HOME VISITING SERVICES FOR AT-RISK WOMEN AND FAMILIES IN WISCONSIN

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Wisconsin's Family Foundations home visiting program receives approximately 45% of its funding from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. It also receives funding from the temporary assistance for needy families block grant (29%), local matching funds (20%), and general purpose revenue (6%). Family Foundations currently provides grants to 20 local implementing agencies (e.g., counties, private agencies, and Indian tribes) that serve families in 31 counties and 5 tribal areas through at least one of the following evidence-based programs: Early Head Start-Home Based Option, Healthy Families America, Parents as Teachers, and Nurse-Family Partnership. Home visiting services are not an eligible service under the state's medical assistance program, but can be covered under other broadly defined categories such as services for women with high-risk pregnancies.

FEDERAL MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was created as part of the Patient Protection and Affordable Care Act (ACA) in 2010 and codified under 42 USC 711 to strengthen and improve maternal and child health programs, improve the coordination of services for at-risk communities, and identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The ACA authorized five years of funding for the program—$100 million in federal fiscal year (FFY) 2010, $250 million in FFY 2011, $350 million in FFY 2012, and $400 million in FFY 2013 and FFY 2014. Subsequent federal legislation authorized $400 million annually for the program for FFYs 2015 through 2022. This funding is used primarily to provide formula and competitive grants to states to support home visiting programs. Of these amounts, 3% is reserved annually for grants to Indian tribes, tribal organizations, and urban Indian organizations, and 3% is reserved annually for technical assistance, evaluation, and research activities specified in the legislation.

The U.S. Department of Health and Human Services (DHHS), Health Resources and Service Administration, and Administration on Children and Families jointly administer the program.

As a condition of receiving grant funding, states were required to conduct a statewide needs assessment within six months of the passage of the ACA that identified: (a) characteristics of communities with the greatest need for home visiting services, as determined by several specified factors, such as concentrations of premature birth, low-birthweight infants, crime, poverty, substance abuse, and domestic violence; (b) the quality and capacity of existing programs or initiatives for home visitation; and (c) the state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

The federal statutes specify certain core components of the program and require that MIECHV-funded program use one or more evidence-based home visiting (EBHV) models that meet specified standards.

Federal statutes require that states receiving federal home visiting program funds use one or more evidence-based models that meet specified standards.

At least 75% of a grantee's funding must be used for home visiting models that have existed for at least three years and are research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant positive outcomes, and participant outcomes, when evaluated using either: (a) well-designed and rigorous randomized controlled research designs, and the results have been published in a peer reviewed journal; or (b) quasi-experimental research designs.

Grantees may use up to 25% of the grant amount for models that conform to a promising and new approach to achieving improvements in specified benchmark areas and participant outcomes; have been developed or identified by a national organization or institution of higher education; and will be evaluated through a well-designed and rigorous process.

The federal legislation specifies that grantees must use MIECHV funds to supplement, not supplant, funds from other sources for early childhood home visitation program or initiatives. Only families that volunteer to receive home visiting services are provided these services.

Grant applicants (states and territories) are required to establish quantifiable, measurable benchmarks for demonstrating that the program results in improvements for participating families in the following areas: (a) improved maternal and newborn health; (b) prevention of child injuries, child abuse, neglect, and maltreatment, and reductions in hospital emergency department visits; (c) improvements in school readiness and achievement; (d) reduction in crime or domestic violence; (e) improvements in family economic self-sufficiency; and (f) improvements in the coordination and referrals for other community resources and supports.

The federal law required grantees to submit a report to DHHS that demonstrates improvement in at least four of these six specified areas during the first three years of the program. Grantees that failed to demonstrate improvement in at least four of these areas were required to implement a plan to improve outcomes in each of the six specified areas.

In 2016, Wisconsin was one of 44 state grantees that demonstrated overall improvement in at least four of the six benchmark areas during the first three years of the program.

In its March, 2016 report to Congress, DHHS concluded that 44 of 53 state grantees, including Wisconsin, demonstrated overall improvement in at least four of the six benchmark areas during the first three years of the program. The percentage of state grantees demonstrating improvement in each benchmark area ranged from 66 to 85 percent across the benchmark areas.

