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ASTHVI
ASSOCIATION OF STATE AND TRIBAL HOME VISITING INITIATIVES

Accelerating the Expansion of Home Visiting Services Under the Family First Prevention Services Act

ACKNOWLEDGEMENTS

The Association of State and Tribal Home Visiting Initiatives (ASTHVI) is a nonprofit, nonpartisan collaboration of state, territorial, and Tribal administrators of voluntary home visiting programs that support pregnant women, young children, and families. Our mission is to assist members in the effective implementation and improvement of these programs. Through peer-to-peer support, ASTHVI facilitates national exchange of innovative practices and problem solving to maximize the benefit of home visiting initiatives to children, families, and society as a whole. ASTHVI membership is open to state, territorial, and Tribal officials administering federal or state-funded home visiting programs, as well as nonprofit organizations that have been designated to administer grants on behalf of one or more states, territories, or Tribes.

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ABSTRACT

The Family First Prevention Services Act of 2018 (Family First) was intended to redirect a portion of federal child welfare funding to early intervention and prevention. Six years later, multiple barriers still stand in the way of expanding families' access to support services such as voluntary home visiting. Key challenges include building cross-agency agreements, navigating administrative practices, and aligning funding streams.

The goal of this paper is to expedite the expansion of home visiting services under Family First by elevating strategies developed by states to address financing system misalignment between child welfare and home visiting. In many cases, use of Family First resources to support home visiting requires braiding funds to cover start-up costs, adapting child welfare vendor contracts and payment approaches to account for variability in services and cover the full cost of providing home visits, and collaboration between agencies that may not be accustomed to communicating with each other and working together. We hope this paper enables additional states to expand home visiting more rapidly to more families, promoting safer, happier, and healthier lives together.

METHODOLOGY

In late 2022, it became increasingly clear that even in states with approved Family First Prevention Services Act (FFPSA) plans, multiple barriers stood in the way of deploying Title IV-E resources to provide home visiting and other prevention services to the projected number of families. Under the leadership of Co-chairs Benjamin Hazelton of Oregon and Kate Rood of Michigan, the ASTHVI Family First Working Group invited home visiting administrators to participate in a virtual conversation about Family First implementation. ASTHVI members were also encouraged to invite their counterpart child welfare administrators to join the discussion. No territorial or Tribal administrators joined the Zoom session, but more than 70 home visiting and child welfare officials from more than 30 states attended the conversation, which included small group breakouts and full group report-outs and discussions.

Many of the barriers highlighted by administrators, including bureaucratic silos, risk aversion on the part of states concerned about federal claw-backs of funds in an environment of inadequate guidance, clashing cultures, lack of faith that prevention approaches will keep children safe, and even



differences of vocabulary between child welfare and home visiting, have been widely documented and discussed elsewhere. However, a previously unnoticed obstacle was highlighted by states that had cleared many of these hurdles: Issues of contracting and financing systems and the misalignment between child welfare and home visiting still stood in the way of executing agreements and delivering services to families.

With the generous support of the Doris Duke Foundation and the assistance of experts and partner organizations on the ground, ASTHVI took a deeper dive to better understand the nature of this misalignment, the number of states affected by it, and the strategies being used by states to overcome, work around, or tunnel through the barriers. This paper summarizes what we have found over the course of nine months of investigation.

To launch this work, ASTHVI staff interviewed child welfare and home visiting officials from states at different stages of Family First implementation, including states generally recognized as early adopters. We also interviewed administrators from states that did not yet have an approved Family First plan and were struggling to design and set up a system that would deploy Title IV-E resources in prevention programs.

Working with experts and using findings from our interviews, we developed a survey to gather qualitative information about the nexus of home visiting and Family First. The survey was sent to officials in child welfare and home visiting agencies in all 50 states and the District of Columbia. Partner organizations better known to and trusted by child welfare agencies assisted by disseminating the survey to their contact points in state agencies. Ultimately, ASTHVI received survey responses from both child welfare and home visiting administrators in more than 30 states; additional responses were received from either the child welfare or the home visiting agency in a given state. We are deeply grateful to the officials who took the time to respond to the rather lengthy questionnaire and provide rich detail, providing a more comprehensive portrait of the strategies they are deploying and the barriers they face in their efforts to support children and families at risk of child abuse and neglect.



INTRODUCTION

The Family First Prevention Services Act (Family First), an update to Title IV-E of the Social Security Act providing federal funds to state child welfare programs, was signed into law in 2018. The impetus behind the legislation was the recognition that, in a majority of cases, removing children from their homes when neglect or abuse is suspected ultimately increases the harm to children.

Accumulated evidence clearly indicates that family preservation generally improves outcomes for children. Family First aims to incentivize and facilitate earlier assistance before a crisis occurs and to offer families the support that enables children to remain at home safely. Evidence-based, prevention-focused approaches can strengthen parenting skills, teach age-appropriate discipline techniques, reduce adult stress, and, where needed, connect families to services that provide housing, healthcare, childcare, education, and job training and employment support.

Research demonstrates that strengths-based, early intervention can decrease the incidence of child abuse and neglect, improve family outcomes, and reduce long-term costs to the child welfare system. Home visiting is one such preventive service. Multiple national home visiting models have qualified for Family First by having been included in the Title IV-E Prevention Services Clearinghouse of evidence-based home visiting programs that are eligible for federal reimbursement under Title IV-E.

The passage of Family First was greeted with excitement by state administrators of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, some of whom are co-located with their child

welfare administrator counterparts within the same state agency or department. They viewed Family First as an opportunity to expand the benefits of home visiting to significant numbers of children and families who previously could not receive it due to limited MIECHV and other federal and state resources. Many states have written home visiting into their Family First plans.

Six years after enactment, the promise of Family First remains largely unfulfilled. An April 2023 column in a Capitol Hill newspaper posited that nationwide, only slightly more than 6,000 families had received prevention services under Family First since the law's inception. As of February 2024, eight states still did not have an approved Family First plan, and a small number of approved plans do not include home visiting. But even in states that are seen as Family First leaders, the number of families served with preventive services funded by Title IV-E remains limited.

