2020 Home Visiting Needs Assessment Executive Summary

Introduction

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is a voluntary, evidence-based home visiting service for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program is a federally-funded program administered by the Health Resources and Services Administration (HRSA). The Department of Children, Youth & Families (DCYF) has been the recipient and lead of the MIECHV grant for Washington State since the inception of these funds. Washington State conducted the 2020 MIECHV Needs Assessment to 1) identify communities with concentrations of defined risk factors and priority population groups; 2) assess the quality and capacity of existing home visiting services in the state; 3) assess the state's capacity for providing substance abuse treatment and counseling services to pregnant women and families with young children; and 4) coordinate and, as appropriate, build on other needs assessments occurring across agencies supporting young families during the same time period, January 2019 – October 2020. The intent was to understand the needs across the state in programmatic domains where home visiting is known to have an impact.

1. Identifying communities with concentrations of risks and priority population groups

Following guidance provided by HRSA, Washington State used the modified simplified method (a z-score analysis method) to identify priority populations based on geography and race/ethnicity. Publicly-available data provided by HRSA as well as data abstracted by Department of Health (DOH) was considered for 23 indicators across six domains: socioeconomic status, maternal and child health, domestic violence and crime, child maltreatment, behavioral health, and education (See Box 1). Three analyses were conducted: 1) a county-level analysis to identify counties with concentrations of risk; 2) a school locale-level analysis to uncover pockets of needs within smaller geographic units; and 3) a race-ethnicity analysis to further identify priority populations with an equity lens. School locales represent school districts or groups of school districts that include a minimum of 20,000 residents, are similar in character, and typically occupying contiguous territory.

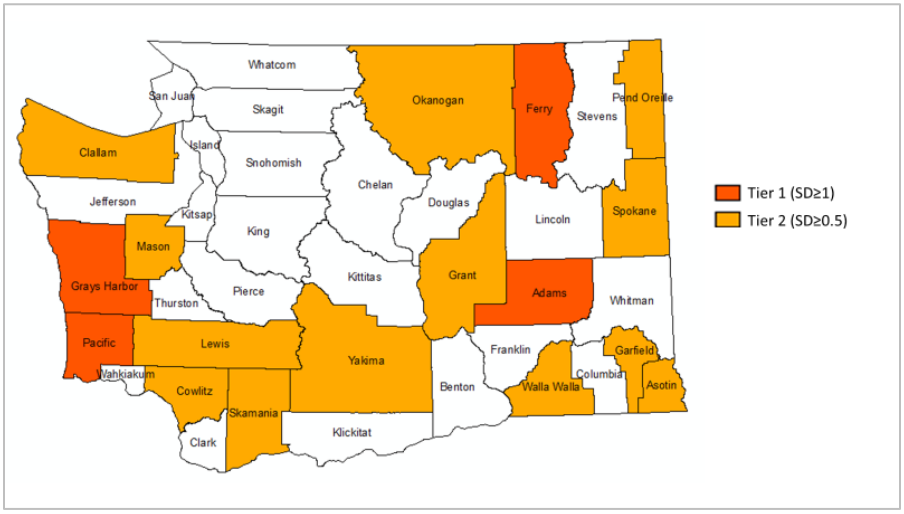
Box 1. Domains and Indicators Included for Analysis

Domains and Indicators
Socioeconomic Status (SES) – poverty, unemployment, high school dropout, income inequality, limited English-speaking household, female headed household
Maternal and Child Health (MCH) – preterm birth, low birth weight, infant mortality rate, pre-pregnancy obesity
Domestic Violence and Crime – domestic violence, crime reports, juvenile arrests
Child Maltreatment – child maltreatment
Behavioral Health – neonatal abstinence syndrome incidence, 10th grade alcohol binge drinking, 10th grade drug use including marijuana, drug overdose deaths, depression, suicide rate ages 14-54
Education – Kindergarten readiness, 3rd grade English language arts, 3rd grade math

Note. All indicators were used for county-level analysis. Data for some domains and indicators were not available for school locale-level and race-ethnicity analysis.

