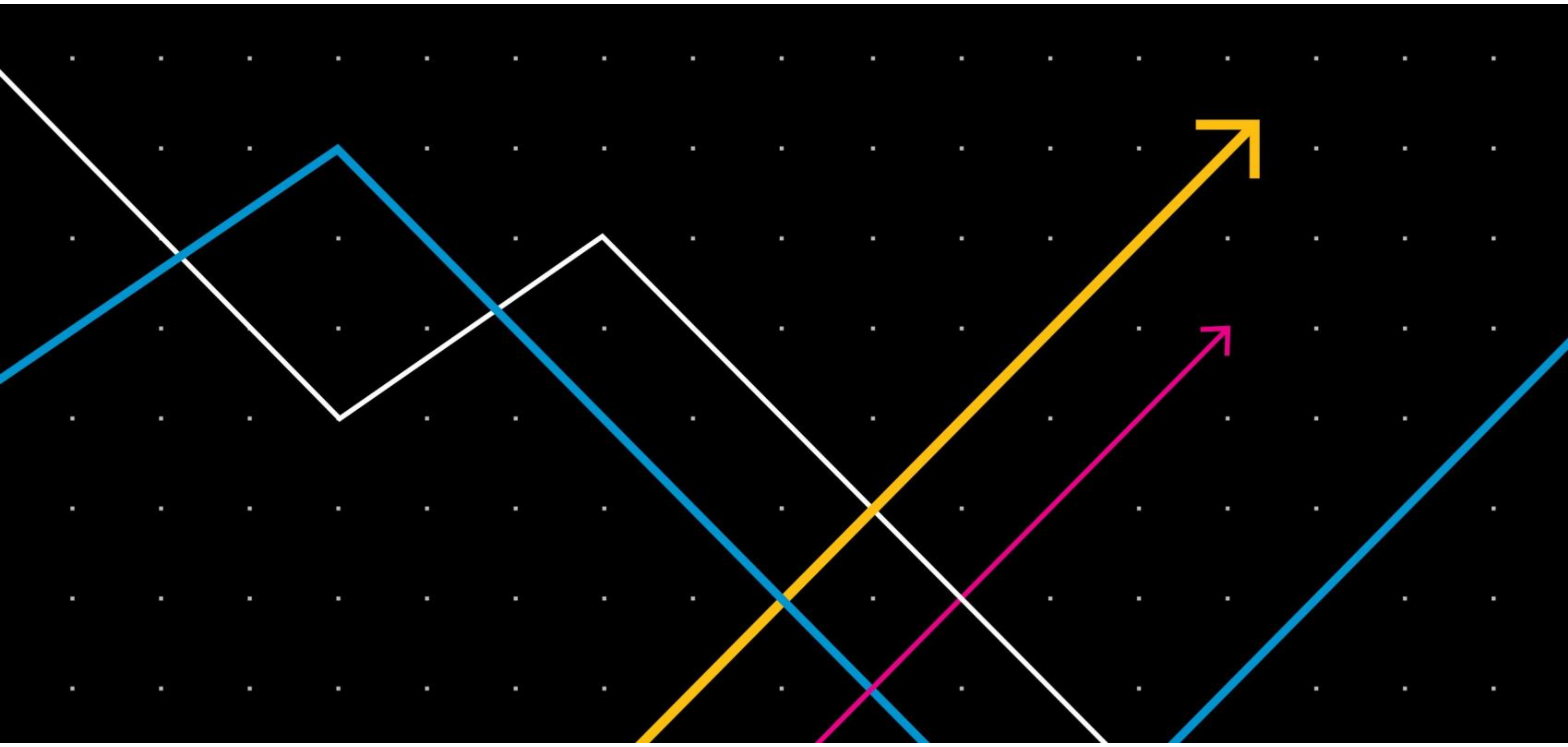

RESEARCH REPORT

Funding Home Visiting with a Pay for Outcomes Approach

May 2019

OPRE Report # ***2019-70***

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Submitted to

Amanda Clincy Coleman and Nicole Denmark, project officers
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Ann Stock and Amanda Innes
Maternal and Child Health Bureau
Health Resources and Services Administration
U.S. Department of Health and Human Services

Contract Number/subcontract Number: HHSP23320095636WC/18JJPO0227

Submitted by

Keith Fudge, project director
Urban Institute
500 L'Enfant Plaza
Washington, DC 20024

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HRSA
Maternal & Child Health

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Executive Summary

The Bipartisan Budget Act of 2018 provides new authority for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program awardees "to fund evidence-based home visiting on a pay for outcome basis."[1] Pay for outcomes (PFO) can refer to a range of strategies and financing methods that link government payments to improved outcomes and reduced costs. To learn from past and current PFO projects in home visiting, the Health Resources & Services Administration (HRSA) and the Administration for Children and Families (ACF) contracted with the Urban Institute and ICF International to convene a group of about 50 home visiting and PFO stakeholders in a full-day roundtable event on January 10, 2019. This report presents key takeaways from that convening.

The five roundtable discussions followed the steps of a typical PFO project, centering on feasibility, structuring, implementation, funding, and evaluation. This report is structured similarly, but key insights on evaluation are integrated throughout. Further, because roundtable participants frequently discussed the importance of considering stakeholders' motivations for initiating PFO projects, this report begins with a summary of key reasons that government agencies and other stakeholders might engage in PFO.

Given the PFO authority in MIECHV requires a feasibility assessment, which is typically the first step in a PFO project, roundtable participants discussed at length what a feasibility phase might look like for awardees. Participants said the feasibility phase is an opportunity to engage a range of key stakeholders, such as service providers, other government entities, evaluators, intermediary organizations, experts with data capacity, and families who receive home visiting services, to uncover potential barriers to project success. If a PFO project is found feasible, the next step is usually structuring the project. This report outlines the two components of project structuring that were most commonly discussed during the roundtable—outcome selection and data systems assessment—and then reviews takeaways from attendees' reflections on pilot phases and developing project contracts.

Finally, PFO projects can use a variety of funding models and sources, depending on factors such as the project's goals, the end payor's needs, political will, and government appropriations. A state or local government entity might fund a PFO project on its own, or projects might braid government funding streams, such as MIECHV or Medicaid, with private funding sources, such as foundation grants. The final section of the report summarizes key lessons and considerations for different funding models as discussed at the roundtable.

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[1] Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018).

About MIECHV

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds upon decades of scientific research showing that home visiting by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improve the well-being of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.

States, territories, and tribal entities receive funding through the MIECHV program and have the flexibility to select evidence-based home visiting service delivery models that best meet state and local needs. The MIECHV program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration of Children and Families (ACF).

