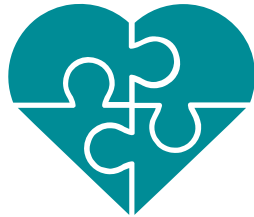


# Forward Thinking: Diversifying Funding to Grow and Sustain Evidence-Based Home Visiting in Pennsylvania

## Voluntary, Evidence-Based Home Visiting Helps Families

Parenting is hard work. It can be especially challenging for some parents and others raising young children with limited resources, as well as for those who didn't experience positive parenting role models or weren't exposed to the skills to encourage healthy child development. That's where voluntary, evidence-based home visiting programs can help.



Far too many of Pennsylvania's youngest children live in poverty and face poor education and health outcomes. Such outcomes are consistently worse for children of color who live in poverty – leading to persistent racial disparities across the state. Home visitors from voluntary, evidence-based programs build trusted relationships with parents and caregivers, providing the supports necessary to improve health, safety, literacy, and family self-sufficiency. Home visitors also help families navigate what can be complicated systems in order to connect them to other important services.

During home visits, nurses, social workers, or other trained professionals visit with pregnant women, families, and children to promote positive birth outcomes and to provide parent education and support, ultimately promoting child health, well-being, learning, and development.<sup>1</sup>

While there has been commendable progress in recent years to invest in evidence-based home visiting at the state level, we are at a critical juncture to chart a long-term strategy to both grow and sustain these programs. To date, identified funding streams have helped expand access, but for just a portion of the population that could benefit from services. Further, in a prolonged fiscal environment that remains competitive for dollars in the state budget, this policy brief was developed with the aim of strategically identifying additional financing options to provide a more secure foundation for evidence-based home visiting models moving forward.

**Backed by decades of research, evidence-based home visiting is a powerful and proven strategy to support under-resourced pregnant women and families with young children.**

## Evidence-Based Home Visiting Models Operating in Pennsylvania



**Early Head Start**



**Family Check-Up®**



**Healthy Families America**



**Nurse-Family Partnership**



**Parents as Teachers**



**SafeCare Augmented®**

In 2021, six evidence-based home visiting models were operating in Pennsylvania using public (state and/or federal) and private funds to support their programs.<sup>2</sup> Voluntary, evidence-based home visiting is a key component of the broader services within the prenatal to early childhood continuum. Each model has distinct characteristics and offers unique services to meet the needs of families and communities in different yet equally valuable ways:

- Early Head Start (EHS) – Nurtures healthy attachments for low-income families parenting infants and toddlers, and for pregnant women and their families, through intensive comprehensive child development and family support services.
- Family Check-Up® (FCU) – Supports strategies to better engage parents and parent-centered intervention for reducing problem behaviors in children from toddlers through adolescence.
- Healthy Families America (HFA) – Strengthens families by promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect.
- Nurse-Family Partnership (NFP) – Pairs first-time, low-income pregnant women with nurses to improve pregnancy/birth outcomes, child health and development, and family economic self-sufficiency.
- Parents as Teachers (PAT) – Builds the capacity of parents to understand and support optimal healthy child development, develop effective parenting practices that strengthen the family foundation, and promotes school readiness.
- SafeCare Augmented® – Uses motivational interviewing and other training to focus on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child injury, and keeping children as healthy as possible.

## About Childhood Begins at Home

Childhood Begins at Home is a statewide campaign to help policymakers and the public understand the value of evidence-based home visiting and support public investments in the programs. Since the campaign began in 2017, we have won funding increases more than doubling investments in Pennsylvania's state budget.

Before the campaign started, the two line items in the state budget supporting evidence-based home visiting, the Community-Based Family Centers line and the

**Pennsylvania should make greater investments to scale up voluntary, evidence-based home visiting services to serve a larger portion of under-resourced families and to sustain innovative care models.**

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Nurse-Family Partnership line, were approximately \$15.2M total.<sup>3</sup> These lines have increased totaling approximately \$32.7M; this includes \$19.56M for the Community-Based Family Centers line and \$13.13M for the Nurse-Family Partnership line.<sup>4</sup> While successfully increasing investments by a large margin, the attempts to continue that success have stalled out with no increases for the past two years, which we discuss further in the report.

The funding increases helped serve many more Pennsylvania families, yet only a fraction of those who could benefit the most are served. Of the more than 329,000 Pennsylvania children under six years of age living in low-income families\*, only 17,000 are receiving publicly funded, evidence-based home visiting services.

