Healthy Families America and Family First Prevention Services Act
Decision Makers Guide
April 2025

Healthy Families America (HFA) is an early childhood home visiting program rated as well-supported by the Family First Clearinghouse. HFA is one of the most frequently implemented family support and evidence-based home visiting models in the United States, and the signature program of Prevent Child Abuse America (PCA America).

Many child welfare agencies and partners are implementing or considering implementing HFA through the Family First Prevention Services Act (Family First) title IV-E funding. HFA is currently included in more than twenty approved Family First plans. While some jurisdictions are successfully utilizing title IV-E Family First federal reimbursement for HFA, others continue to experience challenges in how best to align and draw down these resources for services.

This Decision Makers Guide was developed based on the experience of child welfare partners who are actively seeking to utilize Family First funding for HFA. The guidance covers key areas including HFA Alignment with Family First, Eligibility, Referrals, Model Fidelity, Monitoring and Data Sharing, and Funding and Reimbursement. These areas have been identified as critical to implementing HFA as intended and ensuring families achieve positive outcomes. Additionally, content is included related to Economic and Concrete Supports as an existing model practice of HFA. In each area, pertinent background information on the HFA model is shared followed by guidance and examples from states. Links to State Family First Prevention Plans are included in the Resources section.

The guidance provided is intended to help child welfare agencies and HFA partners explore options and make decisions that will lead to effective implementation of the model through Family First. It is not intended to stifle creativity or imply that there is only one effective approach. Every jurisdiction is different, and Family First is a relatively new law with many opportunities for more learning and innovation. In addition, HFA providers and child welfare staff come with different experiences and perspectives and may have different understandings about key concepts, such as “prevention services” or what it means to “monitor” a family. We encourage continued conversation, partnership, and out-of-the-box thinking as we learn and work together to support families to thrive!

For more details on the HFA model and to learn if it’s a good fit for Family First implementation in your jurisdiction, contact Diana Sanchez, HFA Site Development Specialist at dsanchez@preventchildabuse.org. Diana can provide additional information, answer any questions, and enroll you in a brief HFA overview session, if interested.

HFA Alignment with Family First

What to know about HFA: HFA supports families prenatally and with children up to age five. HFA is a family support model that was designed for parents or caregivers facing various life stressors and challenges, and who often have a history of trauma themselves. The model is rated at the highest level (well-supported) for the title IV-E Prevention Services Clearinghouse for Family First. HFA was last reviewed in 2020 and thus has been available for Family First implementation from shortly after the passage of the law in 2018. As an approved well-supported Family First program, it is possible for state child welfare agencies to retroactively claim for title IV-E reimbursement 50% for the cost of the service and 50% for training and administration costs.

HFA achieves positive outcomes through the trusting, healthy, long-term relationship built between the family and their HFA home visitor, or Family Support Specialist (FSS). Families voluntarily chose to participate in HFA. Working in partnership, the parent or caregiver and the FSS meet regularly in the families' home to build on their strengths, address challenges, share resources, and set goals, all while focused on and in the context of building a healthy parent-child relationship.

HFA has partnered with child welfare agencies throughout the model's history. FSSs are trained to identify potentially dangerous situations and work with the family to address the issue. Risk and safety factors are regularly assessed with the family. As required by HFA Best Practice Standards and accreditation requirements, and regardless of state mandated reporting laws, FSSs are required to make referrals to child protective services if concerns of child abuse or neglect arise. At times, the FSS may be able to support the family so they can be an active part in the referral.

HFA requires that positive methods are used to build family trust at the start of services and throughout, acknowledging that families who have experienced trauma in their own childhood, or been marginalized or oppressed, may have difficulty developing trusting relationships with others. Sites are required to utilize 'creative outreach' for a minimum of three months when a family is less engaged in the program but has not explicitly withdrawn. During the creative outreach period, a family may not be attending home visits but are still supported in other ways and considered to be participating. In fact, HFA research[1] with pregnant and parenting youth in foster care demonstrated how critical HFA's creative outreach was to successful, ongoing program engagement.

