

Home Visiting

in Washington State
December 2018

Managing Holiday Stress



While the holidays are a joyful time for some people, it is important to remember that for many others they can be emotionally challenging. Some people may feel burned out from the stress and expectations of holiday social events or feeling the effects of the shorter daylight hours. For others, the holidays can trigger memories of difficult childhoods or family and friends who have passed away. Many people might have loved ones that are currently sick or suffering. When offices are closed during the holidays, home visitors may feel additional anxiety about not being available for families during difficult times.

The American Psychological Association offers some general tips for managing holiday stress at <https://www.apa.org/helpcenter/parents-holiday.aspx>.

Here are some additional strategies:

- Download a mindfulness app to help guide you through breathing and self-regulation exercises.
- If your organization provides employee assistance programs, encourage staff to take advantage of those services.
- Explore this tool to help you think through how to set personal boundaries to preserve your energy: <http://liveandworkonpurpose.com/files/Boundaries.pdf>.
- Take time to reflect and refresh yourself on self-care strategies that have helped in the past.

IN THIS ISSUE...

News &
Resources,
Happenings
at Thrive **2**

Unsung
Heroes **3**

Funding
Codes **5**

Reflections
from Nov.
All-HVSA
Meeting **7**

News & Resources

Nominate a Home Visitor

We know we have some amazing home visitors in this state, and we want to highlight them here for everyone to hear about.

If you would like to nominate a home visitor, email why your home visitor is deserving of recognition to Home.Visiting@dcyf.wa.gov by the 10th of each month. This will be an ongoing feature as long as the nominations come in. Please note that home visitors must be comfortable with their nomination being published. We will notify supervisors if their nomination has been selected by the 11th and would need to have confirmation that the home visitor is comfortable with publishing by the 13th. You would not have to tell home visitors that they have been nominated/selected prior to nominating them.

Please provide a photo to us by the 13th if your home visitor is selected!

We look forward to hearing about the amazing work your teams are doing!

Action Items

As part of feedback from the All Program meeting, we wanted to include an action items section that spells out everything due each month. We will try to keep it in this same spot each month for easy access. Because this year we are closing out the fiscal year for DEL, our deadlines are harder and faster than a typical year.

December 10:

- For NFP: November Consenting Clients to DOH

December 20:

- November 2018 Monthly Enrollment Report

December 31:

- November 2018 Monthly Invoice

Happenings at Thrive

NEAR@Home has a New Website!

The NEAR@Home Toolkit is a training manual with guided processes to help home visitors learn and practice language and strategies to safely and effectively talk about childhood trauma. You can now find the Toolkit and other helpful resources for talking about ACEs at <https://www.nearathome.org/>

The Thrive Team Would Like Your Feedback!

As the Thrive team thinks about its next steps, we want to hear from home visiting programs. We have created a survey to collect your feedback about how Thrive supports your work:

<https://www.surveymonkey.com/r/K8Q229P>

While this survey was designed for home visiting program supervisors, we also welcome responses from home visitors or other agency staff. The survey should take you under five minutes to complete and your answers will be completely anonymous. Thank you in advance!

News & Resources

Calling all Unsung Heroes

It is one of our favorite times of the year again - -
PARENT RECOGNITION MONTH!

As 2019 is quickly approaching we are gearing up for our annual Unsung Hero campaign in honor of Parent Recognition month (February) and we are hoping you can help us spread the word far and wide.

Since 2011, with your help, we have honored 196 men and women in Washington for the roles they have taken with their families, schools and communities. They have been recognized because they have shown strength courage and empathy in their communities.



Please help us in honoring 28 more in February 2019 by nominating a parent/primary caregiver/guardian for the Unsung Hero award. The nomination forms can be found in Spanish and English, [HERE](#).

All nominations must be submitted by January 4, 2019. The nominations can be emailed to strengtheningfamilies@dcyf.wa.gov. Please pass this on to your Washington networks. We appreciate your support and let us know if you have any questions. Thank you.

CANNABIS POSES RISKS DURING PREGNANCY AND BREASTFEEDING: WHAT TO KNOW



[REGISTER HERE](#)

The Washington State Department of Health wants pregnant and breastfeeding women to know the risks of cannabis use. Research shows that THC can pass from mother to child while pregnant or breastfeeding. THC can also stay in a mother's body for up to six days, so the practice of "pumping and dumping" does not work. Children exposed to THC can have problems with feeding, learning, and paying attention—that's why

the American Academy of Pediatrics and Academy of Breastfeeding Medicine recommend women avoid cannabis while pregnant or breastfeeding.

