Colorado Home Visiting Financing Options

Policy Memo

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START EARLY | Consulting

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Introduction

The Colorado early childhood system is undergoing significant changes that open new opportunities to expand and improve programs and services for Colorado's young children and families.

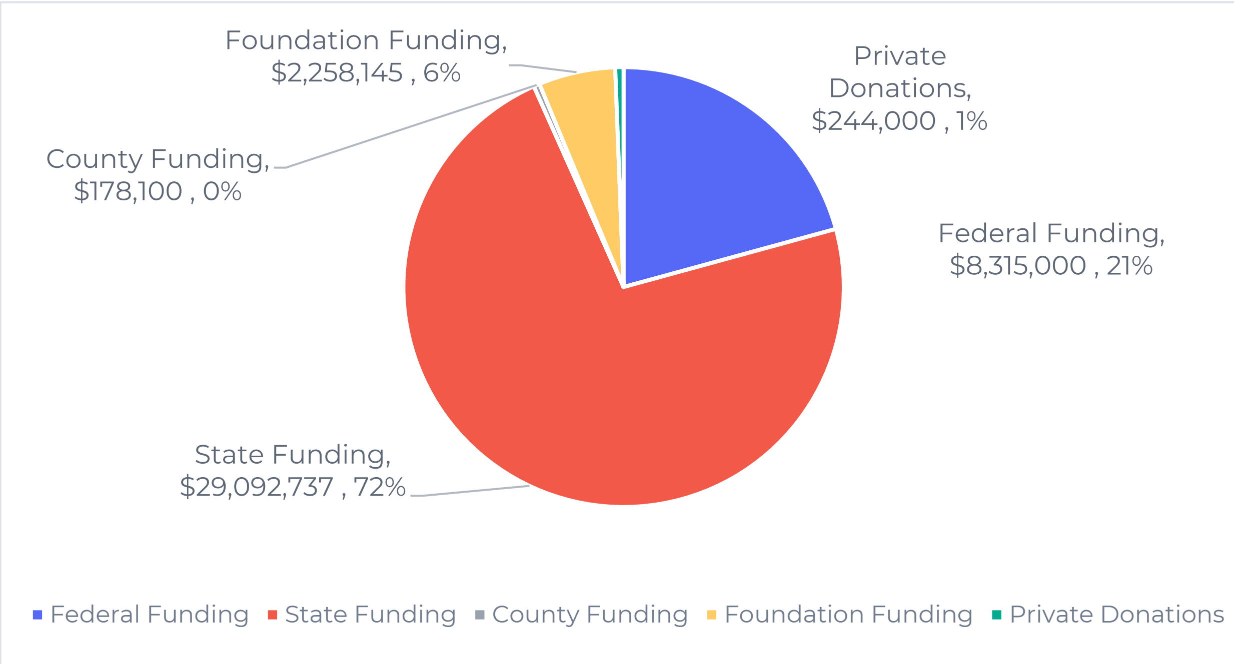
On April 27, 2022, Colorado Governor Jared Polis signed transformative legislation (HB22-1295) that creates a new Department of Early Childhood and establishes a statewide universal preschool program. Among the services and programs that will be transferred from the Department of Human Services (DHS), the new Department of Early Childhood will have authority over the nine evidence-based home visiting programs in the state.[1] Driven by this transformative effort, the Finance Workgroup of the Colorado Home Visiting Investment Task Force, which was established by Colorado's Early Childhood Leadership Commission (ECLC)—the state's advisory board for early childhood—engaged Start Early Consulting to examine federal funding streams that could be leveraged to improve the home visiting system and increase access to home visiting services for Colorado children and families.

Colorado's Home Visiting Investment Plan, created by the Home Visiting Investment Task Force and endorsed by the Colorado Early Childhood Leadership Commission, calls for the expansion of capacity in existing evidence-based home visiting program models by at least 20% over the next five state fiscal years (July 1, 2021 - June 30, 2026). The Colorado Early Childhood Leadership Commission and the Home Visiting Investment Task Force are committed to scaling home visiting services across the continuum of models operating within the state.

Colorado Home Visiting Landscape

- Nine evidence-based models receive some funding through the Office of Early Childhood and comprise Colorado's home visiting system. Over 10,000 children are served annually by home visiting services.[2] See Appendix A for an overview of the service reach, eligibility criteria, and funding sources currently accessed by each model.
- In 2019, approximately $40,100,000 supported Colorado's continuum of home visiting services, according to aggregate estimates of federal, state, local, and private funding compiled by the Financing Work Group of the Task Force as a component of the Home Visiting Investment Plan (HVIP).
- The chart below overviews current funding for home visiting in Colorado, as detailed in the HVIP. It includes estimates of funding for known evidence-based models and participating programs from Federal Government, State Government, County Government, and Foundations. While comprehensive, the estimate is not exhaustive of all funding for home visiting and did not include all Medicaid reimbursements for all programs or county investment in locally developed home visiting programs.

Chart 1: 2019 CO Home Visiting Funding Landscape



Federal Context

Federal policy changes, including MIECHV reauthorization and budget reconciliation, could carry implications for Colorado's use of federal funding for home visiting expansion.

Authorization for the Maternal Infant and Early Childhood (MIECHV) program under the Social Security Act, Title V, § 511 (42 U.S.C. § 711, as funded and last extended by the Bipartisan Budget Act of 2018 (P.L. 115-123), will expire on September 30, 2022. Major priorities for the federal program include a timely five-year reauthorization and an increase of $200 million annually to the program over the next five years, arriving at a total of $1.4 billion.[3] The President's Budget Request for federal fiscal year 2023 included a proposed five-year expansion of mandatory MIECHV funding, with an increase of $67.0 million per year over the five years.[4] Although MIECHV funding represents only a small portion of current Colorado home visiting funding ($7,724,116 in FFY21)[5] it will be crucial for Colorado system leaders to monitor how potential changes to the MIECHV program and funding levels for CO MIECHV could impact the overall state system.

Federal budget reconciliation could include the potential for major new child care funding, funds to expand access to pre-K in states, and other early childhood resources that could enable Colorado to shift existing resources from preschool to birth to three programs and efforts to expand home visiting. While much of budget reconciliation is uncertain, in early May Senate Democrats were reportedly reworking a child care proposal for inclusion in a future reconciliation package that could include $72 billion to the existing Child Care and Development Block Grant program to bolster child care subsidies and $18 billion to help states expand access to pre-K through a new grant program.[6]

Exploration of Funding Streams for HV

Start Early developed a process for examining the existing funding landscape and analyzing strategies to leverage additional federal funds to maximize the impact of home visiting services statewide. Activities included:

- Examining an initial list of federal and state funding streams of interest developed by the Finance Working Group of the Home Visiting Investment Task Force and the Colorado DHS Office of Early Childhood;[7]
- Completing a first-pass literature review of existing national and Colorado-specific analyses of federal funding commonly leveraged to support home visiting; [8] [9] [10] [11] [12] [13]
- Identifying key criteria for evaluating the viability of various funding streams in partnership with the Finance Working Group, including alignment of funding target outcomes with the core impacts of Colorado's various home visiting models, eligibility or other population specific criteria, cost coverage or ability to leverage funds to pay for the full expense of a home visiting program in contrast to reimbursing a visit, ability to braid or integrate with other streams (or funder of last resort issues), maintenance of effort or other required state funding contributions, and use by other states to support home visiting services;
- Narrowing the exploration of funding streams to TANF and ESSA as they were of particular interest to the Colorado DHS Office of Early Childhood and showed promise in districts and states throughout the country (Medicaid was already being explored by the Finance Working Group);
- Conducting interviews with state experts in Minnesota, California, Texas, Washington, and Illinois to build state profiles of successful ESSA and TANF use, and vetting strategies for braiding funding to expand home visiting; and
- Conducting interviews with Colorado state agency leaders from the Department of Education and Department of Human Services to understand the viability of funding home visiting services through these core funding streams in Colorado.

The Temporary Assistance for Needy Families (TANF) program and Every Student Succeeds Act (ESSA) were of particular interest to the Finance Working Group of the Home Visiting Investment Task Force and were selected for further analysis by Start Early. Both represent large funding streams with statewide coverage and clear alignment to demonstrated home visiting outcomes across the continuum of evidence-based models, and are already in use by other states and certain jurisdictions in Colorado given clear allowable uses of these funding streams for home visiting services. In addition to these two funding streams, Start Early also completed profiles of other major federal funding streams used for home visiting in other states and identified by the the Finance Working Group in early exploration, which are included in Appendix B. Funding streams are grouped into four categories based on their target outcomes: Health, Child and Family Safety, Family Economic Security, and School Readiness and Educational Achievement.

Every home visiting model operating in Colorado is associated with unique and compelling benefits to children and families and is a critical part of the continuum of services supporting health, early learning, family safety and family economic security and stability, child safety, and other outcomes. Indeed, one of the strengths of Colorado's approach to funding various home visiting models is that communities can leverage targeted supports to meet the diverse needs of families. The following outcome domains are the eight domains used by HomVEE (i.e. Home Visiting Evidence of Effectiveness, the US Health and Human Services review of research on home visiting models) to evaluate manuscripts submitted by program models. While home visiting models may have other evidence of effectiveness that falls outside of these domains, these domains offer a useful structure for outlining the broad outcomes of Colorado's nine home visiting models.

Table 2: Alignment between CO home visiting models and federal funding stream objectives

Program Model	Child develop-ment and school readiness	Child health	Family economic self-sufficiency	Linkages and referrals	Maternal health	Positive parenting practices	Reductions in child maltreat-ment	Reductions in juvenile delinquency, family violence, and crime
Nurse Family Partnership[14]	X	X	X		X	X	X	X
Healthy Families America[15]	X	X	X	X	X	X	X	X
SafeCare Augmented[16] *				X			X	X
Parents as Teachers[17]	X		X			X		
Home Instruction for Parents of Preschool Youngsters[18]	X					X		
Early Head Start Home-Based Option[19]	X		X	X	X	X		
Family Connects[20]		X		X	X	X		
Child First[21]	X	€	€	X	X	€	€	
Healthy Steps [22]	ǂ	X ǂ		ǂ	ǂ	X	ǂ	
Funding stream alignment	ESSA CCDBG/CCDF	Title V CHP+ SAMHSA grants	TANF WIOA CCDBG/CCDF	CSBG WIOA	Title V CHP+ SAMHSA grants Regional Partnership Grants	TANF FFPSA (Title IV-E) Title IV-B CAPTA/ CBCAP	FFPSA (Title IV-E) Title IV-B CAPTA/ CBCAP Regional Partnership Grants SAMHSA grants	FFPSA (Title IV-E) Title IV-B CAPTA/ CBCAP Regional Partnership Grants SAMHSA grants

X = Demonstrated effectiveness in a given domain, per the HomVEE model effectiveness research reports.
ǂ = Denotes impacts represented by ZERO TO THREE HealthySteps. [23]
€ = Denotes impacts represented by Invest in Kids about the Child First model.

Temporary Aid for Needy Families (TANF)

What is the program?

The Temporary Assistance for Needy Families (TANF) program is a block grant which grants funds and flexibility to states and territories to provide temporary financial assistance to low-income families with children to help pay for food, shelter, child care and other non-medical expenses and also provides adults with job readiness training, job skills training, vocational training, other educational training programs to help low-income adults prepare for employment. As a fixed block grant that has not been increased since its creation, the inflation-adjusted value of the national total basic TANF block grant was 40 percent lower in FY2021 than its value in 1997.[24]

Colorado Works

While the federal statutory aims of the TANF program do not include an explicit focus on poverty among children and families, the stated goals of Colorado Works[25] are to:

- Guarantee that county departments and program partners have what they need to successfully implement financial assistance programs that are both accurate and timely
- Provide job opportunities for low-income Coloradans
- Support low-income Coloradans in both preparation for and retention of job opportunities
- Identify and promote strategies to increase household income and economic stability
- Serve as a financial safety net for older adults, people with disabilities, children and parents who are participating in work-related activities
- Promote family and individual safety and stability, healthy relationships and well-being

How is Colorado Works administered?

