive is examining models currently deemed promising practices to determine whether next steps should be taken to define or evaluate these models.

9. Plans to move to a per capita (or other) funding model to better predict ongoing costs of the program

DEL's home visiting programs are allocated funding through cost reimbursement contracts, with performance payment incentives for reaching specific enrollment and dosage related milestones. Costs of home visiting programs vary widely based on the model requirements for home visiting qualifications and number of visits for each family. On average, 75% of overall costs of services at the local level are personnel related. DEL brought on a 0.5 FTE to support several functions of tracking and assessing expenditures, including developing a cost study plan for the next year. This will include exploring how other states pay for services, examining different payment methodologies and seeking stakeholder input on the study.

10. Any recommended statutory changes that would help coordinate the broader home visiting system

Reframe the Advisory Committee to have a different scope than currently prescribed: "to advise the partnership on research and the distribution of funds from the account to eligible programs." This would be an ideal venue to have a statewide focus on workforce development, evaluation planning, and funding opportunities. This would also be an opportunity to require representation of various stakeholders, including the local home visiting program leaders and community partners.

Reframe the competitive bid process to allow an exploratory and capacity development process, particularly working with diverse and rural communities. Over the past several years, by using the Implementation Science expertise at the Thrive Implementation Hub, we have found that a competitive process often excludes organizations from within communities that may have capacity to implement the program with high quality, but do not always rise to the top against more well-resourced communities. Additionally, starting up a high quality home visiting program often takes several months, supporting an exploratory, community driven process supports quicker start-up and transition to full implementation.

11. Any other issues of interest

Research and Evaluation:
The Department of Early Learning, in partnership with Thrive Washington and SRI International, has just concluded the Researching Implementation Supports Evaluation (RISE) Home Visiting Evaluation. This was a three-year study that ran from fall of 2013 to fall of 2016 and was designed to include both a process and an outcome evaluation to better understand the development and impact of the Implementation Hub in Washington on three specific outcome areas. The study included 18 programs in Washington and more than 30 programs matched to Washington program characteristics from across the country. The study examined the following:

- The **process evaluation** answered the primary research question: How does the Implementation Hub support high-quality home visiting services in Washington?
- The **outcome evaluation** measured the impact of the Hub on three major areas: use of training and TA; model fidelity and implementation quality; and program staff competency and self-efficacy.
- The **primary research question** was: How do the identified programs in Washington that receive support from the Implementation Hub differ from comparable programs in other states with regard to the three major evaluation areas.

During fall of 2016 to fall of 2017, a follow-up evaluation occurred to collect an additional year of outcome data for the rural sub-study.

- The **rural sub-study** used mixed methods to learn more about the experiences of rural programs to answer the primary research question: What are the unique features of implementing evidence-based home visiting in rural communities?

The RISE study found a few places where Washington programs were accessing more technical assistance over the course of the study and had improved self-efficacy on some domains. Specifically, home visiting programs in Washington had greater access to model specific guidance to ensure implementation with fidelity to the model than home visiting programs did outside of Washington. During the study, programs in Washington made greater gains in feeling confident in several key competencies necessary for high-quality home visiting implementation. There are topical briefs, infographics, summaries and the full report posted to DEL's web page at www.del.wa.gov/homevisiting under the header of RISE Study. Several useful resources came from this study, including the infographic found in Appendix V.

Additionally, one critical concern that was found during the course of the study was that approximately 36% turnover rate of home visiting staff across all study sites from the beginning of the study to the end (just under three years). Home visiting is a relationship based intervention, with this much change happening in the relationships that families and home visitors experiences, we suspect there are concerning impacts on the potential benefits and outcomes for families. This particular finding lead to the work described in the Innovation and Workforce Development section that immediately follows.

Innovation and Workforce Development:

DEL was awarded a two year federal Innovation Grant from the US Department of Health and Human Services, Health Resources and Services Administration (HSRA) to improve recruitment and retention of a high quality home visiting workforce across the four states (Alaska, Idaho, Oregon and Washington). The four million dollar, two year grant is allowing the region to accomplish three primary goals to support workforce development:

- **Learn**: Conduct a comprehensive workforce study to learn about the home visiting workforce across all four states. The workforce study will begin in November 2017.
- **Build**: Provide innovative training, coaching and consultation using two emerging best practices called the NEAR@Home Toolkit and the Facilitating Attuned Interactions (FAN) and innovate to design strategies to support families and home visitors experiencing mental health, substance use and domestic violence (known as the Big 3).
- **Guide**: Develop cross model guidelines for implementation of high quality reflective supervision.

Finance and Sustainability:

DEL has a history of braiding various funding sources into HVSA, despite each funding source having uncertain sustainability. As such, it has been necessary to explore alternative financing strategies to both sustain and grow the home visiting services account. Some strategies that DEL has leveraged or been awarded additional funding to explore include: Pay for Success (Social Innovation Financing) and Medicaid. While DEL determined not to pursue the former, there is active movement to continue exploring next steps for accessing Medicaid funding for home visiting.

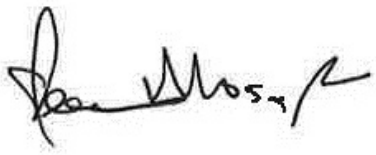
- Home Visiting and Medicaid Financing Strategies Report**:** https://www.hca.wa.gov/about-hca/data-reports
- Pay for Success Feasibility Study Executive Summary: https://thrivewa.org/payforsuccess/

Data Collection and Management:
Currently, the HVSA requires that all programs collect a specific set of demographic, service utilization and performance measures. This is a new requirement as of SFY2018 for each model to collect the same data. To allow for cross-model reporting, data files from each model are transferred to DOH on a regular basis for routine reporting and continuous quality improvement. The infrastructure for this reporting has been largely funded and driven by MIECHV reporting and evaluation requirements. As the HVSA continues to grow it will be necessary to examine the sustainability of this approach and determine if there are alternative data management structures that can and should support the HVSA.

Planning and Governance:
In planning for ongoing expansion of services, DOH completed an updated Needs Assessment to complement DEL's Infants at Risk study. This report examines which communities may be experiencing more challenges and have populations sufficient to establish or expand home visiting services. The 2017 Needs Assessment indicates there were not large shifts in community vulnerability from the 2010 Needs Assessment. These documents together will support a specific approach to engaging communities to build and expand capacity for home visiting services.

Thank you again for providing us the opportunity to discuss in detail our Home Visiting programs. Should you have further questions or need more information, we will be happy to oblige.

Sincerely,



Heather Moss
Director
Department of Early Learning

COMPARISON: HOME VISITING MODELS

The Home Visiting Services Account invests in and uses a portfolio approach to fund a range of models and programs, supporting HV that will meet the needs of diverse populations. The continuum of programs funded by the HVSA includes not only evidence-based practices but also research-based and promising practice models.