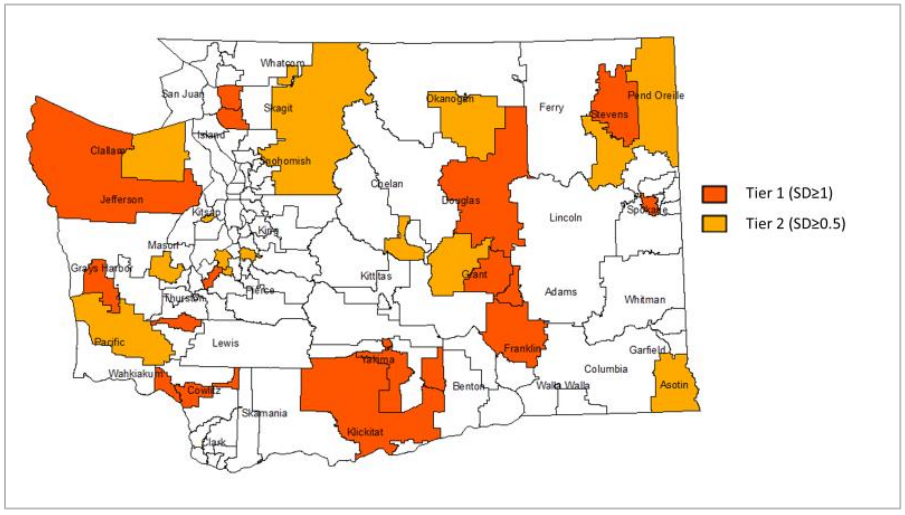
County-level analysis identified 17 counties with elevated risk (Figure 1) while school locale-level analysis identified 30 school locales of the total 118 school locales in Washington (Figure 2), together representing 30 counties. One county (Benton) with known elevated risk was added, bringing the total at-risk counties to 31 of the 39 counties in Washington (For more details on this added county, refer to the full Need Assessment. Race-ethnicity analysis identified four race-ethnicity groups as the priority groups for Washington: non-Hispanic American Indian/Alaskan Native, Hispanic, non-Hispanic Black, and non-Hispanic Pacific Islander (Table 2. For more details, refer to Race-Ethnicity Brief.

Figure 1. County-Level Analysis Results (17 At-Risk Counties)



Note. County-level analysis identified 17 counties (of 39 counties) as at risk. A tiered approach in which very high threshold (Tier 1, SD=1) and high threshold (Tier 2, SD=0.5) for z-scores were used to identify at-risk counties.

Figure 2. School-Locale Analysis Results (30 At-Risk Locales)



Note. School locale-level analysis identified 30 school locales (of 118 school locales) as at risk. A tiered approach in which very high threshold (Tier 1, SD=1) and high threshold (Tier 2, SD=0.5) for z-scores were used to identify at-risk locales.

Table 1. List of Counties with Concentrations of Risks

	County Tier 1: Domains SD≥1	**County Tier 2: Domains SD≥0.5**	**School Locale Tier 1: Domains SD≥1**	**School Locale Tier 2: Domains SD≥0.5**
At-risk counties	Adams, Ferry, Grays Harbor, Pacific	Adams, Asotin, Clallam, Cowlitz, Ferry, Garfield, Grant, Grays Harbor, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Skamania, Spokane, Walla Walla, Yakima	Adams, Clallam, Cowlitz, Douglas, Franklin, Grant, Grays Harbor, Jefferson, Klickitat, Lewis, Okanogan, Pierce, Skagit, Spokane, Stevens, Yakima	Adams, Asotin, Benton*, Chelan, Clallam, Cowlitz, Douglas, Franklin, Grant, Grays Harbor, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Whatcom, Yakima
Number of Counties	4 Counties	17 Counties	16 Counties	27 Counties*

Note. A total of 31 counties were identified as counties with concentrations of risks.
*Benton County was added due to elevated risk.

