



PENNSYLVANIA
PARTNERSHIPS
FOR CHILDREN
A VOICE FOR KIDS SINCE 1992

2025-26 POLICY ROADMAP





CHILD WELFARE

PPC Goal: Ensure each child in Pennsylvania has the opportunity to grow up in a home where they are safe and protected from abuse and neglect.

For those children who are victims of trauma, the system should ensure that services are provided to heal and preserve the family, and if out-of-home care is necessary, that placement is in a family-based setting, preferably kin. Community-based interventions should be sought to prevent the need for unnecessary out-of-home removal, expedite reunification, and ensure permanency for every child and youth.

POLICY PRIORITIES:

1. Strengthen the response to child abuse and neglect by building a strong and robust community prevention model.

- a. Analyze the outcomes of the 2013-2014 child protective services law, including child protective and general protective services to determine how to adequately address allegations of poverty and neglect.
- b. Advocate for investments in social safety net programs that better serve families prior to reaching crisis, such as housing, child care, education supports, and mental health.
- c. Research diversionary and community-based models that support primary prevention and serve families within their own communities to reduce the need for formal child welfare intervention.

2. Improve policies that increase the identification and utilization of kin resources.

- a. Enhance kinship family recruitment, licensing, training, and retention policies to eliminate practices that discriminate against and arbitrarily disqualify kin from being approved as resources, including implementation of kin-specific licensing.
- b. Review licensing and training requirements for foster parents to ensure that they are equipped and adequately supported to raise children and youth with complex needs and significant trauma. Uplift the lived experiences of biological parents, kin, and children/youth who have been impacted by the child welfare system as a catalyst to identifying strategies that best support those being served.
- c. Make appropriate updates to the Kinship Care Act, Family Finding Act, and Juvenile Act. Additional data collection and accountability measures for counties are statutorily needed to increase greater family finding efforts and child placement with kin.

3. Reduce the use of group care unless it is necessary to meet the time-limited treatment needs of youth.

- a. Expand data collection and analysis to better understand the characteristics of youth being placed in congregate care settings, including dependent and delinquent youth.
- b. Advocate for the increased use of evidence-based or research-informed discharge services to better support re-entry into the community and decrease the need for additional future out-of-home placements.
- c. Monitor the administration's work related to complex cases and research how the mental health, behavioral health, and substance use systems can support youth prior to the need for formal congregate care placement.

4. Improve outcomes for transition age youth in foster care or exiting to adulthood.

- a. Identify strategies for building connections with supportive adults, promoting access to high-quality services, and elevating needs for effectively transitioning to adulthood.

- b. Enhance the delivery of services to older youth to ensure the promotion of health and healing, family connections, and economic security.
- c. Analyze educational data for foster youth to determine if impacts from educational stability policies are having intended results; further identify ways to promote career exploration and goal setting practices to consider technical and post-secondary education options.
- d. Utilize the recommendations received through youth community feedback sessions to set formal policy recommendations and identify how youth can be more integrated into advocacy efforts.

5. Ensure that biological parents, caregivers, children, and youth are receiving adequate mental and behavioral health services to avoid the need for formal child welfare intervention and foster care placement.

- a. Conduct a landscape analysis of access to and utilization of mental health and behavioral health services at different points in the life of a case (i.e., investigation, dependency, etc.).
- b. Further analyze Pennsylvania's Adoption and Foster Care Analysis and Reporting System (AFCARS) and other placement data for children and youth being placed for mental or behavioral health instability to determine if services were provided to mitigate risk and further identify prevention approaches.

6. Monitor policy reform to ensure the child welfare system is adequately supported from both financial and staffing perspectives at the federal, state, and county levels.

- a. Review, and when appropriate, provide feedback on the annual Needs Based Plan and Budget.
- b. Identify strategies to maintain a qualified, competent child welfare workforce.

EARLY CARE AND EDUCATION

PPC Goal: Ensure each child in Pennsylvania has the opportunity to participate in affordable and accessible high-quality early care and education, including infant and toddler child care, as well as pre-kindergarten education.