Colorado Works is locally administered by county human service and social service departments. Colorado has received a flat $136.1 million TANF block grant since 1996, and in 2020 received an additional $16 million from the TANF Contingency Fund, which provided additional federal funding to states to meet certain conditions during periods of unfavorable economic conditions.[26] Most of the annual TANF block grant ($128 million) is allocated to counties, which are required to provide local matching funds of 20 percent.

Chart 2: TANF Program Administration

Federal

- Office of Family Assistance (OFA), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS)
- Oversees states are meeting broad statutory goals for the TANF program
- Allocates fixed block grant to states. The total amount of federal block grant funds available to all states each year is $16.5 billion

State

- Colorado Department of Human Services, Employment and Benefits Division
- Receives $136.1 million TANF basic block grant funding and in 2020, received an added $16 million from the TANF Contingency Fund
- Ability to transfer up to 30 percent of its block grant funds per year to the Child Care and Development Fund (CCDF) and up to 10 percent to the Social Services Block Grant (SSBG), as long as the *total* amount transferred is less than 30 percent
- Required to submit state plans to the Office of Family Assistance every three years as a condition of receiving funds

Local

- County Departments of Social/Human Services
- Counties receive an allocation, based on a formula, to administer the program, provide monthly cash assistance to eligible households, and provide support services to help recipients meet their employment goals
- Required to provide local matching funds of 15%
- Counties enter into MOUs with CDHS describing their program and policies
- Counties are responsible for maintaining TANF/Colorado Works case files, including eligibility determination information, assessment results, individualized plans, and work activities documentation

Who is eligible?

TANF eligibility is limited to individuals who meet the following criteria:

- Have a dependent child in the home or are pregnant
- Are a Colorado resident
- Are a United States or naturalized citizen, or an eligible legal permanent resident and are lawfully present
- Meet the income guidelines
- Cooperate with child support, if applicable

There are three primary family types receiving Colorado Works assistance:

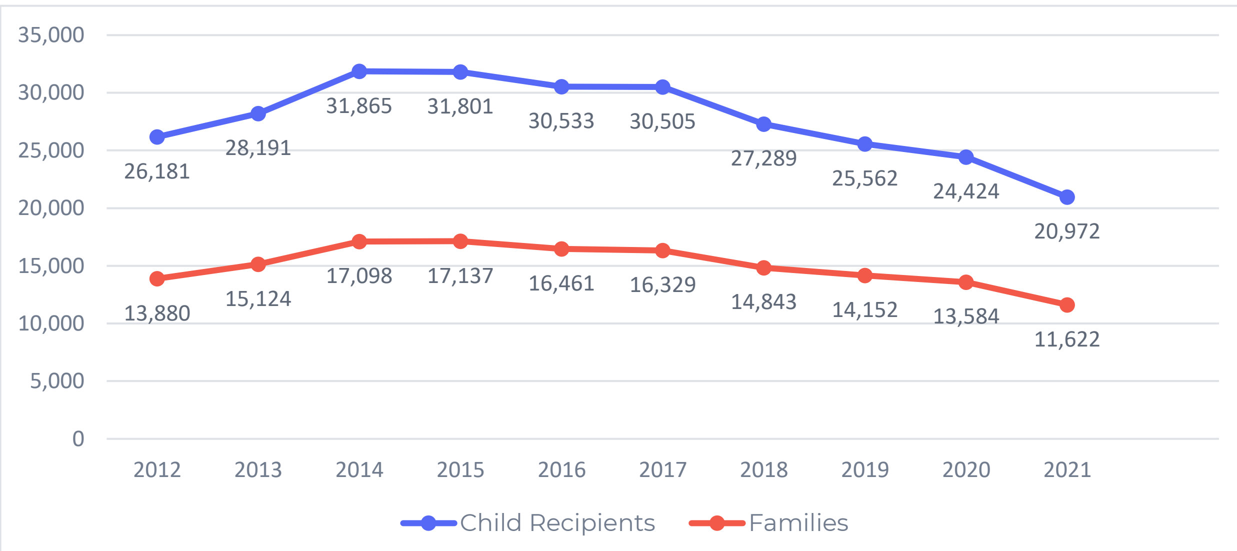
- Two parent households or single parent households with at least one child or a pregnant women (without other children)
- Child(ren) living with a caretaker where the child(ren) and the caretaker are also receiving benefits
- Child(ren) living with a caretaker where benefits support the child(ren) but not the adult(s) in the household (referred to as “child-only” participants.) Note that child-only cases do not require information on lawful presence/citizenship.

In addition to the basic cash assistance grant, county departments of human/social services may provide other assistance in the form of additional benefits, services, and incentives to participants above the basic benefit level, as outlined in their county policy.

TANF Caseloads

- Average TANF Participants (Families) per Month (FY2021): 11,622[27]
- Average TANF Participants (Child Recipients) per Month (FY2021): 20,972
- Average TANF Participants (Adult Recipients) per Month (FY2021): 7,088
- Despite economic hardships exacerbated by the COVID-19 pandemic, TANF caseloads have been declining over the last several years. State TANF experts suggest that federal stimulus funds may have increased family incomes beyond the eligibility threshold for TANF, contributing to lower caseloads in FY20-21.[28]

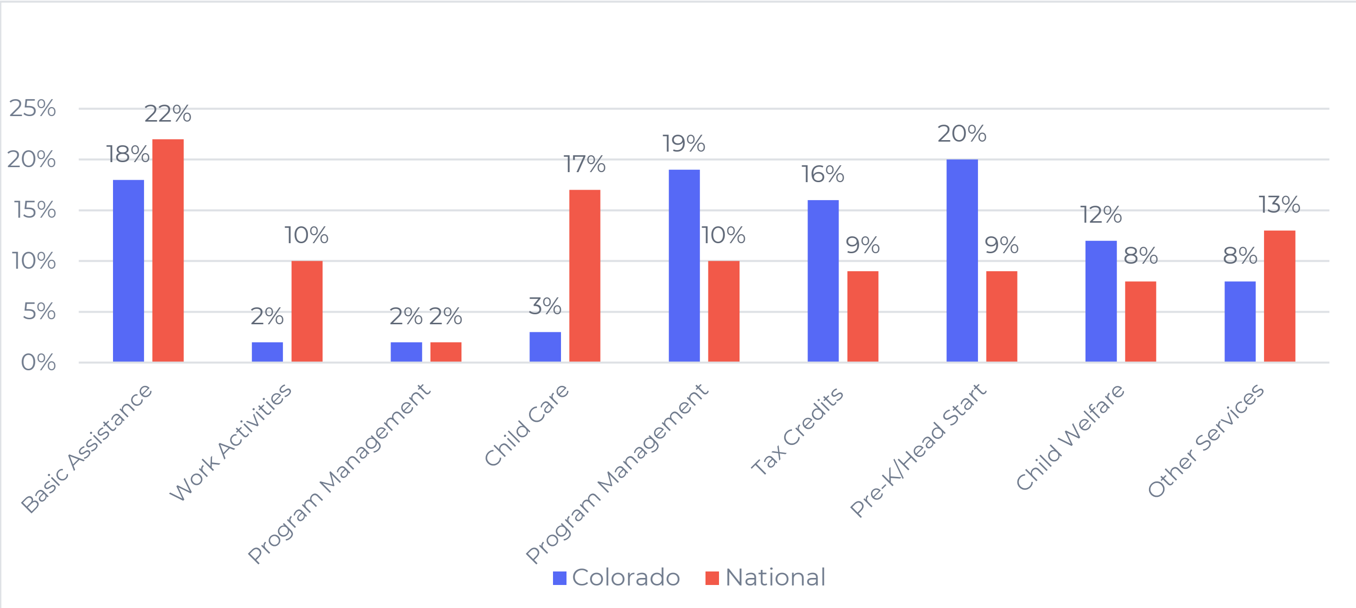
Chart 3: Average Monthly TANF Caseloads, Child and Family Recipients in Colorado, 2012-2021[29]



How much TANF funding does CO receive and spend?

- Federal funds awarded (2020): $136 million, plus an additional $16 million from the TANF Contingency Fund = $152 million
- Total spending (2020): $167 million in federal spending, plus $285 million in MOE spending = $452 million in federal, county, and state funds. MOE is claimable state expenses, the county match, and claimable third-party MOE, which consists of spending from non-profits or other spending by counties that meet the MOE requirements (non-federal, not used as a match for another program, and spent on eligible families).
- Despite spending a smaller share of TANF funding on basic assistance than the national average, Colorado's expenditures for basic assistance have increased over the last 20 years from $55 million in 2001 to $81 million in 2020.[30] A comparison of Colorado TANF spending in contrast to average national spending is shown in the chart below; note that state spending in Colorado is inclusive of state and county expenditures.

Chart 4: Share of Federal and State TANF Spending by Category, Federal Fiscal Year 2020



Maintenance of Effort Requirements

- States are required to contribute their own funds under a maintenance-of-effort (MOE) requirement, which mandates that states spend at least 80 percent of their historical spending on poor families with children.
- Colorado was subject to a reduced 75 percent MOE obligation in 2020 because it met specific work participation rate requirements.[31] In Federal Fiscal Year 2020, Colorado exceeded its MOE obligation and spent $285 million in MOE TANF expenditures.
- Qualifying MOE expenditures are any non-federal and otherwise unclaimed expenditures made on behalf of TANF-eligible families with a household gross income up to $75,000 per year.[32] Primary sources of qualifying expenditures meeting Colorado's MOE include expenditures made at the county level on Colorado Works Benefits, services, and administration; Emergency Assistance to Families with Children; Child Welfare service expenditures made at the county level for TANF eligible Families, level on services for TANF eligible families; Colorado Child Care Assistance Program (CCCAP); Low-income Energy Assistance Program (LEAP); the Colorado Earned Income Tax Credit and the Child Care Tax Credit; Education Expenditures from the Colorado Preschool Program; and the Nurse Home Visitor Program.[33]

Colorado's TANF reserves

Federal TANF law allows states to carry over any unspent block grant funds to future years, meaning that a state may spend more or less than its annual allocation of funds, which are not time limited. [34] In Colorado, county reserves are unused funds from the county's annual allocation and are limited by current law to 40 percent of a county's allocation or $100,000, whichever is higher. The state's reserve consists of unappropriated and unexpended TANF funds, including any funds that revert from the counties over the statewide cap.

At the end of FY2020, Colorado had accumulated $87.5 million in unspent TANF block grant funds, roughly equal to 64 percent of its basic block grant (which includes both state and county reserves). [35] In comparison, ten states had no unobligated balances at the end of FY2020 (unspent funds available to make *new* spending commitments), and 34 states and the District of Columbia had fewer unspent funds than Colorado.[36] Colorado ranked 35th among all 50 states and the District of Columbia for its share of unspent funds compared to its annual basic block grant award.[37, 38]

At the end of the 2022 legislative session, new legislation was passed that will significantly impact the state's TANF spending and state and county TANF reserves. HB22-1259, *Modifications To Colorado Works Program,* will, among other changes, increase basic cash assistance payments to TANF enrolled families, expand eligibility for specific populations, and minimize first sanctions against a family for violating program rules.[39] While ARPA funds would support initial coverage of the costs associated with the bill starting in 2023-24, once available funds from the transfer have been spent, the costs of increasing cash assistance would be split evenly between the General Fund, the Unclaimed Property Trust Fund, and state and county TANF reserves. CDHS would be required to determine an equitable portion of TANF reserves that must come from the state and from counties.[40]

Permissible uses of TANF funding for home visiting

Several states leverage TANF funding for home visiting services, including California, Massachusetts, Minnesota, Tennessee, and Washington. Detailed profiles on California and Minnesota TANF funded home visiting are included below.