Model		Description
Child-Parent Psychotherapy	Promising practice	Support and strengthen the relationship between a child and caregiver as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning after a traumatic event
Early Head Start - Home Based	Evidence-based	Through home visits and group socialization activities, enhance the development of infants and toddlers while strengthening families, with a focus on child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics
Family Spirit	Evidence-based	Through the use of paraprofessionals from the community as home visitors and a culturally focused, strengths-based curriculum, support young parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to promote healthy development and positive lifestyles.
Nurse-Family Partnership	Evidence-based	Through a therapeutic relationship, promote a mother's abilities and behavior change to protect and promote her health and the well-being of her child, allocating time in each activity to address individualized goals and needs
Parents as Teachers	Evidence-based	Parent-child interaction using activity and book-sharing; development-centered parenting; family-centered assessment and goal-setting; resource network for family well-being; health, vision, hearing, developmental screenings
Parent-Child Home Program	Research-based	Through modeling, demonstrate and encourage parent-child interactions and literacy skills, focusing on building meaningful relationships with the families and supporting parents in their role as their children's first and most important teachers
Community Doula/ Partnering with Families for Early Learning	Promising practice	Offer information on health education and childhood development to enhance the parent-child relationship, maternal and child health, healthy birth outcomes and build children's language, literacy and social-emotional skills
Steps Toward Effective, Enjoyable Parenting	Promising practice	Build a secure attachment between parents and children by working alongside parents to help them understand their child's development, respond sensitively and predictably to their child's needs, identify and strengthen support networks for themselves and their child, reflect on their own relationship history and make decisions that ensure a safe and supportive environment for their child and the whole family

Washington State Department of Early Learning

Appendix II: Slots and Enrollment by County for July-September, 2017

County	Organization	# Families Funded	Model	# Families Funded by **County**	Average Program Enrollment Q1	Average County Enrollment Q1
Adams	Columbia Basin Health Association	48	PAT	48	44	44
Clallam	First Step Family Support Center	96	PAT	96	84	84
Clark	Clark County Public Health	12	NFP	12	15	15
Cowlitz	Children's Home Society of Washington - Cowlitz	18	PAT	68	13	37
	Clark County Public Health	50	NFP		24	
Franklin	Benton-Franklin Health District	100	NFP	100	85	85
Grays Harbor	Grays Harbor County Public Health and Social Services	67	PAT	67	53	53
Jefferson & Kitsap	Jefferson County Public Health	37	NFP	37	33	33
King	Chinese Information and Service Center	16	PCHP	232	10	184
	Denise Louie Education Center	9	EHS		9	
	El Centro de la Raza	27	PAT		28	
	Navos	7	CPP		7	
	Open Arms Perinatal Services	55	Outreach Doula		29	
	Public Health Seattle - King County	100	NFP		86	
	United Indians of All Tribes Foundation	18	PAT		15	
Lewis	Centralia College	35	PAT	35	27	27
Mason	Mason County Public Health	43	NFP	43	39	39
Okanogan	Okanogan County Child Development Association	38	PAT	38	25	25
Pend Oreille	Selkirk School District	20	PAT	20	14	14
Pierce	Institute for Family Development	36	PAT	157	25	124
	Mary Bridge Children's Foundation	26	STEEP		26	
	Tacoma Pierce County Health Department	95	NFP		73	
Skagit	Skagit County Public Health	62	NFP	62	42	42
Snohomish	ChildStrive	74	NFP	155	62	128
	ChildStrive	44	PAT		41	
	Friends of Youth	19	PAT		8	
	Northshore Youth and Family Services	18	PAT		18	
Spokane	Children's Home Society of Washington - Spokane	80	PAT	205	49	163
	Spokane Regional Health District	125	NFP		114	

Thurston	Community Youth Services	75	PAT	127	53	128
	Thurston County Public Health and Social Services	52	NFP		75	
Wahkiakum	St James Family Center	25	PAT	25	25	25
Walla Walla	Children's Home Society of Washington - Walla Walla	48	PAT	48	25	25
Whatcom	Lydia Place	23	PAT	75	22	68
	Whatcom County Health Department	52	NFP		46	
Yakima	Catholic Charities of the Diocese of Yakima	141	PAT	428	155	383
	West Valley School District	15	PCHP		0	
	Yakima Valley Farm Workers Clinic	130	PAT		101	
	Yakima Valley Memorial Hospital	142	NFP		127	
	Total	**2134**		**2078**	**1724**	**1724**

Kids' Potential
Our Purpose

Home Visiting Scan

Fall 2017

Updated from September 2014

Washington State Department of
Early Learning

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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 Early Learning (DEL) and Thrive Washington supports the programs funded through the HVSA. Thrive Washington also matches and leverages public and private funds through the unique structure of the HVSA. 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 DEL, the Department of Social and Health Services (DSHS) and the CCF, identified tar-get 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 DEL, with DOH, DSHS, CCF and Thrive, 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 2016, the HVSA has received steady increases in funds through increased investments. These come from MIECHV, state appropriations, 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 2,200 in 2016. The HSVA 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.

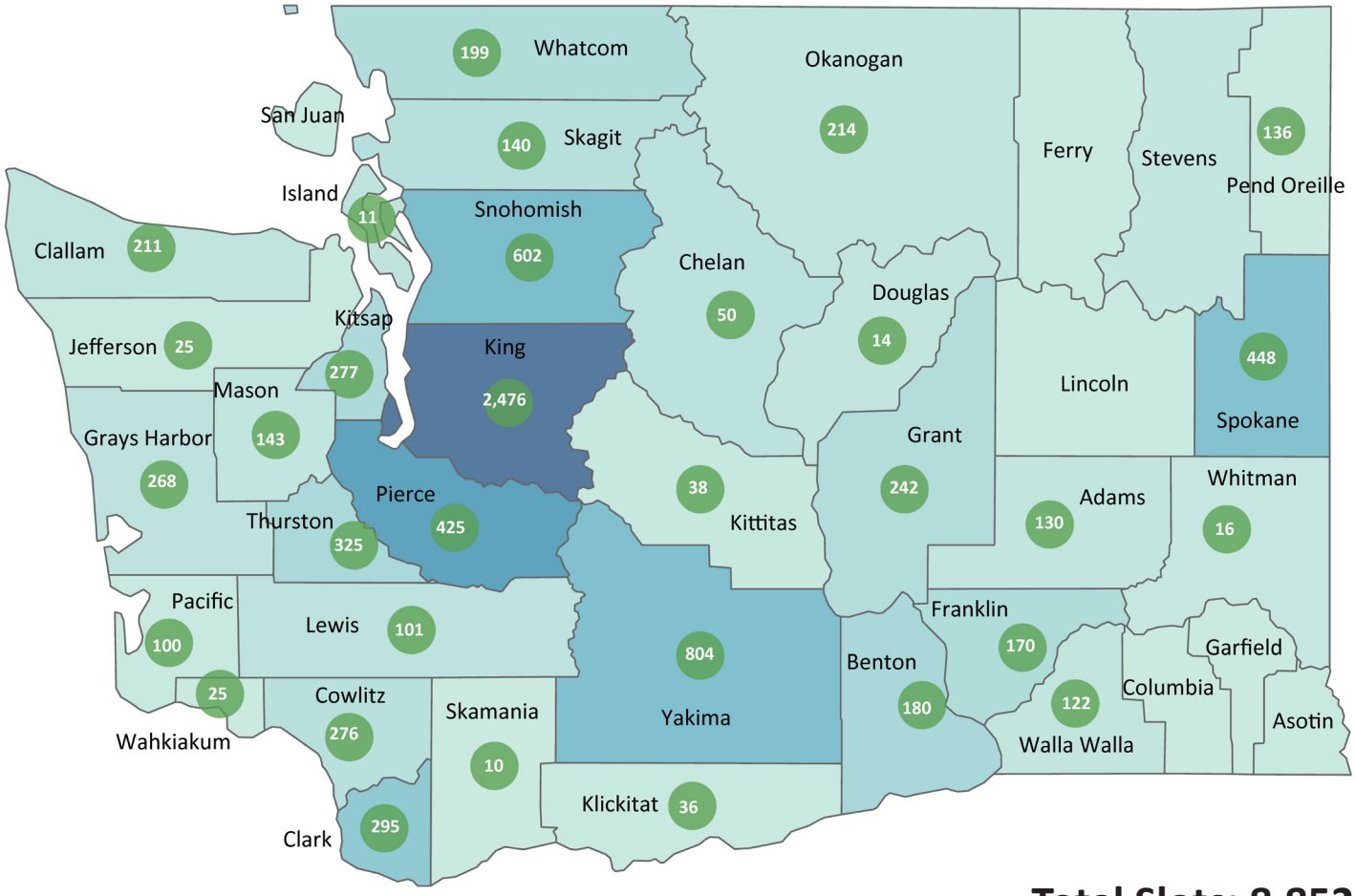
As part of the Washington home visiting landscape, several types of home visiting programs are offered through different agencies. The following snapshots are intended to give a brief overview of each program in Washington.

