



# REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

December 2020



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

**CONTENTS**

Executive Summary..... 1

Introduction ..... 1

    FFPSA and Washington’s State’s Prevention Plan ..... 1

Kinship Navigator Program ..... 2

    Introduction to the Kinship Navigator Program..... 2

    Kinship Navigator Program Evaluation ..... 3

    Challenges and contingencies for meeting evaluation requirements ..... 5

Home Visiting ..... 6

    Introduction to Home Visiting..... 6

    Home Visiting Programs & Service Population ..... 7

    Selection of Home Visiting Programs for Washington’s Prevention Plan..... 9

    Assessment of Scale of Potential Title IV-E Reimbursement ..... 10

    Assessment of Feasibility and Workload Impact of Claiming Title IV-E Reimbursement..... 12

Conclusion..... 15

    Kinship Navigator Program ..... 15

    Home Visiting Program ..... 15

## Executive Summary

In 2018, House Bill 1109 required that the Department of Children, Youth, and Families (DCYF)... “Report to the governor and appropriate legislative committees on the feasibility of claiming federal title IV-E reimbursement in fiscal year 2021 for home visiting services and kinship navigator services. The report shall include the estimated share of the current population receiving home visiting services whom the department would consider candidates for foster care for the purposes of title IV-E reimbursement under the family first prevention services act, and the estimated workload impacts for the department to identify and document the candidacy of populations receiving home visiting services.”

The results of the work undertaken to meet this mandate are found in the following report. Unfortunately, they are not as encouraging as perhaps the legislature would have hoped. In regards to Washington State’s Kinship Navigator program, DCYF determined that the program would not be able to utilize Title IV-E matching funds by fiscal year 2021 and that the earliest timeframe for the program to meet necessary standards for these funds would be fall of 2023. As for the suite of Home Visiting programs that DCYF administers, there is a promising opportunity to begin claiming Title IV-E reimbursement for three Home Visiting models, since services were approved by the Administration for Children and Families in the Washington State Family First Prevention Services Act (FFPSA) Prevention Plan in October 2020.

Of the three home visiting models included in Washington’s Prevention Plan, home visiting programs report approximately 10% of the population enrolled in State Fiscal Year (SFY) 19 may have some involvement in the child welfare system and therefore may be included in one or more of the candidacy groups included in Washington’s FFPSA Prevention Plan. Importantly, while there may be eligible programs for claiming Title IV-E funds, there are a number of complex operational structures and systems at DCYF and with our Home Visiting partners that need to be modified or established in order to meet the federal requirements set forth by FFPSA for claiming and linked to Child Welfare administered systems.

*Please note this report was originally drafted in late 2019 and there has progress in the FFPSA implementation planning and plan approval. While some aspects of the report have been updated, the report may not reflect fully status of FFPSA implementation in Washington.*

## Introduction

### FFPSA and Washington’s State’s Prevention Plan

Passed in 2018, FFPSA amended the Social Security Act, creating new requirements and opportunities for states and Tribes to spend Title IV-E funds. Up until this time, Title IV-E funds were only available to states after a child had been placed in out-of-home care. FFPSA created opportunities for states and Tribes to use Title IV-E matching funds for qualifying services aimed at prevention with approved candidacy groups, with an approved state Prevention Plan. Candidacy groups may benefit from additional supports such as kinship caregivers and home visiting services.

The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent

foster care placements. Guidance from the ACF instructs states to develop their Prevention Plan to articulate how they intend to spend FFPSA funds for time-limited (one-year) prevention services for mental health/substance abuse and in-home parent and skill-based programs for a child who is a candidate for foster care, pregnant/parenting foster youth and the parents/kin caregivers of those children and youth. Guidance articulates the state Title IV-E agencies may claim reimbursement for qualifying services that have been rated and approved by the Title IV-E Prevention Services Clearinghouse and are identified in the state's Title IV-E prevention plan. As of December 17, the FFPSA Clearinghouse has reviewed 19 different programs in the in-home services and kinship navigator services, 47 different programs have been reviewed across all categories (in-home services, kinship navigator, mental health and substance abuse). Of those reviewed across the in-home services and kinship navigator programs, 8 were deemed supported or well-supported.

Within the initial programs, three programs are ones that are currently implemented within Washington State and funded through the DCYF administered Home Visiting Services Account as voluntary home visiting programs. Both Parents as Teachers (PAT) and Nurse-Family Partnership (NFP) were reviewed and approved by the **FFPSA Clearinghouse** as well-supported programs. Child Parent Psychotherapy (CPP) was reviewed and approved as a promising program as a mental health service, not an in-home service. It should be noted that Family Spirit is listed as a program that will undergo review in the next round of program reviews.