Representatives from the Colorado Department of Human Services, Employment and Benefits Division, confirm that home visiting is an allowable expense for county TANF programs, and localities within Colorado are already leveraging TANF funding, on a small scale, to support home visiting programs. Per analysis of the TANF Long-term Reserve Analysis by the Works Allocation Committee, counties spent a total of $710,999 on TANF home visiting programs in FY 2020-21.[41]

- Adams County: $591,279
- Logan County: $26,795
- Phillips County: $9,000
- Saguache County: $793
- Summit County: $68,133
- Washington County: $15,000

Baby Bear Hugs is parenting education and support program implemented in nine counties in Eastern Colorado. While not among the HomVEE approved evidence-based home visiting models, Baby Bear Hugs has contracted with County Departments of Human Services to leverage TANF dollars to deliver home-based services to eligible parents/caregivers. The program currently has contracts with Elbert, Kit Carson, Logan, Morgan, Phillips, Washington, and Yuma Counties. Per program leaders, TANF contracts support less than 20% of the program budget, and can only be spent for reimbursable services delivered to eligible families.

Under TANF code guidance, home visiting-related expenditures are allowable for programs where "nurses, social workers, or other professionals/paraprofessionals provide services to families in their homes, including evaluating the families' circumstances; providing information and guidance around maternal health and child health and development; and connecting families to necessary resources and services."[42]

- ACF 196R line: 21

- Program Component: I878
- Function Code: 4195

TANF Use for HV Example: Tri-County Health Department

The Tri-County Health Department (TCHD), serving Adams, Arapahoe, and Douglas Counties, has been providing nurse home visitation services to families in Adams County utilizing TANF funding since 1998. Through the leadership of the Director of Adams County Human Services, TCHD created a home visitation program modeled after the Nurse Family Partnership model, aiming to serve families that did not meet the requirements of NFP. The program, initially established as the Mothers First and renamed to the Nurse Support Program in 2015, is funded entirely by TANF funds which pay for 3 FTE nurse home visitors and associated administrative costs.

A majority of referrals for the Nurse Support Program come from TANF caseworkers, through referrals are also accepted from the community if a family meets TANF eligibility requirements. Families must be pregnant or have a child under 6 months of age at the time of enrollment, and families can be supported until the child's first birthday. The program is not exclusive to first-time parents. In 2021, the program served 51 new families in the TANF program.

As a supplement to the Nurse Support Program, TCHD also runs the Brief Parenting Program, which is designed to support TANF caseworkers who are are working with a family where the caregiver or child has medical or behavioral concerns that may be a barrier to the caregiver's employment. This includes families with older children who are not in the Nurse Support Program's target population of families with new babies or expectant parents. In addition to providing diagnosis specific education and support, nurses working through the Brief Parenting Program provide parenting education and support around parenting a child with behavioral concerns or mental illness, and leverage care coordination and other supports to help meet family-specific goals around education, employment, health and parenting.

TANF Use for HV Example: California

Background

Following years of advocacy, early childhood and home visiting advocates in California succeeded in securing a $158.5 million multi-year set-aside of TANF funding from the state's 2018-19 budget to provide voluntary evidence-based home visiting to families expecting or parenting a child under age two who participate in the state's TANF program. In 2019-20, the state increased its commitment to home visiting through an additional $90.3 million in TANF and state general funds for the California Work Opportunity and Responsibility to Kids Home Visiting Program (CalWORKS HVP).[43]

Administration

The CalWORKS HVP is a voluntary program established by the Welfare and Institutions Code (W&IC) § 11330.6-11330.9, supervised by the California Department of Social Services and administered by participating California counties. In 2020, the California Department of Social Services released a competitive request for county plans, through which County Welfare Departments (CWDs) in partnership with other county departments could request funds from July 2020 - June 2022 to operate a CalWORKS home visiting program, outlining the dimensions and requirements of the program. Home visiting services may be directly delivered by CWDs, or through subcontractors. CalWORKS HVP requires the use of evidence-based home visiting model(s): counties using models meeting HHS' Home Visiting Evidence of Effectiveness (HomVEE) criteria are prioritized by the California Department of Social Services, though other evidence-based models can be used with additional documentation. Notably, counties may provide one-time, needs-based funding (not to exceed $500) for the purchase of material goods for a home visiting participant household related to care, health, and safety of the child and family.[44]

Who is eligible?

Eligibility for the CalWORKS HVP is targeted toward individuals who meet one of the following criteria:

- A member of a CalWORKs assistance unit or the parent or caretaker relative of a child less than 24 months of age at the time the individual enrolls in the program
- A pregnant individual who has applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy
- An individual who is apparently eligible for CalWORKs aid
- Counties may serve additional individuals not described above so long as the county offers home visiting to all individuals in the target population.

Participation in the CalWORKS HVP is entirely voluntary, and does not impact a family's application for aid or eligibility for TANF/CalWORKS benefits or for supports or services such as Welfare-to-Work exemptions. This is essential to preserving the voluntary nature of home visiting services and supporting the trust-based relationship between home visitors and families. Families are not required to be eligible for or participate in the Welfare-to-Work program in order to receive home visiting services. CalWORKS HVP services are not entitlement services; families enrolled in the CalWORKS program or receiving TANF benefits are not necessarily able to receive services as limited funds prevent universal accessibility.

Impact

Results from the 2022 CalWORKS HVP legislatively-mandated evaluation report indicate that key enabling factors contributing to the success of the program included: 1) collaboration between county agencies and community-based organizations; 2) training of home visiting staff on core service delivery and topics including implicit bias, mental health care, motivational interviewing, virtual visits, referrals, reflective practice, public benefits/eligibility and prenatal care; and 3) the overall quality of the home visiting models implemented.[45] Home visiting staff additionally reported that the CalWORKS HVP was effective in improving physical and mental health for clients, while participants reported improved relationships with their child and felt better able to support their child's development.

A decline in referrals and enrollment throughout the pandemic resulted in reduced caseloads for CalWORKS and CalWORKS HVP. Home visiting staff noted that unclear messaging about the program and its benefits, as well as wait times from referrals to enrollment into the program, may have also contributed to low caseloads. The evaluation report identified other opportunities for improvement, including a desire from home visiting staff and county leaders to streamline data collection and reporting requirements, and a recommendation from evaluators to consider alignment of performance measures that are already in use in other programs, including Medicaid data indicators.

Lessons Learned

- California leaders emphasized the need to consider parity in home visitor salaries across regions and regardless of the funding streams sustaining a given program, as disparities in compensation can result in staff turnover across programs.
- It is also important to consider local home visiting capacity when determining the time and funding needed to start up or scale up services when expanding. Large urban counties that were already receiving California Department of Public Health funding to support home visiting programs were able to use CalWORKs HVP funds to scale existing services. Smaller and more rural counties without existing home visiting capacity faced additional challenges and infrastructure needs when launching new programs. Although TANF can support the expansion of home visiting, additional resources may be needed to support scale-up in rural areas with limited home visiting capacity.
- It is helpful to look at the cost variation of implementing various home visiting models, as this carries implications for TANF contracts with providers at the local level. While it is a strength for local TANF agencies to be able to select a home visiting model(s) to meet the needs of their community, the cost to administer services differs under the various models and may impact local contracts with providers. For example, the NFP nurse model requires higher educational attainment for home visitors and therefore is more costly to implement than PAT or HFA, which has impacts on both cost and scalability as it may be harder to recruit BA level nurses across all communities. Relevant for Colorado's model of local control, if multiple local TANF agencies are subcontracting with a single home visiting provider to serve TANF participants in their jurisdiction, it may create administrative burdens and inequities if each subcontract reimburses home visiting services at different levels.
- It is critical to develop clear and positive messaging about the benefits and nature of home visiting services to potential participants and TANF stakeholders. TANF services may have negative associations that leaders must be sensitive to and intentionally address when leveraging TANF funds for home visiting and coordinating services for families.
    - In CA, participating counties are strongly encouraged to co-locate home visitors and county CalWORKs staff in order to facilitate communication and coordination of services. Despite this guidance, stakeholders familiar with the California context noted that stigma associated with public benefit use, as well as historical mistrust of County Welfare Departments by families, may create tension in co-locating services and serve to disincentivize participation among home visiting target populations. In some instances, outreach from CalWORKs home visiting programs to families was unsuccessful when families saw calls coming from the local County Welfare Departments.

TANF Use for HV Example: Minnesota

Background

Family home visiting programs at the state, local and tribal levels are funded by a variety of sources, including TANF, also known as the Minnesota Family Investment Program (MFIP). Funding for family home visiting programs was codified into legislation in 2003 following significant budget cuts to programs earlier that year.[46] TANF funds allocated through the Local Public Health Act can be used for eligible program services, including non-medical home visits for families.[47] Home visiting funding is administered by the Minnesota Department of Health (MDH) and granted to Community Health Boards (CBHs), Tribal Governments, and non-profits. In Minnesota, home visiting programs are "state led, county run" with counties having a large say in how home visiting programs are administered.

Table 4: Home Visiting Grants Administered by MDH, by State Fiscal Year[48]

Funding Source	Program	FY 16	FY 17	FY 18	FY 19
State General Fund	Nurse-Family Partnership Programs	$575,000	$2,000,000	$2,000,000	$2,000,000
	Evidence Based programs	0	0	$5,580,000	$5,580,000
Federal Funds	TANF	$8,557,000	$8,557,000	$8,557,000	$8,557,000
	MIECHV	$10,059,000	$8,838,000	$7,745,000	$8,435,000

Sources: "Minnesota Family Home Visiting Program Report to the Minnesota Legislature," August 2018; communication with MDH Budget Office, December 10, 2018.

MDH currently provides financial support and/or consultation to six evidence-based home visiting models across the state: Early Head Start, Family Connects, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.[49] All but two counties that use TANF funding to support home visiting fund evidence-based programs, although evidence-based programming is not a requirement of TANF. For the two counties that use TANF funds for non-evidence based programs, this funding stream is reportedly less restrictive and easier to navigate for local agencies.

Who is eligible?

To be eligible for family home visiting services funded by TANF, a family must have an adjusted gross annual household income equal to or less than 200% of federal poverty guidelines, be a U.S. Citizen or an eligible non-citizen, and live in a household comprised of a minor child or a pregnant woman, or the family must be determined to be at risk for child abuse, child neglect, or delinquency. Families receiving federally-funded MFIP (i.e. TANF) are automatically eligible for home visiting whereas families receiving state-funded MFIP are NOT automatically eligible for these services. Eligibility determinations must occur at least once every 12 months.

Statutory parameters for grantees

Community health boards, tribal governments and non-profits that receive home visiting funding under the Local Health Act must submit a plan to MDH describing a multidisciplinary approach to targeted home visiting for families. MDH looks at the work plans to determine that grantees are meeting the intent of the statute. Generally, families participating in TANF-funded home visiting programs are required to be enrolled in TANF or meet eligibility requirements, but MDH provides grantees some flexibility to abide by the statute. The county social service agency and the local public health department may mutually agree to utilize home visitors as MFIP employment and training service providers. The county social service agency and the local public health department may also mutually agree to utilize home visitors to provide outreach to MFIP families who are being sanctioned or who have been terminated from MFIP due to the 60-month time limit.

How HV funding is allocated

The Minnesota Department of Health distributes home visiting funds, including TANF funds, to community health boards, tribal nations and non-profits based on a formula. MDH determined the formula in 2003 by looking at the amount of HV funding each county was receiving prior to statewide budget cuts and allocating the same proportion they were receiving at that time. Over the past two decades, this has created a system where some counties receive far more HV funds relative to their population than others (e.g. the Minneapolis CBH receives $9 million while the smallest CBH only receives $4,000. Most CBHs receive between $40,000 and $80,000.) Every tribal nation receives a baseline of $75,000 in HV funding each year and then based on their population may receive an allocation above that threshold. MDH has attempted to convene CBHs five times over the last twenty-years to recalculate the formula but that has not yet occurred.

Funding for family home visiting programs under Section 145A.17 are distributed through grant agreements in a rider to the state legislative budget each year. The rider states that 51% of funds have to go to home visiting for counties and cities and the other 49% can be used for the Women Infant Children (WIC) Program, home visiting, or teen and pregnancy prevention. Out of the 87 counties in Minnesota, 75 counties use the funding for home visiting, while 12 counties use it for WIC and teen pregnancy prevention. Tribal governments are able to use the funding for any maternal or child purpose; most use it for WIC.