## DID YOU KNOW?

**In Pennsylvania, only 5% of the pregnant women, children and families who would benefit the most from evidence-based home visiting programs are served currently.**



\*In 2021, a family of four falls in the “low-income” category if its annual income is below \$53,000 (200% Federal Poverty Level)

## Financing Evidence-Based Home Visiting

Without one single major source of funding for home visiting, states rely on a patchwork of federal, state, and local funding sources to help reach as many families as possible. Pennsylvania is no exception to this approach.

The following chart provides a “finance map” for Pennsylvania to show which funding streams are, or can be, used to support and sustain evidence-based home visiting. Further, aligning models’ outcomes to funding streams may be both a sensible and strategic approach the Childhood Begins at Home campaign utilizes in the future to best match and maximize these opportunities in an intentional way. By doing so, we can strive to serve more low-income and under-resourced families in Pennsylvania.



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## Pennsylvania Evidence-Based Home Visiting Finance Chart

Funding Stream	Source	Description	Currently Used in PA (by model/s)	Potential New Source (by model/s)
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	Federal	MIECHV funds states, territories, and tribal entities to develop and implement evidence-based, voluntary programs that best meet the needs for pregnant women and families in their communities at risk for poor maternal and child health outcomes. <sup>5</sup>	Yes: EHS, FCU, HFA, NFP, PAT, SCA	Not expected at this time
Medicaid	State/ Federal	Medicaid provides health coverage for low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is administered by states and jointly funded by states and the federal government. <sup>6</sup>	Yes: NFP (fee-for-service billing)	Yes: HFA, NFP (In addition, MCOs can currently contract with models through the Maternal HV Program launched in July 2020)
Title V Maternal and Child Health Services (MCH) Block Grant	Federal	One of the largest federal block grant programs, Title V creates a state/federal partnership to address the health services needs of mothers, infants, and children, which includes children with special health care needs. <sup>7</sup>	Yes: HFA	Not expected at this time
Temporary Assistance for Needy Families (TANF)	Federal	TANF is federally funded and run by states to help low-income families with children achieve economic self-sufficiency. States use TANF to fund monthly cash assistance payments to low-income families with children, as well as a wide range of services. <sup>8</sup>	No	Yes: EHS, HFA, NFP, PAT
Title IV-E	Federal	The Family First Prevention Services Act (FFPSA) authorized new optional title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. <sup>9</sup>	No	Yes: HFA, NFP, PAT

## Evidence-Based Home Visiting Models Key:

EHS: Early Head Start  
FCU: Family Check-Up®

HFA: Healthy Families America  
NFP: Nurse-Family Partnership

PAT: Parents as Teachers  
SCA: SafeCare Augmented®

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## Pennsylvania Evidence-Based Home Visiting Finance Chart

Funding Stream	Source	Description	Currently Used in PA (by model/s)	Potential New Source (by model/s)
Community-Based Child Abuse Prevention (CBCAP)	Federal	CBCAP, authorized as part of the Child Abuse Prevention and Treatment Act (CAPTA), promotes efforts supporting families and to prevent child maltreatment. <sup>10</sup>	Yes: PAT	TBD: <i>Funds have not yet been awarded</i>
Early Head Start (EHS)	Federal	EHS is a federal initiative providing child development and parent support services to low-income pregnant women and families with children birth to 3 years old. EHS home-based services offer home visits and group socialization activities for parents and their children. <sup>11</sup>	Yes: EHS	No expected changes
General Funds	State	The Pennsylvania state budget that finances state operations annually. Specifically, these appropriations are in the Community-Based Family Centers line and the Nurse-Family Partnership line in the Department of Human Services budget. <sup>12</sup>	Yes: EHS, FCU, HFA, NFP, PAT, SCA	Not expected at this time
County Children and Youth	State	Pennsylvania's Child Welfare System is state-supervised and county-administered. Every county has a Children and Youth Services Agency that organizes and manages the services that are available in that county. <sup>13</sup>	Yes: FCU, HFA, NFP	Yes: EHS, FCU, HFA, NFP, PAT, SCA
Children's Trust Fund (CTF)	State	The mission of Pennsylvania Children's Trust Fund (CTF) is to prevent child abuse and neglect in Pennsylvania. To do this the CTF Board of Directors funds community-based primary and secondary prevention programs that support families. <sup>14</sup>	Yes: HFA, PAT	TBD: <i>Funds have not yet been awarded</i>
Tax Revenues	State/Other	Varied: tobacco, marijuana, personal income, sales and property taxes.	No	Yes: EHS, FCU, HFA, NFP, PAT, SCA

## Evidence-Based Home Visiting Models Key:

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## Other Financing Considerations

### Spotlight on Blending and Braiding Funds

Various funding sources are needed to help create a financing structure for home visiting. Because of limited resources, common strategies include “blending” or “braiding” funds from multiple sources to meet overall goals.

