Financing A Home Visiting System:

Casting a broad net and fishing in lots of ponds.

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Main Points

- Most programs with diverse objectives require diverse funding sources.
- Home visiting programs have historically drawn support from multiple investors.
- Over time, funding levels can be unreliable.
- Building a "system of home visiting programs" further complicates the funding challenge.

Historical Funding Patterns

- **1992 PCA 50-state survey**
  - All states offered some support to new parents.
  - 17 states supported specific interventions/models totaling $182M ($340M in 2020 dollars)

- **Revisited these data in 2010**
  - Of the 17 "early adopters", five saw substantial increases over time and six new states developed funding streams to take HV programs "to scale"; several experienced declines

MIECHV Promise versus Reality

- **Initial Funding Levels**
  - $1.5 billion over 5 years, annual allocations increasing from $100M to $400M from 2011 to 2015

- **Actual Funding Levels Last Three Years**
  - FY18 - $361M (Colorado - $8.1M)
  - FY19 - $350M (Colorado - $7.9M)
  - FY20 - $340M (Colorado - $7.7M)

- **Impacts on State Funding Levels**
  - NCSL survey; 34 states reporting, 2015-2017
  - 6 stable; 9 decreasing; 19 increasing (including Colorado)

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So where are states fishing?

- Non-MIECHV Federal Funding Streams
  - Medicaid
  - TANF
  - CAPTA

- State Resources
  - General fund with line item for specific models
  - Tobacco or similar taxes dedicated to early childhood support
  - Children's Trust Fund or other prevention program dollars

- Local Taxing Options

- Private Philanthropy/Pay for Success

Relevant Planning Parameters

- Understand the distinction between *funding streams* and *funding base.*

- *Identify* and *fill service gaps*, particularly for those at highest risk

- Balance support needed for *program expansion* and *infrastructure development.*

- Role funding plays in *building community ownership* and investment in home visiting

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