



State Partnerships to Coordinate Home Visiting and Child Welfare

Introduction

Home visiting is a voluntary support service that can benefit all families, particularly those with limited access to resources and supports through other channels. Home visiting is also important for families at disproportionate risk of negative health outcomes due to structural inequities, including low-income families and Black, Indigenous, and other families of color. Such families have historically been subject to more surveillance and policing than other families, and in turn, face higher rates of child welfare involvement.

The field of home visiting is noted for its strengths-based approach that emphasizes family choice. Home visiting is a particularly good fit for families who have experienced involuntary child welfare system involvement because it provides education and resources that can empower families and help them rebuild a sense of autonomy and safety. Home visiting programs can partner with local child welfare systems to offer voluntary support to families at risk for separation and help increase the likelihood of family preservation and reunification. These partnerships can support home visiting and child welfare's shared goals of promoting family health and well-being and reducing child maltreatment.

The Family First Prevention Services Act (FFPSA) promotes coordinated collaboration between home visiting and child welfare by allowing states to redirect foster care funds toward prevention services (see box on next page).

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This brief highlights four state partnerships to coordinate home visiting and child welfare services:

- ✔ Illinois
- ✔ Michigan
- ✔ New York
- ✔ Ohio

We conclude by discussing shared progress, challenges, and plans for further work.

Family First Prevention Services Act

Signed into law as part of the [Bipartisan Budget Act of 2018](#) (Child Welfare Information Gateway, n.d.), FFPSA represents a shift in the child welfare system toward prevention, family autonomy, and family preservation. FFPSA authorizes states to use optional, time-limited funds administered through the Title IV-E Foster Care program for programs that may prevent children's entry into foster care. Eligible programs include several home visiting models: Child First, Family Check-Up, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare/SafeCare Augmented (National Conference of State Legislatures, 2022). Title IV-E funds can be used for up to 12 months to provide home visiting services to families whose children are candidates for foster care and to pregnant and parenting youth in foster care. FFPSA implementation varies based on state needs and priorities.

Illinois

About: In 2015, Illinois set out to develop and pilot test a trial home visiting program for pregnant and parenting youth in out-of-home care with the [Illinois Department of Children and Family Services](#) (DCFS). The resulting [Illinois Pregnant and Parenting Youth in Care](#) (IPPYC) project identifies eligible young people in foster care—a population previously underserved by home visiting programs—and connects them with home visiting services that support the transition to adulthood and parenthood. DCFS also links families in the Intact Family Services Program (families have an open child welfare case but retain guardianship of their children) to home visiting services through the [Erikson Institute DCFS Early Childhood Project](#).

Goals and Purpose: Illinois' home visiting and child welfare partnership aims to provide more efficient, coordinated, long-term support to families currently or previously involved with the child welfare system. IPPYC's vision is to connect pregnant and parenting teens in the foster care system to community-based supportive services that can meet their unique needs. Erikson Institute DCFS Early Childhood Project's vision is to provide the most relevant evidence-based support options to families involved in the Intact Family Services Program to prevent future child welfare investigations and removal. Partners seek to build education and understanding between the home visiting and child welfare systems.

Who Is Involved: The [Illinois Early Learning Council](#) Home Visiting Task Force Committee established a subcommittee to create the IPPYC pilot. [Children's Home and Aid](#) oversees the IPPYC project and links participants in the [UCAN Teen Parenting Service Network](#) to home visitors. [Chapin Hall at the University of Chicago](#) evaluated the pilot and currently supports continuous quality improvement work by the Erikson Institute DCFS Early Childhood Project and IPPYC teams.

The Governor's Office of Early Childhood Development collaborated with both DCFS and IPPYC on the Preschool Development Birth through 5 Grant, which funded the first of four regional home visiting specialists within DCFS. The regional home visiting specialists are charged with connecting families with child welfare involvement to home visiting, including closing the loop on referrals and following up after 6 months to track engagement. The DCFS Office of Research and Child Well-being created the Home Visiting Steering Committee, which facilitates cross-communication between policy experts and funders on both sides of the partnership. DCFS also partners with the state-funded early childhood collaboration network to maximize existing systems for connecting families to home visiting in each county.

