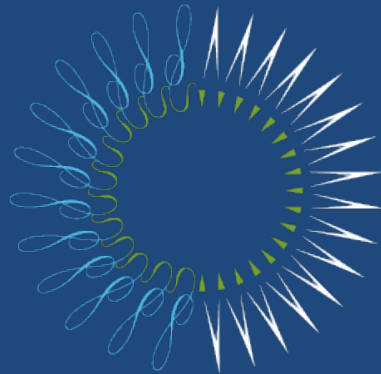


THE
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Federal Home Visiting Funding: Implications for State Home Visiting Investments and Initiatives

Pew Home Visiting Campaign
A project of the Pew Center on the States



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Webinar Objectives

- Broad overview from HHS
- Introduce states to the Pew Home Visiting Campaign
- Review current state of state home visiting investments
- Provide a brief overview of the federal home visiting provisions in the new law
- Assess states' concerns and issues to inform/influence the federal regulatory process of the new program
- Explore possible technical support needs of states to compete successfully for federal home visiting funds

THE PEW HOME VISITING CAMPAIGN

partners with policy makers and advocates in promoting smart state and federal investments in quality, home-based programs for new and expectant families

Our research agenda is made possible by the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County.



Learn more at [pewcenteronthestates.org/homevisiting](https://www.pewcenteronthestates.org/homevisiting)



THE
PEW
CENTER ON THE STATES

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

www.pewcenteronthestates.org



Pew Home Visiting Campaign





State Home Visiting Policies

Exhaustive Review

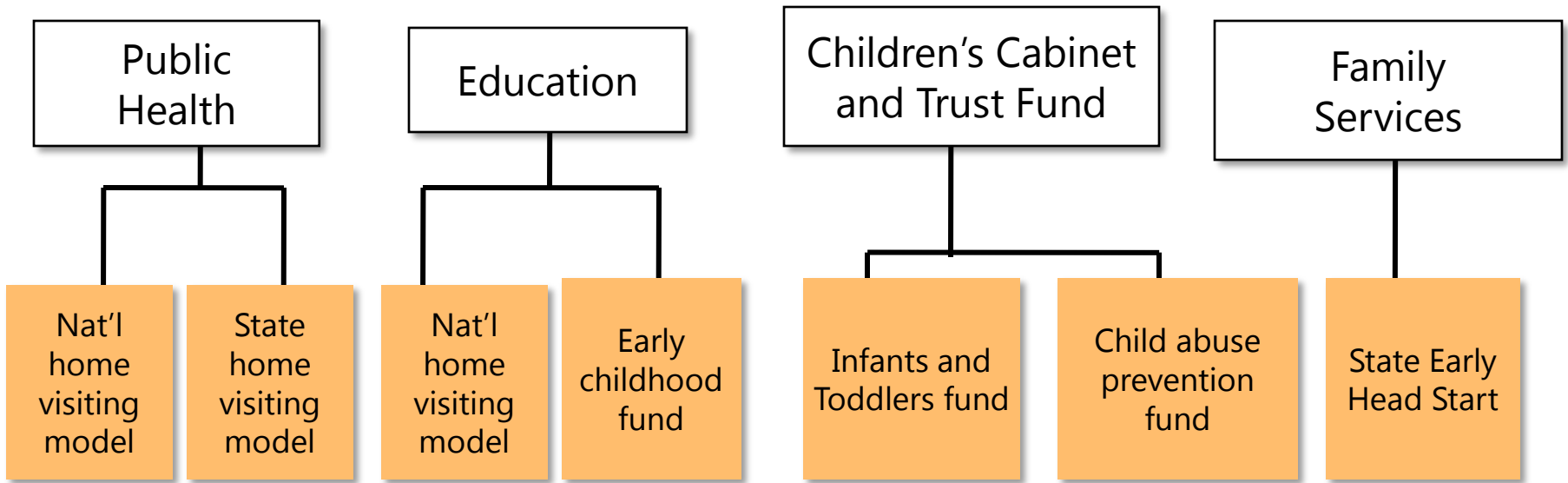
- Current home visiting expenditures by states
- Governance of program
- Quality standards and monitoring
- Evaluation
- Technical Assistance
- Coordination/Systems Building