HOME VISITING MODELS OVERVIEW

Program Highlights

Total Programs in Washington	9 in all: • Nurse-Family Partnership • Parent-Child Home Program • Steps to Effective, Enjoyable Parenting • Parents as Teachers • Outreach Doula Program • Early Head Start/Home Based • Parent Child Assistance Program • Safe Babies, Safe Moms • Early Steps to School Success
Total Counties Served by at Least One Program	32
Total Slots Across All Programs in Washington	8,852

Total Home Visiting Program Slots



Total Slots: 8,852

Medicaid Births & children 1-3 <200% FPL

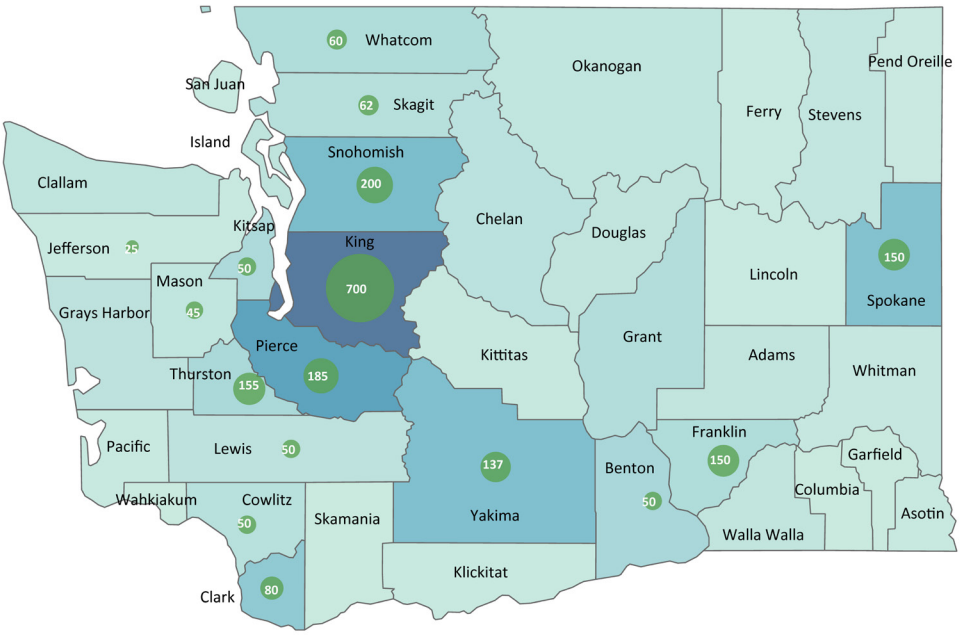
41 — 31,656

NURSE-FAMILY PARTNERSHIP

Program Highlights

Program Goals	• Improve pregnancy outcomes • Improve child health and development • Improve families' economic self-sufficiency
Eligibility/ Population Focus	• Women with low incomes and pregnant with their first child • Must be enrolled and receive first home visit not later than the 28th week of pregnancy
Duration of Services	Prenatal, prior to 28 weeks gestation, until child's second birthday (approximately 2.5 years)
Frequency of Services	Depending on phase of program, services may be provided weekly, every other week, or monthly
Professional/ Paraprofessional Requirements	Bachelor's-prepared nurse
Designation	**Evidence-Based**: • Home Visiting Evidence of Effectiveness (HomVEE) • Designated as meeting criteria for "top tier" evidence-based programs by the Coalition for Evidence Based Policy

NFP Participation



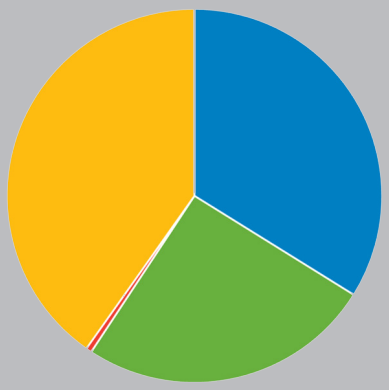
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 2,174

NFP Funding Sources FY 2016

Total: $14,200,000



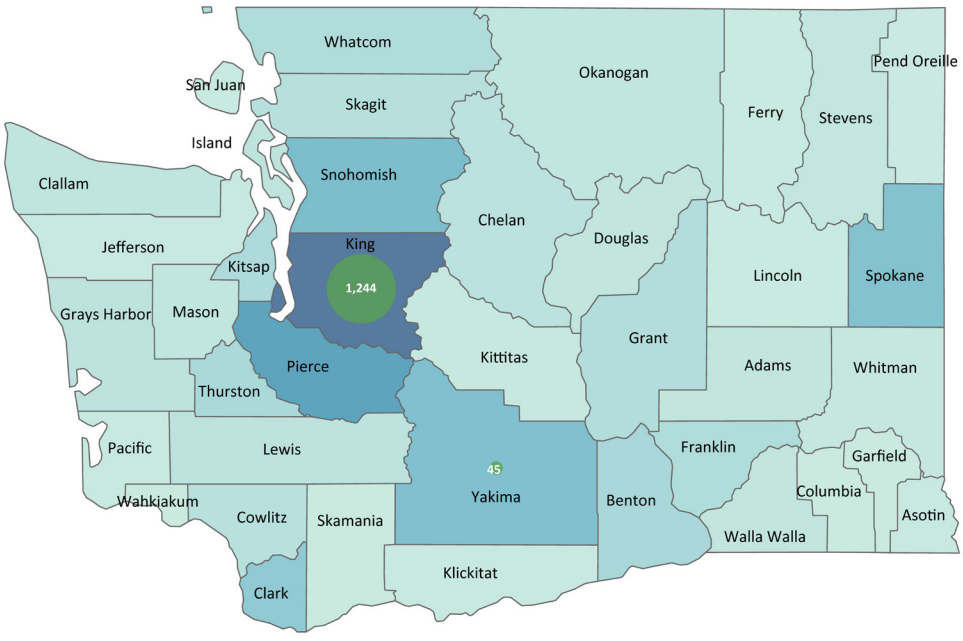
Federal	$4,800,000
State	$3,600,000
Private	$71,000
Other	$5,700,000

