

# Financing In-Home Family Education Services

A Review of Financing Options To Support  
Research-Based Home Visiting Services  
In West Virginia

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*Partners in Community Outreach*

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## Introduction

High quality home visiting programs for young children have been shown through rigorous research to effectively reduce poor educational and life outcomes for “at risk” children.<sup>1</sup> Leading economists have also demonstrated substantial rates of return on investments made in early childhood programs with the highest returns on investment associated with those programs that support “at risk” families and are targeted toward the earliest years of the child’s life.<sup>2</sup>

A recent analysis prepared for Partners in Community Outreach estimates the investment necessary to provide in-home family education programs (evidence-based home visiting services) to all “at risk” families in West Virginia at approximately \$26 million per year.<sup>3</sup> Current investments in these programs amount to only about \$2.3 million annually.

*Early interventions promote schooling, reduce crime, foster workforce productivity, promote adult health through several channels and reduce teenage pregnancy. These interventions are estimated to have high benefit-cost ratios and rates of return, in the range of 6–10% per annum. We can redistribute resources within a fixed budget and improve child and social welfare.*

- James J. Heckman  
Nobel Laureate in Economics  
University of Chicago

This paper does not attempt to make the public policy argument for additional investment in high quality home visiting services for families “at risk”. That argument has been made by some of the leading economists of our time and the long-term return on such investments to both families receiving services and society at large is irrefutable. The focus of this paper is to suggest numerous financing options that might be pursued by state policy makers that would result in increasing the level of resources available to support evidence-based home visiting services in West Virginia.

## Direct and Indirect State and Federal Appropriations

The most obvious way to increase investment in home visiting services is to increase the currently small federal and state appropriations that directly support these programs. West Virginia currently provides only \$1 million in state appropriated general revenue funds to support evidence-based home visiting services for “at risk” families through a state budget line item. Given that there are an estimated 57,400 families with young children who are experiencing at least one “risk factor” known to contribute to poor educational and later life outcomes, the current state investment amounts to only \$17.42 per family.

Federal formula allocations for supporting home visiting services are also currently miniscule. A relatively new federal program (Maternal, Infant and Early Childhood Home Visiting – MIECHV) provides formula-based funding to each state. West Virginia’s formula allocation

from MIECHV is \$1,060,000 annually which provides an additional \$18.46 per family at risk. Thus, the total federal and state direct budget allocations available total \$2,060,000 or \$35.88 for each at risk family with young children. Obviously, current dedicated funding to support in-home family education programs is grossly inadequate. Given the documented high rates of return on such investments one straightforward financing strategy is to increase the federal and state dedicated revenues that support home visiting services.

## **State Tax Credits**

State tax credits are another approach to expanding the level of resources available to support high quality (research-based) home visiting services. Tax credits may take several forms and some types of potential credits are more applicable to child care than home visiting services. The state of Louisiana provides for several different types of state tax credits in order to promote quality within child care programs and encourage child care facilities to voluntarily participate in a quality rating program.<sup>4</sup>

The general types of tax credits that would appear to be most applicable for encouraging the development of home-visiting services are:

- Directors and Staff Tax Credit.
- Tax Credit for donations made to approved home-visiting programs.

A Directors and Staff Tax Credit in its simplest form would allow employees of evidence-based home visiting programs to claim a tax credit based on adjusted gross income. Such a credit could be refundable below a particular income level. This type of tax credit would assist home visiting programs with recruitment and retention of qualified staff and contribute to addressing issues related to the current low wages paid to many home visitors when compared to similar jobs in health and human services related fields.

A Tax Credit program (individual and corporate) could also be designed to encourage private donations to high quality home visiting programs. Such a credit might be particularly attractive to businesses who employ a number of low-wage workers with young children who tend to fall within the target population served by home visiting programs. A credit against individual or corporate taxes for contributions made to local programs could be designed in a way to encourage the development of research-based programs that meet defined standards.

These types of tax credit programs could be designed in a number of ways to support investment in home visiting programs that reach “at risk” families with children prenatal to age 3 during the years such interventions have been shown to have the greatest impact on school readiness and productivity in later life.

## **Other Approaches Supported by State Appropriations**

There are a number of examples of state funded initiatives that provide for a state supported fund which leverage private investments to support programs for at risk children and parents at an early age. Two such initiatives are outlined below.