The DHHS Secretary is directed to carry out a continuous program of research and evaluation activities to increase knowledge about the implementation and effectiveness of the MIECHV program, using random assignment designs to the maximum extent feasible. Through its home visiting evidence of effectiveness (HomVEE) project, DHHS has contracted with Mathematica Policy Research, Inc. to conduct a review of research on home visiting programs to determine which home visiting models have evidence of effectiveness. In October, 2018, the DHHS Office of Planning, Research and Evaluation issued a report that details how it conducted the review, and a summary of the results of the review. Additional information on these studies is provided on the HomVEE website (https://homvee.acf.hhs.gov/).

In addition, the federal MIECHV law requires the DHHS Secretary to appoint an independent advisory committee of experts in program evaluation and research, education, and early childhood development to review and make recommendations on the design and plan for a national evaluation of the program. This evaluation, the Mother and Infant Home Visiting Program Evaluation (MIHOPE), is currently focusing on four evidence-based models—the Early Head Start-Home Based Option, Healthy Families America, Nurse Family Partnership, and Parents as Teachers.

WISCONSIN'S CHILD ABUSE AND NEGLECT PREVENTION PROGRAM

Wisconsin's home visiting program, as defined by the Wisconsin statutes, predates the federal MIECHV program by approximately 12 years. Codified under s. 48.983 of the statutes, a comprehensive child abuse and neglect prevention program that includes a home visiting component was created by 1997 Wisconsin Act 293, based on the recommendations of the Legislative Council Study Committee on Child Abuse and Neglect. Initially, the program was administered by the Department of Health and Family Service and authorized under Chapter 46 of the statutes. The program was transferred to the Department of Children and Families (DCF) and renumbered in Chapter 48 when DCF was created as part of 2007 Wisconsin Act 20 (the 2007-09 biennial budget act), effective July 1, 2008.

Under the program, DCF is directed to provide grants to counties, cities, private agencies and Indian tribes, and combinations of these entities, with a minimum of grant award of $10,000. The statutes require DCF to use a competitive process in awarding grants, and specifies information that grant applicants must submit as a condition of receiving grant funding.

The statutes specify how DCF is to use state general purpose revenue (GPR) to fund: (a) grants for home visitation services; (b) grants for start-up and capacity building related to home visitation programs; (c) the nonfederal share of case management services offered under the medical assistance (MA) program for families that receive home visitation services; (d) training; and (e) "flexible funds," an amount not less than $250 per year per family that is set aside for families that receive home visiting services to support ancillary expenses. The statute requires DCF to allocate at least 10% of the GPR funding available in each year to entities that have not previously received grant funding. Grantees are required to match at least 25% of the state grant amount, in funds or through in-kind contributions.

The statutes require each grant recipient to offer all MA-eligible pregnant women in the area served by the grantee the opportunity to undergo a risk assessment to determine whether the woman presents risk factors for poor birth outcomes or for perpetrating child abuse and neglect. Women who are determined to be at risk must be offered home visitation services, commencing during the prenatal period, and continuing until the child reaches the age of three, or age five if the risk factors continue to be present.

DCF is required to conduct, or select an evaluator to conduct, an evaluation of the home visitation program. The statutes specify factors that evaluators must measure, including poor birth outcomes, substantiated reports of child abuse and neglect, emergency room visits for injuries to children, the number of out-of-home placements of children, immunization rates, MA-supported comprehensive physical examinations

Medical assistance-eligible pregnant women who are determined to be at risk must be offered home visitation services.

provided to children, and any other factors DCF determines are appropriate. In addition, each grant applicant must develop a plan for evaluating the effectiveness of its program, including how program outcomes will be tracked and measured.

Wisconsin's home visiting program is supported by four funding sources: two federal programs, general purpose revenue, and local matching funds.

Wisconsin's home visiting program, commonly referred to as the Family Foundations program, is currently supported from four funding sources: (a) federal MIECHV funds; (b) the federal Temporary Assistance for Needy Families (TANF) block grant; (c) GPR; and (d) local matching funds. DCF provides grants to local implementing agencies (LIAs) on a federal fiscal year basis (October 1 through September 30). Table 1 identifies DCF estimates of the total amount of funding that has been budgeted for grants to LIAs, by fund source, during the past five state fiscal years, and estimates of the amounts that would be budgeted for the Family Foundations program in 2019-20 and 2020-21 under DCF's 2019-21 biennial budget request. The table also shows the percentage of the 2018-19 funding estimates that will be supported from each source.