This paper is motivated by a strong sense of urgency on the part of home visiting administrators working to support young children and their parents. Families cannot put their lives on hold while federal, state, and county governments work through internal legal, fiscal, organizational, and bureaucratic processes. Children do not stop growing while the adults hash out the details. Our goal is to share strategies and lessons learned that can help accelerate the expansion of home visiting services under Family First — so more families can remain intact while living safer, happier, healthier lives together.

As we talked with and surveyed state officials, it became apparent that there is wide variation in how child welfare and home visiting programs are structured and financed. Nevertheless, several common themes emerged:

Children do not stop growing while the adults hash out the details. Our goal is to share strategies and lessons learned that can help accelerate the expansion of home visiting services under Family First.

Challenges abound in building necessary cross-agency agreements. The processes used by child welfare and home visiting agencies are often very different. The financing and contracting systems used, the expectations of how service providers will be paid, and even what the core relationship between service providers and state administrators will look like often clash. This complicates the effort to develop agreements and payment systems that cover the cost of providing home visiting services to families under Title IV-E.

Evidence-based home visiting services are different from typical child welfare services.

The nature of home visiting services requires a different kind of contractual approach

and a different relationship between the payor agency and the service provider than what is typical for child welfare services. Home visiting provides services from an evidence-based curriculum designed to support families with younger children. Billable services to families can vary widely from family to family or even from visit to visit with the same family. Child welfare agencies more typically use "purchased" services, such as supervised visits, which vary modestly from family to family or vendor to vendor.

Administrative units are compartmentalized.

Child welfare and MIECHV-funded home visiting programs, fiscal and contracting teams, and systems are typically siloed from one another even if they are housed in the same state agency or department. Housing child welfare and home visiting in the same agency does not guarantee coordination or collaboration.

Providing families with home visiting services under Family First necessitates interagency collaboration.

Regardless of whether or not child welfare and home visiting staff are housed in the same agency, successful deployment of Family First resources to expand home visiting to Family First-eligible families is accelerated by — and some would say impossible without — communication and partnership between the two initiatives to address financing, recruitment, and requirements for child-specific prevention plans and ongoing safety and risk monitoring.

Family First implementation relies on aligning multiple financing streams.

Because Family First partially reimburses states for the cost of delivering services to families, it generally has been interpreted to exclude payment for start-up costs such as hiring and training of new staff before visits are initiated. (Title IV-E claims can be submitted for administrative costs and infrastructure.) States are using MIECHV, Temporary Assistance for Needy Families (TANF), and state general revenue to cover these expenses, making collaboration across state programs and agencies even more critical for success.

States are taking varied approaches to leveraging available financing sources, but still face barriers.

Nearly all states have developed multiple payment rates that account for home visiting cost variables such as geographic distance, travel time, urban versus rural communities, the language spoken in the home, and other factors. However, even when states endeavor to set Family First payment rates at levels that cover the full cost of delivering the home visiting service, strategies are needed to ensure that local agencies can be paid for the carrying cost of keeping qualified home visitors on the payroll while caseloads fill. States have developed various approaches to using Family First and other funds to maintain service capacity as Title IV-E families are recruited and enrolled, a process that may be outside the control of the local home visiting program.

Systems and processes are consistently a work in progress.

And just when you think your system has finally been built, you realize you're not done. Even states with relatively mature, workable contracting and payment systems continue to adapt and adjust.

Family First cannot deliver home visiting services without braiding and layering in other resources. Success requires commitment, entrepreneurialism, and creativity by state administrators, who labor through complex and conflicting federal requirements and the plumbing of their own state systems in the name of helping children and families thrive. It should not be this hard, but it is. That any families have received home visits under Family First is a testament to administrators' expertise, collaboration, and persistence. They are the unsung heroes of Family First.

CHILD WELFARE AND HOME VISITING FINANCING AND PROCUREMENT SYSTEMS ARE MISALIGNED

The financing and procurement systems used, the expectations of how service providers will be paid, and even what the core relationship between service providers and state administrators will look like are very different in child welfare and home visiting.

What works in child welfare does not necessarily translate to successful contracting with home visiting service providers. This complicates the effort to develop agreements and payment systems that cover the cost of providing home visiting services to families under Title IV-E.

Child welfare and home visiting programs and fiscal and contracting teams are typically separate from one another, even if they are housed in the same state agency or department. Both are programmatically and fiscally complex, with specialized knowledge and understanding needed to navigate the labyrinth of state and federal requirements and limitations. Specialization is efficient and minimizes the likelihood of errors, audits, and federal claw-backs of funds spent on unallowable uses. However, it also creates challenges when two programs need to work together, as in the case of Family First and home visiting.

Due to the nature of home visiting services, they require a different kind of contractual approach and a different relationship between the payor agency and the service provider than what is typical of child welfare. Working within an evidence-based curriculum, home visitors adjust the services provided to address the priorities and needs of each family. Home visits are

delivered as a bundle of services, and the services within the bundle vary depending on the family, progress through the curriculum, and/or the immediate circumstances at the time of a particular visit.

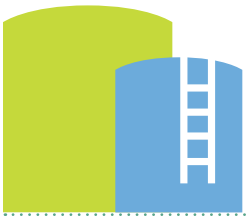
Likewise, the two systems have different norms for service payment. Child welfare typically operates with a menu-based approach, expecting to pay a unit rate only for the particular service purchased. This is analogous to how Medicaid pays for discrete services provided to children, with no expectation that payments should necessarily cover the entire salary of a doctor or nurse, much less the full cost of operating a pediatric practice. However, home visiting payments typically cover the direct and indirect costs of family "slots," or the cost of a home visitor's caseload. As Nebraska officials explained, "Child welfare has agreements with vendors, who provide a specific product. Home visiting executes contracts for a type of service."

One home visiting administrator described a meeting with the child welfare agency staff to talk about Family First payment agreements with home visiting agencies after their state's plan was approved. "We told [the child welfare staff] that the payments had to cover the full cost of providing home visits, and their jaws just dropped. They had never heard of that before! But, I ask you, how can local (home visitation) implementing agencies keep the lights on if the payments don't cover the cost of delivering the services? It still doesn't make sense to me."

Working through the differences in mindset and approach can be challenging and time-consuming. In Michigan, even with the help of a consulting firm paid for with state general funds, it took more than a year to develop a solution that could accommodate the needs of home visiting and child welfare and all the funding streams that would be braided together to extend preventive services to eligible families. In Indiana, even though Family First was woven into a state-wide home visiting system with multiple other funding streams, successfully integrating Title IV-E funds required active engagement by the agency's fiscal team and senior decision-makers.