Introduction

The Bipartisan Budget Act of 2018 provides new authority for MIECHV awardees "to fund evidence-based home visiting on a pay for outcome basis."[2] The statute states that "an eligible entity to which a grant is made…may use up to 25 percent of the grant for outcomes or success payments related to a pay for outcomes (PFO) initiative that will not result in a reduction of funding for services delivered by the entity under a childhood home visitation program under this section while the eligible entity develops or operates such an initiative."

The statute further defines a PFO initiative as follows:

> "The term 'PFO initiative' means a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include—
>
> ''(A) a feasibility study that describes how the proposed intervention is based on evidence of effectiveness;
>
> ''(B) a rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;

[2] Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018).

‘‘(C) an annual, publicly available report on the progress of the initiative; and

‘‘(D) a requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that this requirement shall not apply with respect to payments to a third party conducting the evaluation described in subparagraph (B).”

Finally, the statute provides that these funds “shall remain available for expenditure by the eligible entity for not more than 10 years after the funds are so made available.”[3]

To learn from past and current PFO projects in home visiting, HRSA and ACF contracted with the Urban Institute and ICF International to convene a group of about 50 home visiting and PFO stakeholders in a full-day roundtable event on January 10, 2019. Participants included federal agency leaders and staff, state agency administrators, service providers, intermediaries,[4] and evaluators.

This report presents major takeaways from that convening. The insights described here are drawn primarily from stakeholders’ remarks; additional context is provided as needed to explain PFO concepts. This report is meant to summarize the findings and reflections shared at the roundtable and does not aim to be inclusive of all possible considerations for MIECHV awardees in engaging with PFO. **Nothing in this report constitutes guidance from HRSA or an endorsement by HRSA of any particular approach.**

Generally speaking, PFO can refer to a range of strategies and financing methods that link government payments to improved outcomes and reduced costs. PFO strategies include models such as pay for success (PFS), also known as social impact bonds. PFS is a mechanism that shifts financial risk from a traditional funder—usually government—to an investor, who provides up-front capital to scale an evidence-based social program to improve outcomes for a vulnerable population. If a rigorous independent evaluation shows that the program achieved agreed-upon outcomes, then the investment is repaid by the traditional funder. If not, the investor takes the loss. In other PFO contracting structures, only a portion of payments or contract renewal might be linked to the achievement of predetermined outcomes.

PFO projects typically begin with a feasibility stage to assess the viability of using a PFO model to provide new services or expand existing services. If the project is determined to be feasible, stakeholders advance to structuring and implementation stages. The roundtable discussions followed these steps, centering on feasibility, structuring, and implementation; additional sessions focused on

[3] Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018).

[4] An intermediary is a third party that helps stakeholders understand the research behind their target population or chosen intervention and translate that evidence into rigorous evaluations.

funding and evaluation. Similarly, this report's structure tracks the typical stages of a PFO project. It first discusses stakeholder motivations for engaging in PFO, then transitions to key takeaways on project feasibility, then covers structuring and implementation. Key insights on evaluation are integrated throughout. Another essential topic, identifying funding sources, is discussed throughout the report and featured separately in a final section.

Motivations: Why Engage in Pay for Outcomes?

MIECHV awardees and home visiting stakeholders have a variety of motives for exploring PFO, from reaching new populations to improving the quality of existing services. Typical PFO projects engage several stakeholders, and each organization may have a different motivation or interest in the PFO model. According to roundtable participants, successful PFO projects understand and address the interests of all stakeholders to incentivize collaboration.

Before beginning a PFO feasibility process, MIECHV awardees will want to have clear priorities and motivations for testing new funding models. At the roundtable, participants discussed many possible government motivations for entering into PFO projects:

- **Improving service delivery**. A focus on outcomes allows awardees to better demonstrate the quality of their services and more readily identify areas for improvement. A roundtable participant who was a state program administrator noted that their state office explored PFO partially to demonstrate a priority for innovation and improvement of service delivery for program participants. Because the Bipartisan Budget Act and prior MIECHV authorizations call for HRSA to regularly assess MIECHV awardees' improvement on performance in benchmark areas the law defines, awardees already collect significant data on home visiting services and outcomes. A PFO approach could leverage these and other program data and incentivize improvement on targeted outcomes using a continuous quality improvement lens. Some participants questioned whether PFO would be more effective than supporting ongoing continuous quality improvement, and the discussion that followed noted that some PFO payment models could help service providers make programmatic improvements for which they may not otherwise have resources. Additionally, one roundtable participant noted that even small outcome payments can make a difference in incentivizing improvement among service providers.

- **Reaching new or underserved target populations**. In addition to improving existing services, PFO offers an opportunity to strategically target and invest in communities that may be underserved. During the feasibility stage, the first stage of a typical project, stakeholders examine baseline data on the characteristics and outcomes of the target populations to help identify unmet needs. Roundtable participants said this benefit is especially relevant for home visiting to ensure awardees reach families in the MIECHV priority populations and in at-risk communities as defined by statute. Participants said that statewide needs assessment updates, as required by statute, will be useful tools for mapping current service areas against the need for home visiting locally.
- **Expanding service delivery**. Many states are faced with flat budgets for both MIECHV grant funds and general state appropriations. Past PFO projects have used additional funding streams, both public and private, to expand enrollment targets. One roundtable participant said that the investment is justifiable when services have a strong evidence base, the contract presents an attractive return on investment (in cases where private investors are involved), and all stakeholders buy into the importance of the targeted outcomes for long-term community and client success.
- **Improving government processes and procurement through PFO principles**. PFO usually aims to improve the performance management, data capacity, and evaluation of social programs. By focusing on these principles and incentivizing improved outcomes with payments, past projects have helped governments improve their internal data and project management capacities and create new data-sharing agreements in their communities. These strategies have also aimed to improve the allocation of government resources by demonstrating cost savings and societal value for successful preventive services.
- **Shifting risk away from government to service providers or private investors**. In PFO, governments pay when services are successful in delivering predetermined outcomes. In this way, the government absorbs less of the risk in service delivery and ensures taxpayer dollars are funding programs that are producing desired outcomes—roundtable participants discussed this as an important government motivation. Depending on the PFO model used, either a private investor or the service provider takes on the financial risk rather than the government. In PFO projects where private investors are involved, as in PFS, the investors take on the risk, and the government only repays them if the program achieves predetermined measures of success. In PFO projects that do not involve investors, service providers receive payment only if they meet targeted outcomes, which means providers essentially take on the risk.

Although PFO encompasses a range of strategies, most home visiting PFO projects to date have included similar key stakeholders, including service providers, government agencies, intermediaries, evaluators, communities, and sometimes investors. Roundtable participants said that awardees would benefit from considering the needs and motivations of all other stakeholders, as well as their own motivations, for engaging in a PFO project. For example, private investors are often looking for a return on investment, foundations may be interested in providing seed capital for promising social programs, and service providers may be looking to scale successful programs and improve performance.