In addition to the formal guidance from ACF, DCYF has sought stakeholder feedback to guide development of Washington's Prevention Plan. Both rounds of **engagement** with stakeholders, partners, and tribes included in-person and virtual participation opportunities. DCYF sought input from various stakeholders, partners, and tribes, including home visiting service providers. Considering both the formal guidance, stakeholder feedback, embedded expertise and resources provided through a learning collaborative facilitate by Casey Family Programs, DCYF Submitted its initial state FFPSA Prevention Plan in December 2019, and the Plan was approved in October 2020.

The following report addresses the two, separate programs administered by DCYF and its partners in Washington: the Kinship Navigator Program and the voluntary Home Visiting programs. As these programs are operated separately and funded from different sources, they will be examined separately in this report. The ability of one to claim Title IV-E reimbursement does not, in general, have a bearing on the other.

## **Kinship Navigator Program**

### **Introduction to the Kinship Navigator Program**

Begun in 2005, Washington's Kinship Navigator (KN) program is managed by the Department of Social and Health Services Aging and Long Term Support Administration (AL TSA). The program currently serves 30 of 39 counties and 7 tribes and supports kinship navigators in connecting relatives and unrelated kin raising children with federal, state and community resources. Kinship navigators provide information and referral services that address specific needs and support greater stability, self-sufficiency, and permanency for children. The KN program connects to a legislatively-mandated committee, the Kinship Care Oversight Committee (KCOC).

KCOC links state agencies that serve kin with local groups and agencies that assist the same population, promoting coordination and seamless services for families. These collaborative working relationships enhance service delivery for kinship care families. It is important to note that Washington's Kinship Navigator program currently operates with limited funding.

## Kinship Navigator Program Evaluation

In order to access Title IV-E funds, programs must meet the minimum evidence-based standards defined by the Title IV-E Prevention Services Clearinghouse. Currently, there are no Kinship Navigator programs that meet the required evidence-based standards implemented by the Clearinghouse. In May 2018, the United States Department of Health and Human Services Administration on Children, Youth and Families (ACYF) issued program instructions<sup>1</sup> announcing a new opportunity for states to apply for a federal grant to enhance, evaluate and develop KN programs that meet evidence-based standards required to draw down Title IV-E, 50% matching funds. These requirements include:

- Evaluation design types.
  - Quasi-experimental designs
  - Randomized controlled trials
- Two, non-overlapping samples.
- A six to 12-month observation period following the end of service.
- Sustained favorable effects on at least one target outcome for six to 12 months. Outcomes include child safety, permanency or well-being. Other outcomes include adult well-being and satisfaction with services and programs.
- Studies must include a manual that specifies the components of the practice protocol and how to administer the practice.
- Publication in two peer-reviewed journals or other publicly available literature.

It is important to note that in the development of evidence-based practices of the kind being supported by FFPSA Prevention funds, scientific standards point to the need for a program to have a standard manual, fidelity indicators (key program characteristics and processes that are believed to contribute to the outcomes) and data management tools sufficient to monitor fidelity and conduct continuous improvement. Only after sufficient formative and process evaluations have been completed to ensure that the practice is feasible and that it can be implemented with fidelity should researchers move to pilot studies and confirmatory and replication trials. Evaluating outcomes prior to knowing the extent to which the program is being implemented with fidelity, runs the risk of not being able to attribute the outcome findings to the program itself. Generally, the rigorous development of evidence-based practices through this kind of evidence building process takes many years and substantial resources for research and implementation.

While Washington State's Kinship Navigator program underwent an initial formative and an extended evaluation by the TriWest Group in 2005, the program has not maintained fidelity nor has it consistently

---

<sup>1</sup> Program Instruction 18-05 entitled, "Fiscal Year 2018 Funding Available for Developing, Enhancing or Evaluating Kinship Navigator Programs," is available here.

**REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES**

collected the data elements needed to support evaluation and system improvement. Likewise, the program is not implemented the same way in all sites. It is not standard practice with measurable fidelity; thus, Washington State’s Kinship Navigator program presents challenges to evaluate.

Because the program is administered by an agency other than the state’s Title IV-E child welfare system, a partnership was needed between DCYF and ALTSA, which administers and oversees Washington state’s KN program. DCYF and ALTSA submitted the federal grant application in July 2018. In September 2018, the first federal ACF grant was awarded to Washington State and the University of Washington’s Partners for Our Children (POC) was hired to complete the program evaluation. A second year of funding was awarded in September of 2019. ALTSA, DCYF and UW-POC have worked in collaboration to enhance program fidelity, support the existing KN program and strengthen the infrastructure that supports kinship services across DCYF and ALTSA.