The differences in how funds flow between agencies, whether via sub-awards or contracts, can also create challenges. Nebraska initially braided TANF funds with funds from its Division of Children and Family Services (CFS), the child welfare administrative agency. The state also braided Family First funding into MIECHV sub-awards. The MIECHV sub-awards required CFS to create a unit rate for home visiting services, which proved to be too complicated logistically, prompting the agencies to move to a contracts-only format.

It can be challenging for a child welfare agency team to adjust its expectations of how it will procure services from home visiting programs and then reconfigure its approach to payments in a way that works for home visitation providers. However, doing so potentially offers the child welfare agency a valuable payoff in increased oversight and accountability of the services it purchases. Multiple states reported that ultimately, child welfare officials came to appreciate the more hands-on approach of home visiting contracts as they became more familiar with home visiting.



SILOS STAND IN THE WAY

Multiple states that house child welfare and home visiting in the same agency credit their progress implementing Family First to that co-location. However, survey responses indicated that coordination and collaboration are not guaranteed even when child welfare and home visiting are in the same department.

> Collaboration across state agencies is particularly crucial to facilitating preventive services under Family First.

Some states that are co-located still struggle with silos between child welfare's programmatic, fiscal, and contracting teams and their home visiting counterparts. Regardless of whether or not child welfare and home visiting staff are housed within the same agency, successful deployment of Family First resources to expand home visiting for Family First-eligible families is accelerated by — and some would say impossible without — communication and partnership between the two initiatives.

Arguably, coordination across state agencies is beneficial regardless of the implemented program. Why is collaboration particularly crucial to facilitating preventive services under Family First? Multiple illustrations of the need for coordination were lifted up by states and are discussed in greater detail in the sections that follow. They include, but are not limited to:

- **Assistance from experienced home** visiting staff in designing rate structures and procurement agreements that work for home visiting is helpful to Family First officials who are less familiar with these approaches to procurement.
- **Limitations on Family First payment** of start-up and ramp-up costs for home visiting make expanding services difficult without resources from another payor.
- **Policies designating Family First,** MIECHV, TANF, and Medicaid as the payors of last resort require coordination to avoid stalemate.
- **Braiding multiple funding streams** extends the services offered to families and reduces the administrative burden on local home visiting programs.
- **Collaboration between Child** Protective Services (CPS) and home visiting is often needed to fill caseloads funded by Family First. CPS caseworkers who are unfamiliar with or mistrustful of home visiting are less likely to refer families for those services.



FUNDING START-UP COSTS

Family First resources for preventive services are only available as reimbursement for direct services provided to families. This creates a temporal and financial divide between program set-up or expansion and actual family engagement.

In December 2019, as part of a larger appropriations bill, Congress passed The Family First Transition Act (the Transition Act) to recognize the complexity of implementing evidence-based prevention programs to strengthen and stabilize families and help more children remain safely in their homes. Although the Transition Act provides 100% federal reimbursement for Family First start-up activities implemented under an approved Child and Family Services plan between 2019 and 2025, only one state mentioned using Transition Act resources to establish home visitation for child welfare families. That state has not yet begun to offer Family First-funded home visits.

Family First start-up activities may include:

- **Recruiting, hiring, and training new** home visitors to prepare for serving additional children and families
- **Offering further training to home** visitors in preparation for services to families involved in the child welfare system

- **Supporting the expansion of home** visiting programs or evidence-based models to communities where they did not previously exist

- **Providing outreach, training, and** information about home visiting to the child protective services caseworkers who will make referrals

Extensive technical assistance was needed in some instances to support programs or communities in preparing to serve families through Family First, a cost Title IV-E did not reimburse. Michigan shared that "certain aspects of this (start-up) process would not have been feasible without the resources and technical assistance paid for by state general funds. Without that, we would have served fewer families."

Some states addressed the challenges of start-up costs by adding Family First slots to existing home visitor caseloads. While this approach addressed part of the problem, it is not cost-free. Preparing the home visiting program, from the front line staff to the supervisors and managers, to provide home services to a slightly different population still requires resources. Creating the pathways, relationships, and trust among service programs frequently interfacing with families in different ways is essential groundwork to lay before a home visitor knocks on a family's door — and it comes at a price.

States adopted various strategies to cover the costs of starting home visiting services that would ultimately be paid for through Family First.

States can access FFPSA funds only after families have begun receiving home visiting services, creating a temporal and financial divide between program set-up or expansion and actual family engagement.

In its first year of implementation, Nebraska utilized state general funds, TANF, and MIECHV support in lieu of Family First grant funds because the state plan had not yet been approved. Indiana uses state general revenue to cover onboarding costs of home visitors who will serve families through Family First-funded expansion of home visiting.

Ohio bridges Family First home visiting ramp-up costs through multiple sources, including MIECHV, state general revenue, and county, local, or Tribal funds. Home visiting program costs such as staff training, administrative overhead, and direct provider payments are covered through agreements with the Ohio Department of Health. After services are provided to eligible families, the portion of overall expenses not covered by Family First is paid for with funds braided from other sources to meet the total cost of the Family First home visiting program. As of the summer of 2023, Ohio was still working to draw down Title IV-E reimbursement.



A NOTE ABOUT PAYOR OF LAST RESORT

One of the themes that emerged through the interviews and survey responses is the difficulty of standing up Family First-funded home visiting services without support from state general revenue and other federal funding streams such as MIECHV, TANF, and, in a few states, Medicaid.

Several states highlighted a particular stumbling block in negotiations among state agencies: multiple federal funding sources are designated as a payor of last resort. Frequently, in states that are further behind in implementing Family First, one of the contributing factors is disagreements among agencies over who should pay for home visiting and other preventive services. Each agency points to the statutory limitation on its funds, requiring it to be the payor of last resort, and points the finger to another agency and funding stream to pay first. The result is a stalemate, with nothing being accomplished.

The payor of last resort did not emerge in even one interview with a state that has moved forward to offer preventive services to families under Family First. When we asked

Several states highlighted a particular stumbling block in negotiations among state agencies: multiple federal funding sources are designated as a payor of last resort.

the question, state child welfare and home visiting staff seemed surprised; typically, payor of last resort had not been a significant discussion or negotiation topic. Because multiple funding streams had the same designation, these states just moved forward to develop a workable braided system.