Although the interests of other stakeholders will inevitably affect the viability and overall success of a project, roundtable participants noted that the awardee's motivations are still the most important place to start. PFO can be a valuable tool for governments to track the results of taxpayer dollars, but it requires a high level of project management and might not be the right funding model for all home visiting programs. Thus, awardees could benefit from considering whether their motivation for pursuing a PFO project aligns with lessons learned from past PFO home visiting projects. For instance, some participants observed that past PFO projects were more successful when they started with a government entity interested in better outcomes rather than with a service provider looking to expand services.

Feasibility

PFO projects typically begin with a feasibility stage to assess their overall viability. Once awardees have articulated their motivations for engaging with PFO and considered those of potential partners, they may determine it is appropriate to begin a feasibility study, one component of the overall feasibility stage. The PFO authority in MIECHV requires a feasibility assessment, and roundtable participants discussed at length what that assessment might look like. Roundtable participants noted that MIECHV awardees have already completed many steps of a traditional feasibility study, such as identifying service providers, at-risk communities, and evidence-based models; establishing data systems; and collecting performance measurement data. In this case, participants viewed the broader feasibility stage as an opportunity for awardees to assess whether the home visiting programs they are already operating are suited for a PFO model, and which service providers (if any) are capable of meeting desired enrollment targets for a PFO initiative (including targets for an evaluation sample size and service expansion) and collecting necessary data. As they are doing so, awardees must be mindful of the statutory requirement that a PFO initiative must not lead to reduced funding for the services they deliver.

One roundtable participant noted that for MIECHV awardees, a feasibility stage might be relatively short, with a longer pilot phase following project structuring to help test enrollment targets and data collection strategies in implementation (pilot phases are described further in the next section, Structuring and Implementation). If an awardee is considering PFO for the first time, however, a more in-depth feasibility study or assessment may be appropriate.

During a typical PFO feasibility stage, which usually includes a feasibility study, stakeholders convene to assess data systems, engage with all relevant partners, and study "business as usual" for service delivery. According to attendees, this process can be useful for state governments regardless of whether a PFO project is ultimately implemented. Roundtable attendees encouraged awardees to approach feasibility as an ongoing process rather than a single study. In the short term, feasibility studies will help awardees determine whether they should move forward with the PFO project. In the long term, the good governance principles and motivations behind exploring PFO feasibility can produce added benefits to governments. For example, one participant who was a state government employee noted that the feasibility process helped their state improve its internal data systems and led to increased accountability.

Participants also said that approaching feasibility as an ongoing process allows awardees to assess the full range of PFO structures, from PFS to more basic performance management, that might fit their context (however, not all structures may be ultimately determined to be eligible for MIECHV PFO funding). For instance, an awardee might determine during the feasibility stage that current data systems and tracking for outcomes are best suited for an outcomes payment model, in which service providers who exceed the targeted outcomes outlined in their contract simply receive an additional payment (table 1 on page 16). Stakeholders might also identify specific areas to improve data entry during the feasibility stage, allowing for an outcomes-oriented approach in the future if the awardee aims to increase service provider accountability through the project.

Stakeholder Engagement

During the roundtable, participants consistently emphasized the importance of convening and engaging stakeholders throughout the feasibility stage. Awardees assessing PFO project feasibility would benefit from considering a range of key stakeholders, including service providers, other government entities, evaluators, intermediary organizations, experts with data capacity, and families who receive home visiting services. PFO projects require the cooperation of many parties in a community, so convening stakeholders early and often can create alignment and reveal potential challenges.

Several participants discussed how awardees might engage different groups of stakeholders with varying frequency depending on their authority to make decisions and allocate resources and on their centrality to the project. Participants described varying tiers of stakeholder engagement, and this report uses that tier concept to frame the following section on stakeholder engagement.

Tier 1 stakeholders are parties who would typically be written into a culminating PFO project contract. These stakeholders have included, but might not be limited to, the following:

- **A service provider that is capable of scaling:** A service provider for PFO will need to meet enrollment targets and have the capacity to collect data as needed to track outcomes. The awardee can use the feasibility process to assess which providers are prepared and willing to engage in PFO. In the context of MIECHV, service providers will likely be local implementing agencies, many of which might already be providing home visiting services through MIECHV.
- **A data expert with the capacity to manage data:** Depending on the agency, this expert may be either an existing government staff member or an outside contractor. The expert will likely be responsible for cleaning and matching existing data sets, answering questions about expanded needs for data sharing, and mapping target populations, among other roles. Data managers will likely need not only the ability to work with data but also an ability to work closely with service providers to support appropriate collection and reporting of data.
- **An evaluator:** Participants discussed the importance of engaging an evaluator early, not only to design the evaluation that will determine outcome payments but also because an evaluator can be critical for determining how to scale the current program with PFO and how to set enrollment targets for a PFO initiative and the corresponding evaluation. Evaluators can also provide early insights for communicating evaluation decisions to a broader audience and will likely want input on a project's contract. During the feasibility stage, evaluators can review existing data sources and identify potential outcomes. They can help determine whether certain outcomes are feasible based on data availability, data quality, and baseline data.

  For example, one roundtable participant noted that evaluators seek existing data that can track outcomes for both the treatment group and the control group (those who have not received new services).
- **An intermediary:** Intermediaries are third parties that help stakeholders understand the research behind their target population or chosen intervention and translate that evidence into PFO project designs. They can fill a range of roles in PFO projects, including conducting cost-benefit analyses during feasibility, assessing data systems and service provider readiness, and

acting as a liaison between project partners. Several attendees recommended partnering with an intermediary early in the feasibility stage.

- **Government legal staff who would be responsible for writing a PFO contract:** PFO contracts can be slightly different from more traditional contracts, and awardees should involve their legal staff during feasibility to help facilitate contract writing.

Each of these Tier 1 stakeholders typically have input on all initial decisions regarding the project. Some roundtable participants shared that projects have created committees that meet regularly with this group of stakeholders. In some cases, these commissions also have several smaller working groups, such as a legal working group, an evaluation group, a data group, and an operations group.

Roundtable attendees also noted that existing projects garnered early involvement and buy-in from state government authorities. As MIECHV awardees consider which other government entities to involve—either other staff members within their own agency or from other state agencies—there are a few important considerations. First, because the state would be the end payor in a MIECHV PFO project, awardees may benefit from engaging a state government leader who has state appropriations knowledge, budgetary authority, or the capability to authorize funds for PFO (for MIECHV, this stakeholder may be the awardee themselves). This person could help project stakeholders consider risks to the project if future state appropriations decrease, and he or she could propose ways to structure outcomes funds to minimize these risks. For further discussion of appropriations risk, see the Funding Sustainability section later in this report. Some projects have included two state government officials with budgetary authority: one who can meet regularly and is authorized to make day-to-day decisions for the project and a higher-level leader who can approve decisions that change the contract.