TABLE 1
Family Foundations Grants to Local Implementing Agencies, by Fund Source
State Fiscal Years 2014-15 through 2020-21*

	Estimates					DCF Budget Request		2018-19
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	% of Total
FED-MIECHV	$7,164,300	$9,342,300	$8,269,600	$5,795,800	$7,177,200	$9,076,900	$9,076,900	**45%**
FED-TANF	912,000	812,100	812,100	4,712,100	4,712,100	4,712,100	4,712,100	**29**
GPR	985,700	985,700	985,700	985,700	985,700	985,700	985,700	**6**
Local Match	2,265,500	2,785,000	2,516,800	2,873,400	3,218,800	3,218,800	3,218,800	**20**
Total	**$11,327,500**	**$13,925,100**	**$12,584,200**	**$14,367,000**	**$16,093,800**	**$17,993,500**	**$17,993,500**	**100%**

* DCF estimates of state fiscal year allocations. DCF administers the program on a federal fiscal year basis.

Allocation of Funding to LIAs in Wisconsin. As required by federal law, DCF has conducted two statewide needs assessments, the first in 2010 and the second in 2015, by collecting data on 18 federally-required indicators and an additional factor (percent minority population—a factor that recognizes racial disparities in poor birth outcomes) from available sources within each county. These indicators were then grouped to create six topic areas: (1) maternal and infant health; (2) poverty and unemployment; (3) crime and domestic violence; (4) education; (5) substance abuse; and (6) child maltreatment, and each topic area was given a weight of 15%, with percent minority population assigned a weight of 10%. DCF then calculated a "z score" that measured how closely the county's values compare to the average county in the state. The z scores were totaled across all indicators for each county, and adjusted based on the weight applied to each topic area. The final county z scores were then ranked in order to identify those counties that were most at risk.

Table 2 summarizes the results of the 2015 needs assessment, by county, and indicates whether each county is currently served by an LIA under the Family Foundations program.

TABLE 2

Wisconsin 2015 Needs Assessment—Family Foundations Program Ranking of Wisconsin Counties