In practice, MIECHV was typically used as the primary funder because the federal government pays 100% of the costs through state core grants. (Starting with the FY 2024 grants, states may draw down additional federal matching grants with $1 of non-federal match for every $3 in federal funds.) At a 50% federal reimbursement to states, Family First became the de facto last payor.

DEFINING A RATE: ONE SIZE DOES NOT FIT ALL

States that have overcome the initial financial hurdle of funding start-up costs face another challenge: how to set payment rates for ongoing home visiting services to Title IV-E eligible families.

Costs vary by setting (urban vs. rural), geographic distance traveled to meet with families, and by home visiting model. A few states have established a state-wide rate for home visiting, but they are the exception rather than the rule. The more we investigated, the more variations in payment rates and approaches we uncovered.

County by County Unit Rate

Indiana's state-wide home visiting programs pre-date both Family First and MIECHV. The Department of Child Services (DCS) has had a rate-setting process for its Healthy Families Indiana (HFI) home visiting contracts for decades, so the process was already familiar to local implementing agencies. Funds from multiple payors are braided together, so it was a natural decision to add Family First to the system and utilize the already established rates for Family First.

HFI home visiting services contracts pay one unit rate for family assessments, and another for home visiting families served each month. Unit rates vary by county and are determined every four years through analysis of actual cost reports submitted by the agencies contracted to serve each county. Sites include both program statistics and expenses in their reports. Expenses provided in the actual cost report include personnel expenses and non-personnel and in-kind expenses broken down by direct and indirect costs.

During the rate-setting process, documentation is provided substantiating the number of assessments completed, the number of home visits completed, the staff turnover ratio, and current rates for home visiting and evaluation. Sites submit their desired rates for home visiting and evaluation during the specified period. Separate rates are then established for family assessment and home visiting services, by number of families served and by county. With funding streams such as state funds, in addition to Family First resources, Indiana has the ability to reimburse for needed services outside the unit rate, such as translation services and staff onboarding costs.

Weekly Rate

New Hampshire's child welfare agency worked with the state's home visiting rate-setting team to establish reimbursement rates per family, covering direct and indirect costs and adjusting for factors such as geographic location and transportation. The child welfare agency bills a weekly rate per enrolled family. The public health-managed home visiting program has also aligned its billing with the rate schedule determined by child welfare authorities. This approach ensures consistency and allows home visitors more time to engage with families.

The local implementing agency bills the state from the first contact with the family to when the case is closed. Contracts for home visiting services are held jointly between the two state departments. Still, billing procedures for each department are managed separately by the local implementing agencies, reflecting different funding streams and tailored invoicing methods for the child welfare agency and public health.

Tiered Daily Rate

In Nebraska, the child welfare agency originally planned to pay for home visiting services using an hourly unit rate based on face-to-face time during a visit. However, this approach did not cover all costs associated with the program, such as outreach to families, planning, travel, documentation, and reporting. Ultimately, the child welfare agency collaborated with the state's rate-setting team to establish reimbursement rates per family and created a daily rate that is tiered for distance traveled.

Actual Rate Pricing

Michigan's Department of Health and Human Services uses a dynamic approach to rate setting for Family First home visiting services. The state allocates funding based on staffing costs necessary to serve a specific number of Family First families. The number of families is determined by community need, agency capacity, and home visiting model requirements. Michigan also explored alternative methodologies for rate determination, including dividing a fixed monthly amount by the caseload to calculate a rate per family. Under that approach, the rate per family would have changed monthly as the number of families changed. Ultimately, the state settled on actual rate pricing because of its stability to providers.

Case Weight

The Healthy Families New York home visiting program includes 54 contracts with the New York State Office of Family and Children Services and bases funding allocations on the number of families served. To accommodate the varying intensity of service needs among families, New York has utilized HFA's concept of case weight, allocating additional reimbursement for certain families with more significant needs and providing further training to staff. An extra .5 full-time equivalent (FTE) for Family First cases is included to ensure that the original contracts are achievable for a certain number of families, given the extra resources certain cases may require. New York funds a caseload of 18 families per home visitor, but only requires them to serve 15. This approach accommodates additional work to support community engagement, outreach activities, and relationship building.

Variations by Model

Kansas has an agreement under Family First with one home visiting model that reimburses based on actual expenses submitted. Its agreement under Family First with another model provides payment at a negotiated hourly rate. Initially, a home visit was expected to be accomplished in four hours. In practice, planning, travel time, documentation, and reporting bring the total to 6-10 hours, depending on the family.

While states vary significantly in the approaches they have developed to



establish workable systems for paying home visiting agencies for services, one thing is clear: Just as home visiting services themselves are variable based on the needs of families, so is it virtually impossible to develop a one-size-fits-all price for home visiting as though it were a uniform widget being purchased by the state.

Related Challenges

Another rate-setting stumbling block that emerged in some states relates to payments to local agencies following the enrollment of families if the family has not yet engaged with the home visitor or is not yet accepting consistent home visits.

In New Hampshire, state home visiting staff discussed with child welfare officials how home visiting models operate and the requirements to maintain fidelity to the model. Child welfare staff initially suggested paying a lower rate for those weeks, arguing that the outreach involved less effort. Ultimately, an agreement was reached that, for simplicity's sake, the three months of attempting to contact a family, as required by the model, would be paid for at the same weekly rate as ongoing home visits.

The two agencies in Nebraska also had the same conversation, with home visiting staff making it clear to child welfare officials that outreach to a family that is enrolled but is difficult to connect with is a requirement of the home visiting model. Programs have strict protocols to reach and engage families that might be facing multiple life challenges, including sending letters, texting, and visiting the home. Robust outreach should be reimbursed, as it is essential to serving the families that are most in need. At the three-month mark, if the family is still unreachable the case is closed.



CARRYING COSTS AS CASELOADS FILL

Even when a state has created workable, multi-funded approaches to pay home visiting programs to serve Title IV-E families, work still must be done to streamline the enrollment process and fund those programs while they are being launched and expanded.