PARENT-CHILD HOME PROGRAM

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 he/she turns 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 – bachelo'rs degree or higher Home visitors – requirements established by sponsoring agency; national office requires completion of initial training and weekly training
Designation	Evidence-Based: • Evidence Based Program (2008), as recognized by the Council for Children and Families of Washington • White House Initiative on Educational Excellence for Hispanics - Bright Spot

PCHP Participation



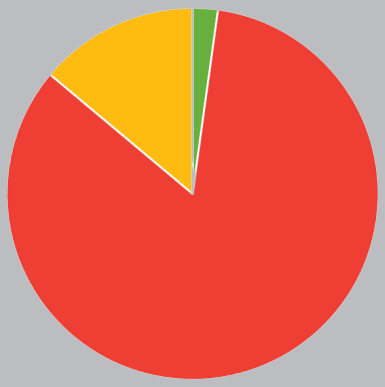
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 1,289

PCHP Funding Sources FY 2016

Total: $5,430,336



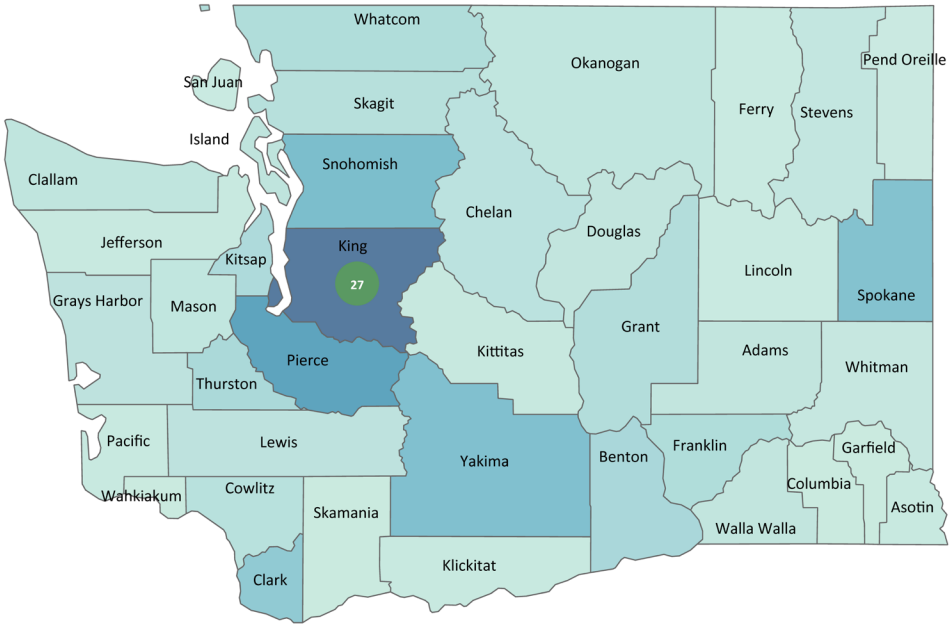
Federal	$0
State	$118,960
Private	$4,556,135
Other	$755,241

CHILD-PARENT PSYCHOTHERAPY

Program Highlights

Program Goals	• To develop an effective partnership between early childhood mental health services and the court system in order to better serve vulnerable, marginalized children • To aid young children (0-3) in dependency heal from trauma, separation, and loss in order to ensure healthy development • To help caregivers increase their reflective capacity and ability to relate to their young children in contingent and developmentally appropriate ways which results in a reduction of incidents of child maltreatment
Eligibility/ Population Focus	Children age 0-3 in dependency, and their caregivers
Duration of Services	Services offered as long as needed
Frequency of Services	• Child-parent psychotherapy sessions at least one time per week • Subset of families also receives 10 weeks of Promoting First Relationships
Professional/ Paraprofessional Requirements	Master's Degree in mental health discipline and specialized training in infant and early childhood mental health.
Designation	**Evidence-Based**: • Designated Evidence-Based by SAMHSA and the California Evidence Based Clearing House for child welfare

CPP Participation



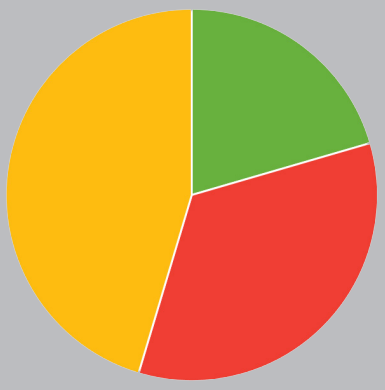
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 27

CPP Funding Sources FY 2016

Total: $248,349



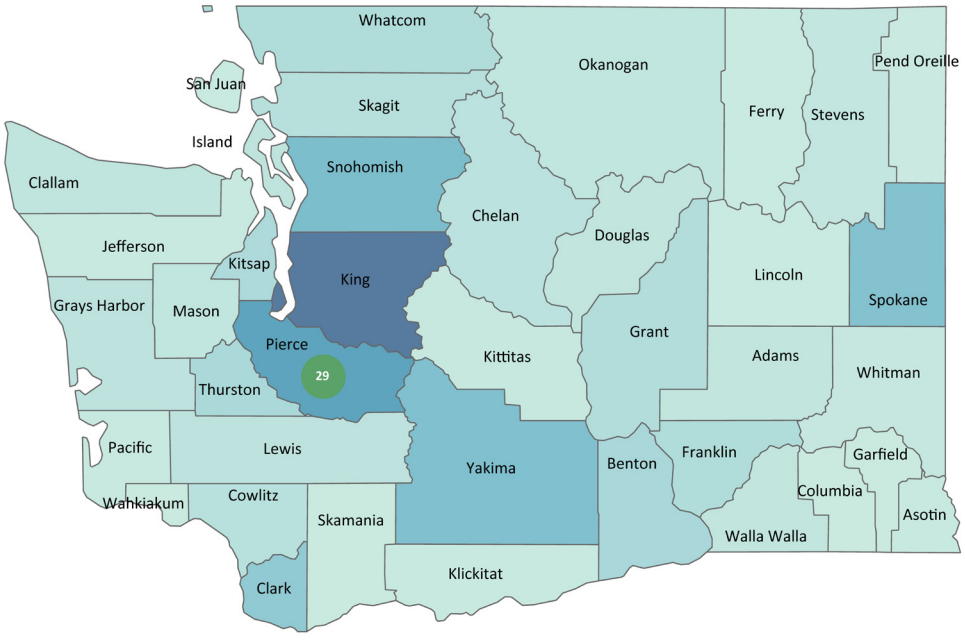
Federal	$0
State	$50,500
Private	$84,061
Other	$111,789