How TANF is billed for HV

MDH has a state contract with local agencies that requires them to bill Medicaid first if they have the capacity (note that only nurses can bill for Medicaid, not other paraprofessionals, so that can limit them to using certain home visiting models.) If agencies are unable to bill Medicaid, they are directed to bill TANF for eligible families. For families that aren't eligible for TANF, agencies explore other third-party reimbursement options. There is not a "payor of last resort" but reimbursement through Medicaid is low and third-party reimbursement can be cumbersome. Medicaid reimbursement and TANF typically do not cover what local agencies need for their home visiting programs which can lead to a budget deficit. Many local agencies supplement home visiting programs with funding from local public health agencies. MDH encourages CBHs to think holistically about the infrastructure of the entire program rather than on a fee-for-service basis. For example, if 20% of their HV funding comes from TANF then approximately 20% of their families should be TANF eligible. However, this is challenging for smaller counties that have limited funding and that have departments of public health and human services that live within one office, and MDH allows some statutory flexibility for counties.

What TANF funds can be used for

Expenditures can include salary and fringe benefits for staff directly involved in program activities, as well as training materials, conference registration, mileage, outreach activities, educational and safety materials for families, program planning, evaluation or purchase of a computer. The following expenditures CANNOT be reimbursed to grantees: patient medical care, family planning medical services, capital improvements or alterations, cash assistance paid directly to clients, childcare or client transportation, or any cost not directly related to the grant.

Challenges of using TANF to fund HV

- Citizenship requirements apply to everyone in the household in Minnesota's TANF program—therefore if one relative does not meet citizenship requirements then the child and entire family are precluded from accessing TANF and TANF-funded home visiting services.
- It is highly difficult to marry a grant system and a fee-for-service system (e.g. Medicaid and NFP). Braiding funding requires a huge infrastructure and state commitment.

Lessons Learned

- Minnesota's model for funding Tribal governments may serve as a helpful guide i.e. determine upfront what it would cost to serve families; set a base amount that each county receives and calculate the amount of funding that would be required to serve families above the baseline.
- It is important to consider eligibility restraints and conditions (e.g. citizenship requirements); counties with smaller budgets have a more difficult time budgeting for those restraints and will need access to flexible funding.
- Once something is in the statute it is almost impossible to change it, so it is important to be thoughtful about how you might structure home visiting funding through legislation.

MFIP HV Pilot Program

The Minnesota Department of Health has been working closely with the Minnesota Department of Human Services (MDHS) to provide $50,000 grants to counties through a pilot program to create "synergy" between MFIP (i.e. "TANF") and home visiting. The goal is to help young moms (up to age 23) who are receiving MFIP maintain eligibility and avoid sanctions while also receiving pregnancy and parenting supports. A counselor or social worker is assigned to young moms to help them complete paperwork, schedule and prepare for appointments and meet other requirements of MFIP. This pilot is currently in six counties, with a spectrum of how integrated MFIP and home visiting services are in each county. For example, in one county the MFIP case worker and home visitor assigned to the young mom meet regularly to discuss how to meet the needs of their client. In Hennepin County, the home visitors do not administer MFIP sanctions (the MFIP case worker does) to ensure the home visitor is able to maintain a trusting relationship with clients. From a policy perspective, this pilot will help young moms avoid the "cliff effects" of public programs and avoid restrictions on "double dipping" in programs, recognizing the need for overlapping program supports as part of a poverty reduction strategy.

TANF Use for HV Example: Washington

Background of TANF and HV

In 2014, the Washington State TANF Program, WorkFirst, began partnering with home visiting programs throughout the state. In Washington, multiple funding streams are braided together to support home visiting through the Home Visiting Services Account (HVSA), including MIECHV, TANF, the Dedicated Marijuana Account, and the General State Fund. Each of these funding sources has a slightly different focus, creating the opportunity to engage diverse families across the state in home visiting services.

HVSA uses TANF funds to partially finance home visiting services for income-eligible families by connecting home visiting to one of TANF's core purposes: reducing the dependency of needy parents by promoting job preparation and employment. In the HVSA program, eligible families that receive TANF funds are offered the opportunity to participate in home visiting services. To preserve the voluntary nature of home visiting, TANF Community Service Workers provide families with a menu of supports to choose from, including home visiting. Families are informed of the benefits of available supports and that they may unenroll at any time without penalty.

How TANF & HV services are coordinated

Home visiting can meet state-level WorkFirst participation requirements. TANF recipients create an Individual Responsibility Plan that helps parents develop and reach personal and family goals. If a TANF-enrolled family chooses to participate in home visiting services, the TANF Community Service Office (CSO) case manager makes a referral to a local home visiting program. Home visiting programs then follow up on these referrals to enroll families. "Reverse referrals" are also possible, and allow a home visiting program to reach out to the TANF CSO to access TANF funding if they are already serving a family enrolled in TANF. Stakeholders were engaged in process-mapping to address issues such as how to know when there is availability in home visiting programs to enroll new families and how to refer families to home visiting services. They also designed processes to ensure smooth enrollment and share information between programs while respecting confidentiality. These processes have needed to be revised where there is leadership or staff turnover in the home visiting or TANF CSO programs. The state also provided coordinated professional development so that home visitors understand WorkFirst requirements and the TANF CSO staff understand the home visiting program. To encourage ongoing communication, staff from the CSO and home visiting programs were encouraged to attend each other's important meetings and serve on each other's advisory boards. Programs communicate on a regular basis about enrollment and underenrollment and utilize the shared client database to compare notes about the families they mutually serve.

Impact

Since the HVSA was established by the Washington state legislature in 2010, it has grown from funding four grantees serving 120 children to 44 grantees with the capacity to serve nearly 3,000 children. Notably, the HVSA only funds a portion of early childhood home visiting that happens in Washington (roughly a third). The Washington State Department of Children, Youth and Families periodically conducts a "Home Visiting Scan" to inventory all of the home visiting programs and families served across the state.

The partnership between TANF and home visiting has shown strong positive outcomes for families and has helped both programs meet their goals. Families enrolled in TANF Home Visiting were more likely to engage in WorkFirst activities that prepared them for employment and helped them access child care subsidies than families who were not enrolled. Infant-level outcomes showed TANF Home Visiting may be improving health and safety of infants by potentially reducing injuries, reducing frequent emergency department outpatient use, and at least temporarily reducing out-of-home placements.[50]

Challenges

- Different funding streams make deposits into the HVSA at different times, requiring a financial analyst to keep track of the status of the account and trends for how resources are being spent and utilized.
- Strong clarity of roles and responsibilities is essential when working with the heads of departments, as well as the ability to renegotiate contracts as the partnership grows.
- The traditional referral pathway has been more onerous on home visiting providers as families must be enrolled in TANF before enrolling in home visiting in order to claim TANF funding.

Lessons Learned

- TANF is a good funding source but there are a lot of parameters and implementation is difficult; braiding funding at the state level can help alleviate some of the confusion for program administrators and disruptions in services for families, but this does not come without administrative pitfalls and obstacles.
- Allow adequate time for planning and evaluation: different funding regulations and organizational structures require coordinated planning; key stakeholders (including the people who are actually managing the funds locally) should have the time, space and resources to help state leaders contemplate how to structure the partnership.
- Start small, then scale: Washington's TANF-home visiting partnership began with a pilot in four counties to test different strategies and approaches. As the partnership has received additional funding and expanded to additional counties, learnings have been incorporated to strengthen the initiative.
- TANF-enrolled families may have elevated risk factors or needs, including higher rates of substance use disorder, mental health conditions, and homelessness, in comparison to other home visiting participants, that may make this population more work-intensive to serve and retain. However, benefits to families who were receiving enhanced support through dual TANF and home visiting participation were robust,[51] and outcome data collected through the evaluation of TANF-home visiting partnership have served as a strong selling-point for TANF leaders.

Recommended Strategies to Leverage TANF for HV in Colorado

Stakeholder education and awareness building

- As with other funding streams, Colorado's model of local control and county leadership will require home visiting leaders to build awareness among County Departments of Social/Human Services entities about home visiting, the impact services may have on families, shared goals between the Colorado Works program and home visiting, and the viability of supporting these services with TANF funds. Initial level-setting is essential to identify common goals and build shared language around the activities of home visiting and TANF services for front-line administrators, decision-makers, and ultimately, for families.
- Identifying tables for coordination and cross-county communication will be vital in the absence of a top-down system of administration for TANF funding.

- Home visiting leaders should work with the Colorado Works Allocation Committee, which annually reviews the allocation of TANF funds to counties, adopts a formula to distribute TANF mitigation, approves transfers between counties, and monitors the County TANF Reserve caps.
- The Home Visiting Investment Task Force should work to establish a relationship with the TANF Coalition (lead by the Colorado Children's Campaign, with membership including Illuminate Colorado) to discuss shared goals between Colorado Works and home visiting and identify additional concrete avenues for home visiting services to connect to and support the family economic stability goals of the TANF Coalition.

- Beyond the initial lift of building awareness among local Colorado Works administrators and decision-makers about home visiting, Colorado will need to explore strategies to sustain on-going education and capacity building among front-line staff across the TANF and home visiting systems.
- Local counties that are already leveraging TANF funds for home visiting can be important resources for stakeholder education and building buy-in. As noted above, six counties are already leveraging TANF funding, with Adams County spending $591,279 on TANF home visiting programs in FY 2020-21.[52] Gathering more information from these counties and documenting how TANF funds are currently leveraged, which models are implemented, parameters for current funding or other requirements on participants, coordination with TANF administrators and home visitors, and any documentation of participant outcomes, will be an essential next step for the Home Visiting Investment Task Force.
- CDHS could issue guidance clarifying the allowability of home visiting as a TANF expenditure, and existing county MOUs that include home visiting services could be shared as examples with interested local leadership.

Local planning

- Colorado should consider how TANF dollars could be targeted to fill gaps in home visiting service capacity in particular communities through added allocations or use of underspend resources for more short-term start up of new programs.
- TANF reserves or core TANF funding from the state and counties may represent an avenue for launching new home visiting programs or scaling the reach of existing programs, even as a short-term infusion of resources into the state home visiting system. Programs could then draw down additional funds from Title IV-E for eligible families.
  - Child First, Healthy Families America, Parents As Teachers, and SafeCare Augmented are among the home visiting models rated "supported" or "well supported" by the Title IV-E Prevention Services Clearinghouse and were included in the state's five-year Family First Prevention Services Act (FFPSA) plan. However, while NFP has been brought to scale across all of Colorado's 64 counties, the other proposed models are less far-reaching and may require additional expansion to support the state's vision under FFPSA.
  - CDHS Division of Employment and Benefits staff have been engaged in conversations regarding FFPSA capacity and emphasized the viability of TANF as a funding source for home visiting, with local initiative to leverage these funds.
- If TANF funds could be leveraged to support initial scaling of home visiting models identified under Colorado's FFPSA Plan, Title IV-E reimbursement could support program operations in the longer term. As the lead state support for Colorado's county administered human services system, CDHS could coordinate guidance and other support for local departments of human services to utilize TANF funds to build local home visiting capacity to provide key prevention services in line with the state's FFPSA vision.

