



Home Visiting Advisory Committee (HVAC)

Date: April 17, 2025
Time: 9 a.m. to 12:30 p.m.

Meeting Minutes

Welcome and Introductions

DCYF Home Visiting Policy and Systems Manager, Nelly Mbajah, welcomed attendees and initiated introductions.

Home Visiting Service Account (HVSA) Data Review and Discussion

Department of Health (DOH) Ashley Beck provided an overview of the HVSA from state fiscal year 2025 (SFY25).

- Does this size include only HVSA funded slots or overall program size?
 - Yes, this data only represents HVSA-funded slots.
 - Some of these small/medium size Local Implementing Agencies (LIAs) may in fact serve much larger populations.
 - Super important callout! I will make it clearer in future presentations of these enrollment data by LIA size that this reflects the number of HVSA-funded slots, not total program size.
- For new or expansion sites, the LIAs are typically given a year for ramp up before their new slot counts are added to these enrollment measures.
- When I see small programs, I am holding the intersectionality of inherent challenges of some programs due to size and location of community.
 - With smaller LIAs there are a lot less staff and home visitors. The impact is much greater when you have any of those changes and things that impact enrollment. The impact on the percentage is a lot larger for those with smaller numbers.
- Did you look at Temporary Assistance for Needy Families (TANF) slots? One of the things I hear when we talk about openings is agencies will say we don't have any openings unless they're on TANF.
 - We have looked at that. It really varied LIA by LIA which funding streams had less enrollment for those. It wasn't a clear and consistent trend across all of TANF.
 - We do know this is a challenging area related to enrollment and DCYF is continuing to work with our partners on that.
- Beautiful to see the high rates of family/friend referrals. Seems to indicate that people value this programming.
- Just wondering if the low number for Child Welfare on one of the slides, is that due to intervention services that we provide or that we are only getting 1% of referrals from child welfare?
 - On the referrals source slide, it shows that we are only getting about 46 or 1% of our overall referrals to home visiting services from Child Welfare, if that helps to unpack that. We have another slide that shows interaction with child welfare, which represents how many home visiting families have also been engaged with CPS, this sits at around 3% of families.
 - With the increased attention to working with child welfare families in our Parents as Teachers (PAT) curriculum we need to create better pathways for referral as a state.

- Please reach out to Ashley Beck (ashley.beck@doh.wa.gov) with any follow-up questions.

Legislative Update

Start Early Washington Director of Policy and Advocacy, Erica Hallock, provided an update on the status of the state budget and home visiting.

Washington State Budget

- The senate and house proposals will bring in an estimated 12 billion, so 4 billion in cuts, but we expect they won't raise the entire 12 billion.
 - The proposals are to raise property taxes, increase capital gains and estate taxes, eliminate some tax exemptions, extend certain sales tax to other services, and lastly to introduce new types of product taxes.
 - Another idea is for large businesses that have a certain amount of collections to pay their sales tax in June of 2027 instead of July to capture that money in the 25-27 biennium instead of the 27-29 biennium.
- We are going to see more cuts because there isn't a wealth tax.
- This will likely be finalized by April 27th.
- The budget gap is big and real and it does impact the home visiting programs because there is less money to fund things. On the table are things like reducing postpartum coverage for Medicaid from 12 months to 6 months. They are proposing cutting access to food banks. There's furloughs for state employees etc.
- The senate budget seemed to really go after children and families. Why are those some of the biggest areas facing cuts?
 - They are looking at a billion dollars in savings related to the Fair Start for Kids Act (FSKA). The legislature would say they are not cuts but this is cost avoidance.
 - In the next biennium, FSKA was supposed to have income increases for Working Connections (WCCC), childcare Early Childhood Education and Assistance Program (ECEAP) entitlement was supposed to go live, as well as rate increases for providers. Family children is part of SEIU. They are slated to achieve this because of their collective bargaining agreement.
 - The state can't afford FSKA because it was so successful so it has to be delayed. It shows up on paper as a cut but they are not putting things in effect. For example, they are pausing Transition to Kindergarten (TK) instead of expanding it.
 - However, there are definitely some cuts being proposed like reducing postpartum coverage for Medicaid. Unfortunately, there are not a lot of places to make cuts when you K-12, Corrections, and Higher Education are exempt.
- Was reducing postpartum coverage for Medicaid from 12 months to 6 months in both the Senate and House budgets? Is it a done deal?
 - It's not technically a done deal but it is likely.

Home Visiting Budget

- Why does the house's budget sweep the home visiting underspend one time, but the senate's is ongoing?
 - The senate says the ongoing sweep is based on spending patterns. We've seen a trend of a level of underspend which would signal this underspend is a pattern and therefore would be an underspend that they could sweep on an ongoing basis.
- Why are the amounts so different between the senate and house?