### **Direct Grant Programs**

This financing strategy involves the appropriation of state funds that is then used to make grants to evidence-based home visiting programs (either grants for new program development or grants to assist existing programs expand and improve). One such program is administered by the Illinois State Board of education. The *Illinois Block Grant Program* provides funds to support a range of early childhood services (including preschool). A portion of the “block grant” is used to contract with a range of providers that meet defined standards to deliver programs that support young children and their families. The program appears to provide for competitive grant support to a range of programs including Early Head Start and evidence based home visiting programs. Given the well documented economic analysis that indicates the greatest return on investment is achieved through programs targeting at risk children birth to 3 yrs. of age<sup>5</sup>, some type of similar state grant program to support home visiting programs to improve parenting skills and early development might be a better investment than extending universal preschool for all three year olds.

### **Endowment Funds**

An endowment fund could be established as an interest bearing fund that would be used to expand and support evidence-based home visiting services as well as other components of the early childhood services system. An endowed fund to promote early childhood development provides a level of permanency and commitment that is attractive to private as well as public funders. Such a fund could be established through a dedicated tax or other type of appropriation by the state legislature and managed by an independent body. Such an interest bearing endowment fund seeded with an annual direct state appropriation generated through an increase in the tobacco tax has been proposed for West Virginia. This type of fund could also leverage private investment to supplement state appropriations made to the fund.

The *Nebraska Early Childhood Education Endowment Fund* is an example of such a fund. This endowed fund supports programs for children birth to three in the most critical years of development. It is an innovative public/private venture with \$40 million dollars provided by the state (through the Nebraska Department of Education Permanent School Fund) and another 20 million dollars raised privately. The fund is administered through the Nebraska Children and Families Foundation and grants from the fund support home visiting programs (particularly Parents as Teachers) in a number of school districts through cooperative arrangements between the local school district and non-profit organizations.

### **Flexibility within Categorical Funding Streams**

A number of categorical federal programs provide sufficient flexibility at the state level to use some portion of the federal allocation to support home visiting services.

## **Temporary Assistance for Needy Families (TANF)**

There is sufficient flexibility in how each state uses available TANF funds to allow for support of home visiting services that strengthen low-income, “at risk” families. The stated goals of the TANF program appear to allow for support of home visiting services as a viable strategy with families determined to be in need of services consistent with the purposes of the TANF program. These purposes include:

- Providing assistance to needy families,
- Ending dependence of needy parents by promoting job preparation, work and marriage,
- Reducing out-of wedlock pregnancy, and
- Encouraging maintenance of two parent families.

An example of how TANF and other federal funds have been used to support home visiting programs is the *Michigan Secondary Prevention Initiative* which supported services that promote strong nurturing families and prevent child abuse and neglect through programs that:

- Foster positive parenting skills especially for parents of children ages 0-3,
- Improve parent/child interaction,
- Promote access to needed community services,
- Increase local capacity to serve families at risk,
- Improve school readiness,
- Support healthy family environments that discourage alcohol, tobacco, and other drugs, and
- Promote marriage through healthy couple relationships.

This program was carried out over a thirteen year period from 1998 to 2011 and funds were awarded through a RFP process used to select programs that address the above objectives. Despite positive outcomes, the program was suspended in 2012.

## **Title IV-E (Foster Care)**

Federal regulations have been waived in Michigan and other states through a federal demonstration project which will allow Title IV-E funding to be used to support home-visiting services. The demonstration project will allow for prevention and preservation services to be provided to families with young children at high risk for abuse and neglect. The Michigan Department of Human Services will partner with private agencies who will directly engage with families in their own homes through home visiting services in order to prevent abuse and neglect and to also prevent removal and eventual placement in foster care.<sup>6</sup>

## **Title IV-B - Subpart 2 (Promoting Safe and Stable Families)**

This federal funding stream can be used to prevent the unnecessary separation of children from their families, improve the quality of care and services to families, and ensure permanency and family stability. The program is quite flexible in how funds may be used and evidence-based

home-visiting services are among the types of services that can be supported through the Safe and Stable Families funding stream.

- Pennsylvania uses PSSF funds to support the Parent Child Home Program, a nationally recognized home-visitation program that focuses on early literacy and school-readiness.
- Georgia uses PSSF dollars for Project Connect, which works with high-risk families affected by substance abuse and involved with child welfare. The program offers home-based counseling, substance use monitoring, and home-based parent education and support groups for mothers in recovery.<sup>7</sup>

### **Title XX (Social Services Block Grant)**

Federal funds made available through the Social Services Block Grant support a wide range of community-based services including services related to case management, health, substance abuse prevention, and protective services, and other types of services. The state has a considerable degree of discretion related to the use of SSBG funding and home-based services are allowable. Evidence based home visiting programs could be supported with SSBG funds.