Administration

- Consider engaging in cost-modeling work to understand variations in cost across the various evidence-based models and document the true cost of providing adequate funding for high-quality services.
- Prioritize equitable and adequate compensation for the home visiting workforce in planning for service expansion through TANF. Low wages drive home visitor turnover, which in turn impacts the ability of programs to retain families in services and meet enrollment goals.
- Evaluate the impacts of participating in home visiting for TANF-enrolled families, with an eye towards how home visiting supports families to achieve the goals of the Colorado Works program. Leverage evaluation findings from counties already funding home visiting with TANF dollars to scale participation across the state.
- Home visiting leaders will need to confront histories of bias and prejudice against families accessing public benefits and ensure that families understand the completely voluntary nature of home visiting services. This will help prevent families from perceiving services as a surveillance tool or added hurdle to receiving TANF benefits.
    - Providing comprehensive anti-bias training and shared learning opportunities for both TANF administrators and home visitors is critical when exploring incorporating TANF funding into the home visiting landscape. TANF leaders may need additional education regarding the shared objectives of both home visiting and TANF programming, including family economic self-sufficiency, multi-generational supports, and family stability.
    - Colorado home visiting leaders may consider strategies to preserve coordination between TANF and home visiting without requiring home visitors and TANF/welfare agencies to be co-located. If services are co-located within the local TANF agency, it is important to ensure that home visitors are not administering program sanctions to preserve clarity in roles and support the trusting relationship between home visitor and parent/caregiver. Home visitors may still be useful in engaging families who have been sanctioned or terminated from the TANF program after surpassing their time limit on the TANF caseload.

Every Student Succeeds Act (ESSA)

What is the program?

As the federal K-12 education law of the United States, the Every Student Succeeds Act (ESSA, P.L. 114-95) authorizes funds to increase the capacity of states, local educational agencies (LEAs), and schools to improve access to high-quality educational environments and improve student outcomes.[53] Broadly, ESSA focuses on school readiness, literacy, and academic achievement outcomes, and includes a commitment to support early learning and early childhood educational activities as strategies to increase educational equity and student success across the preschool through 12th grade continuum. Specifically, as noted in 2016 guidance from the U.S. Department of Education, provisions within ESSA direct state educational agencies (SEAs), local educational agencies (LEAs), outlying areas, the Bureau of Indian Education (BIE), schools, and community-based organizations to support early learning through three broad avenues, which include "(1) expanding access to high-quality early learning; (2) encouraging alignment and collaboration from birth through third grade; and (3) supporting educators."[54] Additionally, each title of ESSA holds a distinct priority, with varying connections and implications for home visiting initiatives.[55]

How is ESSA administered in Colorado?

ESSA is a federal grant that provides funding through both formula and competitive grants. The U.S. Department of Education allocates core Title I funds to State Educational Agencies (SEAs) through four statutory formulas based primarily on annual census poverty data. SEAs in turn distribute ESSA funds to their local educational agencies (LEAs) in accordance with ESSA requirements. States must submit ESSA plans to the U.S. Department of Education describing their state's priorities using Title funding to support LEAs in providing high quality education, including the support of early childhood programming.[56]

Colorado's ESSA plan was approved by the U.S. Department of Education in May 2018.[57] Administration of ESSA in Colorado is supported by the Programs & Supports Unit at the Colorado Department of Education (CDE).[58] Colorado LEAs must submit plans and budgets for the use of federal funds to the state educational agency (CDE) in an annual Consolidated Application covering ESSA Titles I, II, II IV and V ESSA Titles I-A, I-D, II-A, III, IV-A, and V-B funds. ESSA funds must supplement—not supplant—state and local fiscal support for education, and as a result, LEAs must meet Maintenance of Effort (MOE) requirements.[59]

ESSA Title Program Components

ESSA Title Program	Description	ESSA Preliminary Allocations for Fiscal Year 2022-2023 [60]	Eligibility
Title I A	Schools that receive Title I funds can operate one of two program models, Schoolwide or Targeted Assistance. Title I, Part A, Schoolwide Programs are comprehensive reform strategy designed to upgrade the entire educational program in a Title I school with a poverty percentage of 40% or more in order to improve the achievement of the lowest-achieving students. Title I, Part A Targeted Assistance Programs are designed to help eligible children meet the Colorado English Language Proficiency (CELP) and Colorado Academic standards (CAS) which may include programs, activities, and academic courses necessary to provide a well-rounded education.	$156,778,407	A school operating a **Schoolwide Program** does not need to identify particular students as eligible to participate. [62] **Targeted Assistance Programs** target children identified by the school as failing, or most at risk of failing, to meet the Colorado English Language Proficiency (CELP) and Colorado Academic standards (CAS) on the basis of multiple, educationally related, objective criteria established by the local education agency and supplemented by the school. Eligible schools must be served in order of poverty also known as rank order, irrespective of grade span. In addition, the following students are automatically eligible: children who participated in Head Start or Even Start programs within two years, migrant, neglected, delinquent, or students experiencing homelessness.

ESSA Title Program	Description	ESSA Preliminary Allocations for Fiscal Year 2022-2023 [60]	Eligibility
	Federal guidance is clear that Title I, Part A of the ESSA allows LEAs to provide programs to improve educational outcomes for eligible children from birth to the age at which the LEA provides a free public elementary education.[61]		
Title II-A: Teacher Quality	Title II aims to increase student academic achievement by, improving the quality and effectiveness of educators, increasing the number of educators who are effective in improving student academic achievement in schools, and providing low-income and minority students greater access to effective educators.	$23,503,015	LEAs must ensure Title II, Part A funded activities address the learning needs of all students, including children with disabilities, English learners, and gifted and talented students.[63]
Title III: Supplemental Supports for English Learners	Tile III is composed of two different programs: Title III-A, and the Title III Immigrant Set Aside **Title III-A** is designed to supplement and enhance the education of English learners (ELs) in becoming proficient in English, as well as meeting the Colorado Academic Content standards. **The Title III Immigrant Set-Aside** grant provides opportunities for LEAs to enhance the instructional opportunities for immigrant students and their families. CDE reserves 5% of its Title III allocation for the Immigrant Set-Aside grant.	Title III-A English Language Learner: $9,404,944 Title III Immigrant Set-Aside: $508,888	Title III-A English Language Learner programs are limited to children identified as English learners. Title III Immigrant Set-Aside services are intended to serve children who are 3 through 21; Were not born in the U.S. or any U.S. Territory; and have not attended U.S. schools for more than three full academic years.
Title IV-A: Student Support and Academic Enrichment	Title IV-A is intended to improve students' academic achievement by increasing the capacity of States, local educational agencies (LEAs), schools, and local communities to provide all students with access to a well-rounded education, improve school conditions for student learning, and improve the use of technology in order to improve the academic achievement and digital literacy of all students.	$11,190,733	LEAs that receive a Title IV-A allocation must provide equitable services to children in eligible non-public schools and prioritize the distribution of Title IV-A funds to schools that: have the greatest needs (as determined by the LEA), have the highest percentages or numbers of low-income children, are identified for targeted or comprehensive support and improvement, OR are identified as a persistently dangerous public elementary or secondary school under section 8532 of the ESSA

Use of ESSA Funding for Home Visiting

Numerous analyses, including by the First Five Years Fund,[64] Parents As Teachers,[65] Foresight Law+Policy,[66] and others, have emphasized the connections and implications for early learning initiatives within the Every Student Succeeds Act and suggested potential strategies for leveraging funding under the various titles of ESSA to support home visiting. However, because ESSA funding decisions are largely made at the school district/Local Education Agency (LEA) level, tracking use of Title I and other funds for home visiting across states is challenging, even where State Education Agencies (SEAs) may track home visiting related expenditures. Allowable uses of ESSA funding for home visiting stem from Title I and Title III guidance.

- Title I, Section 1116
    - Each school served under this part shall [...] (2) "offer a flexible number of meetings, such as meetings in the morning or evening, and may provide, with funds provided under this part, transportation, child care, or **home visits,** as such services relate to parental involvement."
    - Additional provisions require LEAs that receive allocations over $500,000 to reserve at least 1 percent of its allocation under Title I Subpart 2 to assist schools to carry out the family engagement and other activities described in this section. LEAs may reserve more than this 1 percent for these activities, suggesting potential funds available to support home visiting.
- Title III, Section 3115
    - A State educational agency may make a subgrant to an eligible entity to improve the education of English learners by assisting the children to learn English and meet the challenging State academic standards.
    - Schools can use funds to "provide and implement other effective activities and strategies that enhance or supplement language instruction educational programs for English learners, which— shall include parent, family, and community engagement activities; and may include strategies that serve to coordinate and align related programs."
    - Authorized activities include providing community participation programs, family literacy services, and parent and family outreach and training activities to English learners and their families "to assist parents and families in helping their children to improve their academic achievement and becoming active participants in the education of their children."

According to analysis by Parents As Teachers, in 2014-15, a number of states leveraged ESSA Title I Funds either as primary funding for Parents As Teachers home visiting or to supplement funding for PAT.

- ESSA Title I served as primary funding for home visiting in school districts in Arizona, Colorado, Kentucky, Missouri, New York, Oklahoma, Rhode Island, South Carolina, and Texas.
- ESSA Title I supplemented other home visiting funding in school districts in Arkansas, Connecticut, Georgia, Iowa, Kansas, Michigan, and North Carolina.
- A more recent, informal scan of self-reported affiliate data by Parents As Teachers suggests that school districts in Arizona, Arkansas, Colorado, Illinois, Michigan, Missouri, New York, Oklahoma, Rhode Island, South Carolina, and Texas may currently be using ESSA Title I funding to support home visiting services. As data is self-reported by affiliates

in the PAT annual performance report, the list may not accurately represent the funding landscape (e.g. programs may report on Title I funding sources their wider organization receives that do not directly fund their PAT programs).

Per a scan by the Colorado Department of Education, 25 districts reported budgeting ESSA activities that included “home visits” or similar activities in their Consolidated Application across school years 2018-19 through 2021-22. The scan was conducted using a keyword search, utilizing the term “home visit” and similar keywords within the activity description, in order to identify and share relevant activities. A number of caveats make it difficult to isoloate Colorado districts using ESSA funds for evidence-based early childhood home visiting services. First, as the data scan reflects activities in which the district specifically referenced home visits, it is possible that districts used ESSA funds for other activities related to conducting home visits which were not included in the summary because the district did not specifically reference “home visits” in their Consolidated Application description of activities. Additionally, many districts describe home visits in the context of truancy prevention, paraprofessional services, behavioral health, and interventionist activities, among others, which may not actually reflect evidence-based childhood home visiting. Finally, the data scan represents activities occurring at any grade level (i.e. Pre-K, elementary, middle, or high school). Although some of these activities were budgeted to specific schools and grade spans, most were budgeted at the district-level and it is therefore not possible to determine the specific grade span(s) benefiting from these activities.

A similar scan was conducted by CDE to identify districts budgeting for preschool activities under ESSA. Data provided reflects activities as budgeted (not expenditure data) by districts in their Consolidated Application and includes any activity that was specifically budgeted to a preschool, as well as any activity utilizing the preschool set-aside funding source. It is therefore possible that other activities intending to benefit preschools (for example, a district-level activity supporting Pre-K to 12) are not included in this request. Per the CDE scan, 18 districts reported budgeting for preschool activities across school years 2018-19 through 2021-22. This is significant because districts that are already using Title I funds for preschool may be well-positioned to shift these funds to expand home visiting services if additional resources for preschool are made available through Colorado’s expansion of universal Pre-K or through federal funds to expand preschool access.

- Per CDE, allowable expenses under ESSA include personnel costs (salary and benefits) for home visiting positions, as well as material/supply costs associated with programs, as long as such activities and costs are identified based on their needs assessment to be necessary to meet the intent of their local program.
- While procurement policies at the local level are intensive, ESSA does permit LEAs to contract out for home visiting services, as long as such activities and costs are identified based on their needs assessment and determined to be reasonable and necessary to meet the intent of their local program. LEAs seeking to contract out home visiting services to another community provider must demonstrate to CDE that this is the most reasonable and cost-effective strategy and necessary to deliver services.

ESSA Use for HV Example: Texas

Several Texas school districts, including Northwest Independent School District, Leander Independent School District, and Waco Independent School District operate Parents As Teachers home visiting programs using ESSA funds.