[1] Dworsky, A., Gitlow, E., & Ethier, K. (2019). Home visiting for pregnant and parenting youth in care: Final report. Chicago: Chapin Hall at the University of Chicago.

Research on HFA over the past 30 years has shown positive results and sustained impact in communities of all types throughout the United States. HFA's most rigorous evidence includes 35+ peer-reviewed published articles and 14 randomized control trials that compare outcomes for families enrolled in HFA to those not offered HFA services. There are numerous positive outcomes for parents and children who received HFA. Some of the findings include:

- HFA families show improved child safety and reductions in child maltreatment, particularly for first-time parents who enroll prenatally. HFA parents also use more positive discipline, with less physical punishment and yelling. When families are involved with child welfare when referred to HFA, the recurrence of maltreatment was reduced by one-third.

- HFA parents show improved mental health, lowered parenting stress, and increased avoidance of risky behaviors (including but not limited to reducing alcohol and marijuana use by nearly half).

- HFA parents are more likely to continue their education. HFA parents are 5 times more likely to enroll and participate in school and training programs, and teen moms are nearly twice as likely to complete at least one year of college, compared to teen moms not receiving HFA.

- HFA children are more ready for school, with stronger skills for learning, like cooperation, following directions and rules, completing work on time, and better working memory. More than twice as many children excel academically and receive gifted services; 26% fewer children receive special education services; 50% fewer children are retained in first grade.

- HFA children are healthier. Families have 48% fewer low-birthweight infants, and this impact is strongest for African American mothers. Children have more well child visits and infants are more likely to be breastfed.

- HFA parents are less likely to report being homeless. In the six years since enrollment in HFA, 27% fewer families were homeless.

For references and more information on evidence supporting HFA, please see our website.

Guidance: HFA aligns well with Family First. Extensive research demonstrates that HFA can support parents and children to thrive while also preventing their involvement in child welfare. In Family First, HFA is best suited in jurisdictions that are seeking to reduce entries into foster care for young children. It is important to note that HFA is not designed as a crisis intervention and is best utilized to support families prior to intensive investigations and possible threat of child removal (see more under Eligibility and Referrals). In addition, there is a distinction between the role of an HFA Family Support Specialist and that of the child welfare agency staff. FSS are responsible for implementing the HFA model to fidelity, in partnership with the family. FSS cannot take on responsibilities that are beyond what is required by the model or are not directly related to implementation of early childhood home visiting.

Examples: In their Family First plans, states must articulate how HFA aligns with their prevention efforts. Two excerpts are below. For additional examples, see Family First plans linked under the Resources section.

> *"An important aspect of Indiana's prevention efforts is the work that happens outside of DCS. Healthy Families Indiana provides prevention supports to high-risk families in Indiana. Where DCS is inherently reactive to reports of suspected child abuse and neglect, HFI's efforts, where successful, preclude the need for DCS involvement by getting families what they need when they need it. If safety concerns are present and the HFI site suspects child abuse or neglect, a report is made to the DCS hotline in accordance with Indiana statute and DCS contract with HFI." Indiana Family First Plan, 2021, Page 8*

> *"The HFA model is the most widely used home visiting program in California and is implemented in roughly one-third of the counties. A variety of public agencies, community-based organizations, and Tribes currently operate HFA, and several counties are interested in implementing or expanding services in their communities. A review of various research shows HFA had increased positive parenting practices and increased nurturing parent-child relationships, including a study in young Native American mothers, which aligns with the states proposed outcomes." California Family First Plan, 2023, Page 53*

Eligibility

What to know about HFA: Traditionally, families enroll in HFA prenatally and up to 3 months after a child's birth and services are offered for a minimum of 3 years. If a site is approved to implement the HFA Child Welfare Protocols, they can extend enrollment to families with a child up to 24 months of age who are referred by the child welfare agency, allowing for a broader window of eligibility. Sites implementing the Child Welfare Protocols must have a Memorandum of Agreement (MOA) with the local child welfare office. This helps establish a formal relationship, clarify staff roles and responsibilities, and protect family data. Sites utilizing HFA's Child Welfare Protocols receive additional technical assistance from HFA National Office, such as sample MOAs and regular meetings and resources specific to implementing the Child Welfare Protocols as part HFA's Best Practices Standards. This ensures sites will maintain the expected rigor and fidelity requirements providers have expected from HFA for over 30 years.

