

# Public Policy Update

February 15, 2018

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## MIECHV Reauthorized for 5 YEARS, Other Provisions in the Continuing Resolution, and the President's FY2019 Budget

### MIECHV Reauthorized!!!

Early last Friday morning, the United State Congress passed the bipartisan spending bill (Continuing Resolution or “CR”) which reauthorizes funding for the MIECHV program and President Trump signed the legislation into law shortly thereafter. This funding continues MIECHV funding at \$400 million annually for five years for states to support Nurse-Family Partnership and other evidence-based home visiting programs. Click [here](#) to see the full CR legislation that passed. *[Note: The CR only extended the FY2018 budget through March 23<sup>rd</sup>, but does include a spending caps deal and a 1 year extension/increase for the debt ceiling which should help the appropriations process and negotiations to move forward.]*

The 5-year MIECHV reauthorization included some minor policy changes including:

- Requires a new state needs assessment by FY2020.
- Allows states to take into account staffing, community resource, and other requirements when determining how to operate at least one home visiting model in communities in need of services.
- Allows a state to use their MIECHV allocation for “pay for outcomes” projects, but requires that in doing so, a state cannot reduce funding for current services.
- Creates data exchange standards for increased data interoperability between federal agencies.
- Requires HRSA to utilize the most accurate federal poverty data available for each jurisdiction in its grant allocations.

We were also thrilled to see that the CR also included additional legislative victories for children and families including:

- A ten-year reauthorization of the Children’s Health Insurance Plan (CHIP), increased from six years
- A two-year reauthorization for Community Health Centers with increased funding
- Passage of The Family First Prevention Services Act or “FFPSA”, which focuses on improvements to the foster care system
- Passage of the Social Impact Partnership Act which supports innovative public-private partnerships to address critical social and public health challenges

[Click here](#) to read the NFP National Service Office's press release regarding the legislation. We also encourage you to thank your Members of Congress and their staff for their support over the past year to ensure that MIECHV was reauthorized. Please click [here](#) to send your Members of Congress a thank you message. We encourage you to personalize your letter(s) to include details and information about how NFP and MIECHV impact your community.

**We could not have done this without you.** Our powerful grassroots network sent over 7,000 messages to Congress, along with thousands of calls, hundreds of postcards, advocacy days, local meetings, site visits, social media posts and so much more. Your voices made the difference. **THANK YOU** again for being a strong voice on behalf of NFP families! For more information or assistance, please contact Katelyn Gesing, Advocacy Coordinator, at [katelyn.gesing@nursefamilypartnership.org](mailto:katelyn.gesing@nursefamilypartnership.org).

## **Social Impact Partnerships Act**

As part of the CR package, Congress passed the Social Impact Partnerships to Pay for Results Act. NFP has been supportive of this bill since its first introduction in 2014. The bill was originally introduced by then Rep. Todd Young (R-IN, now Senator) and Rep. John Delaney (D-MD) in the House and Sen. Orrin Hatch (R-UT) and Sen. Michael Bennet (D-CO) in the Senate.

**This bill would carve out a role for the federal government in pay for success (PFS) projects, thereby incentivizing their examination, creation, and implementation at the state and local level. The bill sets aside \$100 million in FY2018 for the following:**

- **Paying for successful outcomes.** The federal government would be authorized to enter into contracts with state and local governments and pay for certain successful outcomes. This would give the federal government a seat at the negotiating table, allowing state and local practitioners to quantify and capture federal savings as part of a SIB's financial model.
- **Support for feasibility studies.** The bill allows the Secretary of Treasury to set aside a portion of the funding to support feasibility studies in states and localities, an important first step in a pay-for-success project.
- **Support for rigorous evaluations.** Up to 15% of the funding can be used to support evaluations of pay-for-success projects.

The bill focuses on a number of possible outcomes that would yield long-term savings to the federal government. These pay-for-success projects would have to address at least one of these outcomes. This list includes improving birth outcomes and early childhood health, reducing unplanned pregnancies, and reducing recidivism amongst juveniles.

Federal financial support for federal savings achieved through state PFS projects is critical, and this legislation creates critical federal incentives to support smart state policies. For NFP, the passage of this legislation is particularly important since Dr. Ted Miller's analysis of NFP outcomes across over 40 evaluation studies project that 62% of NFP savings accrue to Medicaid. Without federal support for NFP PFS projects, states are required to pay back investors for all of the federal Medicaid and other savings achieved. Absent this legislation, the NFP pay-for-success project in South Carolina was able to use the 1915(b) Medicaid waiver as a foundation, which made it possible to leverage federal financial support through that vehicle.

## **Families First Prevention Services Act (FFPSA)**

Congress also passed the Family First Prevention Services Act as part of the CR package. The purpose of this bill is to keep more children safely at home and out of inappropriate foster care placements by promoting evidence-based services that support parents and strengthen families. The bill is the product of a renewed focus on child welfare amidst a nationwide opioid epidemic, and a growing discussion on how to use preventative services in an effective way to keep children out of the system. It is a bipartisan, bicameral priority, underscored by the championing of the bill by the leadership of committees of jurisdiction –the Senate Finance Committee and the House Ways and Means Committee.

**Among many other provisions, the Family First Prevention Services Act gives states flexibility to use federal foster care dollars to pay for up to 12 months of upfront, evidence-based prevention**

**services — such as home visiting — to prevent inappropriate foster care placements and improve outcomes for children and parents.** More specifically, the legislation enables states to access Title IV-E funding to deliver mental health, substance abuse treatment, or in-home parent skill based programs to pregnant or parenting foster care youth, or a parent of a youth that is at risk for foster care placement. The 12-month funding period begins on the date that the pregnant or parenting youth in foster care is identified in a state issued prevention plan as a youth in need of services. *(Note: Title IV-E Funding is not an appropriated amount but provided based on the number of eligible children. This is an entitlement that can increase or decrease based on eligible children.)*

Only services provided in accordance with “promising”, “supported”, or “well-supported” evidence-based practices are permitted. The legislation directs the U.S. Secretary of Health and Human Services to issue guidance on the use of these criteria to select programs, as well as guidance on programs that already meet the criteria. States will create a state plan to access the dollars, and are required to report outcomes to HHS. A well-designed and rigorous evaluation of the program is required for reimbursement unless it is waived by the Secretary due to existing evidence of effectiveness.

The bill also creates a “Clearinghouse of Promising, Supported, and Well-Supported Practices.” The clearinghouse will evaluate the various interventions that meet the tiered evidence structure. The clearinghouse will include information on the specific outcomes associated with each practice, including whether or not the practice has been shown to prevent child abuse and neglect and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.

### **FY2019 President’s Budget**

On Monday, February 12<sup>th</sup>, the White House released the President’s budget proposal for Fiscal Year 2019. The budget supports FY2019 level funding for MIECHV but was not able to take into consideration the 5-year reauthorization that passed 4 days earlier. We will be monitoring other funding sources that support NFP families and implementing agencies throughout the budget and appropriations processes this year. Click [here](#) to review the President’s FY2019 budget.

For more information or questions regarding MIECHV reauthorization, the CR package, the President’s budget, or other federal policy issues, please contact Sarah McGee at [sarah.mcgee@nursefamilypartnership.org](mailto:sarah.mcgee@nursefamilypartnership.org).