- Northwest ISD receives $492,981 in total Title I funds, a small portion of which is used to support home visiting services within their PAT program.
- Title I funds have fluctuated year-to-year. Northwest ISD recently lost a Title I funded home visiting position as priorities shifted within the district. Typical annual enrollment prior to cuts to the PAT program totalled 25 families per year.
- Northwest ISD's PAT program serves teen parents enrolled in the district, allowing the program to also tap into State Compensatory Education funds, which aim to increase academic achievement and reduce the dropout rate for educationally disadvantaged or otherwise at-risk students by providing supplemental programs and services.
- Northwest ISD has surveyed kindergarten teachers about the school readiness and other outcomes of children participating in PAT to emphasize the benefits of home visiting and build stronger collaboration for kindergarten transitions.
- Northwest ISD must demonstrate that they are making efforts to engage families in designated Title I schools, where 40 percent of students are from low-income families. The PAT program will often recruit at events at Title I designated schools, and aims to ensure services are reaching low-income families. However, families that are not low-income may also participate in PAT services, and ESSA funds do not require home visiting services to be limited to low-income families. Recent enrollment data show that many families are not low-income and instead are enrolling to receive additional support for children with developmental concerns.
    - This presents challenges and opportunities for Colorado's potential use of ESSA funding for home visiting. If the aim is to prioritize service expansion for low-income families, the broad eligibility requirements of ESSA could mean that services are not targeted to low-income families, even within Title I districts. Districts could impose their own eligibility requirements for programs, but variability across districts in eligibility could complicate outreach to parents and enrollment of families. However, this flexibility does mean that districts operating home visiting under Title I schoolwide programs could broaden their definition or concept of families that could benefit from additional support from home visiting services beyond income-related guidelines, offering an avenue to enroll families that may be excluded from other income-specific programs.

Lessons Learned

- There is a significant lift required to educate school funding decision-makers about the value of home visiting services, and the alignment and permissible use of Title I funding.
- Some informants suggested many programs leveraging ESSA funding may be the result of programs "flying under the radar," without significant awareness from LEA leadership about home visiting or the permissible uses of ESSA funding to support these services. Title I funds may not be stable year to year, given the tight demands on LEA leadership to maximize funds for a range of other parent engagement programming. Texas thought leaders expressed concerns that if LEA leaders do not understand home visiting services, or see the value and alignment of home visiting and ESSA, funds may be more vulnerable to cuts if programs are highly visible.

- PAT's Texas office has been successful in elevating the school readiness, literacy, and other academic outcomes associated with participating in home visting services through linked longitudinal student data. Alignment of such data systems to allow for analysis of the particular outcomes of home visting participants is challenging. LEA decision makers need to be aware of the developmental screenings that home visiting programs are required to complete and the opportunities to monitor improvements in kindergarten readiness through home visiting services.
- Texas thought leaders emphasized the highly local nature of Title I funded home visiting programs. The Texas Department of Education has had very little involvement in the maintenance of Title I funded home visiting.

ESSA Use for HV Example: Colorado Springs

For a number of years, Colorado Springs School District 11 (D11) has leveraged Title I funds to support Parents As Teachers home visiting as a complement to its Family Literacy program.[67]

- For students age 17 and over, D11 offers Adult Basic Education (ABE), Adult Secondary Education (ASE) (high school equivalency preparation – for GED/HiSET/TASC tests), and English Language Acquisition (ELA) classes for nonnative speakers of English.
  - Adult education students who live within School District 11 boundaries have the option to participate in the Family Literacy program where they bring their children, ages 6 weeks through 5th grade, to school with them. While parents attend adult education classes, the children receive age appropriate literacy instruction.
  - Families participating in the Family Literacy Program receive Parent and Child time to support children and parents learning together, as well as family engagement support to engage families in all aspects of their children's academic lives and be advocates for their education.
- Participants in the Family Literacy program who could benefit from additional support have the option to enroll in PAT home visiting. On average, 20-25 families are enrolled in D11 PAT home visiting services each year. Services are delivered through the school-year, not on a year-round basis.
- ESSA Title I funds a share of the personnel costs for D11 PAT home visitors. No Title I funds are used to cover supplies, and the program leverages state and private grant funds to round out the full cost of the home visiting program.
- Preliminary Allocations for Fiscal Year 2022-2023 for D11 include $8,605,956 in Title I-A allocations. In the Consolidated Application for 2021-2022, D11 budgeted for $277,307 in funds related to home visiting, which included salary/benefits for paraprofessional, whose job responsibilities include conducting home visits, partnership with another local agency to assist in conducting home visits, and stipends for conducting visits.

Lessons Learned

- D11 home visiting leadership noted that ESSA funding is not particularly onerous with respect to required reporting/documentation.
- While D11 has not encountered barriers sustaining ESSA funding for home visiting, challenges arise when Title I funds are not sufficient to pay for the full cost of a home visitor, if staff are hourly versus salaried. Allocating Title I funds to cover specific hours of home visiting and then filling the gaps with additional funds if overtime hours are accrued creates an additional administrative burden on programs; therefore attempts

should be made to pay for the complete personnel costs of a home visiting staff member (on a salaried basis, if possible) when leveraging Title I funds.
- Use of Title I funds will require programs to ensure only families within the district boundaries are being enrolled in home visiting services. This could present challenges for highly mobile families who may move outside of the catchment area of a Title I funded home visiting program after initaiting services. If LEAs were to contract with local home visiting programs, braided funding could allow families to remain enrolled in services even if geographic eligibility no longer permitted their home visits to be covered by Title I funding.
- D11 home visitors also work as teachers in the Family Literacy program, building additional credibility and trust between home visitors and families that choose to enter PAT home visiting services. Co-location between the Family Literacy program and home visiting program may promote smoother enrollment, and also allows PAT participants to benefit from peer engagement with families that are not enrolled in home visiting services (through shared group activities).

Recommended Strategies to Leverage ESSA for HV in Colorado

Stakeholder education and awareness building

- Because ESSA funding decisions are largely made at the district level, educating LEA leaders on the applicable uses of funding under ESSA to sustain home visiting services to support school readiness, family engagement, and other student outcomes, could be a critical first step for Colorado's home visiting expansion.
    - Convene leadership in Title I schools to discuss potential applicable uses of Title I and other funds under ESSA to support home visiting to bolster early learning and family engagement outcomes.
    - Analyze kindergarten readiness outcomes across LEAs with an eye toward communities that may benefit from additional early learning, literacy, and kindergarten readiness support via home visiting. Texas has successfully leveraged longitudinal data to elevate the school readiness and academic achievement outcomes of children who participate in PAT home visiting.
    - Clarify the role of home visitors in conducting developmental screenings and referring to Early Intervention, which can support LEAs in fulfilling their obligations under Child Find.
    - Emphasize home visiting as a potential family engagement strategy as districts work to re-build engagement post-COVID.

- Educating LEA decision makers on the value of home visting services and alignment with Title I funding parameters and priorities will require a significant and coordinated effort on behalf of home visiting leaders in Colorado.
    - Federal guidance is clear that Title I-A of the ESSA allows LEAs to provide programs to improve educational outcomes for eligible children from birth to the age at which the LEA provides a free public elementary education. However, guidance on the CDE website for Title I A Targeted Assistance Programs currently states that to be eligible for services under this program, students "must be 21 or younger and not yet at a grade level at which the local educational agency provides a free public education."[68]

- Home visiting leadership should work with CDE to clarify eligibility requirements for early learning activities under ESSA, and should explore whether CDE could create specific guidance around the allowable uses of ESSA funding as related to home visiting services, and could partner with the Home Visiting Investment Task Force on webinars, FAQ documents, or other educational outreach to LEA leaders.

Local planning

- ESSA funds may be best used to support a home visitor position within a community-based home visiting program that serves children and families within an LEA's boundaries. This model of scaling capacity or program reach through ESSA funds, in contrast to trying to use these dollars to open new programs, may also present some affordability via economies of scale and additionally save on national model affiliate/certification costs associated with starting up a new program.
- Home visiting is not universally accessible across all communities; many LEAs may not have a local existing home visiting program to support through ESSA funds. Colorado home visiting leadership could examine communities with the highest levels of need (or likely home visiting uptake) in contrast to available services and prioritize use of non-ESSA funds for program start-up. LEA leaders should be included in community planning efforts regarding home visiting expansion to identify opportunities to leverage ESSA funding if an initial program launch can be funded through other sources.
- Consider developing a framework for which populations will be prioritized for access to home visiting services supported under ESSA. Will additional eligibility criteria be applied to Title I schoolwide home visiting programs to prioritize the enrollment of low-income families in ESSA funded home visiting? Local communities should explore referral agreements for families that are either outside of district or school specific boundaries or do not meet other eligibility criteria to ensure they can be connected to other programs.
- Convene Colorado Department of Education and home visiting leaders to discuss how expansion of UPK in Colorado could increase the availability of resources previously held by LEAs for services for preschoolers to support birth to three services and home visiting expansion.
  - Analyze current preschool spending under Title I to identify opportunities with additional funding, through Colorado's universal PreK expansion or future federal funding for preschool expansion, to shift Title I funds to home visiting services to support kindergarten readiness, family engagement, Child Find activities, and student success.

Administration

- Models with demonstrated school readiness outcomes (see Table 2) should be prioritized for expansion under ESSA funding.
- CDE explicitly states that Title I Part A funds may be delivered by nonprofit or for-profit external providers with expertise in using evidence-based or other effective strategies to improve student achievement.
- Consider opportunities to co-locate home visiting services within existing family engagement or family literacy programs as a strategy to facilitate enrollment, leverage trusted messengers and providers, and offer shared services including peer engagement activities for home visiting participants and families served by other district programs.
  - LEAs that serve district run preschools must also provide equitable services to Non-Public preschools.

Conclusion and Considerations for Next Steps

While TANF and ESSA funding represent promising opportunities for scaling home visiting services in Colorado, additional analyses and stakeholder engagement activities will support a planful expansion of the home visiting system, regardless of the funding streams utilized.

- Colorado may benefit from additional analysis of the cost of delivering home visiting services across the various models and by region. The bulk of a program's expenditures are on personnel (salary) costs, and ensuring equitable, adequate compensation regardless of the funding streams being layered and braided by a given program is vital to workforce retention and participant satisfaction with services. Adding funding streams carries additional complexities and opportunities for misalignment in reimbursement and funding, with the potential for disparities in program resources. Colorado could pursue a cost study to inform minimum standards for equitable compensation across various funding streams, which could, in turn, inform reimbursement or payments from TANF and ESSA.
- Consider additional landscape analysis to document and compare current funded capacity (in slots or number of families able to be served by county) in comparison to the birth to five population that could benefit from home visiting services. Colorado's 2020 MIECHV Needs Assessment[69] and data dashboard,[70] as well as the 2021-2025 Colorado MCH Needs Assessment, serve as important existing data on the well-being of expecting and new parents, children, and families.[71] These existing resources should be paired with an analysis of currently funded slots and gaps in capacity to identify where TANF or ESSA funds may be most useful and appropriate, while recognizing the nuances regarding expanding existing program capacity versus launching new programs.
- Home visiting thought leaders should build on the expertise of programs already leveraging TANF and ESSA and consider how webinars, FAQs, or regional planning calls could help decision makers on these key funding streams better understand the benefits and dimensions of home visiting services, as well as the ways in which peers in other localities have worked to expand services through these available federal funds. The Home Visiting Investment Task Force could also convene the associated state agencies to develop shared guidance on permissible uses for TANF and ESSA funding and considerations for how these streams may interact with other home visiting funds.
- If home visiting leaders decide to pursue TANF and ESSA funding for home visiting expansion, there must be dedicated and continuous efforts to engage families already participating in services funded by these sources to ensure that adding home visiting to the mix does not negatively impact their experience.
- Consider how private philanthropy dollars could support dedicated capacity, messaging materials, and cross-system learning opportunities to educate local TANF and ESSA decision-makers about home visiting services.