Check out [Know This About Cannabis](#) to download the "5 Things to Know" flyer as a resource for home visits. The flyer is available in seven languages and provides information on cannabis' impact on a mother and her child. And stay tuned for more resources coming soon, including talking points and an FAQ, to help you talk with new and expecting mothers about cannabis during home visits.

Want to learn more? Join our webinar on **January 17, 2019 at 2:00 pm**. Speakers, Dr. Kathy Lofy and representatives from DOH's ad agency will discuss current research and existing resources for this audience. Any other questions, please contact Ivon Urquilla at ivon.urquilla@dcyf.wa.gov

Funding Codes

As of July 1, 2018, Site/Fund codes have been updated. Over the history of the HVSA, funding distribution has evolved from tracking by Cohort to tracking by Funding Source.

It is important for you to assign a funding source to each of your HVSA-funded clients and to ensure that your data systems reflect these sources.

Below is a description of the current funding streams for the HVSA.

Funding Code	Description
MIECHV	<ul style="list-style-type: none"> The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), funded by the Health and Recovery Services Administration (HRSA), provides voluntary, evidence-based home visiting services to at-risk pregnant women and parents with your children until kindergarten entry. Funded slots in Washington: 1,387 All MIECHV funded slots are now Formula funded
TANF	<ul style="list-style-type: none"> The Temporary Assistance for Needy Families (TANF) Home Visiting program is a joint project of the DSHS Economic Services Administration Community Services Division (CSD), the Department of Children, Youth & Families (DCYF), and Thrive Washington, intended to improve outcomes for families receiving TANF. Funded slots in Washington: 341
502	<ul style="list-style-type: none"> 502 refers to funds collected through Initiative 502 (marijuana sales tax). <u>A portion of these funds were dedicated to provide funding for Home Visiting Programs.</u> Funded slots in Washington: 420
GFS	<ul style="list-style-type: none"> General Funds State (GFS) refers to funds that <u>have been allocated by the legislature directly from the state general funds to perform certain work.</u> Funded slots in Washington: 200

Cohort	Funding Source	Consolidate to
1	State	HVSA - GFS
3	MIECHV Formula	MIECHV
4	General State/Private	HVSA - GFS
5	Private (State as of 7/1/17)	HVSA - GFS
6	MIECHV Competitive	MIECHV
7	MIECHV Competitive	MIECHV
8	State	HVSA - GFS
9	TANF	HVSA - TANF
10	MIECHV Competitive	MIECHV
11	State (Initiative 502)	HVSA - 502
12	State (Initiative 502)	HVSA - 502
13	TANF	TANF

Funding Codes

Q: What determines which funding code we are assigned?

A: As referenced in the funding code list above, the HVSA receives multiple funding streams to implement our work. The funding source you are assigned in your contract is based on the funding source of the cohort in which you applied –e.g. when you applied for funding, that procurement had a specific funder, and that is tied to your contract for the slots you identified in that application. When you applied, you identified a specific number of slots/families to be served, a service area, and possibly other population characteristics. Those parameters were written into your contract alongside the funding source. If you applied during a second or third application process, then those specific elements were aligned with that second or third funding source and the contracts reflected that. It becomes complicated when your program has applied under multiple procurements with different parameters and different funding sources. Over time, we've been able to consolidate funding to 4 major streams: MIECHV, 502, TANF, and GFS, but the parameters you defined in your original application(s) still hold, given the HVSA requirement to award funds based on competitive processes. Each of the 4 funding sources has a matching fund code so that we are able to track services delivered and other data for each funder.

Q: Why is it so important to indicate a funding code?

A: Data cannot be retrieved from your model data system without the funding code that indicates an HVSA funding source. If data is not released to DOH, it cannot be processed to ensure deliverables are being met, which reflects poorly on performance.

Q: How do we know what funding code(s) to use?

A: Your Pre Contract Questionnaire distributed in March 2018 by DCYF identifies the number of slots funded by each funding source.

Q: How does our Cohort funding map to the 4 funding sources?

A: This table shows the original Cohorts and Funding Sources, and how they map to the new consolidated 4 sources (last column)

Q: How do we report funding source in our data system?