In February 2023, the Administration for Children and Families clarified in the frequently asked questions section (page 9) of a Dear Colleague letter that there is no requirement for a family to have an open child welfare case to be eligible for preventive services under Family First. A community provider can, under an agreement with the Title IV-E agency, gather all the necessary information for the Title IV-E agency to make an eligibility determination.

However, the majority of state Family First plans that were approved before the issuance of this guidance still require a referral from the child welfare program staff for home visiting under Family First. Unless and until these plans are amended to permit community pathways to make referrals for these services, states working to fill their program caseloads will have less ability to engage families in need and offer them Family First home visiting services.

Even if program start-up costs are covered by sources other than Title IV-E, there is a period of time before caseloads, billing, and

Some states have developed highly flexible and extremely creative approaches to address the challenges of funding the ramp-up period through Family First.

reimbursement meet the break-even point. The build-up of the Title IV-E contracting approach was viewed by Michigan as a technical issue that was solvable with collaboration between the administrators of the funding sources, their budget officers, and finance teams. Despite diligent efforts to develop appropriate budgets, adding capacity was more costly than many LIAs had anticipated.

Covering all the expenses associated with expansion was more challenging than predicted, and more than a year after the launch of Family First implementation, the average caseloads across the state remained at only about 50%. However, Family First will only reimburse states for 50% of the costs of delivering home visits to families. If a home visitor does not have a full caseload and is providing fewer home visits than anticipated, how are those costs covered?

States at the forefront of implementing home visiting under Family First have developed a variety of strategies to address this challenge.

For many states, general revenue (even beyond the 50% state contribution Family First requires) emerged as pivotal in successfully launching their Family First initiatives. As the implementation process progressed and billing for Family First home visiting services became possible, state funds were still needed to cover home visiting program ramp-up costs.

In New Hampshire, administrators allow local home visiting agencies to invoice total actual costs for the first six months, while caseloads fill, before moving payments to the established per-family rate. This decision was made with the recognition that investing in start-up costs builds a robust infrastructure for future work. Other states use braided funds, including MIECHV, to maintain unused capacity while caseloads fill as part of building their state system.

Some states have developed highly flexible and extremely creative approaches to address the challenges of funding the ramp-up period through Family First. One state established a payment amount based on actual expenses. Local home visiting agencies invoice a weekly per-family rate based on the number of families served. If there is one family in the caseload, the per-family rate represents 100% of the expenses. If, a week later, an additional family has been enrolled, the per-family rate is cut in half even though the amount of the invoice remains unchanged. Other states have adopted a similar approach with monthly, rather than weekly, invoices.



IMPLEMENTATION IS TYPICALLY NOT LINEAR – WHEN YOU THINK YOU'RE DONE, THINK AGAIN!

State teams that have invested significant time and effort in designing their systems for expanding home visiting to serve additional families under Family First often exhale a sigh of relief once their approach has been finalized and launched. However, as our interviews and surveys confirmed, even the states with the most mature home visiting systems have continued to refine them.

In Nebraska, the child welfare agency transferred resources to the MIECHV oversight agency for the first year of contracts serving Title IV-E families before bringing those agreements back in-house. Michigan reduced caseloads during the transition to accommodate the additional time needed to adapt to a program tailored for families involved in child welfare services.

Multiple states conduct periodical time studies on Family First cases to capture the time needed for travel, documentation, home visits, training, supervision, and reflective consultation, and then recalibrate how many cases a home visitor can reasonably manage. One state that started with a goal of 15 families per Family First home visitor has reduced that caseload to 10. Other states have goals of 12 or 14 Family First families per home visitor.

Many states are discovering that despite their best efforts to predict ramp-up times and costs, Family First referrals have been slower to develop than anticipated, and payment approaches must be adapted to reflect that reality.

Many states are discovering that despite their best efforts to predict ramp-up times and costs, Family First referrals have been slower to develop than anticipated, and payment approaches must be adapted to reflect that reality. Common reasons for rate or payment revisions include additional training to address family needs, increased supervision and support for home visitors working with Family First families, additional time needed to establish and maintain contact and document contact attempts with Family First families, additional administrative demands associated with Family First, and the need to reduce Family First caseloads. Even in Indiana, where Family First was layered in as a funding source to a well-developed existing program, system-wide adjustments are being made to pay additional costs outside the established rates for interpretation services and the extra time it takes to provide a home visit with a translator for a family that speaks a language other than English.

In Illinois, planned changes are driven by the desire to strengthen the state's robust home visiting system, which spans more than one agency and funding source. The Illinois Department of Children and Family Services (DCFS) functions as the designated Title IV-E payee for the state, requiring all payments to be processed through the department. It is currently developing a home visiting cost model that will capture necessary expenses, such as living wages for home visiting staff, and inform updated reimbursement rates. The state anticipates quarterly or annual reimbursement based on the local implementing agency budget/contracted rate for MIECHV and Family First home visiting services. Illinois also aims to establish a universal identifier for families to streamline agency communication and coordination. This digital collaboration will allow the child welfare agency to know that families' needs are being met by the home visiting program without needing to have an open child welfare case or visits by a child protective services caseworker.



State Profile:
NEW HAMPSHIRE

When the New Hampshire Department of Health and Human Services' Division for Children, Youth and Families (DCYF) sat down to draft agreements to deliver home visiting services to children and families in the child welfare system under the Family First Prevention Services Act (Family First), it quickly became apparent that the approach child welfare had historically used with vendors would not work for home visiting. For decades, child welfare had certified providers through an Administrative Rule for discrete services, such as supervised visits with non-custodial parents. The services allowed for relatively little customization by vendors and relatively little variability across contracts.

Agreements for home visiting services required the child welfare agency to work with and adjust to a completely different type of agreement. A Scope of Services outlines activities around which home visitors may engage with families, though the services delivered at each home visit may vary depending on a family's needs and preferences. Administration of the home visiting agreements requires much greater interaction between state staff and home visiting service providers than what child welfare agency representatives and traditional child welfare vendors are accustomed to. However, the agency also believes there are more opportunities for collaboration and accountability due to that interaction and the incentive for service providers to offer a higher quality set of services that are more responsive to the agency and family needs.

The DCYF had a strong starting point for its new home visiting agreements, as the evidence-based Healthy Families America (HFA) home visiting model had been operating in New Hampshire for over a decade. HFA received funding from MIECHV and other funding sources through the Department of Public Health, which partnered with the DCYF to coordinate services.