The ability to both blend and braid funds is necessary for the survival and sustainability of programs to continue serving the most under-resourced families. In fact, federal guidance has reinforced the use of financing strategies<sup>15</sup> within early childhood systems, which are defined as follows:<sup>16</sup>

**Blending:** Wrapping funds from two or more funding sources together to fund a specific part of a program or initiative. In blending, costs are not necessarily allocated and tracked by individual funding sources.



**Braiding:** Two or more funding sources are coordinated to support the total cost of a service. Revenues are allocated and expenditures tracked by different categories of funding sources. In braiding, cost-allocation methods are required to ensure that there is no duplicate



funding of service costs and that each funding source is charged its fair share across the partners.

### Pay For Success and Social Impact Bonds

A “Pay for Success” method – also referred to as social impact bonds – provides a relatively new and innovative way to target limited funding through public-private partnerships for social, two-generational programs, like home visiting, based on data and measurable outcomes.

Using this approach, Connecticut created an outcomes rate card pilot project in 2018 using a portion of MIECHV funds to reward home visiting programs with bonus payments up to 4% for positive outcomes such as child health and caregiver employment.<sup>17</sup> In South Carolina, the state Department of Health and Human Services launched a pay for success initiative in 2016<sup>18</sup> to award up to \$7.5 million for positive outcomes and used a portion of the initiative’s funds via a Medicaid 1915 (b) waiver to expand services for Nurse-Family Partnership (NFP).<sup>19</sup>

While social impact bonds are aiming to achieve greater outcomes than other financing mechanisms, more examination is needed to compare its benefits and transaction costs relative to other financing options to ensure it is sensible.<sup>20</sup>

## Current Funding

The largest sources of current funding for Pennsylvania evidence-based home visiting programs come from the following three funding streams: state General Funds, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), and Medicaid.

### 1) State General Funds



#### *State Budget*

The Childhood Begins at Home campaign has primarily been focused on state budget advocacy since its inception in 2017 through two line items in the Department of Human Services budget: the Community-based Family Centers line and the Nurse-Family Partnership line.

Following three years of substantial growth in state funding for evidence-based home visiting, the state budget has stagnated over the last two cycles. This is largely due to both the decreased attention of Governor Wolf’s administration by excluding increases for evidence-based home visiting in his last two budget proposals and the fiscal environment resulting from the COVID-19 pandemic.

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**The Administration's abrupt cut off from the trajectory of evidence-based home visiting investments in prior state budgets failed to prioritize maternal health and supporting families at a time of great need.**

The most recent state budget (FY 2021-22) includes approximately \$32.7M (\$19.56M for Community-Based Family Centers and \$13.13M for Nurse-Family Partnership) for evidence-based home visiting, representing level funding with no increases to expand services for new families.<sup>21</sup>

#### *Competitive Procurement Process*

An additional consideration around state funding is the procurement process that drives the contracts for Pennsylvania's family support programs, including evidence-based home visiting programs. After expecting a Request for Applications (RFA) to be issued within the current fiscal year to begin a new contract period, the state's Office of Child Development and Early Learning (OCDEL) announced the competitive awards process would be delayed for a second time, extending contracts to current grantees through July 1, 2022. *Unless there are additional state investments for the new contract period, programs will be forced to compete for the same level of funding, without the ability to increase overall service levels beyond the 5% of Pennsylvania families currently served.*

## **2) Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**



#### *Program Reauthorization and Funding*

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Program, established as part of the Affordable Care Act more than a decade ago, has provided a stable, annual funding source for evidence-based home visiting programs across the country to deliver services to eligible families. In order to continue this essential program, as well as preserve federal funding to support these programs operating in 55 states and territories, congressional reauthorization for MIECHV is needed before it expires on September 30, 2022. Of the current \$400 million annually earmarked to MIECHV, Pennsylvania receives \$16.3M to support evidence-based home visiting.<sup>22</sup>

Although MIECHV provides another sizeable funding stream, the reality is it is both limited and insufficient to meet such a great unmet need particularly since it has not been increased in nearly a decade. That is why advocates across the country, following the lead of the National Home Visiting Coalition, are seeking to scale funding during reauthorization by \$200M each year, ultimately reaching \$1.4 billion annually in order to expand services to more families living in at-risk communities based on each state's most recent needs assessment.