A: For PAT sites using VisitTracker, please see the video tutorial and guidance document. These codes in Visit Tracker will go live on 12/21/18.

A: For those sites using other systems, it is your responsibility to track funding and send that variable to DOH as part of your routine data export.

A: For NFP sites using FLO, we will provide specific model guidance when information is available.

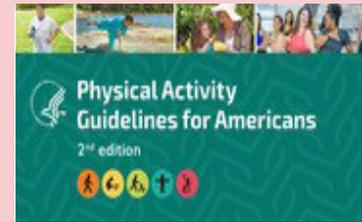
Q: What if a family switches from one funding source to another?

A: Funding codes should be changed as infrequently as possible so that data collection remains consistent throughout a client's service. The last funding source during a reporting period will be the one used for reporting purposes. If funding codes must be changed, the client funding assessment must be updated. Enter a funding "End Date" for the previous funding stream before selecting a new funding stream.

Women's Health Items of Interest

New Physical Activity Guidelines

Office of Disease Prevention and Health Promotion (ODPHP) has just released the **second edition of the Physical Activity Guidelines for Americans**. The updated Guidelines provide evidence-based recommendations to help adults and youth improve their health through increased physical activity. New aspects of the second edition include additional health benefits from physical activity and guidance for preschool children ages 3-5. To view the full report and executive



Opioid Facts for Teens

NIDA recently released Opioid Facts for Teens, a resource that provides teens with FAQs about [#opioids](#), opioid overdose, and opioid use disorder treatment options. Please share with these tools with your networks.

[Learn More](#)

Missing and Murdered Indigenous Women and Girls report provides snapshot of crisis in Urban Native communities

Analysis of data in 71 U.S. cities points to much larger problem, inaccurate data

Seattle, WA—A snapshot of data from 71 U.S. cities identified 506 cases of Missing and Murdered Indigenous Women and Girls (MMIWG). In a report released today by Urban Indian Health Institute (UIHI), a division of Seattle Indian Health Board, researchers also revealed significant challenges in collecting data on the total number of missing or murdered American Indians and Alaska Natives residing off-reservation and outside rural villages.

[Learn More](#)

Office of Adolescent Health - Think, Act, Grow New Video in Series

Adolescence and young adulthood is a time when many people begin experimenting with alcohol and/or drugs. Although this experimentation does not always lead to addiction, most adults who have a substance use disorder started using before age 18 and develop the disorder by age 20. Learn more from the video featuring Sarah Bagley, MD who draws from her experience as the Medical Director of CATALYST, an addiction treatment clinic for teens and young adults at Boston Medical Center. Dr. Bagley shares the importance of addressing substance use during adolescence and the most effective approaches to treating addiction, including opioid addiction. This video is the fourth in a series of TAG Talks created as part of the Adolescent Health: Think, Act, Grow® (TAG) call to action from the HHS Office of Adolescent Health and co-sponsored by the federal Interagency Working Group on Youth Programs. All videos in the free series are presented as a 30-minute video as well as in short segments and are accompanied by additional resources and discussion guides for professionals and family members.

[Call to Action](#)

Upcoming Women's Health Dates

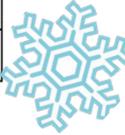
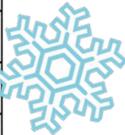
Region 10 Women's Health National Health Observances

- National Women and Girl's HIV/AIDS Awareness Day - March 10, 2019
- National Women's Health Week - May 12 - 18, 2019

Reflections from the November All-HVSA Meeting

Thank you to everyone who attended the November All-HVSA Meeting in Tukwila. During the meeting, we talked a lot about changes to the home visiting system and asked participants to think about their vision, worries, and needs during periods of change. We wanted to share back with you what we heard:

	Vision for HV in WA State:
	Expansion and support for home visiting services in rural areas
	Increased equity and accessibility of services for all families, regardless of need/risk factors
	Increased diversity, reflecting the communities and families served
	Expansion of home visiting to serve more families (capacity and home visiting options)
	Greater collaboration and coordination with other systems/providers
	Reduce barriers, such as stigma, for families to access home visiting services
	Excitement/Worries about change:
	Excitement
	Change provides an opportunity for growth, learning, creativity
	Change is hard, but easier when there is adequate support, clarity, and flexibility
	Communication and buy-in are key
	Opportunity to improve systems
	Worries
	Change can take time and attention away from serving families and maintaining fidelity
	Not understanding the 'why' or rationale
	Concerns about increased bureaucracy and data/reporting requirements
	What you need to do your work:
	Increased/continued support for supervisors
	More training, specific interests in secondary trauma and culturally responsive services
	More support around data - improved data accuracy, data systems
	Support to tell the full story of home visiting, beyond data
	Increased funding
	Stronger infrastructure and system coordination
	Greater flexibility and local control