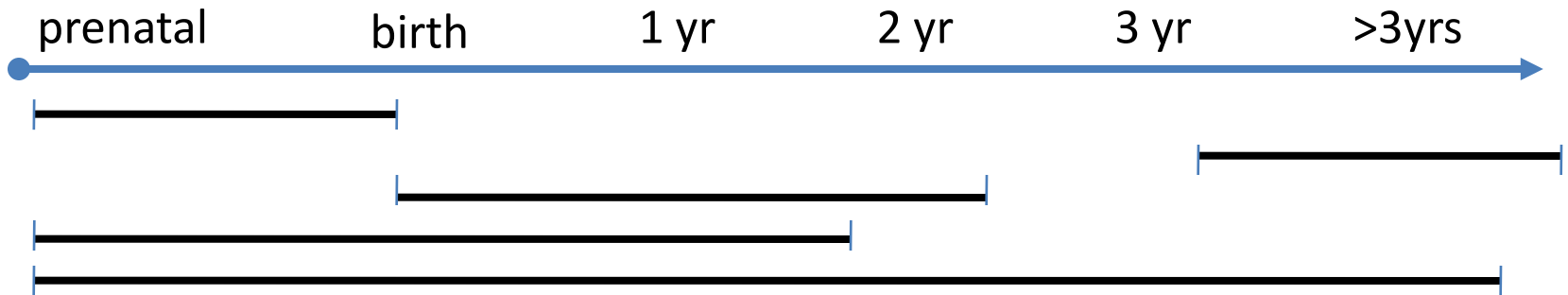
State Home Visiting Authorities and Strategies for At-Risk Families

AGENCY	FUNDING	STRATEGY	GOALS
<ul style="list-style-type: none">• Medicaid/ Medical Assistance• Public Health• Children and Family Services• Children's Trust Fund• Early Childhood Education	<p><u>State Funds</u></p> <ul style="list-style-type: none">• State General Revenue• Tobacco Settlement• Tobacco Tax <p><u>Federal Funds</u></p> <ul style="list-style-type: none">• Title V Maternal and Child Health• Medicaid• Title IV-B• ESEA Title One• IDEA Part C• TANF• CBCAP	<ul style="list-style-type: none">• Case management• Care coordination• Parent education• Skills training• Support• Health education• Referrals• Screening/ Assessment	<p><u>Prevent</u> :</p> <ul style="list-style-type: none">• low birth weight, preterm and infant death• child maltreatment <p><u>Strengthen</u>:</p> <ul style="list-style-type: none">• parent-child bond <p><u>Promote</u>:</p> <ul style="list-style-type: none">• family economic and emotional self-sufficiency• parents as first teachers <p><u>Identify</u>:</p> <ul style="list-style-type: none">• developmental disabilities and delays