- The legislature does have access to the spending and it probably just relates to when they looked at the underspends in the budget. It was probably at different times, and the underspend was sitting differently when that was done.
- Is there anything that HVAC can do at this point?
 - The challenge is the money at the agency. I definitely tried.
- Would we lose 400 slots or are they assuming there are 400 slots that we haven't been filling?
 - The reduction will be a loss of 400 slots if the senate reduction happens.
 - The legislature is saying there is enough uncontracted money that is already allocated to the agency that it can backfill so that should not lead to service loss. There's sufficient money to continue to serve all families.
 - Are they saying those funds could be used to fill in some of the gap that will be lost if there is an 8 million dollar cut?
 - Yes, they are giving DCYF more authority of their bucket of money because they are removing the proviso.
- The senate's budget proposal is way more significant in terms of long term impact. How do you make sense of that different approach?
 - Generally, the senate is working to protect service delivery. They were looking for any dollar that wasn't being spent so that they could protect service delivery in the health and human services space broadly. They would argue, since these dollars are not being actively being spent, they could be applied to other vulnerable populations.
- If we have all of these cuts, will we be able to continue the services as they are now?
 - No, it would be about a 5 million dollar reduction for us in what we have currently budgeted. The senate budget specifically is about a 40% cut to our current budget, not including the expansion.
- What do you expect at the end of this fiscal year? How much do you expect to spend?
 - We can follow up with the DCYF finance team.
- Are you planning to do a decision package to resolve the funding gap?
 - We have asked for that but will follow up on the status of that.
- Please reach out to Erica Hallock (ehallock@startearly.org) with any follow-up questions.

Updates

DCYF Strengthening Families Washington Administrator, Laura Alfani, and Home Visiting Policy and Systems Manager, Nelly Mbajah, provided updates on various programs.

Program and Budget Update

- What has DCYF's communication with the Health Resources & Services Administration (HRSA) been in regard to the rate request? What timing were you given for an answer? What types of information do they need to make this decision?
 - DCYF has not submitted a formal request yet. DCYF's fiscal department has been doing some landscape analysis on what resources are needed to do a fixed rate subaward. We have materials prepared and my guess it will probably be submitted in late summer. We have to do an approval request for each of our grant applications. When we asked how long it would take to review we have not been given an answer most likely because their staff has been reduced significantly at the federal level.
- Regarding case load standardization, it allows for a range of 21-25 clients. What we'd be worried about is if we say 21 clients, that programs or staff will think they can go within 85% of 21 and decrease down.

- Programs will be expected to stay within model fidelity for implementation of Nurse Family Partnership (NFP) and to continue to receive funding for providing NFP. It does become a little complicated in terms of monitoring but DCYF share that understanding of the national models expectation.
- Going back to the rates plan, knowing that we're still in an uncertain place with the state budget not finalized, we have some programs that that have moved to rates, and then some that have not. We have a kind of a 2 tier system, some rates funded, and some are the more status quo pre rates going forward in the in the meantime. Is that correct?
 - Yes, we have, some models that have gone forward with rates and other models that have not.
 - With that rate being kind of a boost to kind of right size contracts things like that, are there any interim steps? Programs that have not gone through rates will then kind of be in a pre-right sizing situation, and those that have will be more right size, and that disparity can cause challenges for individual programs to continue to meet family needs.
 - Yes, we are aware of that. we are hoping to do some of that right sizing with the available funding we have with Maternal, Infant, and Early Childhood Home Visiting (MIECHV). But it will really take us having the full budget picture to be able to know how and what we need to do.
- Even though we're not implementing rates for NFP and PAT, there are incremental steps moving in the direction. What is the benefit of staying in the current payment methodology, while moving in the direction of rates when you're not able to fund it?
 - We don't have approval to do it with MIECHV. We have heard feedback from LIAs that they do not want a split approach. Our assumption is because there is not funding available, we would have to make program reductions because we do not have the budget available.
 - We didn't have everything we needed to be able to move forward with completing the request from our Federal partners to move towards rates.
- Have the programs been asked to revisit the bifurcation given the timing on the HRSA? Have they been updated that it could be a while?
 - I don't think we've revisited that.
 - We provided updates as to where we are in this process during office hours but have not sent out anything formal.
- Regarding the federal and state matches, is that an increase in a match that the state would provide or is that what they are already doing?
 - It is captured in our existing budget.
- What considerations should we have for reductions in budget?
 - Performance: LIAs are assuming this is a consideration because we've already had a conversation with them about enrollment, staffing and fidelity to the model.
 - Community risk factors, is that the last home visiting needs assessment?
 - That's one example but there are other data to consider.
 - I don't know how many tribal programs are involved and how that is taken into account, but with the history of broken promises while working with tribes, I think that is a huge risk.
 - The tribal partners are very important. We need to look at where trust might need to be rebuilt but also places where there isn't trust yet.
 - Looking at what data is available from programs or sites on who they are serving and the risk factors is really important.
 - I support that idea Gretchen. Are we serving the clients we are intending to serve.
 - I think it can also go the other way- some areas with less community risks may still be serving some very high needs families.