CQI Corner



CQI and Caregiver Depression

Over the past year and a half, **11 home visiting teams** have focused on Caregiver Depression for their CQI projects. Like intimate partner violence (IPV), depression/mental health can be a complex and sensitive subject to tackle. Home visitors may not feel comfortable or equipped to discuss mental health with families, and family history and culture may impact perception and knowledge of depression.

We know that families come to home visiting services with a vast array of experiences, including trauma, extreme poverty, and personal and/or cultural beliefs about mental health. As such, depression can be a difficult topic to ever fully feel comfortable discussing. Additionally, limited availability of accessible, culturally relevant resources further highlights barriers involved in connecting families to the supports they need. Given the sensitivity and complexity of this issue, there is ample room for innovation and shared learning to improve the practice of caregiver depression screening and referral.

Suggested Book Resources on Post-Partum Depression, Mental Health, and Trauma:

- Pregnancy and Postpartum Anxiety Workbook, by Pamela S. Wiegartz
- This Isn't What I Expected, by Karen R. Kleiman and Valerie Davis Raskin M.D.
- The Body Keeps Score Brain, Mind, and Body in the Healing of Trauma, by Bessel van der Kolk M.D.
- The Age of Overwhelm, by Laura van Dernoot Lipsky
- Perinatal Support Washington [Recommended Books](#)

Examples of CQI PDSA Change Tests –

- Identify and make connections with local mental health providers/supports to facilitate warm referrals
- Create a comprehensive list of mental health referral sources in the community
- Develop flow-chart/decision-tree to support home visitors with screening and referral process
- Integrate focus on wellness and self-care as part of home visits
- Use journals to help moms/caregivers to process and reflect
- Develop resource guide of mindfulness/self-regulation strategies to share with families

Caregiver Topical Resources for CQI –

Perinatal Support Washington - <http://perinatalsupport.org/>

- Depression Screening (PHQ-9) [Training Webinar](#)
- Perinatal Support Washington [Parent Support Groups](#)
- [Creating a Wellness Plan](#) from Perinatal Support Washington
- [Brochures and handouts](#) for families
- HV CoIIN [Tools and Resources](#) for Maternal Depression

Caregiver Depression Data FY18 –

Between October 2017 and September 2018, **76.6%** of eligible primary caregivers received a depression screening on time. To be screened on time, a caregiver must complete the PHQ-9 within 3 months of enrollment if enrolled post-delivery or within 3 months of delivery if enrolled prenatally.

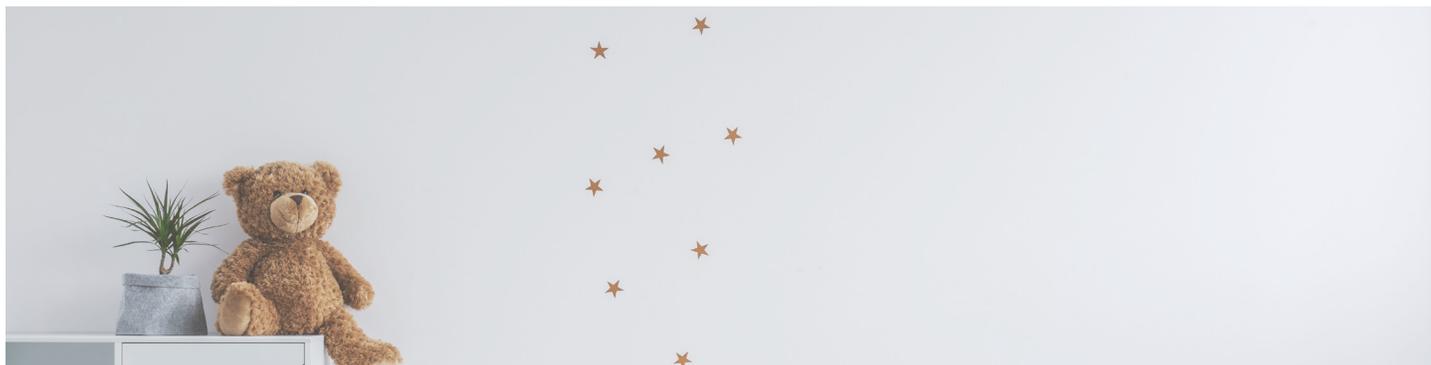
During the same time period, **40.5%** of those who screened positive were referred to and received services for depression. A depression referral is needed if a caregiver scores 10 or higher on the PHQ-9 or if they indicate having thoughts of being “better off dead” or of hurting themselves.