The table below identifies the evaluation timeframe in order to meet the “well supported” standard published by the Title IV-E Prevention Services Clearinghouse. Without any challenges or unforeseen roadblocks, the earliest the program could submit the required evaluation reports and elements to ACF and the Title IV-E Prevention Services Clearinghouse is November 2022 (based on current evaluation timeframes). Following this submission, the KN program would need to wait for review and rating by the Prevention Services Clearinghouse. The service would then need to be added to Washington State’s prevention plan and would require approval by ACF. Since only three states Title IV-E Prevention Plans have been approved by the federal ACF, as of this writing DCYF has no way to estimate how long the review and approval of a state plan, or amendment, might take. If we assume a 6-month approval turnaround, we may calculate that if program results are ready for submission to the Clearinghouse in the spring of 2023, that reimbursement may begin in the fall of 2023, provided the evidence meets the standard for an evidence-based practice.

	<b>Timeframes to Meet Well-Supported Standards</b>	
<b>Deliverable</b>	<b>Start Dates</b>	<b>End Dates</b>
Data collection	November 1, 2019	October 31, 2020
Program Observation	November 1, 2020	October 31, 2021
Data must be sent from ALTSA to DCYF for matching	November 1, 2021	December 31, 2021
Evaluation team must analyze and develop reports	January 1, 2022	March 31, 2022

**REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES**

DCYF reviews and approves data analyses and reports	April 1, 2022	April 30, 2022
Reports and findings must be published in a peer-reviewed journal (2—report to the Feds can count as one article)	May 1, 2022	6 months to one year from submission
Materials are submitted to the Title IV-E Prevention Services Clearinghouse	November 1, 2022	Waiting period is yet to be defined
Kinship Navigator Program is added to Washington State’s prevention plan which is submitted to the ACF for approval	Dependent on Clearinghouse timelines	

**Challenges and contingencies for meeting evaluation requirements**

While the UW evaluation team remains hopeful that the program will meet evaluation requirements needed to establish a supported or well-supported evidence base, there are contingencies that may impact the evaluation. These include:

- Data sample size
  - In order to receive a well-supported rating from the Prevention Services Clearinghouse, the evaluation must include a sample size of 100 in both the intervention and control groups. Due to the limited resources of the KN pilot sites participating in the evaluation, the KN sites may not be able to provide samples of this size.
- Peer-reviewed journal publishing timeframes
  - Evaluation requirements include that evaluation findings are reported in at least two peer-reviewed journals or publications. While the evaluation may use its report to the ACF as one of the reports, the other article must be published in a journal. The most efficient journals publish six months after article acceptance; however, most take a year. And “acceptance” is usually achieved following a months-long period of submission, review, revision and resubmission.
- Model fidelity

- The current KN program encounters two challenges in this area—site-to-site variation and data collection.
  - Once the federal Title IV-E Prevention Services Clearinghouse determines that Washington’s Kinship Navigator program meets the evidence-based requirements, the sites delivering the service would need to maintain the essential program and service delivery elements and adhere to model fidelity in order to claim Title IV-E matching funds. This is the same requirement that all evidence-based practices implemented with the new Title IV-E Prevention funds under an approved state prevention plan must meet. Currently, there is substantial practice and policy variation across the KN sites in Washington and minimal resources to support fidelity monitoring.
  - Data collection—Approved programs supported by the new Title IV-E Prevention funds must collect child and family level data in order to report outcomes to the ACF. Kinship navigators in Washington use the GetCare data system to record and document services; however, data points and methods vary across the KN sites.
- Timeliness of program reviews
  - FFPSA created a new Title IV-E Prevention Services Clearinghouse to conduct the required evidentiary review and determine if evidence-based programs meet the evidentiary requirements set forth in the federal legislation. All evidence-based programs must be rated by the Clearinghouse in order to be eligible for IV-E reimbursement. Over the last year, the Clearinghouse formed and published a Handbook of Standards and Procedures and programs have begun submitting materials for review. The Clearinghouse’s reviews may take longer than anticipated due to the volume of programs and services requesting review.