Appendix A

Table 1: Home Visiting Service Reach, Eligibility Criteria, and Current Funding by Model

Model	Families Served	Eligibility Criteria (in addition to geographic eligibility)	Funding Sources Currently Accessed
Nurse Family Partnership	NFP MIECHV: 602 families served in FY20-21 NFP MSA: 4,069 clients and 3,465 children served in FY20-21	• First-time mothers • Must be enrolled by 30 days post-partum • Low income families (200% FPL) • Services begin prenatally and can continue through a child's 2nd birthday	• State cash funds - Tobacco Master Settlement: $24,094,000 • MIECHV: $2,506,686 (for FY20-21, serving Denver Health MIECHV, Tri-County Health Department MIECHV, and Centura MIECHV) • NHVP Fund Balance • Medicaid
Healthy Families America	Boulder County Public Health GENESIS Program: 237 families served in 2021 Family Visitor Program: 61 families served in 2021.	• Signature Model requires initial outreach prenatally up to two weeks of age, with first home visit occurring prenatally up to 3 months of age. • Each HFA site can determine additional criteria for eligibility. • Child Welfare Protocol (families referred from Child Welfare) are eligible up to 24 months of age.	• County dollars from Garfield & Boulder Counties • Private Philanthropy
SafeCare	858 families served in SFY2021	• Caregivers with children age five and under • Caregivers that meet certain high-risk eligibility criteria • Caregivers with non-court involved child welfare cases at the time of referral	State General Funds: $5,209,000
Parents as Teachers	1,791 children served in FY20-21	• Birth through Kindergarten • Targeted to families with low income/poverty, low educational attainment levels, LEP, single parents, children with disabilities	• MIECHV: $3,674,367 • Tony Grampsas Youth Services Program (TGYS): $406,648 to sites through Parent Possible • Additional funds awarded by TGYS (isolating PAT funds was not possible) • Private philanthropy
Home Instruction for Parents of Preschool Youngsters	751 children served in FY20-21	• Ages 32 through kindergarten entry • Targeted to families with low-income/poverty, low educational attainment levels, limited English proficiency, single parenthood, teen parents	• MIECHV: $897,595 • Tony Grampsas Youth Services Program (TGYS): $193,279 • HIPPY AmeriCorps: $227,793 • Private philanthropy
Early Head Start Home-Based Option	770 children birth to age 5 served in Home-based service delivery (cumulative enrollment), per the 2021 PIR data 16 grantees utilize the Home-based model	• Prenatal to age 3 • 90% of enrolled families must meet poverty guidelines (100-130% FPL) • Children in foster care • Child/family experiencing homelessness as defined by McKinney-Vento Act • 10% of enrolled families must be children identified with disabilities	• Head Start federal funding • Funding varies across the 16 grantees.

Model	Families Served	Eligibility Criteria (in addition to geographic eligibility)	Funding Sources Currently Accessed
Family Connects	Implementation not yet underway/no families served	Universal offer/eligibility for families with a new baby (service offered at birth)	• Federal FSPP grant: $250,000 • Private philanthropy • Medicaid • Maternal and Child Health Block grant • CBCAP: $75,000 • Local tax dollars
Child First	96 families served across 4 sites in FY 20-21	• Age of child: Prenatal through 5 at the onset of services • Target population: Children with emotional, behavioral developmental/learning problems, families with multiple challenges (e.g. extreme poverty, maternal depression, domestic violence, substance use, homelessness, abuse and neglect, incarceration and isolation)	• Model launch efforts (no caseload/families served) as supported by MIECHV during FY20-21 and FY21-22: $750,000 • Medicaid • Private philanthropy • Behavioral Health Stimulus • MIECHV Stimulus: $1,000,000 (approximation of MIECHV ARPA funding for FY22-23)
Healthy Steps	11,983 children served in 2021, Tier 1, Universal services 3,070 visits completed, Tier 2, Developmental and Behavioral consultations 1,631 children served, Tier 3, Most Comprehensive Services	• Serves children birth - 3rd birthday • All families who could benefit from additional education and support are eligible	• State General Fund: $586,245 • Medicaid • Various foundation funds • CBCAP stimulus: $200,000

Appendix B
Health

Children's Health Plan Plus (CHP+)	
Description and Target Outcomes	CHP+ is public low-cost health insurance for families that earn too much to qualify for Health First Colorado (Medicaid) but not enough to afford private health insurance.
Funding and MOE requirements	In FY 2019-20, the CHP+ program had a total of $183 million in funding: 79% in federal funding, 13% in Tobacco Settlement funding (CHP+ Trust Fund), 8% from Hospital Affordability & Sustainability Fees, 1% from other cash and 1% from the state general fund. The federal match rate in FY 2019-2020 was approximately 80%. As a result of COVID-19, the federal government provided states a temporary 4.34% increase to its matching rates, temporarily reducing the amount of the state general fund needed for this program. Federal funding for CHP+ is guaranteed through FY27.
Eligibility or Target Population	Children age 18 and under and pregnant women lawfully residing in Colorado qualify if their household income is approximately $30,000/year (or $63,000 for a family of four) and they don't qualify for Health First Colorado (Medicaid) or have other health insurance.
Administration	CHP+ is administered by the Colorado Department of Health Care Policy & Financing. CHP+ members are enrolled into a Managed Care Organization (MCO) or group of health providers based on their county. There are five CHP+ MCOs in the state.
Potential applicability for home visiting	As of 2019, at least four states (Alabama, Arkansas, Massachusetts, and Missouri) employed the Children's Health Insurance Program (CHIP) Health Service Initiatives (HSIs) to support home visiting. CHIP HSIs are one of many funding mechanisms states can use to help expand their home visiting services.

Regional Partnership Grants	
Description and Target Outcomes	The RPG Program aims to improve the well-being and safety of children affected by parental substance use disorders by supporting partnerships between providers of child welfare services, substance abuse disorder treatment, and other social services. The partnerships implement a range of activities and interventions including peer recovery coaching, family-centered substance use disorder treatment, parenting and family strengthening programs, services to pregnant and postpartum women, in-home parenting and child safety support for families, and related evidence-based practices.
Funding and MOE requirements	Since 2007 the Children's Bureau has awarded six rounds of RPG funding to 109 grant projects in 38 states. Over the past 15 years, Colorado has been awarded four grants: the Denver Entire Family Focused Effective Comprehensive Treatment (Denver EFFECT) which was awarded $3,000,000 from 2007-2010; the Northeastern Colorado Child Welfare

	Project which was awarded $3,000,000 from 2007-2010; Project Aware in Colorado Springs which was awarded $2,500,000 from 2007-2012; and the Improving Well-Being, Permanency and Safety for Children by Incorporating Peer Support Groups into the Innovative DANSR Approach project which was awarded a five-year grant from 2019-2024.
Eligibility or Target Population	RPG Programs seek to serve children who are in or who are at risk of out-of-home placements as the result of a parent or caregiver's substance use disorder.
Administration	The RPG Program is administered by the Administration for Children, Youth and Families, Children's Bureau.
Potential applicability for home visiting	Regional Partnership Grants have been used to fund home visiting services, including the Delaware Healthy outcomes with Parent Engagement (DE HOPE) program which serves pregnant women who seek or are enrolled in medication-assisted treatment for opioid dependency. Participating families have access to a team of providers and services, including home visitors through Healthy Families, Peer Recovery Coaching, and the Nurturing Parenting Program.

Substance Abuse and Mental Health Services Administration Grants

Description and Target Outcomes	SAMHSA grants support programs designed to prevent and treat mental and/or substance use disorders. They also aim to improve access and reduce barriers to high-quality health care for individuals who experience or are at risk for these disorders, as well as for their families and communities.
Funding and MOE requirements	In FY22, Colorado has $12,714,313 in formula funding which includes the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant, as well as $5,261,974 in discretionary funding for a total of $17,976,287 in mental health and substance abuse funds. As part of the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), SAMHSA awarded CO an additional $27.1 million for the state's Substance Abuse Prevention and Treatment block grant program (SABG) and an additional $16.2 million for its Community Mental Health Services block grant program (MHBG) that must be spent by March 14, 2023. OBH was also awarded an additional $23.4 million and $28.1 million for the SABG and MHBG programs through the American Rescue Plan Act (ARPA) which must be spent by Sept. 30, 2025
Eligibility or Target Population	The Substance Abuse Prevention and Treatment Block Grant target populations include pregnant women and women with dependent children. The Mental Health Services Block Grant target populations include individuals 18 years and older who have a diagnosable behavioral, mental or emotional condition as well as children with serious emotional disturbances.
Administration	The Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for the Substance Abuse Prevention & Treatment Block Grant (SABG) which is authorized by section 1921 of Title XIX, Part B,

	Subpart II and III of the Public Health Service (PHS) Act, and the Community Mental Health Services Block Grant (MHBG), which is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act. These grants are managed by the Colorado Department of Human Services, Office of Behavioral Health (OBH).
Potential applicability for home visiting	Infant and early childhood mental health (IECMH) play an important role in supporting early childhood professionals such as home visitors who work with mothers that may been experiencing maternal depression. IECMH consultants can help programs develop policies and procedures to support mothers with signs of maternal depression and support home visitors in their complex work with families. Future SAMHSA grants could potentially be leveraged to fund targeted home visiting services for priority populations, including families with a parent experiencing substance use issues.

Title V of the Maternal and Child Health (MCH) Services Block Grant[72]	
Description and Target Outcomes	Title V Maternal and Child Health (MCH) Services Block Grant is a formula grant awarded to states with the aim of improving the health outcomes of mothers, infants and children.
Funding and MOE requirements	Individual State allotments are determined by a formula. Colorado maternal and child health (MCH) funds are allocated via funding formula to 53 local public health agencies to support MCH implementation efforts in their communities. Colorado receives approximately $7.4 million through the federal Title V block grant and designates $5.6 million in state general funds for the maintenance of effort and match requirements. States and jurisdictions must match every $4 of federal Title V money they receive by at least $3 in state or local (non-federal) funds.
Eligibility or Target Population	The target population is mothers, infants, and children, which includes infants and children with special health care needs (CSHCN) ages one through 21 years, and their families.
Administration	Federal administration is by the Maternal and Child Health Bureau of the Health Resources and Services Administration. Colorado's MCH program is administered by the Colorado Department of Public Health and Environment (CDPHE). Colorado submits an annual application/report to the MCH Bureau.
Potential applicability for home visiting	There is strong alignment between MIECHV benchmarks and specified Colorado MCH/Title V National Performance Measures (NPM), including measures breastfeeding, completion of developmental screenings, insurance coverage, and smoking cessation/smoking during pregnancy. Building on existing collaboration between CDPHE and the Colorado MIECHV program, home visiting leadership could explore how Title V funds could support home visiting programs meeting required MCH objectives. Note that the annual objective for NPM 6, the percentage of children ages 9 through 35 months who received a developmental screening using a parent-completed screening tool, was not met in 2020.