The rapid brain growth during the first few years of life underscores the need to build an early, solid foundation for future success in school, relationships, and life. A coordinated early care and education system is a vital component of the economy, allowing parents to work while knowing their children are receiving high-quality child care and education.

POLICY PRIORITIES:

1. Increase the number of children enrolled in publicly funded, high-quality pre-k.

- a. Increase investments for publicly funded, high-quality pre-k allowing more eligible 3- and 4-year-olds to voluntarily participate.
- b. Monitor provider eligibility in Pre-K Counts (PKC) and the Head Start Supplemental Assistance Program (HSSAP) to ensure an adequate supply of high-quality pre-k providers are eligible for participation in publicly funded programs. Preserve the mixed pre-k service delivery system, and explore expanding provider types to include STAR 3 and 4 family child care homes.
- c. Ensure the availability of a high-quality workforce by addressing the wage gap that exists between pre-k teachers and their counterparts in a kindergarten classroom.
- d. Monitor the impacts of the state PKC and HSSAP programs to ensure intended positive impacts.

2. Increase the number of Child Care Works eligible children, specifically infants and toddlers, in high-quality child care programs.

- a. Seek workforce data from OCDEL in order to analyze compensation disparities within the sector and advocate for professionals to be paid comparable wages to K-12 teachers with the same degrees and/or credentials.
- b. Explore conducting cost estimation studies, using an approved modeling tool, to determine the true cost of providing high-quality care to more accurately reflect the investments needed to build an infrastructure that supports providers.
- c. Expand the pool of high-quality providers for eligible children in the subsidized child care program

by supporting current Keystone STAR 3 and 4 providers to maintain high-quality programming and for Keystone STAR 1 and 2 providers to advance in the quality ratings with increased incentives.

- d. Support policies and funding to increase professional development and degree attainability to support increased wages for the child care workforce.

3. Strengthen Infant Early Childhood Mental Health (IECMH) through collaboration with early childhood education, health systems, Early Intervention (EI), and child welfare.

- a. Promote the importance of the social and emotional development and mental health/early relational health of infants and toddlers and with their caregivers.
- b. Promote professional endorsements in infant mental health or early childhood mental health, as well as the inclusion of IECMH topics as professional development training for early care and education providers, including child care, EI, and related professionals.
- c. Strengthen the coordination of support and services between mental health providers and early childhood education providers to reduce the number of suspensions and expulsions from infant and toddler programs, including an analysis of available data and services through the IECMH consultation program.

4. Support economic policies that promote family affordability such as a state Earned Income Tax Credit (EITC) to provide working families a path to financial stability.

HOME VISITING

PPC Goal: Ensure each child in Pennsylvania has the opportunity to grow up in a stable and healthy home environment.

Voluntary, evidence-based home visiting programs help parents and others raising children with the supports necessary to improve maternal and child health, including mental health, improve child development and school readiness, promote family economic self-sufficiency, promote positive parenting practices, reduce abuse and neglect, and address substance use disorders. With far too few Pennsylvania families receiving these services, we are working to expand its reach especially for those new to parenthood and/or with limited resources.

POLICY PRIORITIES:

1. Increase the number of children and families receiving evidence-based home visiting services.

- a. Expand evidence-based home visiting financing and strategies using data analysis and research findings for the highest-risk families with young children, including low-income families and those with limited resources.
- b. Support expansion of state appropriations through the Office of Child Development and Early Learning (OCDEL) to reach more families and ensure backfilling of federal MIECHV funds due to sequestration and for loss of one-time federal stimulus funds provided through Community-Based Child Abuse Prevention funds to maintain the level services provided to families.
- c. Support the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program and ensure Pennsylvania is maximizing their share of increased federal funding, including leveraging state matching opportunities.
- d. Support the Medicaid Maternal Home Visiting Program in DHS, work on report recommendations to improve program transparency, and track referrals to evidence-based home visiting in order to maximize the intent of the program of expanding new services to families enrolled in Medicaid.
- e. Support leveraging the Family First Prevention Services Act (FFPSA) to allow more counties to overcome barriers accessing funding for evidence-based home visiting programs.
- f. Monitor DHS' implementation of the statewide resource and referral tool (PA Navigate) and explore tracking of referrals to evidence-based home visiting and other programs relevant to our campaigns.