## Home Visiting

### Introduction to Home Visiting

Early childhood home visiting is recognized as an effective strategy for improving maternal and child health and development, especially among vulnerable populations. Benefits found in research and evaluation studies over the past several decades include a reduced need for child welfare services, reduced child abuse and neglect, healthier births, better readiness for school, reduced involvement in criminal activity, reduced domestic violence, improved family self-sufficiency and improved coordination and referral for other community services.<sup>2</sup> The state's home visiting system, with its diverse funding, variety of home visiting programs and broad geographic range, is designed to meet the needs of a wide range of populations and communities. The diverse funding currently supports approximately 7,500 slots statewide, a subset of which

---

<sup>2</sup> Examples of this research can be found <https://homvee.acf.hhs.gov/>, and [http://asthvi.org/wp-content/uploads/2018/12/Power\\_Of\\_Home\\_Visiting\\_final.pdf](http://asthvi.org/wp-content/uploads/2018/12/Power_Of_Home_Visiting_final.pdf)



DCYF funds through the Home Visiting Services Account (**RCW 43.216.130**) - 2,558 in 25 counties. Family slots define the capacity of each home visiting program, for example, if a program has 50 funded slots, they may serve up to 50 families at one time. The total number of slots across the state has been incrementally growing over the past decade with increasing support from federal, state and local public and private funders, including increasing investments in the Home Visiting Services Account (HVSA). In March 2019, DCYF submitted to the legislature a report as directed by HB2779 entitled “**Opportunities and considerations for expanding home visiting services in Washington state.**” That report details at length the current state and opportunities for expanding the home visiting system. For the purposes of this report, the directive of ESHB 1109, included three primary components related to home visiting services:

- Feasibility of claiming federal title IV-E reimbursement in fiscal year 2021 for home visiting services.
- Estimated share of the current population receiving home visiting services whom the department would consider candidates for foster care for the purposes of title IV-E reimbursement under the Family First Prevention Services Act (FFPSA).
- Estimate workload impacts for the department to identify and document the candidacy of populations receiving home visiting services.

To respond to these requirements, team members leading the home visiting work have engaged in the FFPSA Prevention Plan development, conducting a survey to gather information from home visiting services providers currently and not currently contracting with DCYF and exploring workload and implementation implications with partners across DCYF divisions.

## Home Visiting Programs & Service Population

There are nine home visiting models supported by HVSA funds, with additional models in use in Washington (non-HVSA funded).<sup>3</sup> Additionally, DSHS, DOH and HCA also have programs offering short-term or specialized home-based services related to but not considered to be, home visiting services for the purpose of this report. These offer a range of options for different community and family needs, including variations in outcomes, population focus, duration and frequency of services and training requirements for the home visitor. The majority (more than half) of all home visiting services in Washington State are delivered through one of four models. Of home visiting programs funded by DCYF, Nurse-Family Partnership (NFP) and Parents as Teachers (PAT) comprise 85% of slots funded through the HVSA. Both NFP and PAT have been reviewed by the Title IV-E Clearinghouse, which rated both as “well supported”. DCYF included both NFP and PAT in its recently-approved FFPSA Prevention Plan on its list of evidence-based practices as well as Child Parent Psychotherapy as a promising model.

- **Early Head Start – Home-Based Services (EHS)** is a home-based model that focuses on children's physical, social, emotional and intellectual development; prioritizes low-income pregnant women and children up to age three years and is delivered by trained home visitors.
- **Nurse-Family Partnership (NFP)** focuses on pregnancy outcomes, child health and development and economic self-sufficiency, prioritizes women with low incomes who are pregnant with their

---

<sup>3</sup> Please note the terms “home visiting program” and “home visiting model” are used interchangeably throughout this report.

first child and requires that the home visitor be a nurse, with a preference for nurses with a Bachelor of Science in Nursing.

- **Parent-Child Plus** (previously known as the Parent-Child Home Program) focuses on parent-child interaction and early literacy prioritizes at-risk parents and children between two and four years old and is delivered by trained home visitors, with a focus on matching the home visitor to the family's culture.
- **Parents as Teachers (PAT)** focuses on parenting skills and school readiness, early detection of health issues and prevention of child abuse and neglect; prioritizes families with children between prenatal and kindergarten and is delivered by parent educators.

Other models funded by the HVSA are Child-Parent Psychotherapy (CPP) and Steps Toward Effective, Enjoyable Parenting (STEEP), both of which focus on the parent-child relationship and several community-designed models and services, including Family Spirit, a culturally-tailored model developed with tribal communities and the Outreach Doula Program, which links trained doulas with families of the same community, bridging language and cultural barriers.

Other models in use in Washington State including one just funded by the HVSA, include Early Steps to School Success (ESSS), which focuses on school readiness and Cherish (not funded by the HVSA), which promotes the social-emotional well-being of children in out-of-home care. There are other non-HVSA specialized services that can be provided in-home to this population as well, including the Parent-Child Assistance Program (PCAP) which is targeted to substance-using pregnant or parenting women and the First Steps Maternity Supports Program funded through Medicaid Targeted Case Management. These programs are important supports for families in communities but are not considered further in this report for feasibility of claiming Title IV-E reimbursement.