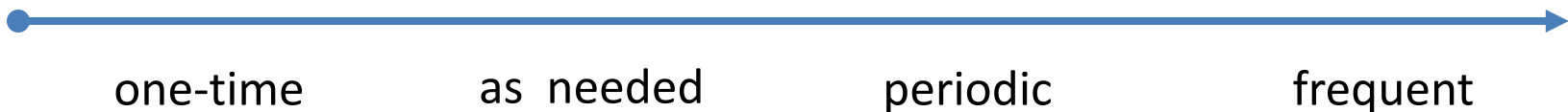
Sample State Organization Chart



Developmental Focus



Dosage/Intensity/Time



Target/risk criteria

Universal/Low

All new and expectant families

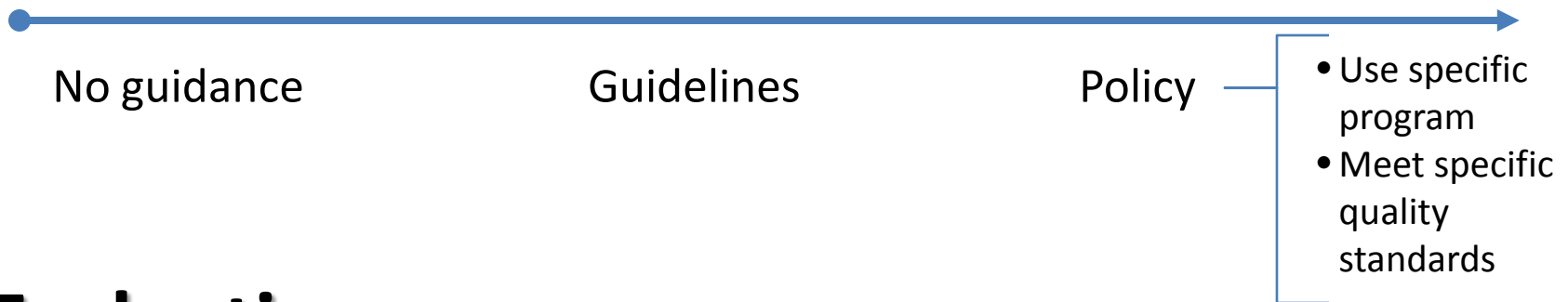
Moderate

- Low-income
- Teen
- Single
- First-time
- Race/ethnicity

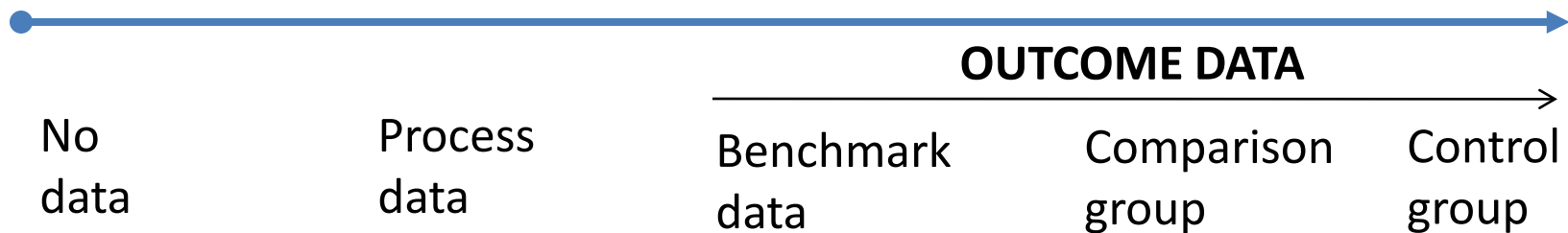
High

- Families known to CPS but w/out substantiated case of abuse
- Young adult parents w/hx in child welfare sys
- Substance abusing women
- Women with hx of mental health concerns
- Special health care needs/development delays

Quality Standards



Evaluation





Funding Data Upon Completion

- Total Investment
- Range of Investment by State
 - Targeted explicitly for national HV models
 - Broader early childhood/child abuse prevention funds (local flexibility)
 - Parent education programs (HV as option)
- Investment per capita (low-income 0-3)



Home Visiting in Health Care Reform

Public Law No: 111-148

The Patient Protection and Affordable Care Act



On March 23, 2010, President Obama signed The Patient Protection and Affordable Care Act into law. This legislation includes \$1.5 billion for a new voluntary home visitation program.

The program will provide states with funds to support rigorously evaluated, evidence-based home visitation programs that have been shown to have positive effects on critical outcomes for children and families.



Sec. 2951 Public Law No: 111-148

The Patient Protection and Affordable Care Act

PURPOSE:

1. Strengthen and improve coordination of services for at risk communities.
2. Provide comprehensive services to improve outcomes for families who reside in at risk communities.



Sec. 2951 Public Law No: 111-148

The Patient Protection and Affordable Care Act

1. Requires states to complete a needs assessment

that identifies: 1) communities with families at risk for poor maternal and child health and well-being outcomes; 2) quality and capacity of existing home visitation programs; and 3) the state's capacity for providing substance abuse and counseling services to individuals and families in need.

2. Provides \$1.5 billion over 5 years for a state-based maternal, infant and early childhood home visitation grant program administered by Department of Health and Human Services (DHHS). This is accomplished by amending Title V of the Social Security Act.