Table 2. Race-Ethnicity Analysis Results Summary: Priority Status

	SES	**MCH**	**Behavioral Health**	**Education**
NH-AIAN	Very High	Very High	Very High	High
NH-Black	High	Very High	Average	High
NH-Pacific Islander	Average	Very High	Average	High
Hispanic	High	Average	Average	High
NH-Asian	Average	Average	Average	Average
NH-White	Average	Average	Average	Average
NH-Multi-Race	Average	Average	Average	Average

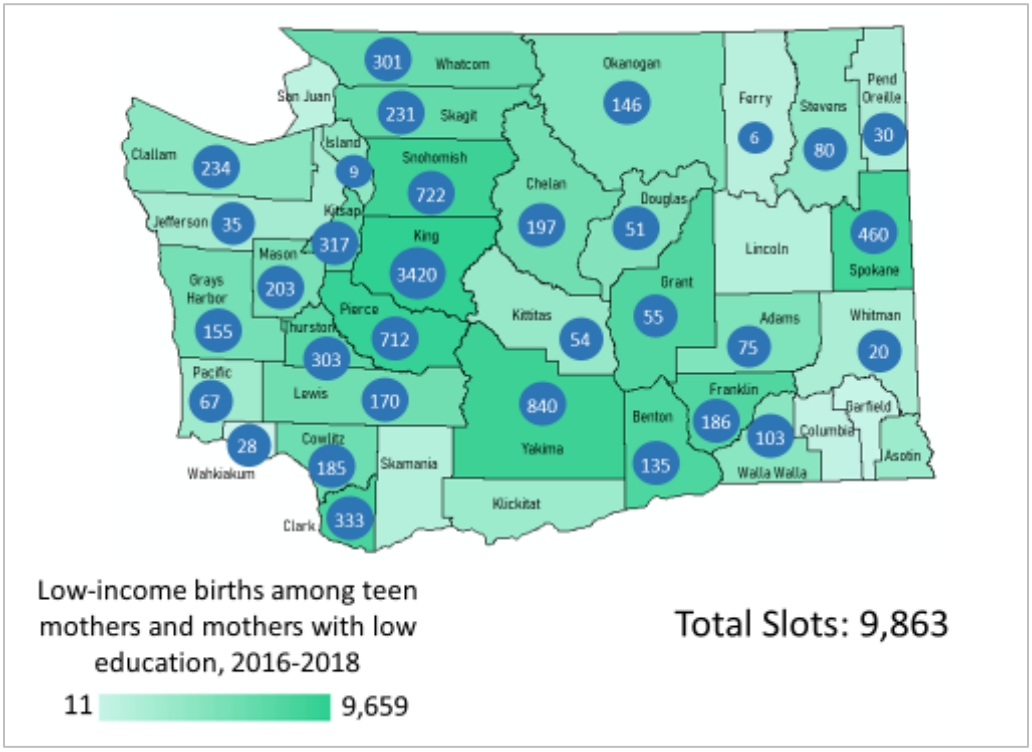
Note. Within each domain, a group was deemed high priority if at least half of the indicators within a domain were identified as High or Very High. If a population group was high priority in at least two domains, then they were counted as final priority population for Washington State.

Abbreviations: SD=standard deviation; NH=non-Hispanic; AIAN=American Indian/Alaska Native; SES=socioeconomic status; MCH=maternal and child health.

2. Assessing the quality and capacity of existing home visiting services

This needs assessment measured the capability of existing home visiting programs to meet the needs identified. This included an accounting of the current capacity to serve families and an assessment of the quality of those services. The 2019 Washington Home Visiting Scan identified ten models, funding 9,863 family slots across 32 counties. In the 31 at-risk counties identified, 9,419 family slots are funded for home visiting services in 27 counties (Figure 3). Washington considered data provided by HRSA on estimated need of eligible families in the 31 at-risk counties (32,333 families) as well as an alternate estimated need of eligible families identified by Washington State (44,329 families). Washington's estimated need was represented by low-income births (Medicaid or Women, Infants, and Children Program [WIC] births from 2016-2018 as identified in Birth Certificate data) among teen mothers and mothers with low education. It is estimated that only 21% of the need identified by Washington and 29% of the need estimated by HRSA are met in 31 at-risk counties. Washington understands that the estimated need of home visiting services is not synonymous with the number of families who may choose to participate in home visiting, drawing a distinction between need estimates and potential for service expansion.