Child and Family Safety

Child Abuse Prevention and Treatment Act (CAPTA) and Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA) Title II	
Description and Target Outcomes	CAPTA provides funding and guidance to states to address child abuse and neglect, including prevention, assessment, investigation, prosecution, and treatment activities. CAPTA also funds demonstration projects through grants to public agencies and nonprofit organizations.[73] The aims of the CBCAP program are to prevent child abuse and neglect through community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and services to better strengthen and support families to reduce the likelihood of child abuse and neglect.
Funding and MOE requirements	CAPTA State Grant funding is provided through a formula with a base amount of $50,000 allocated to each state and an additional amount based on the population of children aged 18 and under in the state. Colorado's FY2021 CAPTA state grant allotment was $1,521,925[74] with $1,708,243 in supplemental allotments Authorized by American Rescue Plan Act of 2021.[75] States and jurisdictions must match every $4 of federal Title V money they receive by at least $3 in state or local (non-federal) funds.
Eligibility or Target Population	Federal administration of CAPTA state grants is by the Children's Bureau, under the Administration for Children & Families.
Administration	Federal administration of CAPTA state grants is by the Children's Bureau, under the Administration for Children & Families. The Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L.93-247), was last reauthorized on December 20, 2010 by the CAPTA Reauthorization Act of 2010 (P.L. 111-320) and recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).
Potential applicability for home visiting	Per federal guidance on American Rescue Plan Act funding, CBCAP lead agencies are "specifically authorized to foster the development of a continuum of comprehensive child and family support and preventive services," and are therefore uniquely able to strengthen and establish new partnerships and collaborative efforts with federal, state, and locally funded agencies to "increase supports especially for black, brown, indigenous, and LGBTQ+ children and families, as well as communities who have been historically underserved, marginalized, and adversely affected by persistent poverty."[76]

Family First Prevention Services Act and Title IV-E of the Social Security Act: Federal Payments for Foster Care, Prevention, and Permanency	
Description and Target Outcomes	The Family First Prevention Services Act (FFPSA) reforms the federal child welfare financing streams, Title IV-E and Title IV-B, of the Social Security Act. FFPSA prioritizes keeping families together, preventing unnecessary foster care removals and ensuring that children grow up in safe and loving families. Colorado's FFPSA plan At seeks to evolve the child welfare system to improve the safety, permanency and wellbeing of all children, youth and families through a continuum of community-based prevention services and supports.
Funding and MOE requirements	From FY2020 – FY2026, costs of the Title IV-E prevention services are reimbursable at 50 percent. Beginning in FY2027, Title IV-E prevention services are reimbursable at the Federal Medical Assistance Program (FMAP) rate. Beginning in FY2020, administrative and training costs associated with the Title IV-E Prevention Program will be reimbursed at 50 percent.[77] MOE: State Title IV-E agencies must maintain at least the same level of "state foster care prevention expenditures" each year as the amount the agency spent in FY2014 (or an alternate applicable year) for services with similar characteristics.[78] Title IV-E is the payer of last resort, meaning states cannot claim IV-E reimbursement for services covered by Medicaid and other federal sources. Only expenditures for the provision of Title IV-E prevention services and programs count towards the 50 percent well-supported requirement, meaning that expenditures under Medicaid or other federal streams for well-supported programs do not count toward this requirement/for claiming purposes.
Eligibility or Target Population	For Family First IV-E claiming purposes, only children and families in an open child welfare case are eligible for federal reimbursement to Colorado's Children's Trust Fund.
Administration	Colorado Family First implementation is overseen by the Colorado Department of Human Services.
Potential applicability for home visiting	Child First, Healthy Families America, Parents As Teachers, and SafeCare are among the home visiting models rated supported or well supported by the Title IV-E Prevention Services Clearinghouse and were included in the state's five-year FFPSA plan. However, while NFP has been brought to scale across all of Colorado's 64 counties, the other proposed models are less far-reaching and may require additional expansion to support the state's vision under FFPSA. In 2018, county-designed services under Colorado's Core Service Program, including domestic violence interventions and family support services, represented the most common type of service provided through the $55 million Core Services Program funding stream funding, accounting for 35% of all statewide service episodes. While Colorado has prioritized maintaining county-designed services, as many of these services do not meet Family First evidence standards, this suggests that Title IV-E reimbursements may be

	more available to support the evidence-based home visiting which have been favorably reviewed by the Family First Title IV-E Prevention Services Clearinghouse.[79]

Title IV-B, Subpart 2, of the Social Security Act: Promoting Safe and Stable Families (PSSF)	
Description and Target Outcomes	PSSF aims to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States spend most of the funding on family support, family preservation, time-limited family reunification and adoption promotion and support services.
Funding and MOE requirements	PSSF is a capped entitlement program designed to enable each state and eligible Indian Tribes, tribal organizations, and tribal consortia to operate a coordinated program of family preservation services. Colorado's FY2021 Title IV-B, Subpart 2 state grant allotment was $3,491,722, and $847,869 was additionally allotted to the state's Mary Lee Allen Promoting Safe and Stable Families Program, authorized by Division X of Public Law 116-260 (Supporting Foster Youth and Families through the Pandemic Act.[80] Funding via the PSSF formula is based on stamp usage in the States with a small percentage set aside for Tribes. There is a a 30% match requirement.
Eligibility or Target Population	A minimum of 40% of the total funds must be used towards reunification services and a minimum of 15% must be used towards adoption promotion services.
Administration	Federal administration is by the U. S. Department of Health And Human Services Administration For Children And Families. State oversight is by the Colorado Department of Human Services Office of Early Childhood, though there are 31 local PSSF program sites, administered by county departments of social services/human services.[81]
Potential applicability for home visiting	Pennsylvania has used PSSF funds for the Parent Child Home Program, a nationally recognized home-visitation program that focuses on early literacy and school-readiness. Rhode Island uses PSSF funds to support the Families Together Therapeutic Visitation Program, which out-stations parent-child visitation consultants in all four regional offices of the Department of Children, Youth and Families. The consultants educate both agency staff and parents regarding child development and behavior management.[82]

Family Economic Security

See detailed Temporary Aid for Needy Families (TANF) profile above

Workforce Innovation and Opportunity Act	
Description and Target Outcomes	The Workforce Innovation and Opportunity Act (WIOA) aims to help job seekers access employment, education, training, and support services. WIOA outcomes are focused on workforce participation and increasing economic security of participating individuals.

Funding and MOE requirements	U.S. DOL ETA estimates for total Youth, Adult, and Dislocated Worker allotments to Colorado for Program Year 2022 total $41,695,766.[83] Approximately $5.6 million general Adult Education and Family Literacy Act (AEFLA) were available for awards through the competitive grant application process in the 2020-2021 fiscal year.[84] Applicants to the competitive Adult Education and Family Literacy Act (AEFLA) funding opportunity must demonstrate a funding match of 40% for the federal funds requested.
Eligibility or Target Population	WIOA program eligibility is limited to adults 18 or older, legally present in the U.S.
Administration	The U.S. Department of Labor Employment and Training Administration (ETA) administers core and discretionary programs authorized by WIOA. State administration is by the Colorado Department of Labor and Employment. Workforce Centers manage eligibility/applications and service delivery at the local level. The Colorado Workforce Development Council serves as a convener with state and local workforce. WIOA activities in Colorado are governed by a 2020-2023 state plan. This combined plan also includes the plans for the state's Temporary Assistance for Needy Families program, Trade Adjustment Assistance for Workers program, Jobs for Veterans State Grants Program, and Senior Community Service Employment program.
Potential applicability for home visiting	The Colorado Department of Education Office of Adult Education Initiatives administers programs under Adult Education and Family Literacy (WIOA Title II). Per WIOA Section 203, local allowable adult education and literacy activities include family literacy activities, including family literacy to promote stronger educational advancement of children. A competitive application in program year 2019-20 awarded funds to local providers for a four-year grant cycle (July 1, 2020 - June 30, 2024). Home visiting stakeholders could consider engaging the Colorado Workforce Development Council and the Colorado Department of Education Office of Adult Education Initiatives to explore the addition of home visiting services to the array of family literacy activities, with particular attention to models with demonstrated effectiveness in family economic self-sufficiency.

Community Services Block Grant	
Description and Target Outcomes	The Community Services Block Grant awards funding to states per a statutory formula to fund local governments, Community Action Agencies (CAAs), and other entities to support projects that broadly lessen poverty and address the needs of low-income individuals.[85] In Colorado, 32 eligible local entities deliver a range of employment, education, income management, housing, emergency services, nutrition, linkages with other programs, self-sufficiency, and health services.
Funding and MOE requirements	Colorado's estimated FY22 allocation totaled $5,786,012. The Colorado CSBG allocation formula is based on the estimated number of persons at or below 125% of the Federal Poverty Line through the American Community Survey and inverse population density to provide additional funding to organizations with a more disparate population to serve. In the formula the number of persons experiencing poverty are weighted by 90% and the inverse population is weighted at 10%.[86]

Eligibility or Target Population	DOLA requires eligible entities to comply with applicable maximum income levels based on the HHS poverty line. During FFY 2020 and 2021 this was 200% of the FPL as allowed by the CARES Act but is set to return back to 125% of the FPL for FFY 2022. DOLA allows eligible entities that provide a community-wide benefit to use a proportional ratio of CSBG funds to their program budget that does not exceed the percentage of clients in the program who meet income eligibility requirements.
Administration	Federal administration is by the Office of Community Services under the Administration for Children & Families. Administration of CSBG in Colorado is overseen by the Department of Local Affairs (DOLA), which manages distribution of funds to 32 eligible local entities. While Colorado does not have state statute authorizing CSBG, DOLA is required to develop and submit a CSBG State Plan to the Office of Community Services, either annually or biennially, outlining the planned use of funds and program policies. DOLA three-year contracts for CSBG to align with community action plans, and the current three-year contract period started January 1, 2021 and ends when FFY23 funds expire on 9/30/24.
Potential applicability for home visiting	Few if any other states appear to leverage CSBG funds to support home visiting. In line with Colorado's model of local control, service linkages are coordinated at the local level. CSBG entities and other coalitions can coordinate support for low-income residents using CSBG funding as the key source of funding to link other sources of funding together to support economic-self sufficiency among low-income residents, with employment, case management, housing, food assistance and information and referral services as the most commonly coordinated local level by an eligible entity and other public and non-profit organizations. While working through each of the 31 CSBG entities would be a significant lift, **home visiting services could potentially be reimbursed as a service linkage or coordination support for other CSBG services, and could potentially draw down reimbursement.** However, as county and local entity allocations are small, funds would not be able to support scale of new home visiting programs but may be able to add small-scale reimbursement funds to existing programs.

School Readiness and Educational Achievement

See detailed Every Student Succeeds Act (ESSA) profile above

Child Care Development Block Grant (CCDBG) Act and Child Care Development Fund (CCDF) infant and toddler set aside	
Description and Target Outcomes	The Child Care and Development Block Grant Act (CCDBG) is a law that authorizes the Child Care and Development Fund (CCDF) program, which provides subsidies to low-income working families to support access to early childhood education and care to attend work, job training or other educational programs. CCDF is the primary source of federal funding for child care subsidies for low-income working families, and can additionally be used to support the early learning workforce, support quality within child care, and provide education to families to support their access to high-quality child care that meets their needs. [87] In FY2019, Colorado's CCDF funding served an average monthly total of 17,800 children and 10,500 families.[88]
Funding and MOE requirements	GY2021 CCDF Allocations for Colorado total $698,738,339.[89] County share of Colorado Child Care Assistance Program (CCCAP) expenditures are used to meet the MOE requirements. State funding from the Colorado Department of Education, Early Childhood Special Education is used to meet CCDF matching requirements.
Eligibility or Target Population	CDHS sets income limits for eligibility, and local departments of human services can determine policies surrounding required orientation for new applicants, cooperation with child support services, pre-eligibility determination for county offices, use of protective services child care, and post-secondary education as an eligible activity at application. Entry eligibility is set by the state department for each county at a level based on the self-sufficiency standard, not to be set below one hundred eighty-five percent (185%) of the federal poverty level. There are three eligibility tiers that counties have been placed in based on their self-sufficiency standard; 185% FPG, 225% FPG or 265% FPG. Exit income eligibility is 85% of the SMI. The State income eligibility limits are updated in State rules October 1st of every year to coincide with Federal State Median Income effective dates.
Administration	The Child Care and Development Block Grant Act of 2014 reauthorized the law governing the Child Care and Development Fund program. CCDF is federally administered by the Administration for Children and Families. The Colorado Department of Human Services is the state's Lead CCDF Agency, and local entities (departments of human services) administer programs.
Potential applicability for home visiting	CCDF funds prioritize access to high-quality child care for low-income families, and are less suitable for financing home visiting services. Some states may be leveraging CCDF funds to support home visiting services to home-based child care, which is a far less common arrangement of home visiting services in which child care providers (ranging from family, friends, and neighbors to licensed business owners) are the target population for services, in contrast to services that typically work with the primary caregiver of the target child. The Urban Institute reports that Massachusetts has leveraged CCDBG infant-toddler set-aside funds to offer the ParentChild+ model to family child care providers serving toddlers.[90] Through its Preschool Development Grant (PDG) Birth to Five funds, Colorado launched the Home Visiting for Family Child Care Homes (FCCH) Pilot Program, which added

	home visiting capacity in PAT and HIPPY to serve Family Child Care Home providers.[91] Colorado is additionally considering leveraging consumer education funding under CCDF to support infrastructure within Family Connects universal newborn screening services to educate parents with newborns on quality child care, child development, and access to needed services.

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