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

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Health Resources and Services Administration, Maternal and Child Health Bureau
Administration for Children and Families
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

Favorable Outcomes

- Healthy Steps: Child Health, Positive Parenting Practices
- HIPPY: Child Development and School Readiness, Positive Parenting Practices
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
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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>State applications in response to Funding Opportunity Announcement</td>
<td>Due July 9, 2010</td>
</tr>
<tr>
<td>Step 2</td>
<td>Supplemental Information Request for the Submission of the Statewide Needs Assessment</td>
<td>Due September 20, 2010</td>
</tr>
<tr>
<td>Step 3</td>
<td>Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program</td>
<td>Due May 9 through June 8, 2011</td>
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</tbody>
</table>
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!