Outside of the age eligibility parameters noted above, HFA programs and their funders can determine additional criteria for eligibility based on family and community needs and existing gaps in services. For example, HFA may enroll only teen parents or only families in a specific geographical area, or communities may prioritize serving families who face specific challenges such as poverty, incarceration, or unstable housing or employment.

Guidance: HFA is most effective at reaching families through Family First when the state has defined eligibility for services to include risk factors for future child welfare involvement (e.g., prior contact with child welfare, mental health challenges, substance misuse, unstable housing, food insecurity, etc.). Once families have encountered the child welfare system, HFA can best engage them when the child welfare involvement has not been intense (e.g., the family is not under investigation, there is no immediate threat of having their child removed, etc. See Referrals for more on this topic.) The implementation of HFA Child Welfare Protocols helps by creating an explicit connection and referral process between the HFA site and the child welfare agency while also expanding the HFA enrollment window.

Examples: In states such as Indiana and New York, the state Family First Plans have an eligibility pathway for all families enrolled in the HFA program. Once enrolled, an HFA family is considered 'incidentally' or 'categorically' eligible. Final eligibility is determined by the title IV-E agency. In other states, such as North Dakota and California, families can become eligible for Family First services based on a list of candidacy criteria that include circumstances that occur before there is an immediate threat of removal. In many locations, the HFA sites who are partnering with child welfare implement the HFA Child Welfare Protocols so that there is a broader eligibility age range for those families referred directly from child welfare.

However, with expanded eligibility, it is important to ensure that HFA families are not under heightened scrutiny by the child welfare system and therefore under greater threat of having their children removed. See below for guidance on Monitoring and Data Sharing and how to ensure families are not over surveilled.

Referrals

What to know about HFA: Once referred, families must voluntarily choose to enroll in HFA as this is a core component of the evaluated model. Positive outcomes are achieved because of the trusting, healthy, long-term relationship that is built between the family and their HFA home visitor, or Family Support Specialist (FSS). Working in partnership, the parents or caregivers and the FSS build on the family's strengths, address challenges, and set goals.

A family's ability to truly make a voluntary decision to participate in HFA is at risk when referrals to HFA occur after a family has had intense involvement with the child welfare agency (e.g., are under investigation, there is a threat of having their child removed, etc.). In those cases, the family often feels that HFA is there to monitor and report on them, rather than to partner and support them. This can undermine the trust building that is the foundation for success. In addition, families that are in severe crisis often don't have the bandwidth to invite a home visitor into their life and can often benefit from other types of crisis intervention and support initially.

Guidance: HFA is most effective when a jurisdiction has processes in place to refer eligible families at the earliest possible interaction and prior to intense involvement of the child welfare agency, including the threat of child removal. In these cases, it is important to thoughtfully cultivate and maintain a relationship between child welfare staff and HFA providers. Jurisdictions have been most successful when they utilize a community referral pathway. This allows community partners, in addition to the child welfare agency, to refer families for HFA services. These families may not have come to the attention of the child welfare agency directly but meet agreed-upon Family First eligibility criteria. It is also important to note that, per US DHHS ACF guidance, states are not required to open child welfare cases to provide Family First services to families (see this section of Child Welfare Policy Manual Questions and Answers).

Examples: North Dakota and California are two states utilizing community referral pathways. In North Dakota, an HFA site can identify a family at intake that may be eligible for Family First services and, with the family's permission, apply for approved eligibility from the child welfare agency to reimburse their services. In Indiana and New York, presumptive

eligibility for HFA families equates to allowing community referrals, as HFA families continue to be referred to the services as they always have. (See more under Data and Monitoring about how Indiana and New York are opening non-child welfare cases for HFA families.) In all these states, the child welfare agency staff may also refer families to HFA.