Ultimately, contracts for home visiting services are held jointly between DCYF and the Division of Public Health Services. Each Division maintains a specified number of family slots, paid for

by their respective funders. DCYF family slots are paid for using Title IV-E funds. The two state entities worked together to make contracting as clear and painless as possible. The Scope of Services outlines exactly what home visiting needs to provide. Some sections of the contract designate what Public Health-funded slots will offer at the community level; others outline what DCYF-funded slots will provide to the families that agency works with.

Billing information is also treated somewhat separately. Public Health uses its own billing method and protocols to invoice MIECHV and its other funding streams, while DCYF has a slightly different approach for billing Title IV-E. For each of the six agencies funded by Family First, child welfare officials met with the state's home visiting rate-setting team to discuss the services being provided and determine a rate that covers all direct and indirect costs in the service region. These costs per family can be adjusted based on a variety of factors, including geography, transportation options, and travel times. Billing for enrolled families is reflected at a weekly rate, though each agency can potentially have a different rate depending on the budget submitted to cover their region effectively.

Changing DCYF's contracting model to work successfully with home visiting was not a simple or completely straightforward process. However, DCYF staff appreciate the greater interaction with providers.

Under this model, home visiting programs must determine which funding "bucket" each family fits into and how those services are subsequently billed. To avoid potential confusion and inefficiency and meet the requirement for Family First reimbursement, child welfare officials created a cover sheet that details all the key requirements for HFA to receive reimbursement, such as identifying candidacy type. This sheet is attached to the Service Plan, and the information provided is entered into the state's system, which is ready to support requests for reimbursement. Local programs beginning to serve families under Title IV-E are given six months to invoice the full amount of their documented start-up costs, even if their caseload is not yet fully enrolled, with the recognition that start-up costs build a strong infrastructure for the work to follow.

Changing DCYF's contracting model to work successfully with home visiting was not a simple or completely straightforward process. However, DCYF staff appreciate the greater interaction with providers, increased focus on deliverables, and heightened accountability of home visiting programs to DCYF under the new (to child welfare) system. Over time, officials believe many of DCYF's traditional vendor agreements may be adapted to resemble the contracting approach that is used with home visiting.



State Profile:
NEW YORK

New York has a blanket eligibility policy: Families that meet the criteria for Healthy Families New York (HFNY) services are eligible for Family First-funded home visiting. Even before the passage of Family First, 54 HFA programs provided services to families in all 62 counties in the state. By implementing child welfare protocol, New York anticipates allowing many additional families to participate in evidence-based home visiting.

New York's plan for ultimately receiving Family First reimbursement was boosted by the fact that home visiting and child welfare services are both located in the Division of Child Welfare and Community Service, though they are administered by two separate teams. One team oversees contracting and technical assistance, while the other is responsible for state program services. An additional bureau handles local and county-level administration. The state has also contracted with Prevent Child Abuse New York to provide 99% of the required HFA training at no cost to all HFA New York programs. Because the training is considered part of ongoing start-up expenses, it is not eligible for payment through Family First funds. Program start-up is propelled by a combination of resources, including MIECHV and private funding. State general funds have also greatly supported Family First-funded home visiting programs throughout this start-up process.

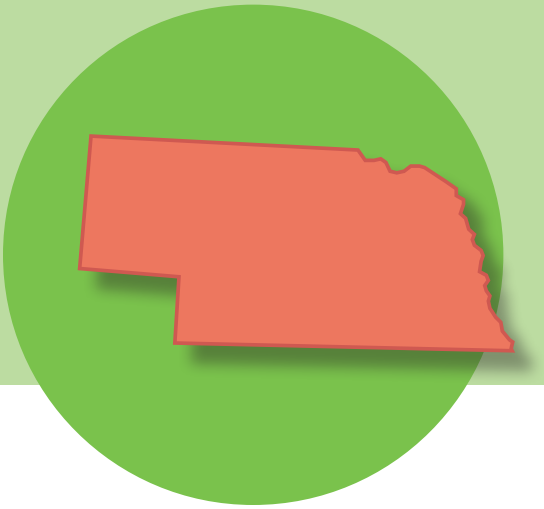
Because HFNY has had existing infrastructure in place for decades, all 54 programs have at least one contract with the New York State Office of Children and Family Services. Instead of having HFNY programs contract with their local county's social services agency and each county individually submit for Family First reimbursement, the state will seek reimbursement for Title IV-E eligible HFNY families at the state level. That office will seek reimbursement for non-federal funding for families that meet the Family First eligibility criteria once able. Because home visiting and child welfare services are offered through the same agency, state administrators have common access to management information systems, which means they can set up filters to identify families by funding source. This allows state officials easily to track which families are eligible for reimbursement and when that reimbursement can occur. Instead of



having all programs contract with their local county's social services agency and each county individually submit for Family First reimbursement, the state will seek reimbursement for Title IV-E eligible families at the state level.

Rates in New York are based on a cost per family, which is determined by several factors, including whether or not the program is approved to add HFA's child welfare protocol. Implementation of the child welfare protocol requires additional supports for staff and families, increasing the cost per family. Depending on the program, the state uses a uniform cost per family statewide. Then the Office of Children and Family Services establishes the appropriate contract(s) between the local implementing agency (LIA) and the county social services agency, community-based service organizations, hospitals, or other entities for that dollar amount. The state pays the local entities, and the state system will be seeking reimbursement once able. Administrators reported utilizing guidance from HFA regarding case weight and the ability to reduce caseload size when needed, such as shifting the system to give families with higher levels of need a higher case weight.

New York administrators credit their state for supporting them throughout the planning process and say that it "would be challenging or maybe impossible" to develop a workable Family First-funded system for home visiting without such support.



State Profile: NEBRASKA

Nebraska's work implementing Family First-funded home visiting programs strongly contradicts the idea that contracting under Family First is impossible. Beginning with its pilot program in 2021, Nebraska DCFS has offered contracts to several urban and rural sites across the state.

Nebraska already had in place the contracting structures that were ultimately utilized, and a handful of sites already had specific teams working with child welfare families in home visiting.