During State fiscal year (SFY) 2019, with four different public revenue sources braided into the HVSA, DCYF contracted with 40 local implementation agencies (LIAs) for 2,408 slots. During SFY19, these LIAs served 2,787 families with 2,774 children. Approximately 40% of these families were newly enrolled during that time and of those newly enrolled, approximately 70% of the families enrolled prenatally. The number of families and children served increased in state fiscal year 2018 when 2,609 families and 2,486 children received services through the 2,154 HVSA-funded slots. Since "slot" refers to the capacity to serve a single household for a home visiting model's full duration, a single slot may serve multiple families over the course of a year, if one family's retention in a program is short and another family is enrolled to use that "slot."

DCYF specifies in contracts with HVSA funded LIAs that recruitment and enrollment should be focused on families ("Priority Populations") with at least two demographic, adverse experiences or other characteristics as obligated through legislative or funding requirements. One of the Priority Population characteristics is "prior child welfare involvement." Additionally, home visiting has persistently been elevated as a strategy to serve "at-risk families" prenatally through kindergarten entry but with a focus on families prenatal to age three, as identified in the **Early Learning Plan** and further in Birth to Three policy recommendations to the legislature in 2012 from the Department of Early Learning (now the Department of Children, Youth, and Families).

REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES

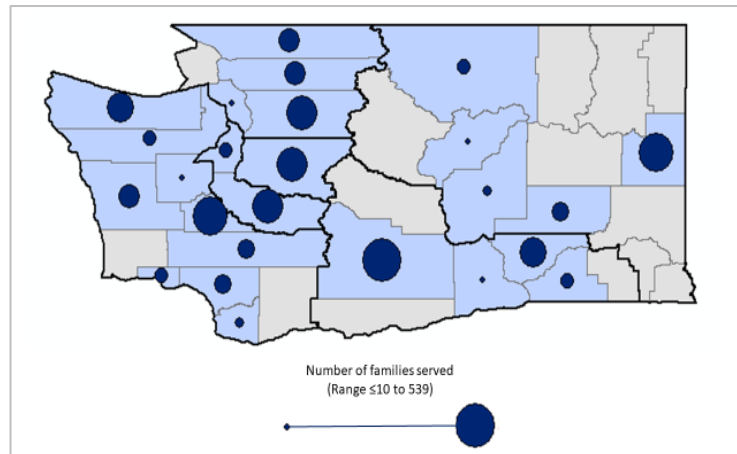


Figure 1. Number of families served by HVSA programs in SYF19, by county of residence  
(Note: County of residence based on family zip code or LIA location, if zip code unavailable)

As described above, each of the home visiting models has been designed with different approaches, content and outcomes for working with families. For programs funded by DCYF, LIAs are required to adhere to robust data collection, quality assurance and quality improvement. In addition to the home visiting model required data collection, DCYF has aligned **data collection** requirements across all 8 models including common data collection on demographics, service utilization and service quality.

### Selection of Home Visiting Programs for Washington’s Prevention Plan

Based on the formal guidance, stakeholder input and implementation planning work for Washington’s Prevention Plan, 11 evidence-based programs have been proposed for inclusion in the initial five-year prevention plan (see table 1). DCYF intends to amend the initial five-year prevention plan in SFY21 as more programs are reviewed by the FFPSA Clearinghouse or through DCYF-initiated review compliant with ACF Program Instruction guiding the Transitional Payments for the Title IV-E Prevention and Family Services and Programs (ACYF-CB-PI-19-06).

Table 1. Washington State Evidence-Based Family Services.

	Practice	Type of Service	Title IV-E Clearinghouse Rating
1	Child-Parent Psychotherapy	Parent skill based	Under review
2	Homebuilders	Parent skill based	Under review
3	Incredible Years	Parent skill based	Under review
4	Functional Family Therapy (FFT)	Mental health	Well-supported
5	Motivational Interviewing	Substance abuse	Well-supported
6	Multi-Systemic Therapy (MST)	Mental health and substance abuse	Well-supported

REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES

	Practice	Type of Service	Title IV-E Clearinghouse Rating
7	Nurse-Family Partnership (NFP)	Parent skill based	Well-supported
8	Parents as Teachers (PAT)	Parent skill based	Well-supported
9	SafeCare	Parent skill based	Under review
10	Triple P	Parent skill based	Under review

Three models currently funded by DCYF, through the Home Visiting Services Account for voluntary home visiting within the Family Support Division, are included in Washington’s **FFPSA Prevention Plan**. Other home visiting models will be considered for inclusion in future amendments to the Prevention Plan.