Michigan, Nebraska, and Kansas utilize only child welfare referrals to HFA for Family First. To make it successful, they work to ensure front-line child welfare staff are well informed about the HFA program and have developed relationships with HFA providers. This helps child welfare staff know which families are a good fit for the program, and how to best refer them. In some communities, child welfare and HFA staff may schedule regular monthly interactions to ensure relationships are maintained and that issues with referrals can quickly be addressed. Child welfare staff can also attend a short overview of HFA as part of their training and HFA staff can receive training on child welfare practices. The more staff understand the others' work, the better they can partner to support families.

Model Fidelity

What to know about HFA: In order to claim reimbursement for an evidence-based model through Family First, the child welfare agency must ensure the model is being implemented to fidelity. HFA maximizes quality and consistency across its network through a comprehensive set of best practice standards and intensive model-specific training for FSS, supervisors, and managers. HFA's accreditation process ensures affiliates implement the HFA model to fidelity and that families receive quality care. As a well-supported model in the Family First Clearinghouse, states can waive additional state-level evaluations of HFA. States can also monitor fidelity through the HFA accreditation process.

Guidance: It is important that child welfare agencies work with HFA providers in their state to ensure that implementation through Family First can support model fidelity. In some states, HFA is affiliated with an organization or agency that serves as the HFA Multi-Site System lead. The organization sets policy, oversees administration, provides training and technical assistance and continuous quality assurance. In those cases, they are an important partner to work with as the Family First State Prevention Plan is developed or revised. In states where there is not a coordinating HFA state lead, the HFA National Office can help agencies connect with or convene HFA providers for input on the Family First program design.

Key aspects of HFA fidelity that need to be considered for Family First implementation include:

- Ensuring voluntary participation by families
- Offering services for a minimum of three years (see funding section)
- Offering weekly home visits to start then tailoring frequency to meet family needs
- Supporting creative outreach services initially and when families disengage for a period
- Maintaining supervisor-to-staff ratios that support regular reflective supervision
- Utilizing strengths-based assessment
- Protecting the privacy of families (see data section)

Overall, it is important to note that if HFA providers do not implement with fidelity, they risk losing accreditation and therefore no longer being able to serve families with Family First funding.

Examples: Jurisdictions where the child welfare agency already contributed to the implementation of the HFA model, such as Indiana and New York, have had the easiest time ensuring that their Family First funding and implementation strategy fully supported fidelity to the model. In Michigan, the state is convening a Community of Practice for all home visiting models being implemented through Family First. Together, the agency and home visiting providers are working to ensure that implementation through Family First meets the needs of families and supports fidelity to the models.

Funding and Reimbursement

What to know about HFA: In order to offer services, HFA providers must be confident (to a reasonable extent) that funding is sufficient to cover programmatic costs and meet all fidelity and continuous quality improvement requirements, including offering a minimum of three years of service to families. In addition, there are often aspects of HFA implementation that cannot be supported through Family First funding. For example, a child must be born before the services can be reimbursed through Family First and therefore families enrolled with their child prenatally are not eligible until the post-partum period. In addition, Family First programmatic services cannot be federally reimbursed until there is a child-specific prevention plan in place. Administrative costs, including pre-enrollment assessments, can be reimbursed at 50% from the beginning of the month the child-specific plan was approved.

Guidance: HFA has been successfully implemented when jurisdictions plan for how they will fully fund HFA program requirements, including pre-enrollment assessments, prenatal families, and three years of services. This requires states to fully cost out HFA when determining the federal reimbursement and state match in their Family First financial plan. A child's Family First eligibility initially supports 12 months of prevention services, but Family First eligibility can be extended in 12-month increments if the IV-E agency finds that continued services are necessary. To date, eligibility for HFA has been successfully extended beyond 12 months. States have also identified other funding, such as MIECHV, TANF, state or local funding, to support families prenatally or after the eligibility period under Family First.