"We want to make sure pregnant and parenting youth in care feel confident going into adulthood and parenthood, especially after being youth in the foster care system themselves." –Jaime Russell

Coordination Efforts: The IPPYC statewide coordinator and DCFS home visiting specialists make referrals to home visiting services for families involved with the child welfare system. Home visiting eligibility requirements restrict enrollment based on a child's age, so they strategically connect families with the most relevant services, as quickly as possible. An interdisciplinary committee brings together home visiting supervisors, child welfare staff, and state leaders for quarterly meetings to identify and address community needs. The committee provides a regular collaborative space that facilitates learning, growth, and coordination.

Families with child welfare involvement can invite their home visitors to Child and Family Team Meetings to serve as a family resource or advocate. Families may also choose to invite their DCFS worker to be part of their initial home visiting meetings. While some families prefer to keep the entities separate, others find that bringing everyone together reduces confusion and supports alignment of child welfare and home visiting goals. Child welfare and home visiting staff are collaborating to develop joint training resources and improve cross-agency communication and understanding of roles. Training resources can also mitigate challenges created by turnover by educating new staff on the goals and processes of the partnership.

Accomplishments: Illinois' collaborative efforts have helped incorporate prevention services into child and family services. The partnership has provided strengths-based home visiting services to help both IPPYC and families in the Intact Family Services Program feel connected and supported as they enter life outside the child welfare system. Using the UCAN Teen Parenting Service Network to identify eligible youth in care helps fill a gap in services for an historically

underserved population and has connected approximately 100 teen parents with home visiting. Establishing regional home visiting specialists enabled the Intact Family Services Program to connect with home visiting services in a new way, leading to enrollment of more than 250 families to date.

Illinois also advocated to expand eligibility criteria for Healthy Families America. The evidence-based home visiting model now allows families across the United States to enroll until their child is 24 months old—versus 3 months old—[if they are involved with child welfare](#).

Next Steps: DCFS will spearhead a collaboration to facilitate reimbursement through FFPSA. The interdisciplinary committee hopes to expand its efforts and create regional subcommittees to facilitate greater collaboration at the regional level. For example, subcommittees will address topics such as staffing, language access issues, and resources available in their region.

For More Information: Email Family Support Services Program Director Jaime Russell (jrussell@childrenshomeandaid.org) or Erikson Institute DCFS Early Childhood Project Home Visiting Clinical Supervisor Thay Guirguis (thay.guirguis@illinois.gov).

Michigan

About: In 2018, the [Michigan Department of Health and Human Services](#) (MDHHS) launched a partnership between its Home Visiting Unit, Foster Care program, and [Children's Services Administration](#) program in response to FFPSA. Child welfare and home visiting agencies work together to incorporate home visiting as a preventive intervention in Michigan's child welfare system.

Goals and Purpose: The collaboration supports a strengths-based philosophy that prioritizes family preservation and well-being within child welfare services. It also seeks to build an understanding between caseworkers and home visitors and to reduce stigma about their respective services.

Who Is Involved: Staff from Children's Services Administration and Foster Care work collaboratively with local agencies delivering four home visiting models—Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers—to help implement FFPSA. MDHHS staff receive support from child welfare community service analysts. Local agencies receive support from FFPSA coordinators in the Home Visiting Unit.

Coordination Efforts: Michigan's coordination efforts center on relationship building and communication. At the state level, MDHHS holds monthly interagency meetings and systemwide strategic planning sessions to facilitate partnerships between home visiting and child welfare staff. Collaborators discuss several strategies to support communication, including consulting with parents with lived experience in the child welfare program to understand and begin addressing concerns about home visitors sharing sensitive information with child welfare. Statewide strategies are mirrored at the local level and adapted to meet regional needs. Local partners have implemented interdepartmental trainings, developed Memoranda of Understanding (MOUs), and codified position descriptions to clarify shared expectations.

Child welfare caseworkers have adapted to keep cases open as long as families receive home visiting services—a requirement for continued FFPSA funding—while minimizing staff burden. For instance, a caseworker may name a home visitor as the primary contact for a family with a lower-assessed level of risk, allowing the caseworker to take a step back and not have direct contact with the family. MDHHS also uses state funding to keep families connected with their home visitors amid shifts in FFPSA eligibility and funding.

“Home visitors are poised to do that prevention work. They have the experience and skills; they come from a strengths-based perspective.”
—Kate Rood

Accomplishments: Michigan’s partnership between child welfare and home visiting has helped emphasize prevention among families at low-to-moderate risk of separation. It has also spurred an increase in referrals to home visiting and reach among more communities.