CQI Peer Calls: January

For the first project of SFY19 we've decided to host the CQI Peer Calls in January as you conclude Project 1. These calls will again be organized by CQI topics and will provide an opportunity to connect with peers, reflect on your project successes and learnings, and share plans/intentions for Project 2. We hope you can join us!

Peer calls will take place the week of **January 7th – 11th**, keep an eye out for calendar invitations.

The Association of State and Tribal Home Visiting Initiatives (ASTHVI)



The Association of State and Tribal Home Visiting Initiatives (ASTHVI) has released the white paper [Research for Results: The Power of Home Visiting](#), which explores what the research shows about how voluntary home visiting programs and practices are evolving and improving outcomes for vulnerable children and families.

[Research for Results: The Power of Home Visiting](#) The Association of State and Tribal Home Visiting Initiatives (ASTHVI) is pleased to share with you the newly released white paper, Research for Results: The Power of Home Visiting, which explores what the research shows about how voluntary home visiting programs and practices are evolving and improving outcomes for vulnerable children and families.

Funded by the Robert Wood Johnson Foundation and the Heising-Simons Foundation, the white paper highlights research findings from peer-reviewed studies that can help government policymakers, home visiting practitioners, and others realize the full potential of the 2010 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) legislation. This critical piece of legislation provided the first federal funding for a comprehensive state and Tribal-based system of voluntary home visiting services. These services include data collection and evaluation, research, and continuous quality improvement.

With the support of MIECHV, home visiting services and programs, developed and implemented at the local level, can help ensure that parents, babies, and young children have the tools and resources needed during this critical time of early childhood development. These supports can help parents to break the cycle of multi-generational poverty and lay a foundation for their child's future health, education and lifetime success. The white paper includes findings from 33 studies examining outcomes in the six MIECHV benchmark areas. These include maternal and newborn health; child injuries and maltreatment; school readiness and achievement; crime or domestic violence; family economic self-sufficiency and coordination and referrals. They describe evaluation results from a broad range of evidence-based models, approaches, and geographies that illustrate the power of home visiting in generating these results.

In sharing these findings and identifying models that work at the local level, we can continue to improve home visiting strategies in communities across the country and most importantly better support families of infants and toddlers during this critical time in development. We encourage you to share this paper with partners in the field. We look forward to continuing these conversations as we work together to identify and build ever-more effective approaches to scaffold the success of young children and their families.



Region X Innovation Grant

AK · ID · OR · WA

Growing Together to Support Our Home Visiting Workforce

Region X Workforce Study Webinar Series

Thank you to everyone who joined us for the first webinar in our series of webinars on the Region X Workforce Study that occurred in November. We enjoyed the opportunity to connect with some of you, and are looking forward to the next one. If you weren't able to join us that day, the materials are available on the Region X Innovation Grant page: [Region X Innovation Grant Webpage](#) (Look under the Region X Workforce Study heading along the right side of the page).

Webinar 2 Invitation and Link

We're excited to invite you to participate in the second webinar, highlighting Brief 3: Retention, Recruitment, Intent to Stay, Tuesday, January 15th, 1-2pm Pacific Standard Time. To register for the webinar, click on this link:

TUESDAY, JANUARY 15TH, 2019
1:00 -2:00 PM
PACIFIC STANDARD TIME
[REGISTER HERE](#)

As you may know, earlier this year the Butler Institute for Families conducted a survey of the home visiting workforce in Alaska, Idaho, Oregon, and Washington, focused on understanding more about the work you do. As a way of sharing these findings, we are working with the region X governance team to prepare a series of briefs and webinars focused on specific study areas, including:

- Brief 1: Demographic and Education Characteristics
- Brief 2: Job Characteristics
- Brief 3: Retention, Recruitment, Intent to Stay**
- Brief 4: Home Visitor Well Being

All Region X Workforce Study webinars are open to anyone interested in learning more about the results of the study, so please forward this invitation along to any colleagues who may be interested. Thank you again to all who participated in the study and joined us at the first webinar.