### Assessment of Scale of Potential Title IV-E Reimbursement

To further assess the feasibility of claiming Title IV-E Reimbursement in SYF2021 and estimate the share of the current population receiving home visiting services whom the department would consider candidates for foster care for the purposes of Title IV-E Reimbursement under FFPSA, DCYF conducted a survey of home visiting services providers to collect information on the degree to which programs are already engaging families within the DCYF defined “candidate” populations. In the approved FFPSA Prevention plan, **candidate** populations eligible for Title IV-E claiming are identified as follows:

- Families in Family Assessment Response (FAR).
- Families in CPS Investigation.
- Families in CPS Family Voluntary Services.
- Children/families on trial return home following placement.
- Adoptions experiencing challenges.
- Pregnant/Parenting Foster and JR Youth.
- Substance Using Pregnant Women.
- Youth referred for Family Reconciliation Services.
- Youth/families Juvenile Rehabilitation discharge under age 18.

DCYF primarily targeted the survey to LIAs funded through DCYF but also engaged some non-DCYF funded programs to participate in the survey as well. The survey is included in the report as Attachment A for reference. The survey was issued online on September 4 and closed September 20 and was pilot tested by two home visiting providers prior to release. The survey resulted in 38 responses from 35 different organizations, representing seven different home visiting models. Of these, 30 organizations are funded through the HVSA and eight are funded with other sources of funds. One organization that implements two different home visiting models in several locations throughout the state provided unique responses based on model and site. Table 2 provides the raw results from the survey.

Survey responses represent 75% of DCYF funded programs and more than 50% of the overall estimated slots available in Washington. Of the three home visiting models in the Prevention Plan, 10.6% of the population

REPORT TO THE LEGISLATURE ON THE FEASIBILITY OF CLAIMING TITLE IV-E REIMBURSEMENT FOR HOME VISITING AND KINSHIP NAVIGATOR SERVICES

enrolled in SFY19 reported involvement in child welfare. Of the four not included in the Prevention Plan at this time, approximately 4.5% of the population enrolled in SFY19 reported involvement in child welfare. Parents as Teachers and Child Parent Psychotherapy reported the highest percentages of enrollees with any child welfare involved. Nurse-Family Partnership reported the highest number of enrollees in the Pregnant/Parenting Foster Youth candidacy population. While home visiting programs are serving families involved with child welfare, it is a relatively small portion of the total enrollee population and even smaller when looking specifically at the candidacy populations.

**Table 2:** Results from DCYF Survey to Home Visiting Providers, September 2019

<b>MODEL (# Respondents)</b>	<b>SFY19 Families Served</b> Please include total enrollment (HVSA + non HVSA)	<b>SFY19 Newly Enrolled</b> Please include total New Enrollment = HVSA + non-HVSA	<b>Any CW involvement</b> -Any involvement in child welfare	<b>CW Involved Candidacy Population</b> -How many families with involvement were screened- in?	<b>Candidacy Substance Using Pregnant Women</b> -How many prenatally enrolled women were using substances during pregnancy?	<b>Pregnancy or Parenting Foster Youth</b> -Number of youth involved in child welfare or foster care who were pregnant or parenting while enrolled in program?
NFP (10)	2304	926	175	131	159	78
PAT (15)	1024	459	151	75	49	15
Child Parent Psychotherapy (1)	132	68	41	0	0	0
<b>Subtotal of FFPSA Eligible Models</b>	<b>3460</b>	<b>1453</b>	<b>367</b>	<b>206</b>	<b>208</b>	<b>93</b>
ParentChild+ (7)	542	259	9	22	*	5
Early Head Start Home- Based (2)	487	266	39	*	0	6
Outreach Doula (2)	129	72	6	0	0	*
STEEP (1)	56	17	*	*	0	0
<b>Total (38)</b>	<b>4674</b>	<b>2067</b>	<b>420</b>	<b>228</b>	<b>208</b>	<b>104</b>
<b>Note:</b> When there was a cell size less than 5, it is masked with an *						

Programs reported limitations on the information they could report for a variety of reasons. As such, it is assumed the information provided may underrepresent slightly the degree to which home visiting programs are already serving the candidacy populations. Some of the stated limitations include no method of asking or documenting this information unless explicitly shared by a parent or caregiver. Some programs reported families with child welfare involvement but were not able to identify a candidacy group. While during the SFY19, approximately 10% of the service population may have met the candidacy group – there is a possibility of increasing the number of families within the candidacy groups that access Parents as Teachers, Nurse-Family Partnerships and Child Parent Psychotherapy.