There are also a variety of reimbursements structures that funders have used to successfully support HFA programs through Family First, including through provider contracts, grants, or fee for service reimbursement.

Examples: States such as Indiana and New York use existing contracts with HFA providers. In those states, a division housed within the IV-E agency already administered the HFA program, and therefore the existing or slightly altered confidentiality agreements were used (see below for more on how family information is protected). On the back end, the state determines which families will be funded through Family First and then seeks federal reimbursement accordingly, but the providers and families see little to no difference on the implementation side. For families being served prenatally, as soon as the child is born, the family may be considered for Family First funding. During assessments and prior to the child's birth, other funding sources are used to support the HFA services.

In Kansas, the state released a request for proposals for providers that were interested in delivering home visiting to families through Family First. Once selected, Kansas HFA providers are funded through a grant that is reimbursable based on monthly costs. In Michigan, the state used the child welfare data to prioritize counties that could most benefit from home visiting as a prevention service. The state then approached Family First eligible home visiting programs that were already implementing in those communities about expanding services for child welfare involved families.

In North Dakota, the HFA site partnered with the child welfare agency to deliver HFA services through Family First. A contract was developed that set a reimbursement rate per home visit for Family First eligible families. This rate was set at a level sufficient to cover the programmatic and administrative costs of delivering HFA to families.

Monitoring and Data Sharing

What to know about HFA: As part of delivering HFA services to families, HFA providers document what occurs at each visit, conduct comprehensive and on-going assessments of families' strengths and areas for growth, co-develop service plans, and track outcomes. Providers also engage in ongoing continuous quality improvement to ensure that HFA is being implemented effectively and meets the needs of families. HFA sites must ensure family confidentiality and do not share information without their full consent and knowledge of how the data will be used.

Guidance: HFA providers and state agencies must work together to consider what information about families will be shared, and how. States are not required to open child welfare cases to provide Family First services to families. In addition, as laid out in this Technical Bulletin, there are fourteen federal Family First data reporting requirements that must be submitted by the IV-E agency for each child who is receiving a Family First prevention service, including a unique identifier for each child receiving services, key demographics (age, race, etc.) and aspects of service delivery (type, length, cost), and the agency must be able to link with child welfare records to track whether the child comes into foster care following prevention services. In an effort to further clarify the Family First federal reporting requirements, ACF released this guidance in July 2024 that speaks specifically to concerns about oversurveillance of families, stating:

> *"Title IV-E agencies must be cautious that collecting information about children and families served under the title IV-E prevention program through community-based agencies does not lead to oversurveillance of families by the child protective services agencies and/or the title IV-E agency. Further, the title IV-E agency must carefully balance the agency's oversight responsibilities and ensuring family engagement in the program when determining what information must be shared with the title IV-E agency. Families may choose to not participate in title IV-E prevention services if there is a concern that the title IV-E agency will use the information shared with the community-based provider to surveil the family beyond the purposes of the title IV-E prevention program."*

To that end, states should seek to collect limited information on families. Firewalls can be created so only certain agency staff can identify families receiving Family First-funded services or have access to their information. This ensures that child welfare staff do not know which families are receiving Family First-supported services and the provision of those services doesn't lead to over surveillance.

Family First also requires that a child-specific prevention plan is developed for each Family First-eligible child. The child welfare agency or HFA community-based providers can manage these plans. If the child welfare agency is managing prevention plans, we encourage them to be strength-based and collect limited information. If HFA providers are managing the prevention plans, parts of the HFA service plan can serve as the Family First child prevention plan. However, frontline child welfare staff at the hotline, investigations or family preservation should not have access to the full HFA service plans. HFA service plans are comprehensive and are a confidential tool for HFA Family Support Specialists and Supervisors. Staff cannot be expected to explain -- and families cannot be expected to fully understand -- what is being captured in a full HFA service plan. Therefore, families should not be asked to consent that their service plan be shared in its entirety with child welfare agency staff. Doing so runs the risk of compromising trust. However, key aspects of the HFA service plan, such as specific goals and next steps, can receive family consent and serve as the Family First child specific prevention plan.

