



Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests a placeholder in the 2025-27 Biennial Budget to implement rates for Home Visiting Nurse-Family Partnerships and Parents as Teachers. DCYF also requests funding to maintain additional slots established through Engrossed Substitute Senate Bill 6109.

Program Recommendation Summary

030 - Early Learning

The Department of Children, Youth, and Families (DCYF) requests a placeholder in the 2025-27 Biennial Budget to implement rates for Home Visiting Nurse-Family Partnerships and Parents as Teachers. DCYF also requests funding to maintain additional slots established through Engrossed Substitute Senate Bill 6109.

090 - Program Support

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Fiscal Summary

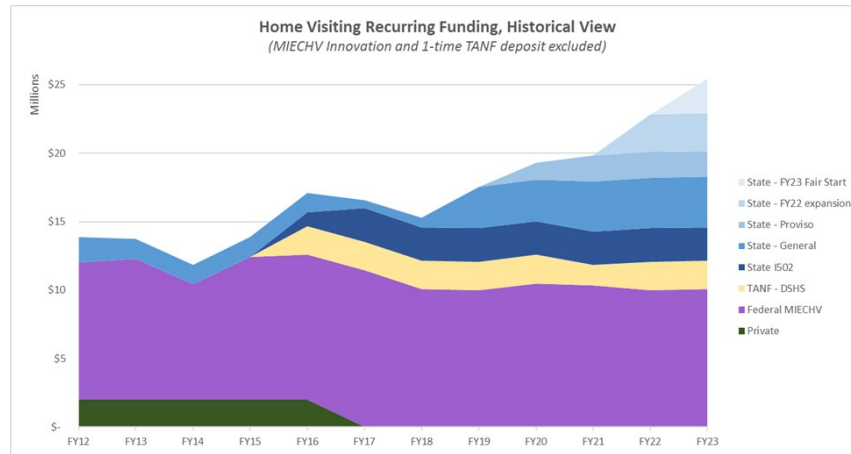
Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Operating Expenditures						
Fund 001 - 1	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$0	\$0	\$0	\$0	\$0	\$0

Decision Package Description

The Department of Children, Youth, and Families, requests a placeholder for funding that will support the implementation of rates for Home-Visiting Nurse-Family Partnerships and Parents as Teachers funded through the Home Visiting Services Account (RCW: 43.216.130) and to support the second and third years of the pilot program funded in the enacted 2024 supplemental budget for contracted slots established by ESSB 6109.

The HVSA is a dedicated account with a variety of state and federal funding sources deposited into the account, including the Dedicated Cannabis Fund, General Fund State, Temporary Assistance for Needy Families, and federal Maternal, Infant and Early Childhood Home Visiting grant funds. These funding sources through the HVSA account provide funding for approximately 50 home visiting providers, which utilize 9 different promising practice and evidence-based home visiting models. These models have both practice and research/evaluation to support improved health outcomes, including increased breastfeeding rates, access to health care, positive birth outcomes, parent child interactions, parenting knowledge, increased school readiness, and reduced likelihood for child welfare systems involvement, among other outcomes).

The investment in HVSA has grown significantly over the years (see image below); however, the primary investment focus has been to expand services, not providing sufficient funding to cover the increased cost to deliver home visiting. Many HVSA programs have been operating with only minor funding increases over the years, despite changes in the economic conditions. Additionally, [Home Visiting Advisory Committee recommended](#) to both DCYF and the legislature to build and implement a sustainable approach to funding home visiting services.



Home Visiting Model	State Funded Slots ¹	FY24 Average Slot Cost	FY25 Established Average Slot Rate	Direct Billables ³	Cost Increase
ParentChild+	188	\$7,193	\$11,984	5%	67%
Family Spirit	45	\$9,055	\$11,225	19%	24%
Outreach Doula Program	104	\$8,003	\$12,873	9%	61%
Child Parent Psychotherapy	7	\$7,793	\$12,200²	15%	57%
Parents as Teachers	729	\$7,015	TBD	5%	TBD
Nurse-Family Partnership	576	\$6,259	TBD	4%	TBD
Exempt Models⁴ (2.5% Increase)	Variable	Variable	Variable	Variable	2.5%

- 1) This table does not include MIECHV funded slots as there is ongoing work being done to determine the feasibility of implementing rates using MIECHV funding.
- 2) The rate shown for Child Parent Psychotherapy (CPP) is the full modeled rate. During the rate setting process, it was determined that providers can claim Medicaid for these services. The cost model shows the DCYF state share of the rate to be \$800 per slot.
- 3) Direct billables are items that are not included in the rate and are allowed to be direct billed, such as mileage reimbursement and model training costs.
- 4) Three models were determined to be exempt from the rate setting process, which are Early Head Start Home-Based, Steps to Effective and Enjoyable Parenting (STEEP), and Early Steps to School Success (ESSS). The criteria developed to determine if an exemption to the rate setting process was appropriate, included overall slot numbers less than 40, HVSA contribution less than 15% of the overall HVSA allocation, and readiness for replication. These three model types met all criteria for exemption.