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; two 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



Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 29

STEEP Funding Sources FY 2016

Total: $325,669

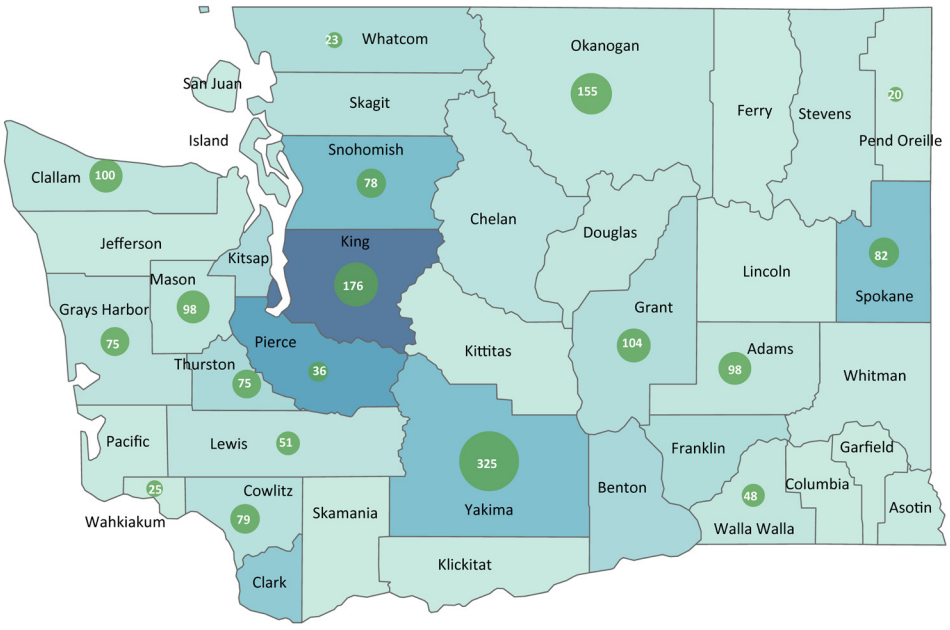
Federal	$0
State	$161,800
Private	$0
Other	$163,869

PARENTS AS TEACHERS

Program Highlights

Program Goals	• Increase parent knowledge of early childhood development and improve parenting skills • Provide early detection of developmental delays and health issue • Prevent child abuse and neglect
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
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 • SAMHSA's National Registry of Evidence-based Programs and Practice • Community-Based Child Abuse Prevention's evidence-based program directory

PAT Participation



Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 1,648

HVSA Funding Sources FY 2017*

Total: $5,083,575

Federal	$3,024,221
State	$2,059,354
Private	$0
Other	$0

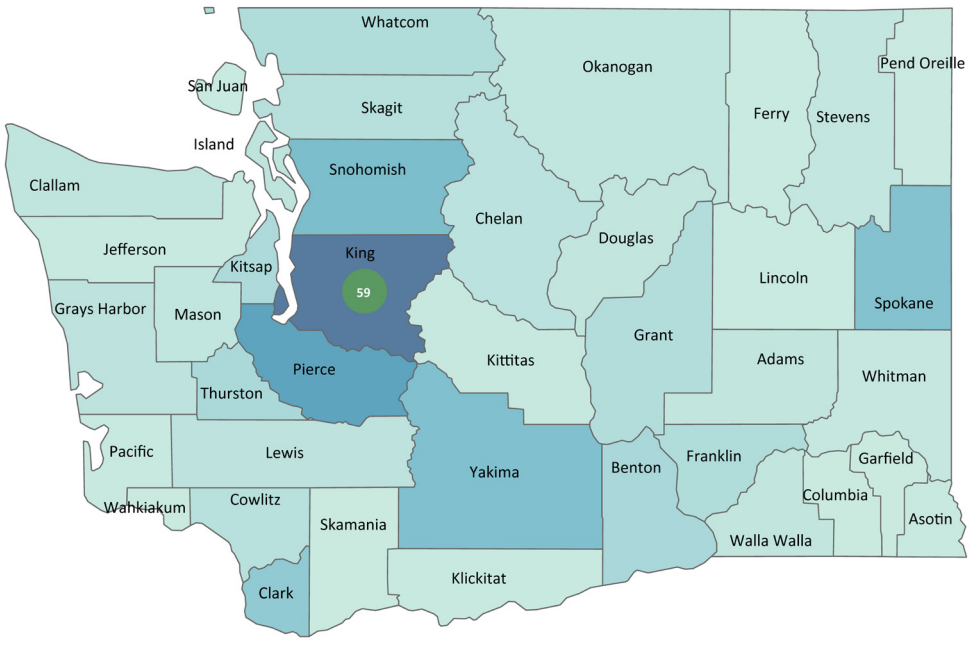
*Funding data comes from the Home Visiting Services Account. PAT funding sources were not available at the time of publication.

OUTREACH DOULA PROGRAM

Program Highlights

Program Goals	• Decrease rates of cesarean births, low birth weight, NICU stays, and babies born prematurely • Increase breastfeeding rates • Improve children's social-emotional development
Eligibility/ Population Focus	Low-income pregnant women who are primarily Hispanic and Somali and their families through pregnancy, birth, and into early parenting
Duration of Services	2nd trimester of pregnancy through 2 years of age
Frequency of Services	Between one and five visits in the immediate postpartum period, followed by at least twice monthly visits until age 2
Professional/ Paraprofessional Requirements	• No formal educational requirements for community-based doulas, but they must be of and from communities they serve, sharing language and cultural backgrounds • Doulas must complete intensive 6-month doula training and training in PFR in order to apply for a position
Designation	**Research-Based**: • ODP 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.