County	Maternal and Child Health	Poverty	Crime	High School Drop Out	Substance Abuse	Child Maltreatment	Minority Population	Total Score	Rank	Family Foundations Services Available
Menominee	0.038	0.541	0.188	0.056	-0.095	0.643	0.679	2.050	1	
Milwaukee	0.384	0.233	0.420	0.245	0.099	-0.041	0.315	1.655	2	X
Burnett	-0.142	0.162	0.044	0.539	0.097	0.184	-0.005	0.880	3	X
Rock	0.155	0.056	0.241	0.128	0.166	0.051	0.051	0.848	4	X
Forest	0.260	0.186	0.055	-0.005	-0.155	0.166	0.074	0.581	5	X
Lincoln	0.004	0.032	0.095	0.665	-0.155	-0.009	-0.055	0.578	6	X
Racine	0.302	0.068	0.090	0.016	-0.072	0.014	0.140	0.558	7	X
Adams	-0.061	0.105	0.015	-0.015	0.166	0.262	-0.006	0.465	8	X
Vilas	0.148	0.152	0.289	-0.157	-0.155	0.120	0.033	0.429	9	X
Winnebago	0.180	-0.062	0.056	0.407	-0.095	-0.060	-0.001	0.425	10	X
Kenosha	0.189	0.028	0.121	0.049	-0.047	-0.041	0.109	0.408	11	X
Oneida	0.012	0.038	-0.018	-0.047	-0.155	0.588	-0.049	0.370	12	X
Jackson	-0.010	0.107	-0.040	-0.086	0.097	0.271	0.024	0.364	13	X
Juneau	0.041	0.083	0.017	0.017	0.166	0.009	-0.020	0.314	14	X
Rusk	0.186	0.042	-0.001	0.039	0.097	-0.014	-0.054	0.295	15	X
Price	0.027	0.005	0.000	0.376	-0.155	0.069	-0.052	0.270	16	
Sauk	-0.017	-0.092	0.071	0.227	0.166	-0.073	-0.018	0.263	17	X
Washburn	0.110	0.035	-0.029	-0.035	0.097	0.097	-0.043	0.231	18	X
Dane	-0.014	-0.116	0.086	0.090	0.166	-0.078	0.076	0.209	19	X
Douglas	0.023	-0.019	0.103	0.017	0.097	-0.014	-0.019	0.189	20	
Langlade	-0.026	0.081	-0.061	-0.047	-0.155	0.372	-0.043	0.121	21	X
Ashland	-0.053	0.204	0.186	-0.054	-0.155	-0.106	0.057	0.080	22	
Sawyer	-0.069	0.279	0.041	-0.062	-0.155	-0.069	0.103	0.068	23	X
Manitowoc	0.102	-0.065	0.080	0.060	-0.095	0.000	-0.018	0.063	24	X
Columbia	0.012	-0.116	0.123	-0.028	0.166	-0.078	-0.034	0.045	25	
Lafayette	0.018	-0.094	-0.067	-0.110	0.166	0.166	-0.042	0.037	26	
Green	0.130	-0.119	-0.040	0.034	0.166	-0.096	-0.044	0.032	27	X
Monroe	0.004	0.026	0.031	0.045	0.097	-0.069	-0.018	0.0119	28	
Jefferson	-0.051	-0.059	0.047	-0.105	0.166	0.000	-0.003	-0.005	29	
Grant	0.001	0.008	-0.068	-0.108	0.166	0.023	-0.051	-0.029	30	
Fond du Lac	0.089	-0.099	0.009	0.092	-0.095	-0.018	-0.012	-0.035	31	
Brown	0.044	-0.084	0.057	0.058	-0.095	-0.083	0.061	-0.042	32	X
Outagamie	0.142	-0.116	0.054	0.039	-0.095	-0.078	0.008	-0.047	33	
Shawano	0.075	-0.011	-0.014	-0.054	-0.095	0.032	0.020	-0.047	34	
Barron	-0.045	0.015	-0.071	0.086	0.097	-0.110	-0.038	-0.067	35	
Walworth	-0.017	0.001	-0.028	-0.002	-0.072	0.000	0.033	-0.085	36	X
La Crosse	-0.084	-0.060	0.143	-0.082	0.097	-0.096	-0.007	-0.088	37	X
Eau Claire	-0.133	0.006	0.058	-0.019	0.097	-0.087	-0.014	-0.091	38	
Chippewa	0.025	-0.051	0.003	-0.013	0.097	-0.133	-0.037	-0.108	39	
Bayfield	-0.070	0.163	-0.092	0.048	-0.155	-0.041	0.038	-0.109	40	
Waupaca	-0.003	-0.039	0.048	-0.007	-0.095	0.014	-0.046	-0.128	41	
Marquette	0.121	0.085	-0.106	-0.020	-0.095	-0.083	-0.042	-0.140	42	
Green Lake	0.068	-0.001	-0.017	-0.122	-0.095	0.051	-0.031	-0.147	43	
Dunn	-0.039	0.023	-0.058	-0.131	0.097	-0.009	-0.032	-0.148	44	
Dodge	-0.020	-0.087	-0.043	-0.053	0.166	-0.124	-0.011	-0.171	45	
Clark	-0.056	0.053	-0.052	-0.102	0.097	-0.078	-0.035	-0.172	46	X
Iowa	-0.093	-0.125	-0.026	-0.047	0.166	0.005	-0.055	-0.175	47	
Iron	-0.311	0.310	-0.003	-0.164	-0.155	0.184	-0.063	-0.201	48	
Waushara	-0.086	0.039	-0.075	0.004	-0.095	0.009	-0.001	-0.204	49	
Crawford	-0.010	0.010	-0.164	-0.126	0.166	-0.078	-0.050	-0.252	50	
Marinette	-0.054	0.048	-0.057	-0.068	-0.095	0.000	-0.052	-0.278	51	
Trempealeau	-0.025	-0.083	-0.069	-0.068	0.097	-0.129	-0.018	-0.294	52	X
Portage	-0.079	-0.006	-0.097	0.045	-0.155	-0.004	-0.02	-0.315	53	
Polk	-0.108	-0.033	-0.070	-0.073	0.097	-0.087	-0.049	-0.322	54	X
Oconto	-0.036	-0.022	-0.106	0.089	-0.095	-0.106	-0.048	-0.324	55	
Florence	-0.159	0.068	-0.107	-0.091	-0.155	0.170	-0.054	-0.328	56	
Richland	-0.105	-0.089	-0.122	-0.050	0.166	-0.092	-0.046	-0.338	57	
Door	-0.095	0.060	-0.094	-0.103	-0.095	0.019	-0.041	-0.351	58	
Pierce	-0.028	-0.101	-0.019	-0.129	0.097	-0.129	-0.045	-0.353	59	X
St. Croix	-0.031	-0.211	-0.063	0.018	0.097	-0.124	-0.040	-0.353	60	X
Wood	-0.061	-0.057	0.017	-0.111	-0.155	0.023	-0.030	-0.374	61	
Marathon	-0.083	-0.064	0.023	-0.054	-0.155	-0.064	0.002	-0.395	62	
Vernon	-0.128	0.013	-0.162	-0.097	0.166	-0.138	-0.057	-0.404	63	
Sheboygan	-0.040	-0.129	0.012	-0.134	-0.095	-0.060	0.030	-0.415	64	
Kewaunee	0.001	-0.114	-0.045	0.047	-0.095	-0.188	-0.048	-0.442	65	
Buffalo	-0.201	-0.073	-0.188	-0.017	0.097	-0.027	-0.057	-0.466	66	
Pepin	-0.054	-0.106	-0.113	-0.152	0.097	-0.096	-0.062	-0.486	67	
Waukesha	0.067	-0.216	-0.108	-0.085	-0.072	-0.119	0.000	-0.532	68	X
Washington	0.003	-0.198	0.011	-0.116	-0.072	-0.152	-0.033	-0.557	69	
Taylor	-0.151	0.023	-0.078	-0.147	-0.155	-0.014	-0.059	-0.580	70	X
Calumet	-0.002	-0.229	-0.122	-0.110	-0.095	-0.096	-0.018	-0.673	71	
Ozaukee	-0.113	-0.242	-0.145	-0.130	-0.072	-0.151	-0.025	-0.878	72	