Pennsylvania's 2020 Family Support Needs Assessment, was completed last fall by the PolicyLab at Children's Hospital of Philadelphia (CHOP) in coordination with the state's Office of Child Development and Early Learning (OCDEL).<sup>23</sup> This latest report looked at six risk domains using maternal and child social, environmental, and health factors to identify the needs of Pennsylvania families and was designed to be used as a tool by the state when prioritizing funding for services like evidence-based home visiting.

#### *Virtual Home Visits*

During the COVID-19 pandemic, evidence-based home visiting services shifted quickly to virtual settings in order to reach families, especially those disproportionately impacted by the pandemic, to provide them with ongoing support. In addition, many home visitors dropped off food and other supplies such as diapers and cleaning

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## Current Funding (continued)

products to families in need. After much advocacy throughout the pandemic, evidence-based home visiting efforts were finally recognized within the most recent stimulus package, the American Rescue Plan Act (ARPA), which allocated \$150 million to MIECHV. Of the \$40 million in federal relief funds that have been distributed so far, Pennsylvania is slated to receive \$1.3 million.<sup>24</sup> While this aid is welcome, the home visiting community recognizes it is a one-time, limited bump to the MIECHV funding stream and any use of funds that are recurring in nature will not be sustained by the ARPA dollars.

### 3) Medicaid

#### *Maternal Home Visiting Program*



Another area of current funding, and one that has a much larger potential, is using Medicaid to finance home visiting.<sup>25</sup> In July 2020, the Pennsylvania

Department of Human Services (DHS) began its Maternal Home Visiting Program, which requires Medicaid managed care organizations (MCOs) to offer voluntary home visiting to first-time parents or parents and caregivers of children with additional risk factors. The program initially required MCOs to provide two home visits and quickly expanded to an unlimited number of visits to be provided between the prenatal period and the child's first 18 months of life. DHS

included this program as part of the Community-Based Care Management (CBCM) requirements within the annual MCO contracts to encourage preventive services, resolve barriers to care, and mitigate social determinants of health barriers.

The program may be a more limited opportunity for expanding evidence-based home visiting since it does not require home visits to be solely provided by evidence-based models, and allows for MCOs to utilize other programs that may be designated as promising practices or research-informed.

However, after a full year of implementation and given the expanded scope of the program, shifting and lack of clear guidance from DHS has resulted in uncertainty and lackluster participation. Stronger connections can and should be made between MCOs and existing evidence-based home visiting programs in order to maximize the opportunity to reach new families who could benefit from home visiting services.

#### *Direct Billing*

Nurse-Family Partnership (NFP) receives approximately \$2.5 million in federal Medicaid funding annually to bill for NFP services for a child who is enrolled in its program and in Medicaid.<sup>26</sup> These services are limited in scope and reimbursement and are billed on a fee-for-service basis under a single RN services code.



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**While Pennsylvania has a very light footprint in using Medicaid funds to support evidence-based home visiting as noted by the above examples, other states have longer histories of linking the two. Even though Medicaid could provide a much larger opportunity for our evidence-based home visiting system, it will only provide partial funding towards the total costs of providing home visiting services.**

### Michigan

Medicaid has been financing home visiting in Michigan for more than two decades. In fact, more than half of at-risk counties identified in Michigan's 2020 Home Visiting Needs Assessment reported Medicaid as their main source of funding.<sup>27</sup> The Medicaid Maternal and Infant Health Program (MIHP), the largest home visiting program in the state, was integrated into Medicaid MCOs in 2017 after operating for many years on a fee-for-service basis.<sup>28</sup> Similar to Pennsylvania, however, Michigan also braids Medicaid funds with MIECHV, state general funds, and Children's Trust Fund dollars to finance the state's other home visiting programs.