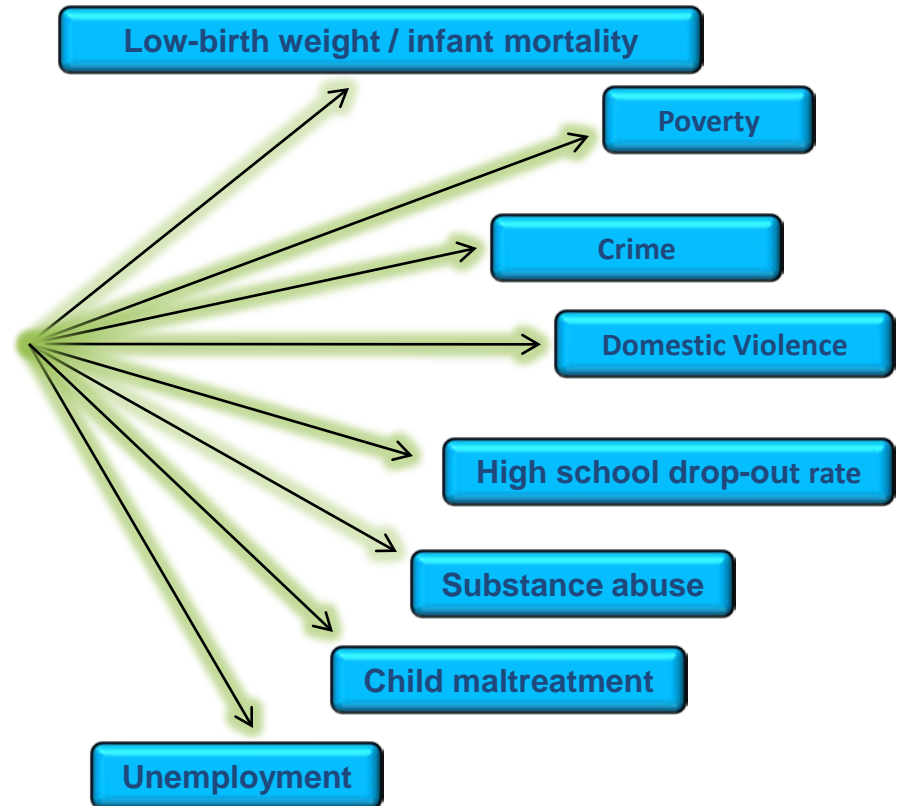


Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Needs Assessment

Within 6 months of enactment, eligible entities must conduct a statewide needs assessment that identifies:

- Communities with high concentrations of need
- The quality/capacity of existing programs
- The state's capacity for providing substance abuse treatment and counseling services to individuals and families in need





Needs Assessment Requirement

All states must:

1. Conduct this needs assessment in coordination with other appropriate needs assessments conducted by the state, including:
 - The Title V Maternal and Child Health needs assessment
 - The communitywide strategic planning and needs assessment conducted in accordance with the Head Start Act
 - 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 the Child Abuse Prevention and Treatment Act
2. Submit a description of how they intend to address the needs identified by the assessment



Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Grant Program Funding:

\$1.5 billion over 5 yrs in mandatory funding for evidence-based home visitation

- FY2010 \$100 M
- FY2011 \$250 M
- FY2012 \$350 M
- FY2013 \$400 M
- FY2014 \$400 M



Sec. 2951 Public Law No: 111-148

The Patient Protection and Affordable Care Act

Use of Funds:

- 3% for research, evaluation, and technical assistance to states (conducted by DHHS)
- 3% percent to tribal entities to provide home visitation services to Indian families
- The majority of grant funds must be used for evidence-based models, but 25% of a state's grant award can be used to fund promising new program models that would be rigorously evaluated
- A portion of the state grant award may be used for planning or implementation activities during the first 6 months



Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Maintenance of Effort (MOE)

The amount a state would need to continue spending regardless of expanded federal funds



“Funds provided to an eligible entity shall supplement, and not supplant funds from other sources for early childhood home visitation programs or initiatives.”



Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Application: Who Can Apply?

- States, Indian Tribes, Tribal Organizations, or Urban Indian Organizations, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa

OR

- **IF a state has not applied or been approved for a grant by the beginning of FY2012**, a nonprofit organization with an established record of providing early childhood home visitation programs or initiatives