## Assessment of Feasibility and Workload Impact of Claiming Title IV-E Reimbursement

In addition to assessing the estimated portion of current populations enrolled in home visiting services, DCYF has begun to assess the feasibility and workload impact of claiming Title IV-E Reimbursement for home visiting services. For the assessment of feasibility, DCYF has outlined the following aspects associated with implementation that must be considered and addressed to ensure integration of these services within the Prevention Plan.

- **Budget and Payment Structures:** Currently, HVSA funded LIAs are reimbursed for the services they provide for families through a cost reimbursement model. This approach maintains integrity of a braided funding model, as required by the MIECHV program and recognizes variations in cost based on the organizational type, home visiting model and geography. This payment model does not align with the current approach of the Combined In-Home parent skills development programs funded through child welfare for child welfare involved families, which utilize a fee for service payment model. It is expected that FFPSA funds would be reimbursed based on the child, based on current Title IV-E financing regulations and maintain the required matching funds. This necessitates further exploration of the feasibility of the cost reimbursement payment methodology or the need to establish rates through a rate study for the three home visiting models included in the Prevention Plan.
- **FFPSA Specific Requirements:** FFPSA program instruction outlines specific requirements for those families considered candidates, including that there must be a prevention plan, periodic safety monitoring and redetermination of their eligibility as a candidate at specific intervals. These practice items must be documented and reported to ACF at regular intervals. DCYF is planning for implementation of FFPSA, which will require both IT and practice shifts for caseworkers and contracted service providers. Further analysis and planning are needed to determine implementation implications for home visiting service providers. One notable question is the length of time and allowability of claiming a Title IV-E funds for families based on the level of safety risk over the duration of the case. More specifically, if safety risk increases – the family may move from a Prevention Plan towards a dependency case such that Prevention Services (such as home visiting) are no longer part of the case plan. Alternatively, if safety risk decreases it may be determined that the case can be closed and Prevention Services are no longer needed. The length of time that families will be eligible for Prevention Services directly impacts the feasibility of claiming FFPSA for home visiting given the recommended duration of the three home visiting models included in the Prevention Plan are 12 months (Child-Parent Psychotherapy) and more than two years (for Parents as Teachers and Nurse-Family Partnership). While families may benefit from a shorter duration of service, the programs have been researched on longer-term participation. At this time, it is unclear and even unlikely that Title IV-E funds would be available to fund the full course or length of programs. As such, DCYF will need to explore avenues for continued home visitation services if the family desires to continue services beyond their involvement in child welfare.

- **Referral Pathways into Home Visiting:** Families engage with voluntary home visiting through various pathways. Traditionally, the largest percentage of referrals into home visiting comes from health care providers, WIC, prior participants (e.g. word of mouth) or other community-based organizations. Introduction of three new home visiting models into the portfolio of offerings available to child welfare caseworkers will require deeper work and training on match for families based on the assessment conducted by caseworkers. Additionally, training and support would be necessary to integrate these home visiting models into the data system and workflow of child welfare staff because families will have to be designated as “candidates” for FFPSA Prevention Funds for claiming and to support monitoring. There is a pilot underway to explore the workflow issue, funded with the first year of the **Preschool Development Planning Grant** at three child welfare offices in Washington. DCYF has embedded specific staff, called Child Welfare Early Learning liaisons, who are meant to connect any child welfare-involved family who has children ages five and under to an array of early learning resources, including home visiting. Depending on the results of the pilot, which continues into 2020, this may be DCYF’s strategy to support referrals of Prevention Plan candidates into home visiting services.
- **Caseload & Child Welfare Populations:** Home visiting providers who responded to the survey and who reported serving higher numbers of child welfare populations, describe increased time necessary to coordinate and collaborate with CPS caseworkers. Home visiting models have established caseloads, for example, Nurse-Family Partnership caseloads are 25-30 clients per nurse home visitor. Based on the unique needs and requirements of working with candidacy populations and meeting the unique FFPSA requirements, it may be necessary to require fewer number of clients per nurse home visitor. Two of the home visiting programs surveyed provided the following quotes:
  - “We have observed that families who become involved in the child welfare system often have experienced increased childhood trauma and have current mental health concerns. While almost all report stopping drug use, many continue to use marijuana during pregnancy and while parenting. Working with CPS involved families takes more time, not only because of increased family health and parenting risk concerns but also because of increased CPS collaboration, documentation and preparation for possible court appearances.”- Nurse-Family Partnership program
  - “When families are involved in child welfare, our parent educators provide significant support - attending DCYF meetings, communicating with the social worker, attorney, GAL or CASA and mandated service providers. This work does not always count as part of PAT services, putting a strain on PE’s to support families in the way they most need at the time but also meeting dosage and content requirements for PAT.” – Parents as Teachers program
- **Training and Capacity Building:** To expand capacity for home visiting through any funding source, it’s necessary to ensure there is training, coaching and community capacity building for home visiting services. DCYF will need to carefully plan and coordinate capacity building for communities who don’t currently have any home visiting programs and provide supports for expansion for those who do have

