



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

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Overview of Presentation

- Legislative authority and program goals and priorities
- Evidence-based home visiting models
- Status on program implementation

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
- Grants to states (with 3% set-aside for grants to Tribes, Tribal Organizations, or Urban Indian Organizations and 3% set-aside for research, evaluation, and TA)
- Requirement for collaborative implementation by HRSA and ACF

Legislation Purposes

- (1) To strengthen and improve the MCH 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 services to improve outcomes for families who reside in at-risk communities.

Home Visiting Program Goals

- Improvements in prenatal, maternal, and newborn health
- Improvements in child health and development, including the prevention of child injuries and maltreatment
- Improvements in parenting skills
- Improvements in school readiness and child academic achievement
- Reductions in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in referrals for and provision of other community resources and supports

Benchmark 1: Improved Maternal and Newborn Health

Constructs that must be reported for this benchmark area:

- Prenatal care
- Parental use of alcohol, tobacco, or illicit drugs
- Preconception care
- Inter-birth intervals
- Screening for maternal depressive symptoms
- Breastfeeding
- Well-child visits
- Maternal and child health insurance status

Additional Program Goals

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

Priority Populations

- Families in at-risk communities
- Low-income families
- Pregnant women under age 21
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home

Priority Populations

- Families with children with low student achievement
- Families with children with developmental delays or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

“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
- 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

Models that Meet the Criteria for Evidence Base

- Early Head Start – Home-Based Option
- Family Check Up
- Healthy Families America
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents as Teachers
- The Public Health Nursing Early Intervention Program (EIP) for Adolescent Mothers

Favorable Outcomes

- EHS: Child Development and School Readiness, Positive Parenting Practices, Family Economic Self-Sufficiency
- Family Check-Up: Maternal Health, Child Development and School Readiness, Positive Parenting Practices
- HFA: Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Positive Parenting Practices, Family Economic Self-Sufficiency, Linkages and Referrals

Favorable Outcomes

- Healthy Steps: Child Health, Positive Parenting Practices
- HIPPO: Child Development and School Readiness, Positive Parenting Practices
- NFP: Maternal Health, Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Reductions in Juvenile Delinquency, Family Violence, and Crime, Positive Parenting Practices, Family Economic Self-Sufficiency

Favorable Outcomes

- PAT: Child Development and School Readiness, Positive Parenting Practices
- The Public Health Nursing Early Intervention Program (EIP) for Adolescent Mothers: Child Health, Family Economic Self-Sufficiency

Selection of Home Visiting Model(s)

States may:

- Select a model(s) that meets criteria for evidence of effectiveness
- Propose another model not reviewed by HomVEE study
- Request reconsideration of an already-reviewed model
- Propose use of up to 25% of funds for a promising approach

Timeline for FY 2010 State MIECHV Funding

Step 1: State applications in response to Funding Opportunity Announcement	Due July 9, 2010
Step 2: Supplemental Information Request for the Submission of the Statewide Needs Assessment	Due September 20, 2010
Step 3: Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program	Due May 9 through June 8, 2011

Updated State Plan

- The third and final step in the FY10 application process
- Provides guidance for making the final designation of the targeted at-risk community(ies), updating and providing a more detailed needs and resources assessment, and submitting a specific plan tailored to address these needs, including selection of evidence-based models
- Identifies criteria for establishing evidence of effectiveness of home visiting models, and lists the models determined to be evidence-based

Meeting Legislatively-Mandated Benchmarks

- States must provide a plan for data collection for each of the 6 benchmark areas:
 1. Improved maternal and newborn health
 2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
 3. Improvement in school readiness and achievement
 4. Reduction in crime or domestic violence
 5. Improvements in family economic self-sufficiency
 6. Improvements in the coordination and referrals for other community resources and supports

Memorandum of Concurrence: Required

- Title V Agency
- Agency for CAPTA
- State child welfare agency
- Single State Agency for Substance Abuse Services
- Child Care and Development Fund Administrator
- Head Start State Collaboration Office
- State Advisory Council on Early Childhood Education and Care of the Head Start Act
- Elementary and Secondary Education Act Title I or State Pre-K Program

Memorandum of Concurrence: Recommended

- Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies)
- State's Medicaid/CHIP program
- Domestic Violence Coalition
- Mental Health agency
- Public Health agency (if not Title V)
- Agency charged with crime reduction
- TANF agency
- Supplemental Nutrition Assistance Program agency
- Injury Prevention and Control program

Funding for FY2011

- FY11 funding: \$224 million
 - Of that amount, \$125 will be awarded by formula
 - Each state receive an increase in formula allocation of at least 20% over FY10
 - No state will receive less than \$1 million
 - \$99 million will be awarded on a competitive basis
 - \$66 million for expansion grants
 - \$33 million for development grants

Resources

HRSA/MCHB website:

<http://mchb.hrsa.gov/programs/homevisiting/>

HomVEE website:

<http://homvee.acf.hhs.gov/>

Questions?

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Thank you!