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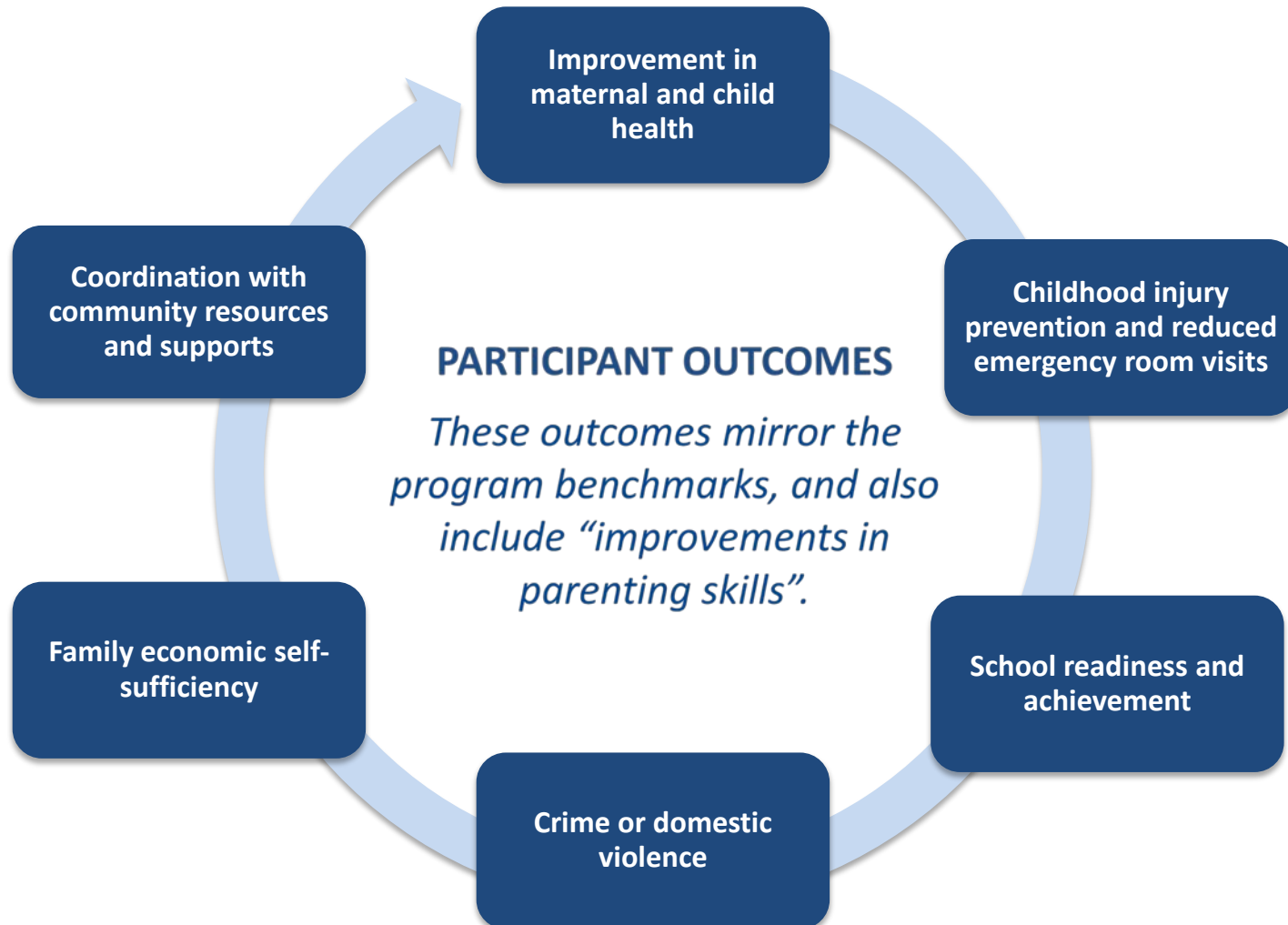
Applications Must Include:

- Population served / service method
- Assurance of prioritized service provision to high risk populations
- Service delivery model
- Statement linking service delivery model to needs assessment
- A benchmark component that measures 6 key areas
- Verification that models are being implemented according to model specifications
- Assurances that participation by eligible families is voluntary
- Agreement with annual DHHS reporting
- Description of other state programs that include home visitation



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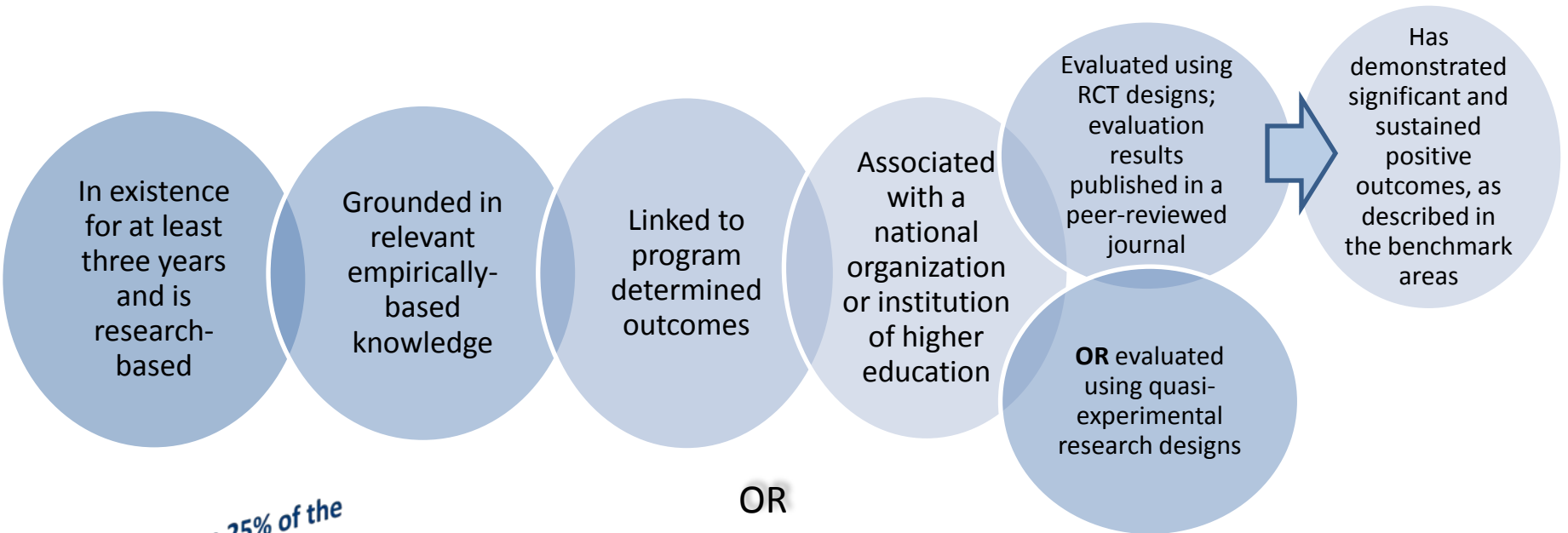
Benchmarks



