

Early Childhood and Family Services (ECFS) System Alignment

HF2712 and SF2462 (as amended)

The Iowa Department of Health and Human Services (HHS) is proposing the development of an aligned Early Childhood and Family Services System that will ensure all Iowans receive consistent, high-quality services while making the most effective use of state and federal funding.

The new system will:



Expand prevention services for families throughout Iowa.



Preserve existing home visiting providers and services.



Strengthen state–local partnership through collaboration with local early childhood areas.



Enable federal Title IV-E (Family First) claiming by transferring administration of home visiting contracts to HHS.

This is a focused, responsible update that ensures Iowa makes the most effective use of state and federal resources to support children and families.

Core Services

- Resource Navigation
- Maternal Support Programs
- Economic Mobility for Families
- Family Resource Centers
- Evidence-Based Home Visiting

Service Continuity and Stability

The bill would move the administration of home visiting contracts to HHS, providing families with evidence-based programs.

This means:

- Families will not lose services.
- Home visiting programs will continue operating.
- Providers may continue delivering services under HHS contracts.

Evidence-Based Home Visiting

Evidence-based programs in the Title IV-E Prevention Services Clearinghouse must demonstrate a significant improvement in a child welfare outcome.

Evidence-based programming:

- Strengthens parenting skills.
- Supports healthy child development.
- Reduces the risk of abuse and neglect.
- Improves school readiness.
- Lowers long-term public system costs.

Fiscal Impact

The amended bill makes a targeted administrative change: it transfers management of home visiting contracts to the Iowa Department of Health and Human Services (HHS). This alignment allows Iowa to qualify for federal Title IV-E reimbursement for eligible home visiting services — maximizing federal dollars and expanding services to more families without increasing state general fund spending.

Contract Authority

By aligning contract authority within HHS:

- Iowa can draw down federal IV-E funds.
- Existing state dollars can be matched.
- Additional federal revenue can be reinvested into services.
- More families can be served statewide.

Title IV-E Federal Funding

Evidence-based home visiting qualifies for IV-E reimbursement, ensuring Iowa will:

- Maximize the use of existing state appropriations.
- Improve long-term sustainability of prevention services.
- Expand home visiting capacity without additional state spending.

For every dollar of state funding spent on IV-E eligible programs and services, \$0.50 can be claimed and invested back into services for families. Iowa HHS is Iowa's approved organization to claim IV-E funds.



\$15,000,000 of state funds invested in evidence-based home visiting



\$7,500,000 of claimable federal IV-E funds available to reinvest for Iowa's families



\$22,500,000 total



Strengthening State–Local Partnership

This proposal clarifies responsibilities to better position Iowa for federal funding. HHS contract management will focus specifically on IV-E claiming, compliance, and fiscal oversight. Allowing local partners to focus on community support. The intent is a stronger partnership with clearer roles that maximize both local expertise and state-level funding authority.

Local early childhood areas will continue to:

- Identify community needs and make local investments to meet those needs.
- Maintain relationships with providers, serving as key partners in outreach and implementation.