Next, participants discussed that projects have also benefited from the participation of a government stakeholder with expertise on regulatory barriers that might exist in the state. This person can help guide the project using their knowledge of what authorities and flexibilities exist within the state's regulations.

Finally, roundtable attendees advised that awardees plan for political turnover, especially for projects that require approval and support from elected officials. If, for instance, a new governor or agency head cancels a project, service providers will still need to be paid for the services they have already provided. In one PFS project focused on home visiting, the state government had a quasi-governmental agency hold end payment funds in a trust. This ensured the funds would be available if government leadership changed and shifted priorities.

Tier 2 stakeholders are those affected by the project, whether directly or indirectly. Participants said awardees should engage these groups through advisory meetings, focus groups, or other mechanisms. Tier 2 stakeholders might include the following:

- **Families receiving services:** Participants emphasized that awardees should always consult the families receiving home visiting services during each stage of a PFO project to align awardee expectations with the goals of the families served. One participant noted that parents' feedback can be especially important for tribal communities because of, among other reasons, the historical trauma associated with evaluations conducted on Native American populations. Another participant shared that following a PFO feasibility study, one government agency collected information on families' priorities from the service provider and decided to adjust some of its target outcomes based on that feedback.
- **Other local service providers that might be affected by the new program:** Large changes in enrollment targets or adjustments to outcomes of interest might affect other home visiting service providers in the community, as well as related organizations, such as health care or education providers. Participants said keeping these other actors informed can help projects succeed.
- **The general community:** Public opinion can be powerful in PFO projects. As much as possible, awardees should frequently and transparently communicate their motivations and progress on PFO projects to garner community buy-in and protect against opposition. One participant, who was part of a PFO project that expanded home visiting services, noted that part of the motivation for the expansion was public opinion that the state agency was spending a lot of money to serve few people. Because of this, they built their project in a way that would sustain public support.

Tier 3 stakeholders are others in the community or state government, such as political actors or advocacy groups, who are capable of either championing a project or preventing a deal from moving forward even if they are not directly involved. Roundtable participants said as awardees consider which government parties to include as Tier 1 stakeholders for the project, they should also be aware of other government stakeholders who are not included in the contract but have the authority to change appropriations or make program decisions that may end a project. Participants suggested awardees consider strategies for keeping Tier 3 stakeholders informed and invested in the program's success.

Uncovering Barriers to Project Feasibility

Roundtable participants also shared that they uncovered **potential barriers to project success during feasibility stages.** Overall, awardees considering PFO can use the feasibility process to understand their state's capacities and limitations and to assess the project's potential sustainability.

These limitations might come in the form of regulatory barriers, such as state statutes or appropriations regulations. Because PFO projects require robust data to track and evaluate outcomes, limitations might also be present in awardees' existing data systems and in their ability to share and link administrative data. Roundtable discussion emphasized that awardees will want to take stock of any existing data-sharing agreements, the quality of any currently collected data, and awardees' internal capacity to link and analyze data. If awardees do not already have a data analyst on staff, they may need to hire one during the feasibility stage. Data systems are critical to tracking outcomes, and data can help awardees target and map populations in this early stage. Several states are currently implementing strategies to link home visiting data with other early childhood data systems.[5] Integrated or linked longitudinal data systems provide the opportunity to track outcomes for home visiting participants beyond the program.

An awardee agency's contract management and oversight capacity can also present potential barriers to moving past the feasibility stage. PFO contracts can be more complicated than traditional service contracts because they often involve more parties and more complex timelines. They also operate differently than traditional government contracts because agencies pay only when outcomes are met rather than paying for outputs or other activities. Contract offices will inevitably have to work with the other stakeholders written into the contract, such as service providers, evaluators, and intermediaries, and be able to address all parties' needs.

The feasibility stage provides an opportunity for awardees to take stock of any challenges presented by data, management, or contracts capacities and consider the sustainability of a PFO project. Roundtable participants briefly mentioned that focusing on sustainability is important during the feasibility stage to protect against a reduction in services for the populations MIECHV aims to serve. For more discussion about sustainability, see the Funding Sustainability section later in this report.

[5] See Dale Epstein and Carlise King, "Lessons from the Early Care and Education Field for Home Visiting Data Integration," Child Trends blog, December 5, 2018, https://bit.ly/2KZRJt2.

In addition to the barriers discussed by convening participants, other common barriers to PFO projects have included

- a lack of available outcomes data about the intervention;
- a small impact anticipated following the feasibility stage, leading to a low likelihood of a meaningful return on investment;
- difficulty communicating the PFO model and getting necessary buy-in from all stakeholders;
- an inability to capture cost information;
- service providers struggling to meet data requirements or enrollment targets specified in the PFO contract;
- a lack of a single entity to lead the effort; and
- silos and other political barriers that prevent different agencies and organizations from aligning interests.

Roundtable participants noted that even when projects were not found feasible, they still gained valuable insights into their systems and capacities and were able to make program improvements based on lessons learned during the feasibility stage. One participant said although they did not advance beyond the feasibility stage, the process helped identify gaps in data systems, such as unwanted variability in how local implementing agencies were collecting and reporting data, and the agency began to introduce performance measures into more of their contracts as a result of those feasibility findings.

Funding the Feasibility Stage

Roundtable participants said the cost of feasibility studies can vary significantly depending on the partners involved and their baseline capacity. For example, if an awardee needs an intermediary to develop the feasibility study, assess data systems, and build an evaluation design, the process may be more expensive than if an awardee were to lead the process internally. Participants noted that philanthropies have funded many home visiting feasibility studies.

If a project is found feasible, awardees and other partners will advance to a structuring stage and, if structuring is successful, to project implementation.

Structuring and Implementation

Project structuring describes the process by which actors work with intermediaries to create and sign contracts that outline service delivery, data collection and reporting, outcomes, the evaluation, and payment structures. Roundtable participants said that during project structuring, which typically follows a feasibility process, awardees and project partners can collaborate to identify outcomes of interest and answer questions regarding data currently collected by service providers, including program administrative data (e.g., enrollment counts and the number of completed home visits) and client outcome data. The project structuring stage can be an opportunity to take stock of the current good work service providers are already engaged in and to build on the outcomes tracking and quality control already under way. In this section, we outline the two components of project structuring that were most commonly discussed during the roundtable—outcome selection and data systems assessment—before reviewing takeaways from attendees' reflections on pilot phases and project contracts.

Selecting Outcomes

Selecting outcomes is foundational to project structuring, and roundtable participants offered both lessons learned and specific questions for awardees to consider. The MIECHV legislation requires that outcomes payments are made only for "improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector."[6] For examples of outcomes used in current and in-development home visiting PFO projects, see box 1.