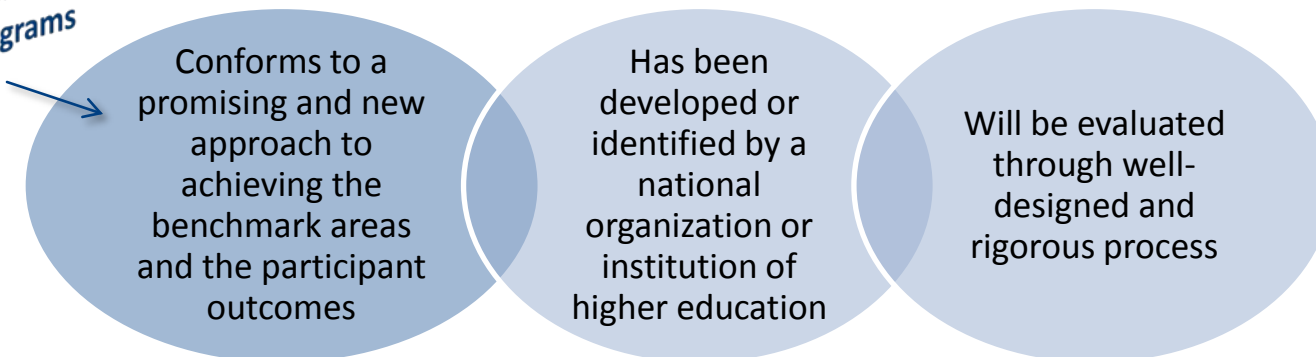


Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Core Service-Delivery Model Components



Not more than 25% of the state grant can be used for promising programs





Sec. 2951 Public Law No: 111-148 The Patient Protection and Affordable Care Act

Evidence of Effectiveness

“The Secretary shall establish criteria for evidence of effectiveness of the service delivery models and shall ensure that the process for establishing the criteria is transparent and provides the opportunity for public comment.”



Sec. 2951 Public Law No: 111-148

The Patient Protection and Affordable Care Act

Additional Program Requirements

- Adheres to a clear consistent model & is grounded in empirically-based knowledge related to home visiting and linked to the outlined benchmark areas and participant outcomes
- Employs well-trained staff as demonstrated by education or training such as nurses, social workers, educators, child development specialists or other well-trained and competent staff and provides ongoing training on the model being delivered
- Maintains high quality supervision to establish home visitor competencies
- Demonstrates strong organizational capacity to implement the activities involved
- Establishes appropriate linkages and referral networks to other community resources and supports for eligible families
- Monitors fidelity of program implementation to ensure that services are delivered pursuant to the specified models



Common Questions for HHS

- State lead entity for home visiting?
- Grants awards: statutory formula, competitive grant, agency discretion, or a combination?
- Grant awards: time-limited or renewable?
- How long does a state have to demonstrate improvement if operating under a corrective action plan?
- Flexibility in the criterion for service delivery models?
- Guidance on coordinating services with Early Head Start or Healthy Start programs in the new grant program?
- MOE based on FY09, FY10?
- What of states with no current financial investment?
- Can federal funds or blended (state and federal) funds (CBCAP, TANF, Title V, etc.) be used for MOE?
- Who will determine which programs are eligible: HHS or states?

Thank you!

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