Next Steps: Michigan will continue scaling up its collaboration efforts in the coming year, expanding from 9 local implementing agencies in 12 counties to 21 agencies in 20 counties by spring 2023. Partners will continue seeking feedback from parents with lived experience in the child welfare program to address family concerns about confidentiality.

For More Information: Email FFPSA Coordinator Kate Rood (roodk@michigan.gov) or MDHHS State Administrative Manager Nancy Rostoni (rostonin@michigan.gov).

New York

About: In 2010, New York state brought together the [New York State Department of Health](#) (NYSDOH) and [New York State Office of Children and Family Services](#) (NYS OCFS) in response to the creation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Available home visiting models include Nurse-Family Partnership and Healthy Families New York (HFNY), an adaptation of Healthy Families America.

Goals and Purpose: The partnership aims to integrate home visiting into the child welfare system as a prevention service to support more racially equitable health outcomes. Over time, collaborators hope to reduce disparities in the state’s maternal mortality rate and to increase access to other services that support emotional and physical health.

Who Is Involved: NYS OCFS is responsible for juvenile justice, youth development, child care and child welfare services, and family support services, including contracting with organizations to provide HFNY in all counties and boroughs. NYSDOH contracts directly with 10 Nurse-Family Partnership sites that serve clients in 10 of the state’s 62 counties. NYSDOH and NYS OCFS home visiting staff meet quarterly to discuss areas of common concern, like program staffing and enrollment. Both state agencies collaborate with the [New York State Office for the Prevention of Domestic Violence](#) and the OCFS Bureau of Domestic Violence to share information and

resources about health and safety across agencies and to encourage mutual referrals and collaboration.

Coordination Efforts: NYSDOH and NYS OCFS collaborate to coordinate services, identify and fill gaps, and support families and programs consistently across funding streams. Home visiting and child welfare staff use monthly meetings between NYSDOH and NYS OCFS as a space to collaborate on multiple aspects of their work, including FFPSA implementation. Meeting attendees discuss issues such as enrollment, staffing, recruitment and retention, and funding sources. They also share technical assistance and professional development resources, information, and ideas relevant to home visiting models, especially strategies for supporting health equity in communities. NYSDOH and NYS OCFS also share an MOU that supports funding for HFNY programs in priority communities and that specifies data procedures and policies to ensure data security.

NYS OCFS, NYSDOH, and the [New York State Office of Addiction Services and Supports](#) have also collaborated around the implementation of Child Abuse Prevention and Treatment Act standards to explore issues related to substance use surveillance and mandated reporting. In 2021, NYSDOH launched [guidance on implementation of the standards](#). The online guidance describes families' care teams and helps home visitors understand Plans of Safe Care.

Accomplishments: Thousands of families in New York have received home visiting services funded through NYS OCFS and MIECHV. The collaboration between NYSDOH and NYS OCFS has resulted in more coordinated efforts to grow home visiting availability, expanded the types of home visiting models supported by MIECHV funding and the professional development opportunities for staff in home visiting programs, and established a strong working partnership between the two agencies.

Next Steps: Partnership participants are discussing how to support NYS OCFS' implementation of FFPSA through home visiting and most efficiently manage multiple funding sources. NYS OCFS and NYSDOH will continue to collaborate around coordinating funding and providing professional development for home visiting and child welfare staff.

For More Information: Email NYSDOH Maternal and Infant Health Home Visiting Unit Director Lucinda Caruso (lucinda.caruso@health.ny.gov) or NYS OCFS Bureau of Program and Community Development Director Karen Kissinger (karen.kissinger@ocfs.ny.gov).

Developing Family-Informed Messaging and Programming

In 2018, NYSDOH conducted focus groups to shape a home visiting media campaign to make messaging more approachable to families. Family participants shared a preference for the phrase “parenting support” rather than “home visiting” due to negative associations with child protective services and home visiting. Home visitors have also shared logistical concerns related to the partnership, such as not driving cars labeled as child welfare services to maintain families' privacy and decrease perceived stigma associated with the receipt of services.