- An important piece of the puzzle is that for many of the programs who are peer based models or community based models with cultural matches, there are fundamental ripple effects to potentially reducing funding. Oftentimes the staff are some of the same folks who are being served and so losing positions, can have effects beyond simply cutting services.
- We need to look at where home visiting is helping to bridge the desert areas across the state of Washington.
- I think it's very important to engage with impacted families and have their voices in the decision making process. We also need to think about who is a priority and how are we going to do these reductions.
- Looking at community risks combined with the families that are actually being served is important. There are some areas where community risks might be less but families being served are very high risk.
- Is there any federal money that could help make up for some of the loss of the state?
 - The only federal money we have is the MIECHV grant, and that grant cannot supplant state budget reductions.
- If we do have to reduce slots, what is our framework are what are our priorities? Is the only option reducing slots? I know one of DCYF's values is not cutting services to families.
 - Yes, we have to look at making reductions everywhere given the potential of the senate budget.
- Can the MIECHV grant fund a program 100%?
 - It can. We have some programs that are totally MIECHV funded.
- I wonder about the possibility of asking if there are programs that feel a reduction of slots/FTE could work for them?
 - That is worth exploring.
 - That's something we have looked at internally at ChildStrive; retention of high quality staff. If we could take savings and invest in staff, we just have to give them a cost of living increase. We have seen the gap between what is really funded operationally and what it's required to administer.
- In areas where programs are really rural or maybe underfunded, they're already lacking resources and they're having to work even harder to meet these performance standards.
- Is giving some increases to the PAT and NFP programs something being looked at?
 - At this point the budgets are not sufficient to pay for the cost of service even in a budget reduction environment. Do we need to be adjusting for some of those cost of living in a different way?
 - Yes, that was part of it, looking at those gaps.
- Some programs have reductions in this contract year because they were performing over case load. Can that be taken into consideration?
 - I was just thinking something similar, that some programs might be sort of stuck in a loop because of something like low pay.
- Are there an off-the-wall strategies that could be considered within this conversation? For example, could WA State negotiate with PAT and NFP for reduced training costs or affiliate fees? I know it's a stretch but maybe the state could pay a state fee that is structured differently?
 - We are collecting all ideas and considerations. The times we are in call for creative solutions.
- I really wish the letters that were sent out to programs would have had a messaging of self-preservation. What the letter read was that we are not successful. It did not tell our story, it didn't reflect the experiences we had as home visiting staff, it didn't convey the practices we had in place to keep people safe and to welcome new babies into our community. Because of the work we do, there could have been so much more care, intention, and strength based messaging put into the letter. I hope once DCYF knows more about the budget and how it's going to impact programs, I hope more consideration is given how that messaging reaches your grantees.

- Thank you for that feedback and for suggestions for future considerations.
- Thank you for sharing your experiences and your perspective. I appreciate your heartfelt sharing so much and support what you are saying. I feel like this is part of where parallel process breaks down sometimes. Sometimes it feels like the messages we get are from a strength based partner, and others feel very different. And I see everyone working hard.
- Thank you so much for your words and your heart. Building a program doesn't fit neatly into a fiscal/program year, our program has felt this as well.
- What you shared is really powerful. Your voice is strong and belongs in these spaces.
- I hope the tribe's statements are heard, read, and considered.
- There needs to be more training and there needs to be a more accessible place to find information easily.
- We also have to look at cuts at the systems level. The integrity of our leadership is critical right now and we will only survive this together if we are honest about who is carrying the costs of these cuts. I know different pots of money / funding sources etc but it doesn't sit right and it won't sit right to only cut services to vulnerable families and the staff who directly serve them. I'm not talking about anyone in particular and I'm talking about all of our state / county systems
- Is it possible to even ask the people who are given this letter, if they have funds that they would willingly return?
 - All of the local programs will be scheduling time to meet with their program specialist to explore what next year looks like. The challenge is we have to budget for the next two years and we're assuming the underspend is going away. We will be doing some projections with programs to estimate the underspend.
- Why does DCYF get to decide what we pay or how many FTEs are allotted if we're supposed to serve so many slots? Can we not use our funding to staff?
 - Please propose this with your program specialist and they will support you in exploring how much flexibility you have within the budget.
- I believe most of us function as individual organizations. If we could also looking into partnering up with nearby programs to share available resources, workforce, event planning might help too. It takes a village to raise kids.

Workforce Subcommittee Update

- The subcommittee will have a breakout meeting at the June 2025 HVAC meeting to hear DCYF workforce updates and to help prioritize subcommittee activities for the new fiscal year.

MIECHV Update

- Fact Sheet: HHS' Transformation to Make America Healthy Again

HVAC Co-Chair Update

- Gretchen Thaller and Marilyn Vanoostrum will be serving as HVAC Co-Chair members.

Closing Remarks/Adjourn

- If you have any questions or additional feedback, feel free to reach out to Nelly Mbajah (nelly.mbjah@dcyf.wa.gov).
- The next HVAC Meeting will be held on Thursday, June 12, 2025, from 9 a.m. to 2 p.m.
- Meeting slides, recordings and more information can be found on the [HVAC Webpage](#).