In 2022, DCYF initiated work to address these issues. Shortly thereafter, DCYF adopted a standardized rates methodology used across program areas. Over the past year, DCYF has been working to develop, plan, and implement rates for six of the nine home visiting models, with three models determined to be exempt from the rate setting process. Transitioning to paying providers based on a rate for the delivery of home visiting services represents a change in payment methodology and therefore, the Department engaged with partners and stakeholders throughout the rate setting process. Four of the six home visiting models implemented rates as of July 1, 2024. DCYF is working to finalize rates for the final two home visiting models, which will transition to rates by July 1, 2025, if this request is funded.

During the rate setting process, DCYF identified a need for additional funding to implement the already established rates. The enacted 2023-25 biennial budget provided funding of \$2,020,000 (state) and \$6,540,000 of federal authority to increase funding to support wage and cost increases and create more equity in contracting for home visiting services. The rates established and implemented for the four home visiting models meet these requirements of the law in accordance with ESSB5187 Section 229 20 (a). Additional funding is needed to implement rates for the final two home visiting models, Nurse-Family Partnerships and Parents as Teachers. Therefore, DCYF is submitting this placeholder request. The rate setting process for the final two models will be completed in October 2024.

Without additional funding, DCYF is unable to implement rates as the payment methodology for Nurse-Family Partnerships and Parents as Teachers home visiting providers, which may result in a reduction of services, slots, and/or a re-procurement/restructuring of services provided through the HVSA. In addition, payments to these providers will not support wage and cost increases. Home visiting models are promising, research-based, and evidence-based community-based programs, these programs take 2-4 years to reach full, stable implementation. As a result, major system changes such as re-procurement or restructuring of services may result in instability and lack of access to home visiting services in some communities.

Additionally, DCYF is requesting ongoing funding to sustain the one-year pilot program established through ESSB 6109 for contracted slots for home visiting services in high-risk locales and offices with disproportionate out of home placements for black and Native children. During the first year of the pilot, the agency will provide training to home visiting providers, child welfare offices, and establish referral pathways and contracted slots. DCYF anticipates the full impact of the pilot will be experienced in years 2-4 as home visiting is generally a two-year program for families. At the end of SFY25, families will be within the first few months of their program engagement when funding is set to end. Without additional sustained funding, this pilot will not continue and the contracted slots will be eliminated.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

DCYF requests a placeholder for funding in the 2025-27 biennial budget to implement rates for the Home-Visiting Nurse-Family Partnerships and Parents as Teachers home visiting models. This decision package also requests \$3,497,000 (\$3,491,000 General Fund State) and 1.0 Full Time Equivalent (FTE) in the 2025-27 Biennial Budget to maintain contracted slots established under Engrossed Substitute Senate Bill 6109.

	Home Visiting					
	FY26	FY27	25-27 BI	FY28	FY29	27-29 BI
Rates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maintain 6109	\$ 1,752,000	\$ 1,745,000	\$ 3,497,000	\$ 1,745,000	\$ 1,745,000	\$ 3,490,000
Total	\$ 1,752,000	\$ 1,745,000	\$ 3,497,000	\$ 1,745,000	\$ 1,745,000	\$ 3,490,000

Detailed Assumptions and Calculations:

Home Visiting Rates for Nurse-Family Partnerships and Parents as Teachers

- Nurse-Family Partnerships (NFP) and Parents as Teachers (PAT) are the largest scale Home Visiting models.
- DCYF assumes final rate models will be completed in October 2024 for these complex Home Visiting model types.
- DCYF submits a placeholder request until rates are finalized.

Maintaining 6109

- The Legislature funded \$1,600,000 in the 2024 Supplemental budget to implement a pilot program for contracted slots for home visiting services in high-risk locales and offices with disproportionate out of home placements for black and Native children.
- DCYF assumes the cost to maintain contracted slots will be \$1,600,000 in FY26 and \$1,600,000 in FY27 and ongoing.

Workforce Assumptions:

DCYF requests \$297,000_GF-S and 1.0 FTE for the maintenance of Engrossed Substitute Senate Bill 6109.