Ohio

About: Ohio's state government has prioritized services that support child health and well-being, especially the expansion of home visiting services and the improvement of services provided to families involved with children services in Ohio. Following the passage of FFPSA, the [Ohio Department of Job and Family Services](#) (ODJFS) and the [Ohio Department of Health](#) (ODH) began a partnership to coordinate home visiting services with child welfare.

Goals and Purpose: Partners seek to create a more equitable early childhood system by increasing access to home visiting services for all families—particularly families in communities with disproportionately high rates of infant mortality—and by providing prevention services to high-need families in contact with children services. Staff hope that strengthening the state-level partnership will serve as a model of collaboration for other systems.

Who Is Involved: This partnership is a collaboration between ODH and the ODJFS. ODJFS oversees the implementation of FFPSA and collaborates with the ODH Help Me Grow Home Visiting program.

Coordination Efforts: Ohio uses a centralized intake system that serves as families' point of entry into both Help Me Grow Home Visiting and Early Intervention services in all 88 Ohio counties. Child welfare caseworkers use the state automated child welfare system to refer families into the centralized system. The referral also notes if a family is eligible for Family First Prevention Services. The intake system makes the appropriate referral(s) to home visiting and early intervention services, based on the needs of the family.

Child welfare and home visiting partners have ensured data security through multiple data-use agreements and the use of existing privacy and security systems. Partners meet biweekly with policy experts to ensure coordination efforts are implemented consistently. Home visiting providers and local county child welfare staff have participated in joint training to understand the program area involved and their role in the process to support the partnership.

Accomplishments: Representatives have come together to coordinate the logistics of FFPSA implementation and prevention services and to overcome shared challenges (see sidebar). They have also developed infrastructure and built capacity to support the reimbursement of FFPSA funding. Title IV-E reimbursement can now be drawn down for Family First Prevention Services-

Overcoming Challenges

To mitigate challenges posed by their different structures, data systems, and terminology, ODJFS and ODH established shared language for concepts and engaged in collaborative process mapping and workflow planning. The ODH coordinated intake coordinator also worked with four counties to identify barriers to connecting with families, enrolling them in the program, and beginning services. Strategies to address these barriers are being implemented gradually with the goal of increasing enrollment.

eligible families served. Funding is made available to programs to assist with expansion costs related to hiring staff to support more families.

Next Steps: ODJFS and ODH will continue to work together to increase the number of families served by home visiting; they will also leverage infrastructure to draw down Title IV-E funds for eligible families served and build sustainability into the funding system.

For More Information: Email ODJFS FFPSA Project Manager Hannah Knies (hannah.knies@jfs.ohio.gov) or ODH Help Me Grow Home Visiting Project Manager Janene Kehl (janene.kehl@odh.ohio.gov).

Conclusion

The partnerships highlighted in this brief share common goals and experiences. For example, all four states envision shifting the child welfare system toward more preventive services, integrating the strengths-based philosophy of home visiting into child welfare services, and expanding access to home visiting. These goals support a vision of providing more fiscally sustainable long-term support services, creating a more racially equitable system, and ultimately, preserving families and helping them thrive.

Multiple states also mentioned the importance of building understanding between caseworkers and home visitors and reducing stigma surrounding both types of services. All states are coordinating to address issues of data security and transparent messaging, which are crucial to family enrollment and engagement. Families need to be able to trust their home visitors and know what sensitive information will or will not be shared back with child welfare.

States also shared common challenges. Notably, FFPSA funding for home visiting is only available to families with open child welfare cases. This means that even if a home visiting program is effectively meeting the needs of a family without child welfare caseworker involvement, cases must be kept open to continue the flow of funding. Keeping more cases open longer presents workload challenges for child welfare agencies, which are often understaffed. Increased role flexibility and funding adaptability have helped partners manage these challenges.

At the state level, collaborative efforts center on intentional communication and relationship building through such activities as regular interagency meetings, development of shared language and plans, and cross-agency staff trainings. Partners build coordinated systems through MOUs, data-use agreements, and centralized intake systems. At the local level, home visiting and child welfare agency staff develop flexible, creative ways to incorporate home visitors into family support teams and adjust caseworkers' roles.

Since FFPSA became law, states have successfully increased referrals to home visiting, expanded home visiting services, lobbied for home visiting models to expand enrollment criteria for families in the child welfare system, and improved the quality of services. States plan to build on their momentum expanding eligibility and access to services, and to determine how to keep funding home visiting services for families after their involvement with the child welfare system ends.

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