- 2. Support the home visiting workforce and program sustainability by ensuring adequate levels of staffing correspond with service expansion and by building and retaining a qualified and culturally informed workforce to meet families' needs.**
- 3. Explore more opportunities for crossover and coordination as part of the broader work of services and supports for families with young children since home visiting has an expansive reach (i.e. early intervention, maternal health, nutrition, housing, children's physical and mental health).**

K-12 EDUCATION

PPC Goal: Ensure each child in Pennsylvania has the opportunity for an adequate and equitable high-quality public education.

All children in Pennsylvania deserve to be provided an adequate and equitable high-quality public education, regardless of the zip code they live in. This includes equipping students with supports to meet their special education needs and focuses on building skills to successfully graduate, transition to higher education or enter the workforce career ready.



POLICY PRIORITIES:

- 1. Ensure adequate state funding for career and technical education (CTE) so that every child who is interested can participate.**
 - a. Continue to drive increased investments into the state CTE subsidy and equipment grant lines.
 - b. Publicly produce disaggregated CTE data that is consumable and identifies future policy solutions.
 - c. Modernize career exploration process and CTE curriculum to ensure that programming is meeting economic needs.
 - d. Develop a formal CTE coalition that includes a diverse stakeholder community that focuses on increasing student access and CTE support.
 - e. Research how CTE can meet workforce needs, by creating a pipeline to child serving roles (i.e. human services).
- 2. Support increased investments in basic education, adequacy targets, and special education funding as well as evaluate and recommend strategies to address and advance adequacy and equity.**
 - a. Support increased investments through the enacted basic education funding, adequacy funding, and special education funding to ensure adequate, effective, and equitable support is provided to school districts.
 - b. Advocate for expanded universal free lunch, so that all children have access to nutritious meals without stigma of participation.
 - c. Support the expansion of the School Based ACCESS Program so that all Medicaid-enrolled students have access to adequate mental health services and other medically necessary services in the school-setting. Additionally, monitor the state's Technical Assistance Grant and explore reimbursement for universal prevention and secondary intervention services known as Tier 1 and Tier 2 services.

PERINATAL & CHILD HEALTH

PPC Goal: Ensure each parent and child in Pennsylvania has the opportunity for affordable, quality health care access.

Everyone, especially children and individuals during pregnancy into the postpartum period, should have health insurance and the access to quality health care that is necessary for healthy birth outcomes, improved physical and mental health of a new mother, and for a child's healthy development into adolescence and through adulthood. Our perinatal and child health care policy agenda aims to close the gaps on those left without health insurance by expanding eligibility and strengthening benefits including physical and mental health services and access to nutritious food.

POLICY PRIORITIES:

1. Increase access to prenatal and postpartum services within Medicaid and CHIP for pregnant adults to ensure expecting mothers, infants, and toddlers start and stay healthy.

- a. Monitor the 12-month postpartum coverage policy for pregnant women enrolled in Medicaid and CHIP, including access to and utilization of prenatal and postpartum services.
- b. Promote behavioral health prenatal and postpartum screenings that include evidence-based depression screenings and increase coordination to ensure follow-up services occur for proper treatment.
- c. Support the Perinatal TiPS peer-to-peer consultation line designed to give providers custom mental health feedback when birthing individuals need more complex support.
- d. Support doula service reimbursement in Medicaid to improve birth outcomes.
- e. Expand CHIP to include pregnant adults, who are not eligible for Medicaid due to their immigration status, since access to good health care is a key factor in positive birth outcomes.
- f. Monitor advocacy opportunities to advance a state Paid Family Leave policy so every worker can take time to care for their health or child.