1.0 Program Specialist 5 ongoing - \$152,000 in FY26 and \$145,000 in FY27 and beyond for contract management.

Historical Funding:

FY2026

- FTE = 14.8 FTE
- Total Funds = \$42,135,000
- Near General Fund = \$0
- Other Funds = \$42,135,000

FY2027

- FTE = 14.8 FTE
- Total Funds = \$42,128,000
- Near General Fund = \$0
- Other Funds = \$42,128,000

Strategic and Performance Outcomes

Strategic Framework:

This decision package supports the Governor’s Results Washington Goal 4: Healthy and Safe Communities and the DCYF strategic outcome of safely reducing the number/rate of children and youth in out-of-home care by half. To accomplish this strategic outcome, DCYF identified the need to implement and expand effective community-driven secondary prevention by building community capacity to nurture and support children, youth, and families before they become involved with our child welfare system. DCYF is committed to building access to home visiting across Washington, with a focus on high-need communities and employing a targeted universalism approach of identifying and providing needed services in the highest need areas of the state.

Performance Outcomes:

Performance Outcomes:

- Number of families served by home visiting programs
- Length of participation in home visiting programs
- Screenings and connection to services and other programs such as: child development, parental depression, and intimate partner violence

Equity Impacts

Community Outreach and Engagement:

During the past year, DCYF has engaged with home visiting programs as well as home visiting model experts in the rates development process. As a result, the standard DCYF rate model has been adapted to address some of the unique aspects of community-based prevention programs, like home visiting that meet the unique needs of communities on a voluntary basis. The four home visiting models that completed the rate setting process include three models that primarily serve communities of color, Family Spirit (Tribal home visiting), ParentChild+ (refugees, immigrants and communities of color), Outreach Doula Program (communities of color) and Child Parent Psychotherapy. Organizations implementing these programs are well respected within the communities they serve and include leaders that represent the communities they serve.

Engagement and planning for contracted slots funded by ESSB 6109 is just underway and will include consultation with the Home Visiting Advisory Committee and home visiting programs in eligible communities.

Disproportional Impact Considerations:

DCYF will continue to engage home visiting programs in policy decision-making, when possible, in seeking to improve methods for input for home visitors and families to better understand the impact and power of home visiting to support families in building strengths and avoid child welfare systems involvement.

Target Communities and Populations:

Home visiting services have prioritized populations historically marginalized and most impacted by child welfare systems involvement since the inception of the Home Visiting Services Account. Through the home visiting [needs assessments](#) completed by the Department of Health (DOH) in 2010, 2017, and again in 2020, demographic and geographic communities were identified as further from opportunity, including American Indian and Alaska Native, Black/African American and locales with higher proportions of the community experiencing challenging outcomes. As a result, DCYF focused on building capacity and expanding access to home visiting programs within these demographic and geographic communities, which resulted in expansion of programs lead by and for these communities. Additionally, in 2019 DCYF lead work on a [four state workforce study](#) that provided workforce experience information. Due to the results of this study, DCYF focused on supporting increased wages and retaining a high-quality workforce that represents the [families served by home visiting programs](#) as outlined in the 2021 HVSA report. DCYF will continue to seek partnership with these communities and organizations that are led by and/or trusted by these communities to access voluntary home visiting programs.

Community Inputs and Incorporation:

The input that DCYF gathered and incorporated throughout the rate setting process will continue as part of the 6109 contracted slots pilot implementation. DCYF and the legislature received recommendations from the [Home Visiting Advisory Committee in 2022](#) regarding the True Cost of Home Visiting as follows.

TRUE COST OF SERVICE (Page 17)

Recommendation #1 – LIA Funding Adjustments: The State of Washington should commit to a funding strategy that builds in regular adjustments for all programs to ensure equity and sustainability.

Recommendation #2 – Cost Study: The cost study work underway at DCYF should inform the development of a customizable, community-driven cost model within the next 12 months.

Recommendation #3 – Stakeholder Engagement in Cost Study: DCYF should continuously consult HVAC members and home visiting service providers throughout the cost study to ensure that the design and implementation of the HVSA funding approach is centered on community interests.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not Applicable

Puget Sound Recovery:

Not Applicable

State Workforce Impacts:

Not Applicable

Intergovernmental:

DCYF partners with DOH to support data collection, management, reporting and evaluation of home visiting. DCYF anticipates DOH will be in support of this proposal.

DCYF contracts with Tribes that will be impacted by availability of funding for rates.

Stakeholder Impacts:

Home Visiting Programs – non-profits, community-based orgs and their workforce and the families they engage in home visiting.

Start Early Washington will be in support of this proposal.

State Facilities Impacts:

Not Applicable

Changes from Current Law:

Not Applicable

Legal or Administrative Mandates:

Not Applicable

Governor's Salmon Strategy:

Not Applicable

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

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