MCOs must offer MIHP or another evidence-based home visiting program to all Medicaid MCO-enrolled pregnant women and their infants up to 12 months old. Michigan has eight evidence-based home visiting models: Early Head Start (EHS), Family Spirit (FS), Healthy Families America (HFA), Infant Mental Health (IMH), Maternal Infant Health Program (MIHP), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Play and Learning Strategies-Infant (PALS). A unique aspect to Michigan's home visiting footprint is that MIHP and IMH are the only two Medicaid-funded models that were developed, implemented, and evaluated solely in Michigan.

### Minnesota

Minnesota has been using Medicaid as a home visiting funding source for more than a decade. MCOs bill under prenatal and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. Similar to Pennsylvania's program, MCOs have individual subcontracts with local agencies or health departments providing home visiting services to pregnant women and families of young children.<sup>29</sup> There are six evidence-based home visiting models in Minnesota: Early Head Start (EHS), Family Connects, Family Spirit (FS), Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse-Family Partnership (NFP).

### Virginia

Medicaid MCOs also finance home visiting in Virginia by permitting Targeted Case Management (TCM) plans to subcontract with home visiting provider sites.<sup>30</sup> Similar to Pennsylvania's financing approach, requirements are not included in its Medicaid State Plan. Comprehensive Health Investment Project (CHIP) of Virginia, a locally-developed hybrid model, was the first home visiting program to successfully secure funding from Medicaid MCOs for home visiting services. Virginia has both evidence-based and evidence-informed home visiting models: Comprehensive Health Investment Project of Virginia, Early Head Start (EHS), Healthy Families America (HFA), Healthy Start Loving Steps, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Resource Mothers.

## Potential New Funding

As we explored other states' funding landscapes for home visiting, several recurrent funding sources arose that would be worthwhile for Pennsylvania to consider: Temporary Assistance for Needy Families (TANF), tax revenues, and child welfare Title IV-E funds.

### 1) Temporary Assistance for Needy Families (TANF)



States are using federal funds through TANF to support the home visiting role of promoting family self-sufficiency.

While Pennsylvania had used TANF for home visiting decades ago, Pennsylvania currently uses a portion of the block grant for other early childhood initiatives, including approximately \$221 million for child care assistance.<sup>31</sup> Consideration of aligning TANF to once again be used for evidence-based home visiting should not be at the expense of the TANF program or other child-serving programs in Pennsylvania.

#### California

California's TANF program is known as California Work Opportunity and Responsibility to Kids (CalWORKs). In 2018, California proposed a three-year voluntary, evidence-based home visiting pilot initiative within CalWORKs, with the goal to help young families reach self-sufficiency, using \$158.5 million of TANF funding to support the initiative.<sup>32</sup>

Participating counties select the home visiting models to best meet local needs. Examples of evidence-based home visiting models that counties may use include Early Head Start-Home Visiting (EHS-HV), Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).

The pilot study was made permanent during the FY 2019-20 California state budget and expanded funding by more than \$90 million.<sup>33</sup> However, a 19% reduction was made during the recent budget cycle due to the pandemic.

#### Tennessee

Following a \$700 million surplus in Families First, Tennessee's TANF, the state had a unique opportunity to make substantial investments for children living in low-income families.<sup>34</sup> In the spring of 2021, the "TN Opportunity Act" was passed, dedicating \$300 million from the department's existing TANF surplus for a three-year pilot program to improve the education, health, and economic outcomes of children and their families. Planning grants are expected to begin October 1, 2021, and eligible programs include evidence-based home visiting services such as Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).

### 2) Various Tax Revenues



States have turned to alternative revenues – or dedicated funds such as tobacco, marijuana, and sales and property taxes – many via ballot

initiatives to enlist voters' support for dedicated funding to increase the reach of evidence-based home visiting and other early learning policies. It is not surprising when public support for investing in quality early childhood education has emerged as a unifying and non-partisan issue. In fact, a national poll shows 78% of voters support investments in home visiting programs that help parents support their child's early learning, health, and emotional development.<sup>35</sup>

#### Tobacco Taxes: California

In 1998, voters in California passed Proposition 10, adding a 50-cent tax to each pack of cigarettes and other tobacco products to create First 5 California, and a funding stream for early-childhood programs for children from birth to age 5.<sup>36</sup> The First 5 initiative

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## Potential New Funding (continued)

supports both evidence-based home visiting models and local models including Nurse-Family Partnership (NFP), Healthy Families America (HFA), Early Head Start (EHS), the Black Infant Health (BIH) Program, and First 5 LA's Welcome Baby. First 5 has provided significant investment in home visiting, however, as the state is facing declining tobacco tax revenue, it is turning to other potential new sources, such as taxes on legalized marijuana.