Figure 1. Home Visiting Slots by County and Need



Note. Counties that do not have slots listed may still be receiving services by some of the programs listed under additional services in the Home Visiting Scan that could not provide a slot by county breakout of their services at this time.

In addition to the overwhelming unmet need, gaps in staffing and community resources have been identified. High home visitor attrition, low pay, and an aging workforce have been identified as major gaps in the Region X Workforce Study. There are limited culturally appropriate community resources to address the socioeconomic and behavioral health needs of families, especially for immigrants and people experiencing homelessness. These issues and gaps while evident long-before the COVID-19 pandemic, have intensified with

the pandemic leaving home visitors with an insufficient supply of appropriate referrals to respond to increasing family needs in these areas.

Despite this overwhelming unmet need and gaps in services, Washington has seen some successes with thoughtful, participatory expansion of services over the past few years including increased state funds over the last four years. The private-public partnership with Start Early Washington (formerly OUNCE Washington) has been an important strategy in leading communities through structured community planning processes to assess readiness and fit for starting up new home visiting programs. Washington's portfolio model approach reflects our commitment to offering services that match the different needs across diverse communities. Supporting community exploration and matching communities with relevant models is one of the key strengths of Washington's program.

3. Assessing the state's capacity for providing substance abuse treatment and counseling services to pregnant women and families with young children

Washington assessed the current needs and services to address families' needs for substance use disorder. While the needs for substance use treatment and counseling services increased during the past decade, this is not being met by an increase in access or availability in treatment in all locales, especially the appropriate care options for pregnant women and families with young children. Barriers to receipt of treatment and counseling services include fear of stigma, fear of losing their children, childcare, transportation, and housing. Inter-agency work is underway to expand access to treatment and counseling services for pregnant and parenting women, improve identification of cases, and strengthen connections between welfare, providers, and public health.

4. Coordinating with complementary Washington Needs Assessments

Finally, we coordinated with other statewide needs assessments occurring during the same time period, January 2019 – October 2020, including the Title V Maternal and Child Health Block Grant Needs Assessment, the Preschool Development Grant (PDG) Needs Assessment, the Child Abuse Prevention and Treatment Act (CAPTA) Needs Assessment, and the Head Start Needs Assessment. A few themes resonated across these assessments, including but not limited to the challenges of poverty and inability to meet basic family needs such as housing, food, childcare, and transportation; inequitable access to services and resources across the state and an overall lack of adequate resources; the breadth of health needs from maternity care to mental health and substance use disorder; and the value of prioritizing racial, cultural and economic equity in the services provided to reach all peoples with the services that meet their needs.

5. Conclusion

The 2020 MIECHV needs assessment has provided an opportunity for the Washington HVSA to critically examine the changing needs of our communities, through both a geographic and an equity lens. Moreover, through partnerships across multiple state agencies and community stakeholders, the process of sharing and triangulating our findings with other needs assessments and community experiences to deepen our understanding of the data and the context that gives us insights into families' experiences in Washington has begun. Looking at the collective themes, we find challenges of poverty and inability to meet basic family needs, inequitable access to services and resources across the state and an overall lack of adequate resources.

Although most data were collected before the COVID-19 pandemic began, available evidence suggests that the COVID-19 pandemic only deepened the racial-ethnic and geographic disparities and inequities in socioeconomic status, health and wellbeing, and access to services and resources. These barriers faced by families can, in part, be mitigated by support from home visitors. The next step in this process for Washington is to use this information to shape ongoing and expanding support for home visiting and other early childhood intervention efforts.