ODP Participation



Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 59

ODP Funding Sources FY 2016

Total: $454,603

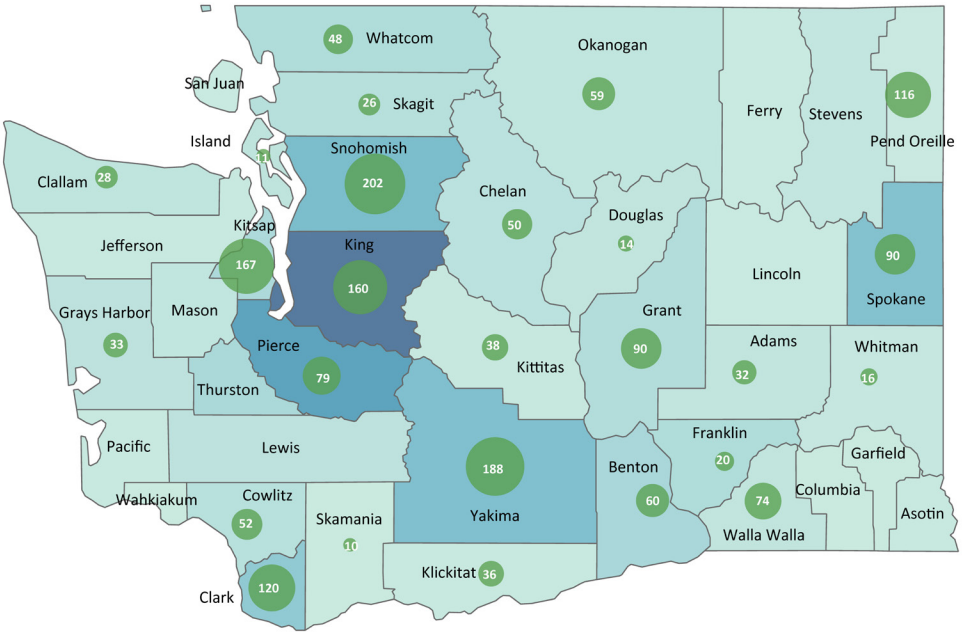
Federal	$0
State	$148,013
Private	$130,590
Other	$176,000

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



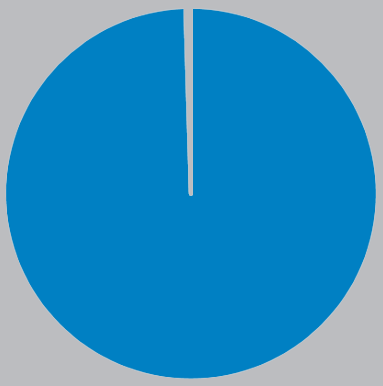
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 2,126

EHS/HB Funding Sources FY 2016

Total: $25,631,578



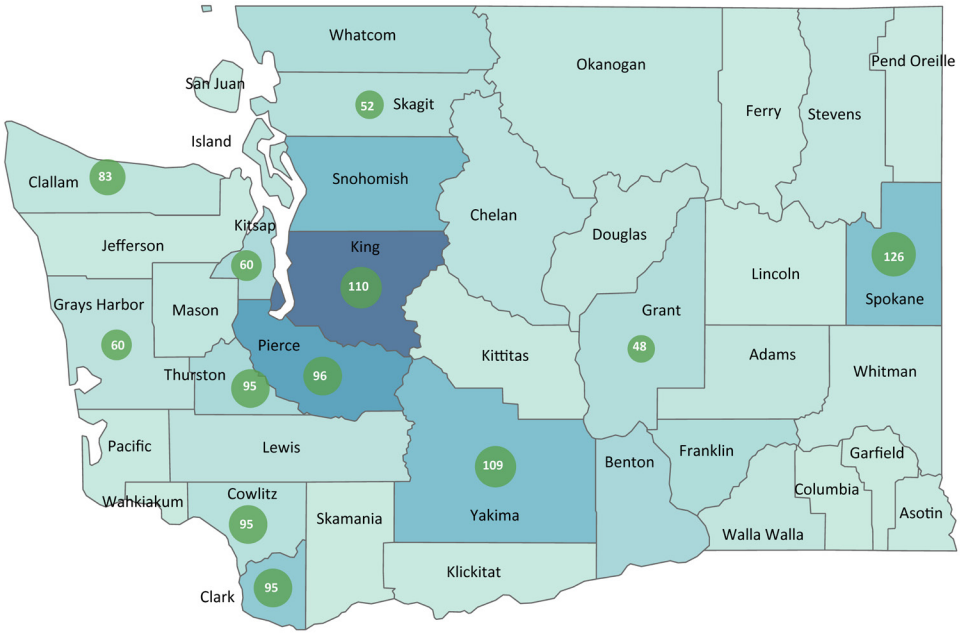
Federal	$25,512,000
State	$119,578
Private	$0
Other	$0

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/drugs during pregnancy; and are pregnant or postpartum; and are not engaged with community service providers; OR • Have previously had a child diagnosed with Fetal Alcohol Spectrum Disorders; and are currently abusing alcohol/drugs; and are in childbearing years • At least 93% of families must include individual who is Medicaid-eligible
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
Designation	**Promising Research-Evidence**: • Rated as Promising Research-Evidence by the California Evidence-Based Clearing House

PCAP Participation



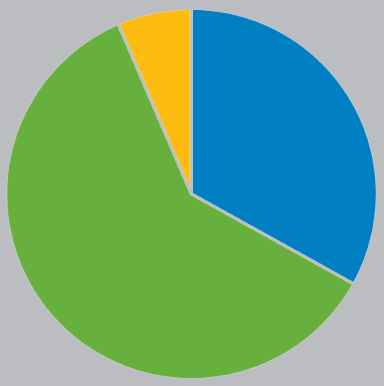
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 1,029

PCAP Funding Sources FY 2016

Total: $12,252,792



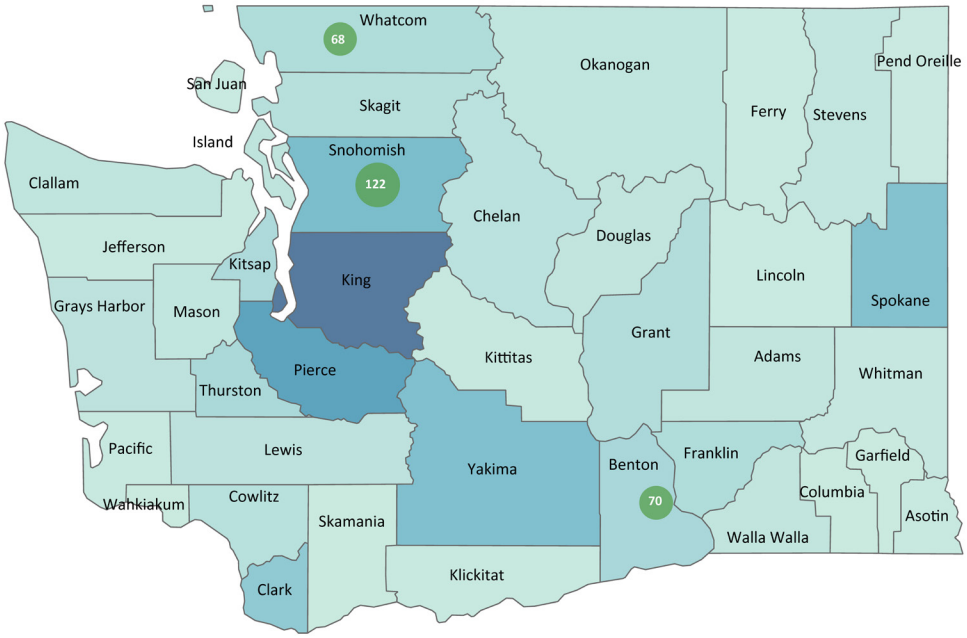
Federal	$4,051,714
State	$7,410,078
Private	$0
Other	$791,000