Examples: In Michigan, the home visiting and child welfare systems have worked to minimize the required information that is shared about referred and enrolled families. In Indiana, child welfare cases are not opened for Family First-funded families who are referred to HFA through community pathways. In those instances, HFA service cases are opened in the same manner as they were prior to Family First. However, if a family is referred to HFA from the child welfare agency through their Indiana Family Preservation Services rather than a community pathway, a child welfare case is opened. In New York, a new process was developed where HFA families now have a case opened in the state Welfare Management System. This is the system where other public services are tracked (e.g., SNAP, Medicaid, TANF, etc.). It generates a unique ID that is entered into the Healthy Families New York data system and can then be used to access information needed for Family First federal reporting. In both New York and Indiana, the HFA data systems have firewalls that limit access to family information. Only prevention services staff and staff who are responsible for Family First federal reporting have access to relevant family information that is needed to perform their jobs and meet reporting requirements.

Economic and Concrete Supports

What to know about HFA: In addition to connecting families to resources in their community, HFA includes the option for the direct provision of economic and concrete support. Many HFA sites provide these services to support the economic wellbeing of families, such as meeting basic needs (diapers, formula, etc.), providing cash assistance (financial support for housing, utilities, groceries, etc.), supporting employment readiness, financial education, legal assistance/education, or providing gifts (children's books, Safe Sleep Boxes or Brain Boxes, etc.) or incentives.

Guidance: Many HFA sites seek to provide economic and concrete support directly to families when funding is available to do so. As part of the Family First contracting and budgeting process with the child welfare agency, sites can integrate this long-standing model practice and determine the amounts and process by which economic and concrete supports are included in the HFA implementation.

Examples: Ninety-five percent (95%) of HFA sites report providing economic and concrete support to families. Many HFA sites utilize a “baby pantry” where families can obtain infant supplies like diapers, car seats, pack and plays, formula, etc., as well as household goods and supplies. The items are often donated from the community and other participant parents. When funding is available, some sites provide emergency cash assistance to families to help cover rent or utilities so they can remain housed. Recently, the Children’s Trust of Massachusetts launched a financial support program for up to 100 HFA families to receive monthly stipends for 18 months following their baby’s birth, and if served prenatally, can receive a lower stipend while expecting.

Resources

Alliance for Early Success

- Status of State Title IV-E Prevention Plans (includes links to all state plans, including those referenced above) https://earlysuccess.org/resource-centers/child-welfare-and-ffpsa/status-of-state-title-iv-e-programs/

Chapin Hall

- *Home Visiting in the Family First Context: Exploring ways to strengthen collaboration between home visiting and child welfare* (2023) https://www.chapinhall.org/project/home-visiting-in-the-family-first-context/
- *Home Visiting for Pregnant and Parenting Youth in Care: Final Report* (2019) https://www.chapinhall.org/wp-content/uploads/HV-PIlot-Evaluation-final-report.pdf
- *Improving Collaboration between Child Welfare and Home Visiting Workers in Illinois* (2025) https://www.chapinhall.org/research/improving-collaboration-between-child-welfare-and-home-visiting-workers-in-illinois/

Healthy Families America

- HFA Evidence https://www.healthyfamiliesamerica.org/wp-content/uploads/2024/07/HFA-Evidence-June-2024.pdf
- HFA: A Relational Health Model https://www.healthyfamiliesamerica.org/prospective-affiliates/relational-health/
- HFA Model Flexibility https://www.healthyfamiliesamerica.org/prospective-affiliates/hfa-model-flexibility/

National Home Visiting Coalition

- *Considerations for Implementing Early Childhood Home Visiting Through Family First Prevention Services Act* (2024) https://www.nationalhomevisitingcoalition.org/ffpsa