Nebraska faced a particular issue in billing Family First for home visiting: While child welfare uses contracts, home visiting uses sub-awards. Federal requirements for the two processes differ, and during an HRSA site visit, the federal auditors raised an issue with this differentiation. MIECHV rules exclude subcontracting, which includes monitoring, implementing a model with fidelity, and other conditions. Contracting is for a specific service with a particular rate, and vending is for a specific product. After the site visit, it was determined that sub-awards were more appropriate than contracted services. Nebraska DCFS, which oversees Family First, likes the contract and sub-award dynamic, as it is a more hands-on approach that allows for a particular service at a specific rate.

Nebraska's DCFS financial administrator developed the unit rate in collaboration with Nebraska MIECHV and the state's community-based local implementing agencies. While DCFS originally proposed a set hourly unit rate based on actual face-to-face time on a visit, this did not account for time spent on outreach, engagement, travel, planning, documentation, and other factors that require time and money. DCFS amended the unit rate by comparing the expenses of two pilot sites (one urban, one rural), and then using the highest expenses to develop a single daily rate that encompasses all the time and effort that goes into serving child welfare families. This daily rate can be billed from initial contact with the family through the time services conclude, and it is tiered for distance traveled. However, this unit rate can only support the full activities of service if the referral is made by a child welfare worker and the HFA program is able to engage the family.



Nebraska home visiting and child welfare teams have a history of using contracts and rate setting cooperatively, and combining their billing was a simple matter of entering providers into their existing shared database. To keep all stakeholders across the state on the same page, state officials offer orientation on a quarterly and as-needed basis to provide introductory training as well as information on this joint work with child welfare.

Nebraska has found that "Family First funds are not sufficient to make the program go." They rely on other funding sources as well. TANF in particular was utilized predominantly in the first year of service, which was entirely funded by state funds because the NE Family First plan had not yet been approved. Some other states are using Medicaid on top of their sub-awards. Nebraska is doing the same with Family First for families served by home visiting that also have child welfare involvement, which is allowable as long as there is no double-dipping. Nebraska provides the upfront funding with state funds, and then uses Family First funds on the back end and is reimbursed at 50%.

The Nebraska team recommends involving LIAs from the beginning and working to provide total transparency among all stakeholders. They communicated everything they knew with managers and directors, who also had a say in the decision-making process. Administrators built strong relationships between home visiting and child welfare and relied on one another as they explored solutions outside of their comfort zones.



State Profile:
MICHIGAN

When the Michigan Department of Health and Human Services launched its work to deliver home visiting services to children and families in the child welfare system using resources allocated to meet the expectations set by the Family First statute, it had an important asset: Child welfare and home visiting were located in the same department.

Although the programs approached payments differently, the finance staff and budget officers were on a first-name basis. Nevertheless, it took more than a year of discussions, along with the help of a consulting firm paid for with state general funds, to develop a financing solution that could accommodate the needs of both programs and all funding streams.

Historically, MIECHV and state general funds have supported non-Medicaid funded home visiting services in Michigan through grants to local programs. This approach did not change with the introduction of Family First resources. The scope of work developed for Title IV-E prevention-focused expansion was informed by the state's prior experience in home visiting. It focused on the infrastructure necessary for successful implementation, including costs of a state parent coordinator, a Family First coordinator, home visiting program mental health consultation, professional development, data systems and evaluation, and direct services to families.

Once the scope of work was approved and funding allocated, communities were prioritized based on needs assessments that included additional child welfare data that was not included in the 2020 state-wide home visiting needs assessment. Contracts for services were awarded to the home visiting agencies in the prioritized communities that indicated a state of readiness for expansion, utilizing a cost-based pricing approach. Funding amounts were allocated based on staffing costs for the home visiting program to serve a specific number of Family First families. These numbers were determined by community need, agency capacity, and home visiting model requirements.

Programs submit billing based on the actual costs of delivering services, and the federal billing calculation is based on the proportion of Family First-eligible families and monthly program

expenditures. Program cost-based billing includes travel time, outreach, direct services, and overhead.

As Michigan developed its Family First payment system, multiple possibilities were considered. One alternative was to divide a fixed monthly amount by the caseload to calculate a rate per family. Under that approach, the rate per family would have changed monthly, as the number of families being served changed. Ultimately, actual rate pricing was decided on because of the stability it offers to providers.

The state encountered multiple challenges:

- Managing home visiting expansion across multiple models, counties, and types of agencies
- Selecting the most appropriate communities in which to offer home visiting services to additional families
- Identifying the home visiting models that would best meet community and family needs while still honoring the existing home visiting system within the county
- Developing the Title IV-E contracting processes and procedures
- Building appropriate budgets, adding capacity, and covering the cost of expansion

Support from state general funds played a vital role in the success of Michigan's Family First implementation. State staff agree that it would not have been possible to develop and carry out parts of the process without the technical assistance made available through state general funds, and that Michigan would be serving fewer families without those resources.

As a result of the thoughtful collaboration and hard work that began in 2019, about 250 Michigan families had received home visiting services through Family First by the summer of 2023. The state's goal of 500 families served has not yet been reached, but the numbers are slowly increasing.

Family retention and slow incoming referrals in certain communities have emerged as the most predominant current challenges. This can be attributed in part to a delay in the Family First-funded contracting, which did not begin until October 2021, and the continuation of the program's expected 3-5 year ramp-up.

Some of the delays in reaching full capacity arise from the time needed to implement a major philosophical and systemic shift to prevention in the child welfare system. Knowledge gaps between the home visiting and child welfare agencies persist, and the state is developing innovative approaches to increase child welfare agency referrals to home visiting. The child welfare and home visiting teams continue to meet monthly to work through challenges and offer home visiting services to more families through Family First.



State Profile:
INDIANA

With home visiting services administered by the child welfare agency and home visiting in every county in the state, Indiana has always viewed MIECHV as a funding source rather than a program. Family First did not change how Indiana reimburses for home visiting, but it did change which dollars fund the services for some families.

The state uses TANF and MIECHV funds to cover home visiting services first. Family First is the payer of last resort, and those resources are only used if other funding streams are not applicable. The number of families paying for home visits through Family First has been slowly increasing every month since the state began claiming Title IV-E funds in October 2021. Title IV-E funding comprises only about 5% of the resources supporting home visiting services in Indiana.