programs, to ensure quality and model fidelity. DCYF works closely with our private-public partner, The Ounce Washington, as outlined in **RCW 43.216.130** to support quality and model fidelity. Programs will require additional training and support to ensure services are meeting the unique requirements of FFPSA funding and unique needs of families involved in the child welfare system. Programs expressed a wide range of experience working with child welfare involved families as evidenced by the following quotes received from the survey (See Attachment 1).

- “We have had little experience with families experiencing child welfare services, however, the education and funding would be greatly useful for any future families needing these services.” – Parents as Teachers program
- “We often have had more families involved with child welfare enrolled in previous years and have experience coordinating services with child welfare social workers to best support families and protect children. We are trained to recognize and report child maltreatment and have on occasion needed to interact with CPS through reporting on currently enrolled families. Some of our core services may prevent families from needing child welfare involvement by addressing issues in the home before they become a child welfare issue (such as creating safe home environments, supporting medical homes, and connecting families to resources to meet needs).” – Parents as Teachers program

**Reflective and Trauma-Informed Practices:** FFPSA Program Instruction State Requirements for Electing Title IV-E Prevention and Family Services and Programs (ACFY-CB-PI-18-09) specifically articulates the necessity that “...Title IV-E prevention services are provided with understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing.” Home visitors and supervisors are all required to access foundational training that includes training related to these principles. Based on various evaluation studies, feedback from the field and the recently completed **Home Visiting Workforce Study**, we know that to effectively deliver the programming to families using a trauma-informed approaches ongoing training and supports are necessary to refine and build skills for trauma-informed practice. DCYF has supported development and implementation of a number of supplemental training, coaching and consultative approaches to deepen home visitor practice related to trauma-informed practices. Some of these include training and coaching in NEAR sciences with the **NEAR@Home Toolkit**, the **Facilitating Attuned Interactions** (FAN model), and **Reflective Supervision**. Some of these strategies have been evaluated and have positive impacts on workforce skill and self-efficacy. Each of these and others should be considered as strategies to ensure compliance with the FFPSA mandate for trauma-informed approaches for service delivery.



## Conclusion

### Kinship Navigator Program

Washington State's Kinship Navigator program will not meet the evidentiary standard required to draw down Title IV-E matching funds by fiscal year 2021. Given current evaluation timeframes to meet a "well-supported" standard, it is more realistic to anticipate that the KN program may begin drawing down Title IV-E funds in the fall of 2023. DCYF and ALTSA have applied for year-two grant funding so that the evaluation can continue. It is important to note that evidence-based Kinship Navigator programs are being developed in other states as well, so it is possible that The Title IV-E Prevention Services Clearinghouse will have the opportunity to review an evidence-based Kinship Navigator program developed elsewhere in the country prior to Washington's readiness for submission. In that case, Washington could decide to adopt and implement a program model approved by another state. Both DCYF and ALTSA will continue to monitor the Title IV-E Prevention Services Clearinghouse for approved KN programs.

### Home Visiting Program

Based on the assessment of scale, feasibility and workload for DCYF to claim Title IV-E Reimbursement for home visiting services for SFY21, there is a very limited but plausible opportunity to begin claiming Title IV-E reimbursement. First, while there are three currently-funded home visiting programs included in the Washington State FFPSA Prevention Plan, there are a number of complex operational structures and systems that need to be modified or established in order to meet the requirements set forth by FFPSA and linked to systems administered by DCYF's child welfare division. Second, there needs to be an ongoing effort to engage with and build capacity of the provider community and inform development of service delivery approach. Finally, there are a number of home visiting models funded through the HVSA that are not currently included within the Washington State Prevention plan but may have positive, relevant outcomes. DCYF will continue to consider other home visiting programs, such as Family Spirit or Parent Child Plus, for inclusion in the Prevention Plan based on continued stakeholder, partner and tribal engagement and funds available to conduct independent evidentiary reviews of models not currently under review through the FFPSA Clearinghouse. DCYF implementation planning of the approved FFPSA Prevention plan will further guide timeliness of claiming Title IV-E FFPSA Prevention Funds for home visiting services.