### **Child Abuse and Prevention Treatment Act (CAPTA –Title II)**

The Community Based Child Abuse Prevention Program (CBCAP) provides a formula allocation to each state for the prevention of child abuse and neglect and many states including West Virginia use a portion of this federal funding stream to support evidence-based home visiting programs. Although these federal funds are currently used to partially support a number of home-visiting programs in West Virginia the available funding is small amounting to only about \$225,000 each year.

### **AmeriCorps**

The AmeriCorps program supports temporary AmeriCorps members who may be placed at a variety of community-based programs and organizations. Local home-visiting programs could receive some support through the services of an AmeriCorps member by applying for such positions through Volunteer West Virginia, the state’s Commission for National and Community Service.

### **ESEA Title I**

Title I of the Elementary and Secondary Education Act provides for a great deal of flexibility in using these funds to support low-income children to achieve academically including services for children birth through 5 yrs. of age. Title I funds are sub-granted to local education agencies (county school boards) and these funds could be used at the discretion of the LEA to support evidence-based home visiting programs that prepare children for success in school.

### **Medicaid Options to Support Home Visiting Programs**

It has been reported that when Jesse James was asked why he robbed banks his response was: “That’s where the money is.” For much the same reason, many states look to a variety of options

under the Medicaid program to support home-visiting programs. Particularly at a time when the previous growth in many federal programs is being restricted through the federal appropriations process and many states are struggling to balance their budget, Medicaid is an attractive financing option. In West Virginia, Medicaid financing of research-based home visiting programs is a particularly attractive option for several reasons:

- The portion of Medicaid expenditures supported by federal funds – the Federal Medical Assistance Percentage (FMAP) is high approaching 75% of the costs.
- A high percentage of the target population of “at risk” West Virginia children are Medicaid enrolled.
- There are several options under the Medicaid program through which home visiting services can be supported.

The *Right From the Start* program in West Virginia has been funded by Medicaid for several years. This option allows Medicaid financing of home visits to eligible pregnant women during pregnancy and for infants up to 1 year of age. The West Virginia program is carried out through the federally required cooperative agreement between the state’s Title V agency (Office of Maternal, Child, and Family Health) and the state’s Medicaid program. Total Medicaid expenditures for Right From the Start services are approximately \$5 million annually. Since part of these costs are administrative in nature at a 50% federal matching rate and part are medical services matched at the FMAP rate, the federal portion of the RFTS program amounts to 64% of the total cost.

There are a number of other Medicaid options that may be worthy of consideration for supporting home-visiting services in West Virginia.

### **Targeted Case Management**

Federal regulations (42CFR part 440.169) state: “*Targeted case management services* means case management services furnished without regard to the requirements of §431.50(b) of this chapter (related to statewide provision of services) and §440.240 (related to comparability). Targeted case management services may be offered to individuals in any defined location of the State or to individuals within targeted groups specified in the State plan.” This option is the one most frequently used by states to access Medicaid funding to support home visiting services. The option allows for services to be targeted to a specific group of Medicaid beneficiaries. In this case, the target group might be defined as children under 5 yrs. of age residing in “at risk” families. The specific indicators of “at risk” would need to be defined; however, one of the key risk factors is low-income which is also the criteria for Medicaid eligibility. Thus, it is likely that a targeted case management program could be designed that would include all Medicaid enrolled children under age 5 yrs.

Services provided through the targeted case management option include:

- (1) Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services,

- (2) Development (and periodic revision) of a specific care plan based on the information collected through the assessment,
- (3) Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan, and
- (4) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary.

These services appear to be compatible with many of the types of services provided by home visitors through evidence-based home visiting programs. Some states including Washington combine Targeted Case Management services with an array of traditional Medical Assistance Services provided for under Section 1905 (a) of the Social Security Act in order to provide a more comprehensive package of Medicaid reimbursable services through home visiting programs.<sup>8</sup>

### **Medicaid Managed Care**

Medicaid Managed Care offers options for flexibility related to supporting home visiting that would not otherwise be available through more traditional fee for service options. Given the research that shows substantial savings related to otherwise incurred health care costs resulting from home visiting services, Managed Care Organizations (MCOs) may find it cost effective to contract with evidence-based programs for the provision of home visiting services to families with Medicaid enrolled young children. Home visiting programs in West Virginia have demonstrated through the Healthy Lifestyles Campaign that they can reduce levels of exposure to tobacco smoke, increase physical activity, reduce obesity, and increase nutrition among families receiving services.<sup>9</sup> All these factors result in improved health and lower long-term health care costs for Medicaid enrolled young children.

