
Human Services & Early Learning Committee

HB 1771

Brief Description: Establishing the welcome to Washington baby act to create family supports through universal home visiting programs and a statewide family linkage program for resources and referrals.

Sponsors: Representatives Senn, Jinkins, Davis, Macri, Mead, Ortiz-Self, Shewmake, Goodman, Lekanoff, Chapman, Entenman, Appleton, Fey, Lovick, Bergquist, Doglio, Ormsby, Pollet and Frame; by request of Office of the Governor.

Brief Summary of Bill

- Establishes a phased in voluntary universal home visiting program, becoming a statewide entitlement by 2027.
- Creates a family linkage program to provide resources and referrals for all Washington families.

Hearing Date: 2/5/19

Staff: Dawn Eychaner (786-7135).

Background:

Home visiting programs deliver voluntary services to pregnant women, young children, and families in the home and are designed to alleviate the effects of poverty and other risk factors on child development. The Department of Children, Youth, and Families (DCYF) administers the state Home Visiting Services Account (HVSA). The HVSA receives state, federal, and private funding for the provision of home visiting services, including grant funds from the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program. An advisory committee gives advice regarding research and the distribution of funds from the HVSA. The stated intent of the Legislature is that state funds invested in the HVSA be matched by public-private partnership funds each fiscal year.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

In addition to home visiting models funded through the HVSA, local and community-based agencies deliver a number of other home visiting services that are supported with federal, private, or local funding. Each model has its own requirements for provider qualifications, program goals, and the duration or frequency of services for various target populations that can include pregnant women and children up to age 5. A Home Visiting Scan published in 2017 by the DCYF reported 8,852 funded slots were available to families statewide through nine different home visiting program models. In 2017 the Department of Health published a home visiting needs assessment estimating the potential need for home visiting services based on certain risk factors and low-income births by county and school locale, as well as by race and ethnicity.

Evidence-based home visiting.

The MIECHV grant funds evidence-based home visiting and requires that grantees demonstrate measurable improvement in at least four of six benchmark domains. The six domains are improvement in maternal and newborn health; reduction in child injuries, abuse, and neglect; improved school readiness and achievement; reduction in crime or domestic violence; improved economic self-sufficiency; and improved coordination and referral for other community resources and supports.

In Washington, the MIECHV grant funds the Nurse-Family Partnership and Parents as Teachers home visiting services. For federal fiscal year 2018, Washington's MIECHV grant was \$10.46 million.

State statute defines evidence-based home visiting as a program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

Summary of Bill:

Universal Home Visiting Program.

Subject to funds appropriated, the DCYF must implement a voluntary Universal Home Visiting Program (UHVP) to be available to all families with newborns from birth to 9 months old. By July 1, 2027, the UHVP must be a statewide entitlement that includes up to three home visits.

The UHVP must be implemented in phases, beginning with at least two communities with the highest need as determined by specific community risk factors. The UHVP must attempt to ensure community diversity, family language needs, and culturally responsive services are reflected in program design and delivery.

The UHVP must be administered as an evidence-based or promising practice early childhood home visiting service delivery model. The DCYF must comply with model fidelity and any enhancements or adaptations of the model must be made and evaluated with the agreement of the model developer. The home visitor must be a licensed registered nurse or an allied professional approved by the model.

The first home visit must be conducted within 30 days after birth and must be used to:

- build trust and a strengths-based connection with the family;
- assess the family's health, safety, and immediate needs;

- provide resources to connect the family with services including public benefits, transportation, and online tools and resources; and
- provide the family with a document designed by the DCYF to assist the family in tracking the progress, health, and education benchmarks for the newborn.

The home visitor may provide additional resources and referrals, including free resources from private businesses; referrals for health care, mental health, and other services; local community resources; and resources through the statewide family linkage program (FLP). If the family disenrolls before the first visit but reenrolls at a later date, the first visit must occur within 30 days of re-enrollment. At least 10 percent of the home visits, if needed, must be provided outside of traditional work hours.

If additional services or needs are identified, the home visitor may refer the family or child for participation in long-term intensive home visiting services. The family must consent to the long-term services.

Between 30 and 45 days after the last home visit by the home visitor and prior to case closure, the DCYF must ensure that the family is contacted to confirm whether the family received recommended services or had contact with an offered service provider. The DCYF must also confirm whether the family has additional needs that were not previously identified.

The DCYF may adopt rules to implement the UHVP and must collaborate with the Department of Health, the Department of Social and Health Services, and the Health Care Authority to ensure effective service delivery.

The DCYF must conduct an independent evaluation to measure family and child outcomes for at least the first two communities implementing the UHVP and submit a report to the Governor and the Legislature by November 1, 2026.

The DCYF must develop an implementation plan for the UHVP describing the evidence-based delivery model selected by the DCYF, the regional phased-in approach, a recruitment and outreach strategy for families and communities, a workforce plan for home visitors, and a plan to promote the UHVP to gain the broadest use and understanding of opportunities provided by the program and increase participation. The implementation plan is due to the Governor and the Legislature by October 1, 2020. The DCYF or its contracted home visitors may begin service delivery prior to this date.

Funding for the UHVP may be deposited into the HVSA. State funds are not required to be matched by public-private partnership funds.

Statewide Family Linkage Program.

Subject to funds appropriated, the DCYF must develop a statewide FLP to provide resources and referrals to all families in Washington. The DCYF must coordinate with linkage resources already active in communities, including family service centers, community information centers, and local governments.

The DCYF must submit an implementation plan for the FLP to the Governor and the Legislature by October 1, 2020. The FLP must be operational statewide by July 1, 2027.

Outdated statutory references are updated.

Appropriation: None.

Fiscal Note: Requested on January 30, 2019.

Effective Date: The bill contains an emergency clause and takes effect immediately.