Although not listed in Table 2, the Family Foundations program provides grant funding to the Great Lakes Inter-Tribal Council, which subcontracts with the Bad River Tribe to provide home visiting services to tribal members in Ashland County.

In March, 2016, DCF released a new request for proposals for implementing the Family Foundations program. The Department scored the applicants on several factors, including the applicants' ability to demonstrate a clear need for evidence-based home visiting services in the proposed service areas, using U.S. Census data, county-level health and child welfare data, local community data from family serving agencies, hospitals and other health care providers, school districts or other organizations, and any additional population need data collected by the applicant.

The grant amount each local implementing agency receives in each year is based on the grantee's need and the availability of funding budgeted for the program.

The grant amount each participating LIA receives in each year is based on the grantee's need, as determined by DCF, and the availability of funding budgeted for the program.

Table 3 identifies the state funding allocations to the LIAs for FFYs 2014-15 through 2018-19, the areas served by each LIAs, and the home visiting model each of the LIAs use in delivering home visiting services.

TABLE 3
Family Foundations Funding Allocations to Local Implementing Agencies
Federal Fiscal Years 2014-15 through 2018-19

Local Implementing Agency County/Tribe Served	Home Visiting Model	2014-15	2015-16	2016-17	2017-18	2018-19
LCO Mino Maajisewin Home Visitation Program						
Lac Courte Oreilles Tribe	HFA	$523,246	$535,264	$436,821	$477,439	$478,542
Children's Social Services (CSSW) Northwoods Healthy Families						
Forest County						
Langlade County						
Lincoln County						
Oneida County						
Vilas County						
Subtotal	HFA	331,169	618,201	618,081	624,781	624,781
Racine County Human Services						
Racine County	HFA	609,864	870,720	901,921	926,921	926,921
Great Lakes Inter-Tribal Council						
Bad River Tribe						
Sokaogon-Chippewa Tribe						
St. Croix Tribe						
Lac du Flambeau Tribe						
Burnett County						
Subtotal	HFA	911,691	1,442,472	1,267,054	1,296,808	1,373,295
Family Services NEW for Healthy Families, Howe, Family & Childcare Resources, and Parent Connection						
Brown County Winnebago County	HFA (Brown HF) & PAT (Howe, FCR,					
Subtotal	Parent Connection)	1,649,209	1,915,478	1,258,100	1,800,000	1,823,166
CSSW- Rock County						
Rock County	HFA & EHS	445,356	516,321	500,000	500,000	500,000
Kenosha Division of Health						
Kenosha County	NFP & PAT	$1,308,540	$1,348,710	$1,222,552	$1,341,069	$1,376,901