We're looking forward to sharing more with you!



Quarterly Dashboards Update

As many of you heard on the November 29th webinar, DOH has been hard at work revamping the quarterly data dashboards. Dashboards presenting your program's data for July 2018 to September 2018 are now available for download in SFT. Thanks to all who provided input on updating the Dashboards!



For NFP and PAT programs, we used data downloaded early November. Many sites appear to have cleaned up some of their data between the end of the quarter data submission deadline (10/5/18) and this later download date (11/9/18). We applaud these data updates and opted to produce the Dashboards with this latest information. However, in subsequent quarters our intent is to produce the Dashboards within 30 days of close of quarter, so please work on updating data prior to end of month submission.

Please also note that since the webinar, DOH updated the way that depression and intimate partner violence screenings are being counted on the Dashboard. These changes are reflected in a revised PowerPoint file. You can find this and other resources related to the Dashboards by following the links below:

- [Recording of Quarterly Data Dashboards Update webinar \(11/29/2018\)](#)
- [Updated webinar slides](#)
- [Frequently Asked Questions](#)

As always, the DOH team is available for questions and comments:

- [Martha Skiles](#)
- [Sherry Carlson](#)
- [Sarah Simpson](#)



Data Dashboards and Quality Assurance (QA) Reports

QUARTER 2 PROGRESS REPORT

The Quarter 2 Progress report will be due on **January 20, 2019** and is now available on our website at:

[DCYF Contracts & Budget](#)

If you have questions, please contact your program specialist.

Coming up next month

- **Innovation Grant: Updates and ways you can participate**
- **Stories in the field**
- **CQI**

Fiscal Tip: Now that the new fiscal year has started, please take a moment to review your contract section 12.8 or last month's newsletter about submitting invoices (and preparing for this year's site visit). Many of you now have a new fund source for your contract. Backup financial documentation to your A-19s must delineate these funds separately.

Enrollment Check

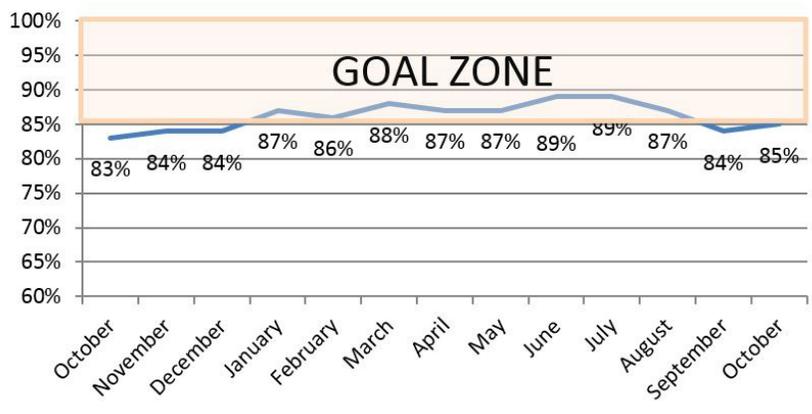
Thank you for continued focus on enrollment, both in your outreach and engagement efforts as well as CQI projects. Everyone should take a moment and reflect how far we have come in one year, from 79% all the way to 89%! Amazing!

By the Numbers

In October we had 3,177 home visits across Washington State to 1,620 families for an average of 1.96 visits per family.

Our statewide enrollment for April was 1,906 families, bumping us up to 89%! This is great work everyone!

Enrollment for Oct 2017-Oct 2018



What's Happening This Month?

DECEMBER 2018						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
						8
2	3	4	5	6	7	
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

For NFP Nov Consenting Clients to DCH
Nov Monthly Enrollment Report Due
Winter Solstice
Christmas
DCYF Closed
Nov Monthly Invoice Due

January 2019						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1  New Years Day	2 DCYF Closed ←	3	4 Unsung Hero Apps Due	5	6
7	8	9	10	11	12	13
14 Legislative Session Begins	15 Region X Workforce Webinar, 1-2 PM	16	17 Cannabis, Pregnancy & Breastfeeding Webinar	18	19	20 Dec. Monthly Report & Q2 Progress Report Due
21 Martin Luther King Jr. Day DCYF Closed	22	23	24	25	26	27
28	29	30	31 Dec Monthly Invoice Due			