The state Medicaid agency could include provisions for including home visiting services as a required service in Managed Care contracts or the MCOs themselves could contract with home visiting programs as a way to reduce their costs through the preventive services provided by evidence-based programs. Some of the steps necessary would be:

- Determine how best to include home visiting programs in managed care networks,
- Calculate a per member per month rate for home-visiting services,
- Develop documentation to assure contracted services were delivered.

### **Medicaid Preventive Services Option**

The Preventive services Option (42 CFR 440.130(c) ) is a potentially flexible service delivery option defined as follows:

“Preventive services” means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law

to: (1) Prevent disease, disability, and other health conditions or their progression (2) Prolong life; and (3) Promote physical and mental health and efficiency.”

Based on much the same argument as discussed under managed care, the case could be made that home-visiting programs prevent disease or other health conditions, prolong life, and promote physical and mental efficiency in young “at risk” children.

This option, although quite promising, has not yet been utilized but West Virginia could work with the Centers for Medicare and Medicaid Services (CMS) to design a program within this option for at risk new mothers and young children.

## **EPSDT**

The Early Periodic Screening Diagnostic and Treatment program requires that all states must provide “such other necessary health care, diagnostic services, treatment, and other measures described in 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered under the screening services whether or not such services are covered by the state plan”.<sup>10</sup>

Medicaid regulations 42 CFR §441.57 states: “Under the EPSDT program, the agency may provide for any other medical or remedial care specified in part 440 of this subchapter, even if the agency does not otherwise provide for these services to other beneficiaries or provides for them in a lesser amount, duration, or scope.”

Thus, a package of services provided through evidence-based home visiting services could be designed to be offered under EPSDT. The state would have to define approved providers for such a package of services and include provisions for assessing the need for such services through the EPSDT protocols.

## **Section 1915b Waivers**

These waivers available through the Medicaid program provide an option for a state to waive the requirements associated with statewideness, comparability, and freedom to choose providers. By using the 1915b waiver options, West Virginia could define a package of services to be delivered by approved evidence-based home visiting programs at a specified monthly reimbursement rate per family. The state could also define the qualifications of the providers of home-based services (Home Visiting Specialists). The providers would not necessarily have to be professionals since there is precedent for para-professional providers approved for Medicaid financing.<sup>11</sup> The state would need to work with CMS to develop a waiver that was shown to be cost-effective based on actuarial rates; however, the considerable economic analysis that has been done by leading economists could be used as a basis for pursuing such a waiver.<sup>12</sup> This option would likely be the least administratively disruptive option for currently operating home visiting programs since providers would be paid a set fee based on utilization rather than having to file claims for reimbursement.

## **Medicaid – Title V Cooperation**

The state Title V agency (Office of Maternal, Child, and Family Health) and the state Medicaid agency is required to have a cooperative agreement in place. The West Virginia agreement defines how the Bureau for Medical Services and the Bureau for Public Health/Office of Maternal, Child and Family Health will “work together to assure the availability of cost effective, adequately financed, high quality medical care for mutual beneficiaries.” Some key early childhood services are already addressed through this agreement that provides for Medicaid financing of covered services delivered through IDEA part C (Birth to Three program), EPSDT services, and the Right from the Start Program.

The Medicaid-Title V agreement is another vehicle that could be utilized to provide for Medicaid funds to be used to support home visiting services that might be approved through one of the previously discussed options. There may be advantages to examining the relationship between the state’s Title V agency and Medicaid for ways to expand the current level of cooperation to include elements of home visiting services provided through the research-based programs. This vehicle may be particularly useful given that the recently authorized federal Maternal Infant Early Childhood Home Visiting program (MIECHV) is lodged with the Title V agency.

## **Comments Regarding Medicaid Financing Options**

All of the above described options for utilizing Medicaid financing to support home visiting services would require some adaptations to be made to the currently operating home visiting programs both administratively and programmatically. Some of the options described above would be more disruptive than others – the EPSDT, Managed Care, and 1915b Waiver options would likely require less additional administrative infrastructure and related administrative costs than most of the other options.