Local Implementing Agency County/Tribe Served	EBHV Model	2014-15	2015-16	2016-17	2017-18	2018-19
Adams County Health Department for Adams, Juneau, and Sauk Counties						
Adams County						
Juneau County						
Sauk County						
Subtotal	NFP	262,380	910,803	858,863	860,084	954,098
Madison-Dane Public Health						
Dane County	NFP	N/A	N/A	184,248	291,211	291,211
Easter Seals Southeast WI						
Milwaukee County						
Walworth County						
Waukesha County						
Subtotal	HFA & PAT	N/A	N/A	304,556	343,961	417,690
Family and Children's Center						
La Crosse County	HFA	N/A	N/A	80,488	208,762	208,762
Indianhead Community Action Agency						
Clark County						
Rusk County						
Sawyer County						
Taylor County						
Washburn County						
Subtotal	EHS	N/A	N/A	400,008	448,710	558,840
Unison (SET Ministry)						
Milwaukee County	PAT	N/A	N/A	300,000	300,000	300,000
CSSW - Milwaukee						
Milwaukee County	HFA	N/A	N/A	N/A	225,000	340,800
CSSW-Western						
Jackson, Trempealeau County	HFA	N/A	N/A	N/A	218,320	291,094
Lakeshore CAP Manitowoc County						
Manitowoc County	PAT	249,420	265,600	N/A	211,987	287,259
Next Door						
Milwaukee County	EHS	745,492	745,492	N/A	112,500	450,000
Family Resource Center St. Croix Valley						
St. Croix, Pierce, Polk County	PAT	N/A	N/A	N/A	225,000	309,000
Dane County Parent Council						
Green County	EHS	279,201	335,010	N/A	243,725	324,967
Aurora						
Milwaukee County	HFA	553,566	634,649	N/A	N/A	N/A
Total		**$9,375,493**	**$11,728,318**	**$9,513,718**	**$12,153,598**	**$13,115,497**

Note: EHS=Early Head Start; HFA=Healthy Families America; NFP=Nurse-Family Partnership; and PAT=Parents as Teachers.

HOME VISITING MODELS OFFERED IN WISCONSIN

As of January 1, 2019, DHHS had determined that 20 home visiting models met its criteria that demonstrate evidence of effectiveness.

The LIAs in Wisconsin currently offer home visiting services using four of these models—the Early Head Start-Home Based Option (EHS-HB), Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). As previously indicated, the MIHOPE national evaluation of the MIECHV program will review the evidence of effectiveness of each of these models. HomVEE's descriptions of each of the four home visiting models used by LIAs in Wisconsin these models are provided below.

Early Head Start Home-Based Option. EHS-HBO targets low-income pregnant women and families with children from birth to age three, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The model provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services provided in family child care homes).

EHS-HBO services include weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have a minimum of a Home Visitor Child Development Associate (CDA) or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree.

Healthy Families America sites offer hour-long home visits at least weekly until children are six months old, with the possibility of less frequent visits thereafter.

Healthy Families America. HFA goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are six months old, with the possibility of less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old. In addition, many HFA sites offer parent support groups and father involvement programs. Sites also can develop activities to meet the needs of their specific communities and target populations.

HFA includes (1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; (2) home visiting services; and (3) routine screening and assessment of parent-child interactions, child development, and maternal depression. In addition, many HFA sites offer services such as parent support groups and father involvement programs. HFA encourages local sites to implement additional services such as these that further address the specific needs of their communities and target populations.

Nurse-Family Partnership. NFP is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained registered nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child reaches the age of two. NFP is designed to improve (1) prenatal and maternal health and birth outcomes, (2) child health and development, and (3) families' economic self-sufficiency and maternal life course development.

Parents as Teachers. The goal of the PAT program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and linkages to needed resources. Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually with more offered to higher-need families. PAT serves families for at least two years between pregnancy and kindergarten. PAT affiliate programs select the target population they plan to serve and the program duration.

MEDICAID-SUPPORTED HOME VISITING SERVICES

DCF estimates that approximately 75% of adult clients enrolled in the Family Foundations program are enrolled in the state's BadgerCare Plus program, which provides medical assistance (MA) funded services to individuals and families with low income. In Wisconsin, pregnant women in households with countable income up to 306% of the federal poverty level (FPL) are eligible for coverage under BadgerCare Plus, and remain eligible through the end of the month in which a 60-day postpartum period ends. In determining the household's size (for the purpose of determining the household's income as a percentage of the FPL), the number of children the woman is expecting is included. For example, a woman who is expecting one child and who resides with her husband is considered to be in a three-person household. Currently, 306% of the FPL for a three-person family is $63,587 per year.