The Indiana Department of Child Services (DCS) has had a rate-setting process in place for its Healthy Families Indiana (HFI) home visiting contracts for decades. So the process was already familiar to providers, and it was a natural choice to utilize the already established rates for Family First as well. Setting up a workable system to provide home visiting services with Title IV-E funds required engagement by the agency's fiscal team, which knew both the Indiana accounting system and federal rules, and a working group to reduce silos and facilitate coordination. The engagement of senior decision-makers was also crucial to success.

Contracts for HFI home visiting services pay one unit rate for family assessments and another unit rate for home visiting families served each month. Unit rates vary by county and are determined every four years through analysis of actual cost reports submitted by the agencies contracted to serve each county. Sites include both program statistics and expenses in their actual cost reports. Reports include the number of assessments completed during the period being reviewed, the number of home visits completed during that time, staff turnover ratio for the time period, current rates for home visiting and assessment, and desired rates for home visiting and evaluation. Expenses provided in the actual cost report include personnel expenses and non-personnel and in-kind expenses broken down by direct and indirect costs. Actual cost

reports are submitted for each county. This results in different rates, county by county, for family assessment and for home visiting families served.

Sites are reimbursed on a monthly basis for assessments completed and home visiting families served during the previous month. A certain number of visits or activities per month must be completed, based on the level in which the family is being served, for the family to be billable. This practice has essentially eliminated inappropriate payments or use of funds, as sites are only reimbursed when services have been rendered.

Recently, the state has identified items that should have been included in the most recent rate analysis. These include the cost of onboarding new staff and fees for the provision of interpreter services, as well as translation of materials and technology for translation, which are necessary to facilitate participation in in-home visits by families that do not speak English. These items are currently being reimbursed outside of the unit rate, with each agency receiving an allocation for interpreter services/translation and up to three months of salary for newly hired staff. It has yet to be determined if these items will be incorporated into the unit rate in the future.

The HFI home visiting program is administered by the child welfare agency's prevention division, resulting in regular collaboration and communication between DCS and the home visiting agencies.

Indiana takes an additional step to streamline billing for local implementing agencies: Title IV-E reimbursement happens on the back end at the state level. Sites identify families that are eligible for TANF and MIECHV, and all other families are classified as being supported by state funds. DCS then runs eligibility reports to see which of these families qualify for Title IV-E, in which case the state files for reimbursement from the federal government. This is possible because all families that are eligible for Healthy Families Indiana are deemed categorically eligible for Title IV-E, and the HFI service plan is used as the family-specific prevention plan for Family First purposes.

Indiana staff have identified a few elements of the model they believe were crucial to the successful draw down of funds. First, the HFI home visiting program is administered by the child welfare agency's prevention division, resulting in regular collaboration and communication between DCS and the home visiting agencies. Additionally, the engagement of fiscal stakeholders and their willingness to reduce the home visiting agencies' burden on claiming home visiting enabled Indiana to be one of the first states to begin accessing Title IV-E funding for prevention.

STATE RECOMMENDATIONS FOR EFFECTIVE IMPLEMENTATION



Be prepared, once your system has been established, to **make revisions**.



Take preemptive steps to talk to front line staff about home visiting and what it means for the changing landscape of child welfare, so all partners not only understand it but feel comfortable discussing it with families. **Create buy-in** by involving them from the beginning, and follow through with communication when things happen behind the scenes that they are not involved in.



Prioritize staff well-being and capacity building to mitigate burnout and ensure sustained program effectiveness.



Accommodating costs that vary by region, model, and intensity of family need may prevent the creation of a uniform state-wide payment rate. Creativity may be needed to cover program costs as caseloads fill.



Braiding funding streams and integrating home visiting funded by Family First with home visiting services supported by other funding streams may be essential for covering start-up costs.



Understand from the beginning each federal agency and funding stream's **requirements** for, and limitations on, how resources are permitted to flow to local program implementing agencies.



Engage **fiscal stakeholders** early on, and streamline funding processes.



Involve local implementing agencies from the beginning, and establish transparent, **trustworthy working relationships.**



Foster **interagency collaboration** between child welfare and home visiting. Regular agency meetings, communications, and attending meetings across agencies are needed to bolster relationships and adjust philosophies and program administration methodology gaps. Working authentically together chips away at partitions between programs.



Consider conducting **time studies** to accurately capture the resource requirements for home visits and inform caseload management strategies.



PERSIST!

Viable solutions can be found or created. Keep at it, and don't give up.



CONCLUSION

States leading the implementation of Family First home visiting programs encountered an unforeseen challenge: a structural misalignment between how child welfare programs establish contracts and fund services and the deployment of resources by the MIECHV program.

Though Family First remains a work in progress, states are addressing this challenge with perseverance and a commitment to ensuring these services reach families. It cannot be underscored enough: Clear and upfront conversations across state agencies that are responsible for a variety of funding sources available to support home visitation are essential for states to overcome barriers in navigating start-up and ramp-up costs for Family First-funded home visits. Collaboration and problem-solving build the pathways for child welfare agency staff to grow as proponents of home visiting and develop the ability to confidently approach and support families in taking advantage of the preventive services Family First offers.

Implicit in this analysis of barriers is a message to federal policymakers: Expansion of preventive services under Family First will require clarification on multiple fronts, including but not limited to payor of last resort, coverage of start-up costs, pathways for referral of families to preventive services, and payment to local programs as caseloads fill. Until these barriers are addressed in policy, it will fall to states to navigate over, under, and around these limitations. Fewer families that could benefit from preventive services will receive them, and the promise of Family First will not be achieved.

HELPFUL HOME VISITING VIDEOS

Nebraska found that lack of understanding of home visiting in the child welfare system — including low familiarity with home visiting among child welfare case workers whose referrals are needed, and low familiarity among families — was a significant barrier to implementing Family First. Nebraska MIECHV developed videos to help explain voluntary, strengths-based home visiting to referral staff and to parents and illustrate what a home visit looks like. Videos were produced in English and in Spanish, and they are publicly available on You Tube for use by any interested party. ASTHVI thanks Nebraska MIECHV for sharing this resource with colleagues and families across the country.



¿Por Qué Visitas Domiciliarias?

(Bilingual and Bicultural Home Visitors Meet Famiies Where They Are)

[Spanish Audio/English Subtitles]



What a Home Visit Looks Like

[English]



Home Visitors Are Partners in Family Resilience

[English]



What is Home Visiting?

[English]

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