To start, awardees would benefit from documenting any outcomes service providers are already tracking and their existing data entry processes. In the case of home visiting programs funded by MIECHV, awardees already collect and report on a range of performance measures, specifically 19 indicators in six benchmark areas: (1) improved maternal and newborn health; (2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; (3) improvement in school readiness and achievement; (4) reduction in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and

[6] Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018).

referrals for other community resources and supports.[7] Local implementing agencies may collect additional data on family goals and model-specific assessments.

BOX 1

Outcome Examples from Existing and In-Development Home Visiting PFO Projects

Outcomes in existing or in-development home visiting projects involve both process measures and impact measures. Some examples of outcomes include

- a reduction in babies delivered by caesarean section,
- a reduction in babies born with low birth weight,
- a reduction in the rate of infant emergency medical care (total emergency room visits and overnight hospitalizations during first six months after birth),
- a reduction in child maltreatment rate,
- an increase in mothers breastfeeding their babies by hospital discharge after giving birth,
- an improvement in service provider staff qualifications,
- an improvement in children in the community meeting school-readiness benchmarks,
- an increase in referral connections made,
- an increase in caregivers employed or recently enrolled in or graduating from an education program,
- percent of target service zip codes reached,
- achievement of quarterly target enrollment numbers, and
- the share of the potential service population that completes all home visiting appointments

Note: Not all current or in-development projects may meet the standards of PFO under the MIECHV statute.

With an understanding of the existing data collection and reporting process, awardees might consider selecting outcomes based on **stakeholder input, data availability, and timing and prevalence** of the outcome.

- **Stakeholder input**. Participants noted that outreach to service providers and community members was useful when selecting outcomes for home visiting PFO projects. For example, one home visiting PFO project added family education and employment as an outcome after

[7] See "Maternal, Infant, and Early Childhood Home Visiting Program" Health Resources and Services Administration, accessed May 14, 2019, https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf.

scanning the goals families identified as part of the home visiting program. Another participant mentioned that tribal communities have identified cultural transmission as an important outcome because cultural identity may be a protective factor against substance use and suicide. As noted in box 1, some outcomes can be process outcomes (e.g., reaching enrollment targets); other outcomes can be impact measures that, based on the program's theory of change, would not be possible to achieve without the program. Though not all process outcomes would satisfy the MIECHV statutory requirement that outcomes must produce direct cost savings or avoidance, participants said tracking process metrics as part of the evaluation can still be valuable. Participants also mentioned the utility of collecting process data or outcome data that are not specifically tied to payment but have value to the project.

- **Data availability**. Understanding what data are available and in what form is crucial to outcome selection. For example, a program may have good data on breastfeeding initiation and breastfeeding at six months (a MIECHV performance indicator), but it may not have reliable data on exclusive breastfeeding. Participants said awardees might consider selecting outcomes for which historical data can help establish baseline trends and identify outcome domains in need of improvement. Further, awardees can consider outcomes they are likely to achieve based on the existing evidence base for the models implemented in their states. Home visiting evidence may be thin on some outcomes for certain models, and effect sizes are generally small.

  Ideally, outcomes can be tracked using administrative data (i.e., data collected by governments, hospitals, or schools) rather than through new primary data collection through surveys and direct observations—this allows awardees to have the same data for both the treatment and comparison groups. Moreover, roundtable participants said that, if possible, taking advantage of data that local implementing agencies are already collecting is more efficient than asking them to collect additional data. But a limitation of using data currently gathered by local implementing agencies is that data would only be available on families served. Evaluators can help during project structuring by considering what existing data they can use to track outcomes of interest, particularly given the project's specific evaluation design. For example, the evaluation methodology outlined in the MIECHV statute calls for an "evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inference," [8] which might require a comparison group.

  Roundtable participants pointed out a few further data considerations:

[8] Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018).

- **During project structuring, awardees should map current data collection and sharing in their state**. This will help determine how awardees can use existing data collection for a PFO project. When considering data needs, awardees should determine whether they will need new data-sharing agreements to access additional datasets. Moreover, awardees would benefit from having a staff member, such as a developer or analyst, who can link, clean, and analyze data.
- **PFO may create an additional data collection burden for service providers.** Even though using existing administrative data where possible to track outcomes can reduce the data collection burden, as discussed, many states will likely find gaps in their existing data collection and data systems and will need to begin collecting additional data or requesting access to administrative datasets. This is common in PFO projects, and awardees might consider using a technical assistance provider or intermediary to help with this work.

- **Outcome prevalence and timing:** Evaluators can also help consider prevalence and timing when selecting outcomes. Specifically, they can help identify which outcomes to link to payment.
  - **Outcome prevalence:** When pricing outcomes, prevalence is important. Roundtable participants noted that linking payments to low-prevalence outcomes, such as preterm births, might not be feasible because it is unlikely that an evaluator will observe a significant difference between treatment and control groups for outcomes that are not prevalent within a small sample. One participant suggested that projects might track low-prevalence outcomes of interest but not link them to payment, instead paying for outcomes that occur more regularly.
  - **Outcome timing:** For home visiting projects, roundtable participants noted that many outcomes of government interest—whether they be programmatic goals or goals pursued for cost avoidance or savings—are demonstrated over the long term (e.g., third-grade reading scores, high school graduation rates, and teen pregnancy and juvenile justice involvement rates). In a PFO model, awardees might think about short-, medium-, and long-term outcomes that evaluations can track. To help consider these possibilities, one past home visiting project examined historical data to find outcomes that were improved over shorter time frames. Projects have also designated shorter-term outcomes that strong existing evidence links to the longer-term outcome of interest (known as proxies). For example, if the long-term outcome is improved mental health for the mother, a short-term proxy outcome could be the share of positive depressive screenings that lead to a

successful referral to mental health services, or the share of referrals that connect mothers to services. Similarly, positive parent-child interactions or the quality of the home environment are likely proxies for later school readiness. Shorter time frames can be especially important for investors because they will produce a quicker return on investment.

An evaluator can also help determine which outcomes are linked to payments and which are merely tracked. Though the roundtable discussion focused more heavily on outcomes selection rather than outcomes payments, participants said the feasibility of linking certain outcomes to payments depends on which payment model is used (table 1). Depending on project goals and stakeholder needs, outcome payments can be structured in different ways. Evaluators can help make these distinctions and make recommendations for a specific project. Table 1 summarizes three payment models as described by roundtable participants; any of these payment models can include solely public funds or a combination of public and private funds.