SAFE BABIES, SAFE MOMS

Program Highlights

Program Goals	• Stabilizing women and their young children • Identifying and providing necessary interventions and making appropriate referrals to community resources • Assisting women in gaining self-confidence as they transition from public assistance to self-sufficiency
Eligibility/ Population Focus	• Participating women must have documentation of alcohol/substance abuse or admission of use during pregnancy or over last 6 months • Women must be pregnant or have child under age of 2 years, 6 months • At least 93% of families must include individual who is Medicaid-eligible
Duration of Services	Woman/child is eligible to receive services until child's third birthday
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	Requirements vary for intensive case manager, early childhood development/ parenting specialist, behavioral health specialist, supervisor; minimum of bachelor's degree required for each position
Designation	**Promising Practice**: • The Washington State Institute for Public Policy and the University of Washington designated SBSM a Promising Practice in its 2014 Updated Inventory of Evidence-based, Research-based, and Promising Practices

SBSM Participation



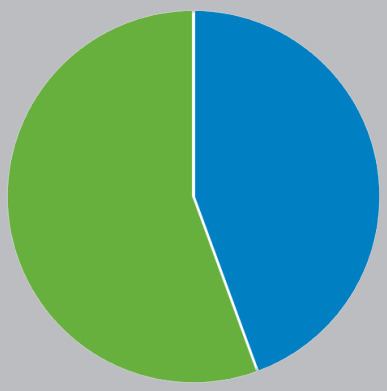
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 271

SBSM Funding Sources FY 2016

Total: $3,340,000



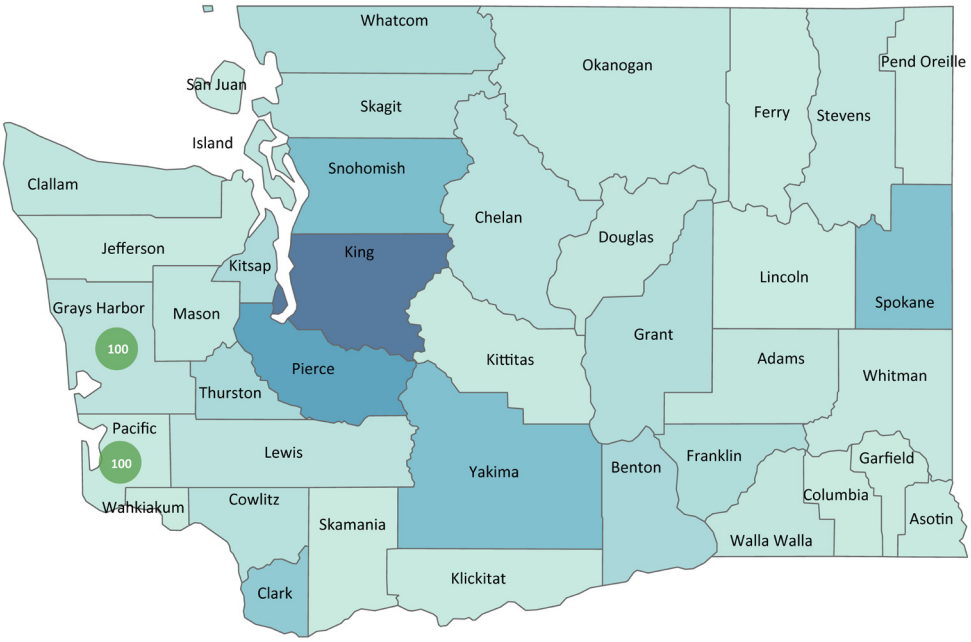
Federal	$1,483,497
State	$1,856,503
Private	$0
Other	$0

EARLY STEPS TO SCHOOL SUCCESS

Program Highlights

Program Goals	• Children will enter school with the skills necessaryfor school success, and home/ school connections will be strong • Early childhood knowledge and skills will be significantly increased • Parents will have the knowledge and skills to support their child's development
Eligibility/ Population Focus	Priority for enrollment to the youngest and the children most in need in low-resource communiities. Early Steps defines "youngest" as pregnant women and children less than 12 months of age. Each program is encouraged to define "most in need" as it applies to its own community. ESSS supports children and their famlies pre-natal to kindergarten.
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 kintergarten.
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	Associate degree in related field, Bachelor's degree, or equivalent experience
Designation	Research-based: • ESSS has conducted evaluations showing positive gians in school readiness including on vocabulary acuqisition and children birth to three were read to on average 37 times per month.

ESSS Participation



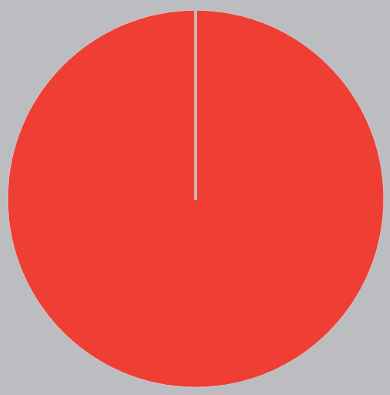
Medicaid Births & children 1-3 <200% FPL

41 — 31,656

Total Slots: 200

ESSS Funding Sources FY 2016

Total: $405,376



Federal	$0
State	$0
Private	$405,376
Other	$0

ADDITIONAL PROGRAMS

DSHS, DOH, DEL 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, DSHS Children's Administration (CA) 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 CA are designed to be short-term and address safety and per-manency for families involved in child welfare. The Early Intervention Program at DSHS Children's Administration no longer exists. Some of the other program models that include home-based services include:

- SafeCare is an evidence-based home visit training curriculum for parents 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.

- 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.

- Children with Special Health Care Needs (DOH) and Early Support for Infants and Toddlers (DEL) also offer 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.

- 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 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. There were 22,955 unduplicated women/children served statewide in 2016.

    - 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. There were 9,664 unduplicated women/children served statewide in 2016.

    - 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.

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

Washington State Department of Early Learning

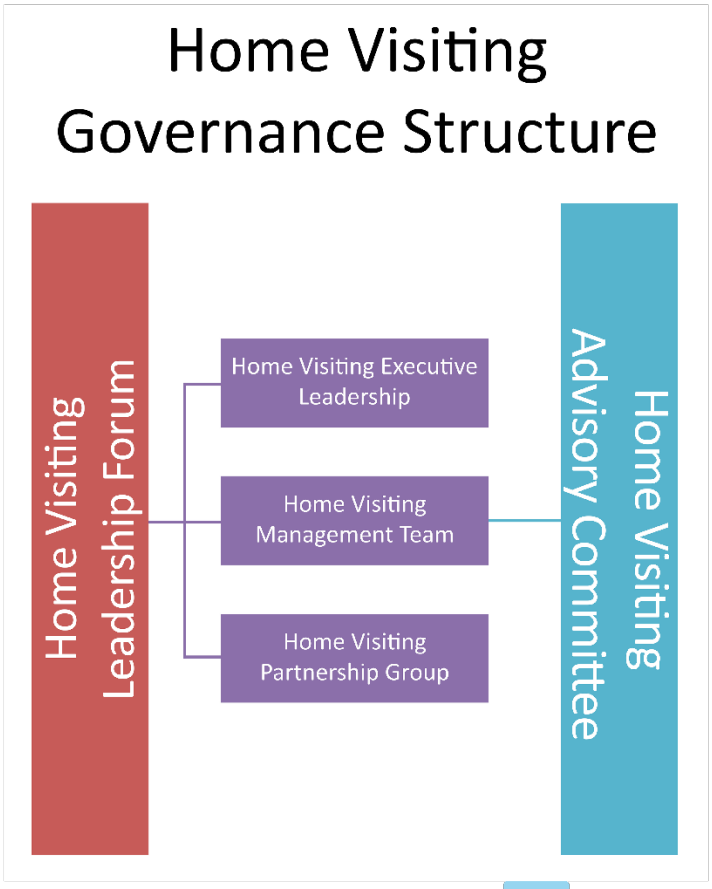
DEL's Goal:

By 2020, 90% of five-year-olds will be ready for kindergarten, with race and family income no longer predictors of readiness.

