



December 2, 2022

Senator John Arch, Chair
Members of the Health and Human Services Committee
Nebraska Legislature

RE: LR367

Chairman Arch and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard, and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and infant health policy, because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify on Senator DeBoer's interim resolution LR367.

First, I want to thank Senator DeBoer for her interest in home visiting in the state of Nebraska. Home visiting is a voluntary service that provides supports and interventions to families through visits in the home (or at any comfortable location for the families). In Nebraska, home visiting is a support that is offered to families at risk across the state, with some models being offered prenatally, up until age 3 or even until the child reaches third grade. Families may be referred from multiple sources including physicians, social workers, other partner agencies or through self-referral. There are 26 different evidence-based models of home visiting with variations in frequency of visit, curriculum, focus populations and type of home visitor, among other things, only a handful of which are being implemented in Nebraska. There is no "one size fits all" model for home visiting, rather the challenge is about matching a family with the correct model of home visiting that provides them with the support they need, when they need it.

Statutory History of Home Visiting in Nebraska

The first bill related to home visiting in Nebraska was LB55, introduced in 2007 by then Senator Gwen Howard, and was ultimately included in the appropriations package that year. The funding allocated \$600,000 for nurse home-visiting services managed by the Division of Children and Family Services at DHHS and benefited three independent programs. The next home-visiting legislation was LB234 in 2013, which was also an appropriations bill that increased the line item in the budget to \$1.1 million, moved the funding over to the Division of Public Health and modified the language in the budget from "nurse home visiting" to "evidence-based home visiting." The line item in the budget has remained in place since that time.

Federal Supports for Home Visiting in Nebraska

The main funding source for home visiting in Nebraska is the federal Maternal and Infant Early Childhood Home Visiting (MIECHV) grant. MIECHV is a program that was initially created in 2010, and was reauthorized in 2013, 2018 and will, hopefully, be reauthorized in December 2022. The MIECHV program is structured slightly differently than other federal programs in that states receive a base funding amount. For the past several years Nebraska's base funding amount has been \$1.2 million, with an increase that was

received using ARPA funds. In the pending reauthorization bill, Nebraska's base allocation will increase to \$1.7 million with the opportunity for additional funding at a 25/75 match from the federal government.

The State of Nebraska also utilizes funding from the Temporary Assistance for Needy Families (TANF) Rainy Day fund for home visiting and has finished a pilot program to allow program partners to receive funding from the Families First Prevention Services Act (FFPSA). Other funding sources for home visiting overall that are not managed by DHHS include federal Head Start funds, local city and county funds and private donor funds.

What can Legislators Do to Expand Access to Home Visiting?

What can legislators do to support home visiting? There are several policy options I want to highlight for this committee to support increased access to home visiting.

1. Create a statutory structure for home visiting that includes a clear definition of what the service is and what outcomes programs that receive funding must meet;
2. Ask DHHS to create a website that provides a central location for information about all home-visiting programs across the state;
3. Consider moving the \$1.1 million in funds currently in the budget over to statute to ensure that the MIECHV program is able to consistently meet their maintenance of effort requirements with no penalty in future budget cycles;
4. Allocate an additional \$1 million for home visiting to assist the state in drawing down matching funds from the MIECHV program.

Thank you for allowing me to testify today and again, I want to thank Senator DeBoer for her willingness to support home-visiting programs in Nebraska.

Sincerely,



Sara Howard
Policy Advisor
First Five Nebraska