

The Washington State Department of Health conducted a State Home Visiting Needs Assessment in collaboration with the Department of Social and Health Services, Department of Early Learning, and Council for Children & Families. The needs assessment was conducted as outlined in the Patient Protection and Affordable Care Act and its guidance and includes information about home visiting and substance abuse treatment capacity. Data sources included several other Needs Assessments, state databases, and data received from stakeholders across the state.

As part of the needs assessment, we identified communities that were at-risk. We defined communities in two ways: a) geographically and b) based on race/ethnicity. The 57 geographic units were primarily counties and, for a few large counties, subcounty areas used in health planning. Data specific to tribal areas in Washington was unavailable. Risk indicator data were available for seven race/ethnic communities: Hispanics and Non Hispanic (NH) American Indian/Alaska Native; NH Asian; NH Black, NH Pacific Islander, NH White, and NH Multi-race.

To measure risk, we collected data for the state and each community on the risk indicators in the guidance and several others suggested by stakeholders. A total of fifteen indicators were used. We described the methods used to convert the indicators to risk scores and to compare relative risk between the state and each individual community. We presented the results, including data for the state and the 64 geographic and race/ethnic communities.

Communities at-risk are those with summary risk scores higher than the state using three different methods to summarize risk scores. We identified 32 geographic areas and 5 racial/ethnic groups as communities at-risk. Twenty-three of the geographic and all of the race/ethnic communities had risk scores higher than the state score by all 3 comparison methods used. Two communities had higher risk scores by 2 methods; seven communities, by 1 method. American Indian/Alaska Natives had higher risk scores than all geographic and all other race/ethnic groups by all three methods comparing risk. The Governance Group for the Washington Home Visiting Needs Assessment reviewed and concurred with the methods used and the results identifying communities at-risk. The state's approach with tribes will be addressed further in the planning phase.

Data suggested considerable unmet need for home visiting among Washington families. Between 2% and 11% of the eligible statewide population receive evidence-based early childhood home visiting services, based on estimates in this needs assessment and in the 2010 Washington State Early Learning Plan. Seventeen of the state's 39 counties had no evidence-based home visiting programs. For at-risk families receiving any home visiting program statewide, there was substantial variability geographically, as well as variability in the duration and intensity of services and impact on long term outcomes for children. Home visiting programs do not collect data in a uniform way, making comparisons across programs difficult. Although the public and private partners have made significant efforts to build home visiting infrastructure in Washington, gaps remain.

Substance abuse treatment and counseling services are available to any individual in



Washington. The Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery, has contracts with 51% of the state's 626 active providers of substance abuse including private and publicly funded services. Data limitations make it difficult to summarize the state's overall services; for example, data were unavailable for privately funded services and for sub-county areas. Individuals who may need treatment, but are not presenting for it, are not reported in this assessment.

Overall, demand for substance abuse services exceeds available resources. Youth treatment services had more service gaps and limitations in capacity and funding options than adult services with an estimated treatment gap of 68.6% in fiscal year 2007. Other potential service gaps include substance abuse services related to criminal justice, child welfare, mental health and aging.

Washington State plans to address the home visiting needs of eligible individuals in at-risk communities by submitting an Updated State Plan for Section 2951 of the Patient Protection and Affordable Care Act. Another important way Washington is addressing early childhood home visiting needs is through a recently released statewide plan. In September, 2010, the Department of Early Learning released the *Washington Early Learning Plan*. The Plan is an effort to increase coordination for the state's Early Childhood Comprehensive Systems across state and local, and public and private entities. Home visiting is one of many strategies laid out in the Plan. All of the agencies concurring with the Home Visiting Needs Assessment were partners in developing the Plan. These agencies are all engaged in activities that will further the plan and will be partners in implementing it.