TABLE 1
Example Payment Models

Payment model	Example
Traditional pay-per-performance, in which service providers are paid based on quantifiable outputs or outcomes	$X for every home visit to a mother
Milestone, in which service providers are paid in a tiered fashion as predetermined outcomes or results are achieved	$X for a 5 percent reduction in preterm births, $Y for a 10 percent reduction in preterm births, and $Z for a 15 percent reduction in preterm births
Outcome payments, in which the contract size stays the same, but end payors give providers additional payments for achieving predetermined outcomes	An additional 1.5 percent of the total contract if enrollment targets in a specific zip code are met

Other Outcomes Considerations

Stakeholder input, data availability, and timing and frequency considerations were the three most frequently discussed factors for outcomes selection during the roundtable, but participants highlighted several others as well. When working with project teams to choose outcomes, awardees can also consider the following:

- **Tracking process measures or implementation outcomes.** These could include short-term outputs for people receiving services and some process measure outcomes for the service providers themselves. For example, one PFO home visiting project tracked the number of new mothers served in targeted zip codes that had high concentrations of poverty as an implementation outcome. Participants said tracking process measures and implementation outcomes allows awardees to assess the service provider's implementation of the service as well as the outcomes achieved by the families served.

- **Tracking more than one outcome.** Existing projects are evaluating three to five outcomes, and most only link some outcomes to payment. Outcomes that are not tied to payment are still useful for building the evidence base and demonstrating a program's effectiveness. When tracking multiple outcomes, awardees might consider selecting those that have varying probabilities of success for service providers—in other words, select some outcomes that service providers are likely to hit and others that are more ambitious but closely aligned with the program's goals. Because home visiting is a two-generation intervention, for example, some participants recommended selecting outcomes for both parents and children.
- **Weighing research and evidence of impact during outcome selection and pricing**. The strength of this research can help price shorter-term outcomes because the evidence base may demonstrate how they affect longer-term outcomes. For example, breastfeeding is a measure that is a predictor of positive maternal and child health. School readiness is another short-term measure that is correlated with future academic success and employment.
- **Learning about outcomes selection from other PFO projects.** A roundtable participant suggested that as more home visiting PFO projects are developed, the field may begin to coalesce around common outcomes of interest and strategies for setting appropriate payment levels.

Outcomes and the Provider Perspective

Many roundtable participants stressed that shifting to an outcomes-based funding model can change provider incentives and perspectives. Awardees must be aware of these potential shifts and develop strategies to ensure that as providers work to meet the agreed-upon outcomes, they are also serving the target population and implementing services as intended.

When service providers are paid based on outcomes—even as a portion of a larger contract—they will naturally adjust their services to better meet those outcomes. Roundtable participants said awardees will benefit from identifying the appropriate target population, establish policies and practices to ensure this population is served, and protect against perverse incentives. In particular, the practice of "creaming," or targeting the easiest-to-serve members of a population, leaves the most vulnerable populations underserved. Participants recommended strategies to avoid creaming, such as instituting higher repayment thresholds for harder-to-serve populations (based on indicators such as zip codes) and tracking multiple outcomes, which ensures service providers' repayment is not contingent on a single aspect of service delivery. This strategy can help keep service providers oriented toward broader improvement.

The risk of perverse incentives may vary depending on the PFO funding model and evaluation design. In some cases, randomizing clients for an evaluation reduces the risk of creaming, but randomization can create its own perverse incentives and is sometimes viewed unfavorably by service providers. One roundtable participant noted that in a past PFO project that used randomization, service providers needed training on how to ethically respond to families who were not randomly selected and would not receive services.

Developing the Contract

Once awardees identify their outcomes of interest and assess the capability of their data systems to track those outcomes with existing service providers, the next step is typically developing the project contract. At the roundtable, participants suggested including detailed guidance for operations, evaluation, outcomes, governance, and communications in the contract to help ensure the project's success, but they also recognized projects need to maintain some flexibility and opportunities to evolve over time. PFO projects will inevitably experience ongoing challenges as they are implemented. As such, contracts will need to be updated or amended rather than rewritten with each new development. For example, existing projects have outlined approval structures that allow small, timely changes to the contract without a contract amendment. Some projects have also established an executive committee for high-level decisions and a lower-level operations committee with authority to make day-to-day decisions.

The Bipartisan Budget Act requires that PFO cannot reduce funding for services. Roundtable participants recognized this and said it is critical that contracts include stipulations to prevent an interruption in existing MIECHV-supported services if the contract is terminated or outcomes are not met.

Once contracts are drafted, awardees will be ready to shepherd their projects into implementation. Many existing projects included a pilot phase, which allows for testing and problem solving in the early stages of implementation.

Pilot Phases

Pilot phases are typically the first year of a project's implementation, and they give project stakeholders a chance to test their assumptions from project structuring while maintaining a traditional funding approach rather than paying based on outcomes.

Alternatively, pilot phases can use PFO and the new contract structure, instead having a foundation take on the risk of performance during the pilot period before the investor capital is drawn down. Roundtable participants said the pilot period is usually a best practice for PFO and can be useful for all project partners. The service providers can test enrollment strategies and address any challenges with scaling service delivery. Awardees can test data entry protocols and internal capacities, and evaluators can ensure randomization protocols are working (if randomization is necessary) and track enrollment targets to maximize evaluation sample size and study power. All parties have a chance to adjust and make improvements before the project is officially launched.

For MIECHV programs, which are already being implemented, PFO pilot phases might focus on data collection and reporting to refine processes, especially if the project is obtaining new data from outside the service program. A pilot would allow awardees to develop data-sharing agreements with different state agencies, test data transfers, and measure timelines for cleaning and analyzing the data.

Funding during a pilot phase can be structured in several ways. Existing projects have either funded the pilot phase as a separate project or included an overflow amount in the general contract, which incorporates an informal pilot period into the funding period of the PFO project, where the overflow amount is provided in case enrollment targets increase based on evaluation needs.

The next section reviews key takeaways from the roundtable about project funding, outlines funding streams used in existing PFO home visiting projects, and provides key considerations and lessons learned.

Funding

PFO projects can use a variety of funding models and sources depending on the project's goals, the end payor's needs, political will, and government appropriations (among other factors). A state or local government entity might fund a PFO project on its own, or projects might braid government funding streams, such as MIECHV or Medicaid, with private funding sources such as foundation grants. The number and combination of cash flows affect not just the project's timeline and scope— according to roundtable participants, they likely also influence which outcomes trigger payments, the type of evaluation, transfer of risk, and funding sustainability. One roundtable participant also noted that the number of cash flows can also affect a project's timeline and complexity: the more funding sources within a PFO project, the greater the complexity of the contract and likely the longer its timeline. More funding sources also distribute risk across more parties, limiting the amount of risk to any one funder.