Learn more about Home Visiting at
www.DEL.wa.gov/homevisiting
Questions can be e-mailed to
communications@del.wa.gov

Washington State Department of Early Learning

Appendix IV: Home Visiting Governance Structure Visual



Washington State Department of Early Learning

THRIVE WASHINGTON

What happens during home visits?

RISE HOME VISITING EVALUATION

Based on 2,647 home visits conducted by 273 individuals in Nurse-Family Partnership and Parents as Teachers programs.

Home visitors are very prepared for their visits

On a scale of 1 (less prepared) to 5 (more prepared), home visitors rated their preparation level as an average of:

4.4 out of 5

And referrals are common

New referrals are initiated on nearly one quarter of visits.

Home visitors discuss about

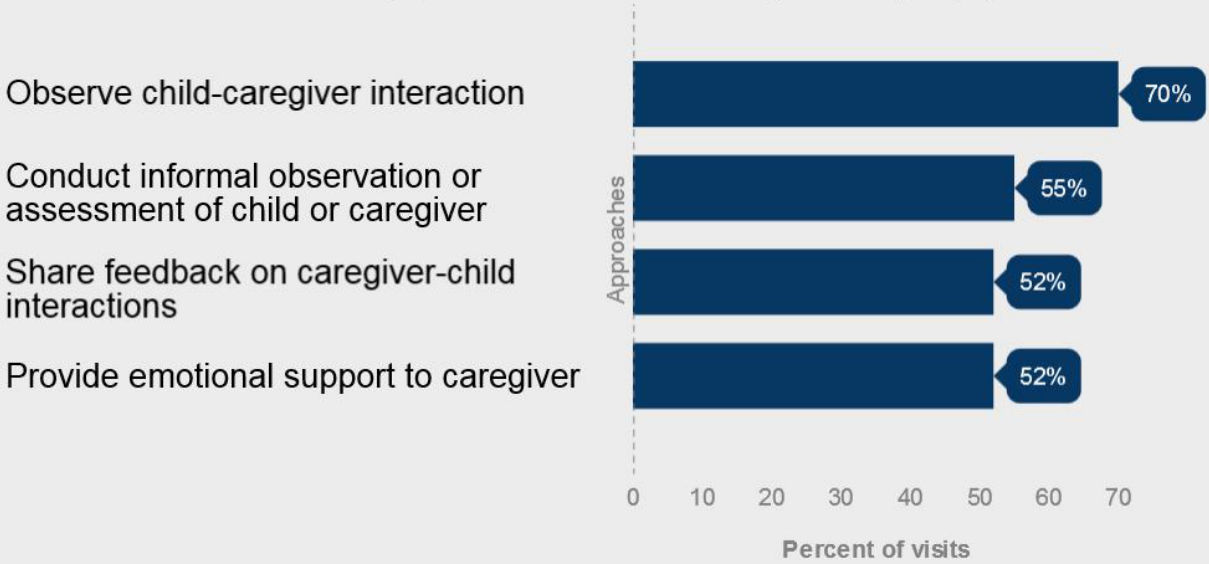
3 topics

during each visit

The topics they cover most frequently with families are:

- Parent-child interaction
- Child development
- Parent's behavioral and emotional care of child
- Child Health

Home visitors support families using many approaches



Less common approaches are modeling or demonstrating interactions with children; reviewing, discussing, or modifying goals with family; and conducting formal assessments.

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For more information contact RISE at RISEevaluation@sri.com

SRI Education

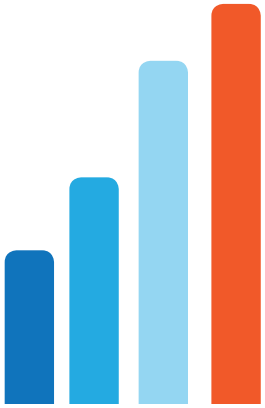
THRIVE WASHINGTON

Washington State Department of Early Learning

HOME VISITING HUB

HOME VISITING IMPLEMENTATION HUB

Services Offered



Increase Readiness

Thrive provides supports…

- Local and statewide data
- Convenings among local partners
- Resources on potential models and the start-up process
- Strategies for connecting with families furthest from opportunity
- Outreach and referral agreement templates

that target programs' needs….

- Assess community needs and identify populations furthest from opportunity
- Engage with community partners and build a network
- Select a model and lead implementing agency
- Connect with the consumer population to inform outreach strategies and plans for program implementation
- Build organizational capacity to meet the requirements of the model and funding stream

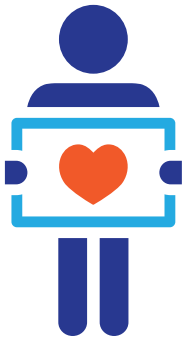
to support high-quality implementation

- Services are in place that meet community needs and fill a gap in existing resources
- The organization is prepared to implement the model with fidelity and has a sustainability plan in place
- The organization is reflective of and connected to the priority population
- Community supports are in place for the new service

Ensuring a strong, sustainable home visiting system

HOME VISITING HUB

Services Offered



Support Programs

Thrive provides supports…

- Individualized technical assistance (proactice and reactive coaching, onsite team visits)
- Communities of practice (peer to peer, model-specific, issue-specific)
- Trainings (staff specific, model specific, cross-model, regional)
- Connections between local programs and state-level systems
- Resource library of tools and lessons learned for home visiting implementation

that target programs' needs….

- Maintain consistent client recruitment resulting in program enrollment
- Enhance the program to meet the cultural needs of the target population
- Recruit and retain staff
- Provide effective leadership for home visiting staff
- Use data to inform continuous quality improvement efforts
- Maintain connections and referral pathways within the local community
- Understand HVSA contract and model fidelity expectations

to support high-quality implementation

- Program staff have the tools they need to provide effective services to families
- Supervisors and managers have the technical and adaptive skills to provide strong leadership to program staff
- The program receives the support and resources it needs from leadership within its organization
- The program is well-connected and supported within the community
- Families are engaged in services and successfully complete the program

Ensuring a strong, sustainable home visiting system