Evidence-based home visiting is a research-proven tool to support the development and safety of our most vulnerable children and their families. Far too many of Pennsylvania’s youngest children are at risk of child abuse and neglect, live in poverty, and experience poor education and health outcomes. At times, parents and others raising children need support to improve their education, health, safety and economic stability.

Four evidence-based models are currently using about $50 million in state and federal funds to provide services in Pennsylvania. They include:

- **Early Head Start (EHS)** - Enhances the ability of low-income families to meet the developmental and early learning needs of their children at home.
- **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 care for their children, while promoting school readiness and healthy child development.

**Improving Health**
Only 1 in 10 Pennsylvania babies born on Medicaid received the appropriate evidence-based home visiting services following birth last year.

**Preventing Child Abuse and Neglect**
Only 21 percent of Pennsylvania children under age 6 known to the child welfare system received the appropriate evidence-based home visiting services to reduce the likelihood of future child abuse and neglect last year.

**Reducing Poverty**
Only 4 percent of Pennsylvania children living in low-income families that would benefit from appropriate evidence-based home visiting received services last year.

**Improving Literacy**
Only half of Pennsylvania children born to a mother without a high school diploma received appropriate evidence-based home visiting services last year.
Help address the opioid crisis by investing in evidence-based home visiting programs as recommended to be part of the Plan of Safe Care.

$6.5 million increase ($5.3M in the Community-Based Family Centers and $1.2M in the Nurse–Family Partnership line items) to expand evidence-based home visiting to an additional 800 families; train staff to better support families dealing with the opioid crisis; and provide a COLA to NFP and PAT.