When using multiple cash flows from different sources, awardees will need to consider the interests, risks, and benefits for the payor, evaluator, and service providers. In many cases, the entity funding the project, whether the awardee or an investor (in PFS projects), will have different needs and preferences than the service provider. Roundtable participants said paying for outcomes in home visiting is challenging because outcomes of interest are often measured over a long term, but payors need to pay on some short-term outcomes to fund service delivery. As discussed in the Selecting Outcomes section earlier in this report, roundtable participants suggested designating shorter-term proxies that are linked through strong evidence to the longer-term outcome of interest. For example, if the long-term outcome is improved mental health for the mother, a short-term outcome could be the share of positive depressive screenings that lead to a successful referral to mental health services, or the share of referrals that connect a mother to services. Moreover, different funding streams may be necessary to cover different project costs, such as feasibility studies, expansion of service delivery, and evaluation. One participant noted that philanthropy often has a greater ability to fund rigorous evaluation than government agencies because government funding for evaluation is often limited by statutory requirements.

Engaging Private Funders

Some PFO projects, including most PFS projects, engage private funders. According to roundtable participants, private funders have different motivations for engaging in PFO than other stakeholders. Large institutions such as banks are often concerned with a return on their investment and social impact. Foundations and smaller financial institutions, such as Community Development Financial Institutions, are in some cases interested in providing seed funding for promising social programs. One roundtable participant suggested appealing to a program-related investment to attract philanthropies, because foundations must spend 5 percent of their endowment annually to maintain their tax-exempt status. Another participant said many foundations are also currently interested in funding programs related to social determinants of health, potentially making home visiting programs attractive. In communities lacking access to philanthropic funds, private capital can be especially useful.

Roundtable participants also shared that private funders, whether philanthropic or for profit, have more confidence in their investments when important public-sector stakeholders are involved, including a government entity with budgetary authority. Involving stakeholders with government budgetary authority mitigates appropriations risk (the risk that a current government funding stream may not be appropriated again or at the same levels in the future) and increases the likelihood of securing investors. A funder noted that funding challenges always arise in projects, but including the public sector allows a funder to work with the project's partners with good will. (See the Funding Sustainability section later in the report for more.)

Though bringing in private funding benefits projects by transferring risk from the public sector to a private entity, participants said that awardees might consider ensuring that risk is appropriately shared across the parties. For private funding, projects could set up different risk levels for each cash flow: junior lenders could take on higher-risk outcomes, and senior lenders could take on lower-risk outcomes. [9]

Braiding Funding Streams

Braided funding streams, which have been critical to scaling some home visiting programs, coordinate two or more funds that must be tracked and attributed to their original source, maintaining any requirements or constraints associated with those funding streams. As discussed, combining multiple funding streams increases the project's complexity, and different funders have different priorities and requirements, some of which may or may not be compatible with MIECHV program requirements (such as data requirements).

Braiding also affects a project's timeline because more stakeholders are involved. Participants said repayment structures should consider when different funding streams will end. For example, in a PFS project, a private funder commits up-front funding for a certain number of years. If governments are repaying private funders at the end of service delivery, it might be financially challenging for them to simultaneously transition the program directly into their own budget. With braided funding, awardees also need to ensure they can maintain existing levels of service delivery. Internal improvements, staff

[9] In the context of PFS projects, which are a type of PFO model, a senior lender is usually a project investor who is repaid first and receives a higher rate of return than other investors. A junior (or subordinate) lender is a project investor who receives a return on investment only after senior investors are repaid; junior lenders in PFS projects may receive a lower rate of return or no rate of return. In PFS, the junior lenders have primarily been philanthropic actors who have accepted a lower rate of interest to help push the deal forward.

payments, and data work should be funded internally so that if private streams dry up, vital operating activities are still funded.

Using Medicaid in PFO Projects

Roundtable participants discussed a PFO home visiting project in one state that was able to braid Medicaid funds with other funding streams, including MIECHV funds and private resources. Participants said in any project aiming to braid Medicaid funds, awardees would benefit from engaging Medicaid early to account for several challenges and considerations with using it as a funding source. For example, the awardee may need to secure a waiver from the federal government to waive rules that usually apply to the Medicaid program. Waivers are used to allow states to do things such as reduce costs, improve care for certain target groups, and allow states to cover more services, including home visiting.[10] Because braided funding streams must maintain their original restrictions and requirements, one PFS home visiting project kept a “waiver book” separate from other funding streams to account for Medicaid dollars.

Some states are already braiding Medicaid with multiple funding streams to support home visiting services. Participants said these states can take lessons learned about Medicaid requirements and billing to consider braiding Medicaid with a PFO home visiting project. Many states are undergoing changes in Medicaid and health care delivery more broadly, and this state-level context can affect an awardee’s ability to braid Medicaid funds. For example, a state’s Medicaid payment model affects the potential structure for braiding funds. Some states use fee-for-service payment models, and others use managed-care organizations to provide a defined set of services to Medicaid enrollees. This is one of several alternative payment models that offer states more flexibility around payment and delivery of services.[11]

Roundtable participants also discussed challenges specific to braiding Medicaid funding in PFO projects related to home visiting. Some types of waivers have to be budget neutral or cost effective, but demonstrating federal savings in the required timeline can be difficult because home-visiting savings are often borne out over long periods through improved outcomes that reduce the need for future services. Further, Medicaid cannot cover all the resources required to implement a home visiting

[10] Becky Normile, Karen VanLandeghem, and Alex King, “Medicaid Financing of Home Visiting Services for Women, Children, and Their Families” (Washington, DC: National Academy for State Health Policy, 2017). https://nashp.org/wp-content/uploads/2017/09/Home-Visiting-Brief.pdf.

[11] Normile, VanLandeghem, and King, “Medicaid Financing of Home Visiting Services.”

program, so service providers and awardees need to understand which parts of home visiting Medicaid can cover.

One participant emphasized the importance of aligning any approaches for braiding Medicaid funding with the state's health care delivery priorities.

Funding Sustainability

As with feasibility and project structuring, sustainability is important to consider as awardees assess funding options. Roundtable participants said governments would benefit from building a path to sustainable public support and dollars.

Some projects begin as PFS models, using braided funding from government and private entities, but aim to move toward more sustainable, government-only funding for PFO. The Denver Social Impact Bond,[12] for example, was initially funded with a PFS model using private investors, but after the project garnered positive interim outcomes, the city moved to expand the service delivery in a direct PFO contract with service providers. Some participants noted that if a project transitions from a traditional PFS model to another structure, shifting priorities could reduce funding for rigorous evaluations. Awardees can benefit from making sure they are maintaining accountability and rigor.