If a woman enrolled in BadgerCare Plus receives an MA-eligible home visiting service from an MA-certified LIA, the LIA will submit a claim for reimbursement to the MA program. The MA reimbursement the LIA receives supports the LIA's cost of providing the service, and may be used to meet the 25% local contribution requirement under the Family Foundations program.

Under the state's MA program, home visiting services are not defined as an MA-eligible service, but instead are covered under other broadly defined service categories. Similar to the services offered under the Family Foundations program, these MA-funded services are intended to ensure that certain high-risk MA recipients receive appropriate medical and social services. Home visits are a component of these MA-supported services.

Under the state's medical assistance program, home visiting services are not defined as an eligible service, but instead are covered under other service categories.

There are several services available exclusively to individuals enrolled in the state's MA program.

(1) The MA program provides prenatal, postpartum, and young child care coordination (PNCC) services for women with high-risk pregnancies statewide. These services assist MA recipients and, when appropriate, their families, to gain access to medical, social, educational, and other services related to the woman's pregnancy. Wisconsin Medicaid PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes during pregnancy through the first 60 days following delivery. PNCC services include all of the following: (a) outreach; (b) initial assessment; (c) care plan development; (d) ongoing care coordination and monitoring; and (e) health education and nutrition counseling services for recipients needing these services.

In Milwaukee County and the City of Racine, the benefit is extended beyond the 60-day postpartum period, and is called child care coordination (CCC). Health education and nutrition counseling services are not part of the CCC benefit.

The state's MA program pays the non-federal share of eligible service costs for both the PNCC and CCC benefit. In state fiscal year 2017-18, the MA program provided reimbursements totaling $4,998,700 (all funds) to fund claims for PNCC and CCC services.

(2) The MA program supports case management services for children with medical complexity. These services are available statewide, and the state pays the non-

federal share of service costs. Under this benefit, hospitals with pediatric medical and surgical specialty areas may provide case management services to individuals under the age of 26 with chronic health conditions that meet certain requirements. These case management services may include a comprehensive assessment and periodic reassessment of the individual's needs, the development and periodic revision of a care plan, and ongoing monitoring and service coordination. In state fiscal year 2017-18, the MA program provided reimbursements totaling $3,108,900 (all funds) to fund claims for these services.

(3) Another MA-supported program provides assessment, case management, and similar services to pregnant women enrolled in managed care organizations—the Obstetric Medical Home (OBMH) program.

Using medical assistance funds, the Obstetric Medical Home program provides assessment, case management, and similar services to pregnant women enrolled in managed care organizations.

In January, 2011, DHS began implementing an OBMH delivery model to serve high-risk pregnant women enrolled in BadgerCare health maintenance organizations (HMOs) in six southeastern counties (Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties). In 2014, the initiative was expanded to include BadgerCare HMO enrollees in Dane and Rock County, and to include pregnant women enrolled in HMOs that serve disabled MA recipients (SSI-HMOs).

Under the OBMH initiative, obstetric clinics that serve as medical homes are reimbursed by HMOs for standard prenatal and postpartum care for their enrollees. However, each participating medical home is eligible to receive a supplemental payment of $1,000 per enrolled member who: (a) enrolled in the first 16 weeks of the pregnancy and remained continuously enrolled throughout the pregnancy; (b) attended a minimum of ten prenatal care appointments with the obstetric provider; (c) remained continuously enrolled during her pregnancy; and (d) had a postpartum appointment within 60 days of delivery. OBMHs receive an additional $1,000 (for a total of $2,000) per eligible member who meets these criteria and has a healthy birth outcome, which is defined as a birthweight of at least 2,500 grams, a gestational age of at least 37 weeks, and no neonatal death within 28 days after delivery.

Program enrollment is limited to women who meet one or more of the following criteria: (a) is less than 18 years of age; (b) is African American; (c) is homeless; (d) has a chronic medical or behavioral health condition which will negatively affect the pregnancy; (e) has a prior poor birth outcome; or (f) meets the criteria for inclusion in the DHS Birth Outcome Registry Network report.

In calendar years 2015 and 2016 (the last year for which complete information is available), clinics received approximately $1,594,000 and $1,428,000 (all funds), respectively, for supplemental payments under the OBMH initiative.