When pursuing Medicaid financing, the devil is most definitely in the detail. Although creative financing possibilities exist through the Medicaid program a close working relationship with the Federal Medicaid Agency (CMS) would be necessary and the state Bureau for Medical Services (BMS) would need to be willing to pursue whatever option or options were decided upon over a period of time. Given the historical lack of any policy focus on children’s services within BMS and a perceived lack of understanding within the Bureau for Medical Services about the value of home visiting services and research findings, it may be advisable to establish some type of “special assistant” within the Office of the Governor or within DHHR charged with exploring Medicaid financing options and working through the necessary steps.

## **Private and Market Based Financing Strategies**

In addition to the public-private partnership approaches such as the endowed fund discussed earlier, other market-based strategies may have potential for increasing investment in the early childhood development (ECD) system including scholarships and social impact bonds.

## **Scholarship Program**

Economists with the Federal Reserve Bank of Minneapolis have proposed a scholarship program whereby all “at risk” children would have access to a scholarship that could be used to purchase early childhood development services from a qualified (high quality) provider. This concept puts more control in the hands of the parents as to where they receive services and what type of program best meets the family’s needs.<sup>13</sup> This proposal outlined by Grunewald and Rolnick suggests using a permanent endowed fund (discussed previously) to finance the scholarships and they also suggest the scholarship would be available to support tuition to a high quality ECD program prior to entry into universal pre-K.

This concept is potentially relevant to the financing of home visiting services in that an integral part of the proposed market oriented program is providing in-home services to “at risk” families in order to assist parents in a number of ways including providing parent information and education about high quality ECD programs and continuing to work with the family after enrollment in a program. The proposal emphasizes the critical nature of in-home services (Grunewald and Rolnick refer to them as “parent mentors”) in making the market based scholarship work effectively. Since universal Pre-K for four year olds is a current reality in West Virginia, the scholarship approach may not be the best option; however, this proposed approach raises some interesting market-based considerations.

## **Social Impact Bonds**

Social Impact Bonds are used to raise money (private equity) for investments that improve social outcomes. This relatively new financing mechanism may have particular applicability for supporting research-based home visiting programs that can clearly demonstrate short and long term outcomes related to economic returns on investment (ROI). The substantial economic return on investment for families and communities resulting from high quality ECD programs has been well documented – Heckman’s economic analysis concludes that the ROI is 7 to 10 percent per annum which is well above the post-World War II stock market returns to equity estimated to be 5.8%.<sup>14</sup> SIBs are a promising financing strategy. ReadyNation, a project of America’s Promise Alliance which identifies and mobilizes business leaders in support of early childhood policies, has developed a website dedicated to promoting SIBs as a viable financing strategy.<sup>15</sup>

The specific mechanisms for utilizing SIBs can be quite complicated; however, it would appear that the basic concept is fairly straightforward:

1. Clearly define the expected outcome of the funded intervention,
2. Calculate the specific savings to be achieved over otherwise incurred costs,
3. Evaluate the intervention to determine costs averted as compared to otherwise incurred costs, and
4. Put the necessary legislation and financing instruments in place to assure that investors will receive the negotiated return on their investment.

Financing arrangements associated with Social Impact Bonds often appear to involve a partnership among state government, private philanthropy, and private investors. A detailed

discussion of how social impact bonds might be used to support pre-K programs based on savings in otherwise incurred special education costs has been developed to illustrate this concept; however, SIBs potentially have applicability to financing home visiting programs utilizing the same strategies and financing instruments.<sup>16</sup>

## **Summary and Conclusions**

This Paper has outlined a wide range of potential strategies for increasing investments in research-based home visiting programs. Some of these financing strategies are straightforward and familiar such as increasing line item appropriations that support the expansion of home visiting programs and/or redirecting some portion of current public expenditures being used to support remedial programs to more proven, evidence-based interventions that have a significantly better return on investment. A number of strategies for expanding the overall funding base supporting home-visiting programs through Medicaid financing have also been outlined. Other financing strategies reviewed are more creative and are focused on public investments that can leverage private investment and/or promote market-based incentives to encourage expansion of services and improve quality.

For Partners in Community Outreach, increasing the resources available for local programs is a matter of deciding on one or more financing strategies that appear to be most viable and working with others to pursue that strategy. Careful consideration should be given to how particular financing strategies may or may not require changes in the way services are delivered and/or impose additional administrative costs on already underfunded programs. Clearly, the goal is to achieve a net gain in program capacity and delivery of high quality services to families. Any increased level of financing achieved by tapping additional funding streams should be weighed against any additional costs associated with reporting, billing, and record keeping to assure there would be a sufficient net gain in program capacity at the service delivery level.

