Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program

Health Resources and Services Administration

Administration for Children and Families

U.S. Department of Health and Human Services

Overview of Presentation

A. Legislative Authority
B. Home Visiting Program Goals
C. Evidence-based Policy
D. Needs Assessment
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Legislative Authority

- Section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)
- Amends Title V of the Social Security Act to add Section 511: Maternal, Infant, and Early Childhood Home Visiting Programs
- $1.5 billion over 5 years
  - $100 m FY 2010
  - $250 m FY 2011
  - $350 m FY 2012
  - $400 m FY 2013 and FY 2014
- Grants to States (with 3 percent set-aside for grants to Tribes, Tribal Organizations, or Urban Indian Organizations and 3 percent set-aside for research, evaluation, and TA)
- Requirement for collaborative implementation by HRSA and ACF

Legislation Purposes

(1) To strengthen and improve the programs and activities carried out under Title V of the Social Security Act;

(2) To improve coordination of services for at-risk communities; and

(3) To identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities

Home Visiting Program Goal

Through high-quality, “evidence-based” home visiting programs targeted to pregnant women, expectant fathers, and parents and primary caregivers of children aged birth to kindergarten entry in at-risk communities, promote:

- Improvements in maternal and prenatal health, infant health, and child health and development;
- Increased school readiness;
- Reductions in the incidence of child maltreatment;
- Improved parenting related to child development outcomes;
- Improved family socio-economic status;
- Greater coordination of referrals to community resources and supports; and
- Reductions in crime and domestic violence.

Additional Program Goals

- Support the development of statewide systems in every State to ensure effective implementation of evidence-based home visiting programs grounded in empirical knowledge
- Establish home visiting as a key early childhood service delivery strategy in high-quality, *comprehensive* statewide early childhood systems in every State
- Foster collaboration among maternal and child health, early learning, and child abuse prevention leaders in every State
- Promote collaboration and partnerships among States, the Federal government, local communities, home visitation model developers, families, and other stakeholders

“Evidence-Based” Policy

- Requires grantees to implement evidence-based home visiting models
  - Federal Register Notice published July 23rd inviting public comment on proposed criteria for assessing evidence of effectiveness of home visiting program models. Comments due August 17th.
- Allows for implementation of promising strategies
  - Up to 25% of funding can be used to fund “promising and new approaches” that would be rigorously evaluated

Needs Assessment

- Within 6 months of enactment, States must conduct a statewide needs assessment
- If the State does not submit this assessment, it will not receive its FY 2011 Maternal and Child Health Services block grant, per a legislative requirement
- The assessment must identify:
  - Communities with concentrations of premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.

Needs Assessment, continued

- The quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including the number and types of individuals and families who are receiving services under such programs or initiatives; the gaps in early childhood home visiting in the State; and the extent to which such programs or initiatives are meeting the needs of eligible families.
- The State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

Needs Assessment, continued

The assessment must be coordinated with and take into account the following needs assessments:

(1) The needs assessment required by the Title V MCH Block Grant program;

(2) The communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and

(3) The inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA).

Needs Assessment, continued

- States must submit a plan for responding to identified needs.
- **Failure to complete and submit a needs assessment that meets requirements will result in a State not receiving its FY 2011 allotment under the Title V Block Grant.**

Home Visiting Program Grants to States and Jurisdictions

- Administered by HRSA Maternal and Child Health Bureau in collaboration with ACF
- Formula Grants to States and Jurisdictions for FY 2010

Three FY 2010 Funding Opportunity Announcements:

1. 1st FOA: Needs Assessment Approach, Plan to Apply for Program Funds, and Identification of Lead Agency;
2. 2nd FOA: "First Cut" Needs Assessment Submission Guidance; and
3. 3rd FOA: Guidance for Submitting an Updated Needs Assessment and Updated State Plan for a Maternal, Infant, and Early Childhood Home Visiting Program Grant, including Evidence-Based Criteria for Model Selection

State Program Status

- 1st FOA issued June 10, 2010
- State applications submitted July 9, 2010
- 49 States, the District of Columbia, and 5 jurisdictions awarded $88 million in funds on July 21st
- 2nd FOA to be issued in August and due in September
- 3rd FOA to be issued in September and due in early FY 2011

State Program

- Funds support
  - Statewide needs assessments
  - Implementation, with fidelity to the chosen model(s), of evidence-based home visiting programs serving pregnant women, expectant fathers, and parents and primary caregivers of children aged birth to kindergarten entry
  - Establishment and measurement of child and family outcomes in benchmark areas
  - Rigorous program evaluation, including evaluation of “promising and new” approaches

Tribal Program

- Administered by ACF Office of Family Assistance/Child Care Bureau, in collaboration with HRSA
- 3 percent set-aside - $3 million in FY 2010
- Discretionary grants to Tribes (including consortia of Tribes), Tribal Organizations, and Urban Indian Organizations
- Expect to award approximately 15 five-year cooperative agreements ranging from $100-500K
- FOA published June 24, 2010 and due on July 28th
- Tribal grants, to the greatest extent practicable, are to be consistent with the grants to States and territories and include conducting a needs assessment, meeting evidence-based criteria, and establishing benchmarks

Tribal Program, continued

- Program Goals
  - Supporting development of healthy, happy, and successful AIAN children and families through implementation of coordinated, high-quality, culturally relevant, evidence-based home visiting programs
  - Expanding the evidence base around effective home visiting interventions for Native populations
  - Supporting and strengthening cooperation and coordination and promoting linkages among various programs that serve pregnant women, expectant fathers, young children, and families in Tribal communities (including AIAN Head Start, Tribal Child Care, Indian Child Welfare, and the Indian Health Service)

Tribal Program, continued

- Funds support 5-year cooperative agreements:
  - Year 1: Needs assessment, planning, and capacity-building to implement, with fidelity to the chosen model(s), evidence-based home visiting programs
  - Years 2-5:
    - Implementation of high-quality, evidence-based home visiting programs, including provision of services to pregnant women, expectant fathers, and parents and primary caregivers with young children aged birth to kindergarten entry
    - Establishing and measuring child and family outcomes in benchmark areas
    - Rigorous local evaluations

Questions?

Contact homevisiting@hhs.gov with any questions or comments.

Questions on the Tribal program may be directed to tribal.homevisiting@hhs.gov.

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Thank you!