Whether using public, private, or multiple funding streams, awardees will likely want to consider appropriations risk. As discussed, private funders are less likely to fund a project with appropriations risk, and past projects have struggled with funds that succumb to political turnover. Awardees can benefit from ensuring that governments have the authority and understand how to remove money from the regular budget cycle and use it for outcomes that pay out over a longer term. As mentioned, in one PFS project focused on home visiting, the state government funded a quasi-governmental agency to hold end payment funds in a trust. This ensured those funds would be available even if government leadership changed and shifted priorities.

[12] For more information, see the city of Denver's fact sheet: "Denver Social Impact Bond Initiative: Permanent Supportive Housing," DenverGov.org, accessed May 14, 2019, https://www.denvergov.org/content/dam/denvergov/Portals/344/documents/Denver_SIB_Summary.pdf.

Conclusion

Throughout the roundtable, participants were optimistic about the potential for PFO to create new opportunities for MIECHV awardees looking to expand services, work with limited budgets, improve their data capacity, or reach new populations. Nevertheless, they acknowledged that adopting an outcomes-focused approach comes with risks and challenges, and awardees need to carefully determine whether PFO fits their needs and state context.

Appendix

Glossary

The following terms are defined here for the purposes of this report only.[13] These terms may be defined differently in future MIECHV PFO guidance.

- **Cost savings:** Expenses that are not incurred because the need for program services is prevented by the intervention.
- **End payor:** The entity, usually a government agency, that repays the investors if a PFO project is successful.
- **Evaluation:** In the PFO context, an assessment of whether and to what degree the intervention in a PFO project has caused changes in population outcomes. Evaluations typically determine whether investors will be repaid.
- **Evaluator:** The person or firm charged with assessing whether and to what degree a project has had the desired impact.
- **Feasibility:** A formal inquiry regarding the prospective use of PFO that reviews several factors to decide whether and how to proceed with a PFO project.
- **Fee-for-services (Medicaid):** A plan or primary care case management is paid for providing services to enrollees solely through fee-for-service payments plus, in most cases, a case management fee.
- **Funder:** An institution or person that provides capital for a PFO project.
- **Intermediary:** Third parties that help stakeholders understand the research behind their target population or chosen intervention and translate that evidence into rigorous evaluations.
- **Investor:** An institution or person who provides the up-front capital investment in a PFO project, usually with the expectation of repayment if the project is successful.

[13] This glossary is adapted for this report from: "Glossary," Pay for Success Initiative, Urban Institute, accessed May 14, 2019, https://pfs.urban.org/get-started/content/glossary; and "Glossary," Centers for Medicare and Medicaid Services, last modified May 14, 2006, https://www.cms.gov/apps/glossary/.

- **Managed-care organization (Medicaid):** Managed-care organizations serve Medicare or Medicaid beneficiaries on a risk basis through a network of employed or affiliated providers. The term generally includes health maintenance organizations, preferred provider organizations, and point-of-service plans.
- **Pilot:** A project phase that allows PFO project stakeholders to test out recommendations and assumptions from the feasibility stage to determine if stakeholders want to move forward with a project.
- **Service provider:** The organization providing the intervention in a PFO project.

TABLE A.1
MIECHV Roundtable Participants

Laura Alfani Assistant Administrator Washington Department of Children Youth and Families	**Sarah Allin** Assistant Director Government Performance Lab
Barbara Andrade DuBransky Director of Family Supports First 5 LA	**Megan Baird** Supervisory Workforce Analyst US Department of Labor Employment and Training
Navjeet Bal General Counsel & Managing Director Social Finance	**Eric Bellamy** Director of Program Integration Children's Trust of South Carolina
Moushumi Beltangady Senior Policy Advisor Office of Early Childhood Development Administration for Children and Families	**Meseret Bezuneh** Branch Chief Maternal and Child Health Bureau Health Resources and Services Administration
Chris Bishop Executive Director of Regional Expansion Nurse-Family Partnership	**Bryan Boroughs** Vice President and General Counsel Institute for Child Success
Amanda Coleman Social Science Analyst Office of Planning, Research, and Evaluation Administration for Children and Families	**Natasha Coulouris** Chief of Staff Maternal and Child Health Bureau Health Resources and Services Administration
Janis Dubno Managing Director Sorenson Impact Center	**Jake Edwards** Director Social Finance
Emily Fabiaschi Director Third Sector Capital Partners	**Jill Filene** Executive Vice President James Bell Associates
Kenneth Finegold Senior Social Science Analyst US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation	**Sarah Gillespie** Senior Research Associate Metropolitan Housing and Communities Policy Center Urban Institute
Rob Grunewald Economist Federal Reserve Bank of Minneapolis	**Amanda Innes Dominguez** Senior Policy Analyst Maternal and Child Health Bureau Health Resources and Services Administration

Tyler Jaeckel Program Director Harvard Kennedy School Government Performance Lab	**Laura Kavanagh** Deputy Associate Administrator Maternal and Child Health Bureau Health Resources and Services Administration
Judy Labiner-Wolfe Branch Chief Maternal and Child Health Bureau Health Resources and Services Administration	**Sindhu Lakshmanan** Senior Investment Associate Living Cities
Catherine Lenihan Strategic Planner, Commissioner's Office Staff Connecticut Office of Early Childhood	**Akiva Liberman** Senior Fellow Justice Policy Center Urban Institute
Catriona MacDonald Executive Director Association of State and Tribal Home Visiting Initiatives	**Mary Mackrain** Managing Director Education Development Center
Margaret McConnell Associate Professor of Global Health Economics Harvard University	**Cindy Phillips** Acting Director, Division of Home Visiting and Early Childhood Systems Maternal and Child Health Bureau Health Resources and Services Administration
Heather Sandstrom Senior Research Associate Center on Labor, Human Services, and Population Urban Institute	**Carla Snodgrass** Section Chief, Early Childhood Initiatives Tennessee Department of Health
Kathleen Strader National Director, Healthy Families America Healthy Families America/Prevent Child Abuse America	**Ann Stock** Public Health Advisor Maternal and Child Health Bureau Health Resources and Services Administration
Lauren Supplee Deputy COO & Senior Program Area Director, Early Childhood Development Child Trends	**Jennifer Tschantz** Early Learning Program Specialist US Department of Education Office of Special Education Programs
Karen VanLandeghem Senior Program Director National Academy for State Health Policy	**Dr. Michael Warren** Associate Administrator Maternal and Child Health Bureau Health Resources and Services Administration
Teri Weathers Director of Federal Government Affairs Nurse-Family Partnership	**Dave Wilkinson** Commissioner Connecticut Office of Early Childhood

TABLE A.2

Partners

Katrina Ballard Policy Outreach Manager Urban Institute	**Madeline Brown** Policy Assistant Urban Institute
Keith Fudge Policy Program Manager Urban Institute	**Justin Milner** Associate Vice President Urban Institute
Kelly Walsh Principal Policy Associate Urban Institute	