The necessary steps that would need to be taken are defined by the specific options being pursued; however, successful pursuit of any of these financing strategies will require a commitment and high degree of cooperation among state policy makers, state agencies administering public programs, local providers, early childhood advocates, and others.

The question is not about the efficacy of increasing our level of investment to support at risk families through research-based home visiting programs. The long term societal benefits of such a policy is well documented. The question is whether or not we are capable of making investments now to improve the long term future of West Virginia families and communities.

## End Notes

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<sup>1</sup> The Rand Corporation examined follow-up studies for eighteen programs including both the *Perry Preschool Project* in Ypsilanti, Michigan and the Elmira, NY *Prenatal Early Infancy Project* and found evidence related to (1) gains in child emotional or cognitive development or improved parent-child relationships; (2) improvements in educational process and child outcomes; (3) increased economic self-sufficiency, initially for parents and later for children; (4) reduced criminal activity; and (5) improvements in health-related indicators for “at risk” children who received home visiting services.

<sup>2</sup> Heckman, James; *The Economics of Inequality – The Value of Early Childhood Education*, American educator, Spring, 2011. & Bartick, Timothy J.; *Investing in Kids: Early Childhood Programs and Local Economic Development*, 2011.

<sup>3</sup> Heasley, Steven; *Statewide Access to In-Home Family Education Services-Estimating Costs of Universal Access for West Virginia Families*, December, 2013.

<sup>4</sup> See School Readiness Tax Credits, Louisiana Department of Revenue at [http://revenue.louisiana.gov/sections/individual/school\\_readiness.aspx](http://revenue.louisiana.gov/sections/individual/school_readiness.aspx)

<sup>5</sup> See Heckman Handout, Presentation at Duke University [http://childandfamilypolicy.duke.edu/pdfs/10yranniversary\\_Heckmanhandout.pdf](http://childandfamilypolicy.duke.edu/pdfs/10yranniversary_Heckmanhandout.pdf)

<sup>6</sup> Michigan’s Title IV-E Waiver proposal is available at: [http://www.michigan.gov/documents/dhs/Final\\_Waiver\\_Proposal\\_393411\\_7.pdf](http://www.michigan.gov/documents/dhs/Final_Waiver_Proposal_393411_7.pdf)

<sup>7</sup> Promoting Safe and Stable Families – Background and Context, Casey Family Programs Foundation, 2011.

<sup>8</sup> Medicaid Financing of Early Childhood Home Visiting Programs: Options, Opportunities, and Challenges, Pew Center on the States, Pew Charitable Trusts, 2012 – pgs. 11-12.

<sup>9</sup> Heasley, Steven; Trends in Healthy Lifestyles Campaign Outcomes - Comparison of Outcomes Over Eighteen Months of Campaign Activity July 2009 through December 2010, May 2011. <http://www.wvpartners.org/documents/HealthyLifestylesComparativeAnalysis2009to2010.pdf>

<sup>10</sup> 42 US Code 1394(s), sec 1905 (r)(s) of the Social Security Act as amended.

<sup>11</sup> There is precedent for Medicaid approval of para-professional service providers known as Certified Recovery Specialists who work with clients in recovery from mental illness or substance abuse. See description of the approved Georgia Peer Support Specialist training at: <http://www.sppg.com/home/pdfs/GA%20Model%20Peer%20Support%20Piece%202010.pdf>

<sup>12</sup> Heckman, James; *The Economics of Inequality – The Value of Early Childhood Education*, American educator, Spring, 2011. & Bartick, Timothy J.; *Investing in Kids: Early Childhood Programs and Local Economic Development*, 2011.

<sup>13</sup> Grunewald R. and Rolnick A.; *A Proposal for Achieving High returns on Early Childhood Development*, Federal Reserve Bank of Minneapolis, March, 2006.

<sup>14</sup> Heckman, James; The Economics of Inequality – The Value of Early Childhood Education, American educator, Spring, 2011.

<sup>15</sup> The ReadyNation resources related to Social Impact Bonds may be found at <http://dev.readynation.org/PFS>.

<sup>16</sup> Dubno, J. Dugger R. and Smith, M.; Financing Human Development for Economically Disadvantaged Children: Applying Pay for Success Social Impact Finance to Early Childhood Development, ReadyNation Working Paper, 2013.  
[http://www.readynation.org/uploads/db\\_files/RN%20PFS%20Finance%20Dubno%20Dugger%20Smith%20Paper%20130610.pdf](http://www.readynation.org/uploads/db_files/RN%20PFS%20Finance%20Dubno%20Dugger%20Smith%20Paper%20130610.pdf)