2. Build on the success of Medicaid and CHIP to ensure every Pennsylvania child is insured.

- a. Improve enrollment and renewal policies to reduce procedural disenrollments and other unnecessary delays or gaps in coverage by strengthening the automated (ex-parte) renewals process.
- b. Monitor the implementation of PA's birth to age 6 continuous coverage policy in Medicaid.



- c. Monitor the state-based exchange Pennie™ to ensure a “no wrong entry” to Medicaid and CHIP.
- d. Support continuation of the enhanced Advanced Premium Tax Credit (APTC) set to expire in 2025 that provides affordable coverage for families purchasing plans through Pennie™.
- e. Support expanding eligibility within either Medicaid or CHIP to include every child living in Pennsylvania regardless of immigration status by advancing legislation to fully implement the Cover All Kids initiative.

3. Promote positive health outcomes for children as a direct result of Medicaid, CHIP and/or the Affordable Care Act.

- a. Ensure adequate federal and state funds to maintain Medicaid and CHIP eligibility standards without compromising one program in exchange for another. Ensure messaging of CHIP builds on the shoulders of the success of the Medicaid program.
- b. Advocate at the federal level to make CHIP a permanently funded program.
- c. Promote Medicaid and CHIP as lifelines for working families which provides free or affordable comprehensive coverage for their children.
- d. Defend against attempts at the federal level to repeal or undermine the ACA, as well as efforts to cap Medicaid spending through block grants or per capita caps.

PERINATAL & CHILD HEALTH

4. Assure that children enrolled in Medicaid and CHIP have adequate benefit packages to meet their needs, and that they are appropriately receiving well-child visits, immunizations, screenings necessary for their healthy development, as well as access to mental health and dental health services.

- a. Monitor and review compliance of managed care requirements in both the Medicaid and CHIP contracting process and through enhanced partnerships with managed care organizations (MCOs).
- b. Ensure that Medicaid and CHIP are implemented with fidelity by measuring quality and performance of mandatory benefits, including within the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.
- c. Research and advocate for changes within both physical and behavioral health benefit packages as necessary, including exploring the integration of physical and behavioral health services within Medicaid and identifying policies to improve childhood mental health.
- d. Monitor utilization of well-child visits and screenings at recommended intervals according to the AAP's Bright Futures periodicity schedule.
- e. Monitor immunization rates to ensure that children are staying up to date on routine vaccinations to prevent childhood diseases.
- f. Assure that children enrolled in Medicaid and CHIP are receiving dental care as oral health is a key measure of overall health.

5. Promote efforts to identify and prevent lead exposure in children to ensure their healthy development.

- a. Support the Lead-Free Promise Project goals to get lead out of homes and ensure proper testing and remediation.
- b. Advance policies for young children with high or elevated levels of lead exposure to ensure care coordination and appropriate referrals to early intervention.

6. Advance policies that support children identified with developmental delays and disabilities through early intervention programs, while also providing ongoing support to parents and providers.

- a. Strengthen outreach, referral, and enrollment processes to serve all children who can benefit from Part C early intervention.
- b. Ensure Part C Early Intervention services offer the quality needed to make a difference.
- c. Ensure equitable access for all eligible children in Part C Early Intervention.
- d. Support the mental health needs of infants and toddlers participating in Part C Early Intervention by addressing the current under-utilization of mental health services and ensuring that social-emotional-behavioral health providers are integrated into evaluation teams.
- e. Partner with OCDEL to improve data availability for Part C Early Intervention.
- f. Research a policy framework that focuses on providing necessary services for young children eligible for Part B early intervention services.

7. Increase access to healthy nutrition for women and young children to ensure healthy development.

- a. Support the financial stability and modernization of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to increase participation among Pennsylvania mothers and children.
- b. Expand WIC eligibility for children through age 6 to receive benefits until starting kindergarten.
- c. Support efforts to strengthen, diversify and increase the cultural competency of the WIC workforce.
- d. Explore policy improvements for children participating in the Supplemental Nutrition Assistance Program (SNAP) or other similar nutrition education programs.



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