

HOME VISITING



Ensure each child in Pennsylvania has the opportunity to grow up in a stable and healthy home environment. Evidence-based home visiting programs help parents and others raising children with the supports necessary to improve maternal and child health, including mental health, improve child development and school readiness, promote family economic self-sufficiency, promote positive parenting practices, reduce abuse and neglect, and address substance use disorders. These voluntary sessions play an important role, especially for those new to parenthood or with limited resources. With far too few Pennsylvania families receiving evidence-based home visiting services, we are working to expand its reach through increased funding for the programs and through multiple avenues of referrals, including the Department of Human Services' Medicaid Maternal Home Visiting Program.

POLICY PRIORITIES:

1. Increase the number of children and families receiving evidence-based home visiting services.

- a. Expand evidence-based home visiting financing and strategies using data analysis and research findings for the highest-risk families with young children, including low-income families and those with limited resources.
- b. Support federal reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and increased federal funding, including leveraging state matching opportunities.
- c. Monitor state appropriations requested by the Office of Child Development and Early Learning (OCDEL) to backfill the loss of federal MIECHV funds (due to sequestration) and funding requested by the Office of Medical Assistance Programs (OMAP) to support the expansion of the Maternal Home Visiting Program. Further, advocate for backfilling one-time federal stimulus funds, provided through Community-Based Child Abuse Prevention funds, to maintain the level of services provided to families.

- d. Monitor the Medicaid Maternal Home Visiting Program in DHS and track referrals to evidence-based home visiting to maximize the program's intent of expanding new services to families enrolled in Medicaid.
- e. Publish a follow-up report to the Childhood Begins at Home funding diversification report to further explore specific mechanisms within Medicaid to finance evidence-based home visiting.
- f. Monitor DHS' implementation of the statewide resource and referral tool and explore tracking of referrals to evidence-based home visiting.

- ### 2. Support the home visiting workforce and program sustainability by ensuring that adequate staffing levels correspond with service expansion and by building a qualified and culturally informed workforce to meet families' needs.
- ### 3. Expand the Childhood Begins at Home campaign to include new evidence-based home visiting models receiving state funding and explore inviting other supportive partners to elevate community voices.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Continued funding of state appropriations for the two home visiting line items: Community Based Family Centers line and Nurse-Family Partnership line, along with other sources of funding within the state budget that support evidence-based home visiting, including Community-Based Child Abuse Prevention funds.
- Contracts between DHS and Medicaid managed care organizations for its Maternal Home Visiting Program.
- Implementation of DHS' statewide closed loop Resource and Referral Tool and impact on increased referrals to evidence-based home visiting.
- Reauthorizing the MIECHV program in FFY 2022, along with potential increased federal MIECHV funding, including state matching funds.



DATA POINTS

UNMET NEED:

- Only 5% of Pennsylvania low-income families who could benefit the most receive evidence-based home visiting services.
- Approximately 17,000 Pennsylvania families receive evidence-based home visiting services.

CHILDREN AND FAMILIES IN EACH OF PENNSYLVANIA'S 67 COUNTIES RECEIVE VOLUNTARY, EVIDENCE-BASED HOME VISITING SERVICES.

PERCENTAGE OF CHILDREN SERVED WITHIN EACH RACE/ETHNICITY:

- 2% of Asian (Non-Hispanic) children receive home visiting services
- 3% of Black (Non-Hispanic) children receive home visiting services
- 4% of Hispanic or Latino children receive home visiting services
- 3% of White (Non-Hispanic) children receive home visiting services
- 5% of children who identify as two or more races/ethnicities receive home visiting services

EIGHT EVIDENCE-BASED HOME VISITING MODELS OPERATE IN PENNSYLVANIA AND RECEIVE STATE FUNDS:

- Child First
- Early Head Start
- Family Check-Up
- Family Connects
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented®

EVIDENCE-BASED HOME VISITING MODELS HAVE PROVEN TO MEET FAMILIES' NEEDS IN 1 OR MORE OF THE FOLLOWING AREAS:

- Child development and school readiness
- Child health
- Family economic self-sufficiency
- Linkages and referrals
- Maternal health
- Positive parenting practices
- Reductions in child maltreatment
- Reductions in juvenile delinquency, family violence, and crime