### *Marijuana Taxes: Washington*

Following California, Washington was the second state to legalize recreational marijuana. Funding for home visiting is a specific line item within the Dedicated Marijuana Account, which consists of all marijuana excise taxes, license fees, penalties and other income and revenue generated by legal marijuana-related sales and activities. The vast majority of the funding for home visiting, 85%, must be directed toward evidence-based home visiting programs, while the remaining can be used for programs with promising practices.<sup>37</sup> More than half of all home visiting services in Washington State are delivered through Early Head Start (EHS), Nurse-Family Partnership (NFP), Parent-Child Home Program (PCHP), and Parents as Teachers (PAT).

### *Children's Trust Funds: Kent County, MI / Portland, OR / St. Louis, MO*

#### First Steps Kent (Kent County, Michigan)

First Steps Kent, a diverse coalition including parents, providers, and other community members, formed in 2008 with a focus on building public support for early childhood and investing in high-quality programs and services. In 2018, it led a successful ballot initiative, "Ready by Five Early Childhood," which uses a .25 mill property tax increase to establish a sustainable source of public funding for programs that improve the health, school readiness, and well-being of children under age five in the county, including home visiting.<sup>38</sup> The fund will generate approximately \$5.7 million a year from 2019 to 2024 and currently assists in financing the services of twelve local home-visiting programs, including Kent ISD

Bright Beginnings, a Blue-Ribbon Model Affiliate of the Parents as Teachers program.

#### Portland Children's Levy (Portland, Oregon)

In 2002, Portland voters first approved Portland Children's Levy to help fund programs in early childhood, after school, mentoring, child abuse prevention and intervention, foster care, and hunger relief. Through a local .4026 mill property tax, the levy generates over \$20 million each year and has since been renewed three times.<sup>39</sup> A variety of levy-funded programs receive funding through a highly competitive application process, including home visiting such as Early Head Start.

#### St. Louis County Children's Service Fund (St. Louis, Missouri)

In 2008, the St. Louis County Putting Kids First Campaign was launched and passed with the approval of a resounding 62% of voters.<sup>40</sup> The fund targets ten specific behavioral health service areas to improve the lives of children, youth, and families. It is currently the largest children's service fund in the state of Missouri, generating approximately \$42 million each year through a 25-cent sales tax and funding a number of different programs, including Nurse-Family Partnership.

### **3) Child Welfare Title IV-E (Family First Prevention Services Act)**



Home visiting services are often used by child welfare agencies as a prevention service to support parents in caring for their young children, keeping children from entering the foster care system, or assisting in safely reunifying families. Child welfare agencies have historically valued home visiting programs and have provided a higher state-to-county match through the annual needs-based budget submission.

The Family First Prevention Services Act (FFPSA) gives states, territories, and tribes a new opportunity to use child welfare programming funds (Title IV-E federal funds) for evidence-based preventive services, including evidenced-based home visiting.<sup>41</sup>

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## Potential New Funding (continued)

In order for states to draw down Title IV-E funding for any prevention service, including home visiting, they must have an approved five-year plan, and the program must be appropriately rated on the Title IV-E Prevention Services Clearinghouse.

Because this is a new financing opportunity, and includes complexities in planning, only Washington, D.C. and 13 states have formally approved prevention plans as of August 2021: Arkansas, Hawaii, Iowa, Kansas,

Kentucky, Maryland, Nebraska, North Carolina (Eastern Band of Cherokee Indians), North Dakota, Oregon, Utah, Washington, and West Virginia.<sup>42</sup> An additional 18 states have submitted plans that have not yet been approved. Pennsylvania has also submitted its plan for formal implementation to be effective October 1, 2021. The plan includes three evidence-based home visiting models: Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).

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## A Strong Financial System is Essential for Home Visiting to Strengthen Families

Without increased investments from current or potential new funding sources to reach more Pennsylvania families, the unmet need for evidence-based home visiting services remains at a staggering 95%.

Childhood Begins at Home is committed to strategically pursuing a comprehensive and diversified approach to financing evidence-based home visiting for the pregnant women, children, and families living in Pennsylvania who

would benefit the most from these effective, voluntary services backed by decades of research.

Through careful planning, Pennsylvania has the opportunity for boldness to develop a robust statewide financing strategy to enhance our evidence-based home visiting system in order to best meet the needs of individual families and to strengthen communities.



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