

Frequently Asked Questions
Federal Home Visitation Initiative
Current as of June 23, 2010



The Federal Home Visitation Initiative: The Basics

1. What is the Home Visiting Program?

The Home Visiting Program is part of the new Section 511 under Title V of the Social Security Act, which includes the Maternal and Child Health Block Grant and other programs focused on improving the health of vulnerable mothers and children. Although the Home Visiting Program is included in the statutory framework for the MCH Block Grant, this program is separate from the MCH Block Grant.

2. Which Federal agency administers the Home Visiting Program?

The Home Visiting Program is administered by the Health Services and Resources Administration, Maternal and Child Bureau in collaboration with the Administration for Children & Families.

3. How is the Home Visiting Program funded – and at what funding level (how much)?

The Home Visiting Program is funded at \$1.5 Billion over 5 years with mandatory funding, which means that the funding is not subject to the annual appropriations process. Funding is guaranteed (it will not go away) for 5 years and FY 2010 funds will be disseminated no later than September 30, 2010. At the end of 5 years, the program must be reauthorized or extended by Congress to continue. The yearly allocations are:

i. FY 2010	\$100 million
ii. FY 2011	\$250 million
iii. FY 2012	\$350 million
iv. FY 2013	\$400 million
v. FY 2014	\$400 million

4. Who can apply for the Federal funding for the Home Visitation Program?

States and Territories, called eligible entities, can apply. The Governor has the authority to designate the lead entity (or entities) that will implement the plan on behalf of the State. Initial applications must demonstrate eligible entities' capacity to fulfill the requirements outlined in the federal statute and FOA(s) for the Home Visiting Program. Any eligible entity that does not respond to the FOA requirements by the deadlines will not be considered for FY 2010 funding. If the State has not submitted a successful application by FY 2012, a non-profit organization with the capacity to carry out the requirements of the Home Visiting Program may apply on behalf of the State.

A separate FOA for Tribes and/or Tribal Organizations will be released separately at a later date.

5. The Home Visitation funding supports evidence-based program models. What are the eligible models?

Eligible entities submitting grant applications may select from three categories of home visiting models:

- Programs with “significant, sustained and positive” outcomes in benchmark areas listed in the statute that have been proven through randomized, controlled trials, the results of which have been published in peer reviewed journals;
- Programs with “significant and positive” outcomes proven through quasi-experimental research designs;
- Programs “developed or identified” by a national organization or university that represent a promising and new approach to achieving benchmark outcomes that will be tested through a well-designed and rigorous process. States may not use more than 25% of their grant award on promising programs.

All programs must:

- Adhere to a clear consistent model grounded in empirically-based knowledge related to home visiting and linked to benchmark areas;
- Employ well-trained and competent staff;
- Maintain high quality supervision;
- Demonstrate organizational capacity;
- Establish appropriate linkages and referrals; and
- Monitor program fidelity.

State Action for Program Funding Eligibility

6. Do States have to quickly conduct a statewide needs assessment?

Yes. If States want to continue to be eligible for FY2011 MCH Block Grant funding, they must conduct a statewide needs assessment that is separate from the assessment related to the MCH Block Grant, Head Start and any CAPTA grants. The State Needs Assessment FOA will be released in late June with a deadline of September 1, 2010.

7. What information do the States have to provide in the needs assessment?

Required Information:

- Identify communities with concentrations of:
 - Premature birth, low birth weight infants, and infant mortality, including infant death due to neglect or other indicators of risk;
 - Poverty;
 - Crime;
 - Domestic violence;
 - High rates of high school drop-outs;
 - Substance abuse;
 - Unemployment; and
 - Child maltreatment
- Identify the quality and capacity of existing programs or initiatives for early childhood home visitation in the State, including the number and types of families receiving services, the gaps in services and whether the selected models meet the needs of eligible families. The needs assessment should also explain the State’s capacity to provide substance abuse counseling and treatment to families as such services are necessary.
- Coordination with other assessments in the State, including assessments under the MCH Block Grant, Head Start, and an inventory of community-based and prevention-focused programs and activities to prevent child abuse under CAPTA.

8. Is there other information the States have to provide after they conduct their needs assessment?

Yes. After States conduct and submit their needs assessments, they must respond to a 3rd FOA by submitting an Updated State Plan. The 3rd FOA will be released in mid-August 2010 with a deadline of early FY 2011. Within this third application, States must establish quantifiable, measurable benchmarks that identify how they intend to address the needs identified in the statewide needs assessment. States must also update their proposed budgets; make final selections of home visitation models that meet the criteria of evidence/effectiveness AND address the needs assessment findings; and provide justification for their model selections, intended implementation plan, etc. Key requirements of the Updated State Plan include:

- Benchmarks must be identified in the following 6 areas:
 - Improvements in maternal and newborn health;
 - Childhood injury or maltreatment prevention and reduced emergency room visits;
 - School readiness and achievement;
 - Crime or domestic violence;
 - Family self-sufficiency; and
 - Coordination with community resources and supports.

- Other requirements for States:
 - Identify the program model(s) that will meet the needs identified in the needs assessment;
 - Prioritize services for low-income and high risk families, including:
 - Pregnant women under age 21;
 - Families with a history of child abuse or neglect;
 - Families enrolled in public assistance programs such as TANF or Medicaid;
 - Families with tobacco use in the home;
 - Families with a history of substance abuse or need substance abuse treatment;
 - Families with children with low achievement or developmental disabilities; and
 - Families currently serving in the Armed Forces.
 - Verify that program models are being implemented with fidelity to their respective models;
 - Verify that program services are voluntary; and
 - Agree to annual reporting requirements of the Department of Health and Human Services.

9. Are there consequences for States that fail to meet benchmarks?

Yes.

- In order to obtain grant funding, States are required to meet 4 of the 6 benchmarks they established by the end of Year 3. States that fail to meet at least 4 of the benchmark areas will be placed on corrective action and receive technical guidance from the Department of Health and Human Services.
- By the end of Year 5, States must meet all 6 benchmark areas. States that fail to meet the required benchmarks may be defunded. States are required to abide by data collection and evaluation requirements of the Secretary.

10. Will HRSA issue guidelines or conduct rulemaking?

Guidance for this grant program was issued on June 10, 2010 and can be viewed here: <http://www.nursefamilypartnership.org/public-policy/Federal-HV-Funding-Guidance>. The agency will also be publishing proposed criteria for evidence of effectiveness in late June which will be open for public comment. This guidance is intended to assist States in identifying the evidence-based home visitation models eligible to provide services as part of the Home Visiting Program. After rulemaking, the agency will issue the promulgated rules or guidelines regarding the criteria for evidence of effectiveness through the Updated State Plan FOA.

11. Will grant funds be dispersed based on a formula or competitive basis?

The FY 2010 funds will be distributed to States using a formula determined by: 1

- An equal base allocation of \$500,000 for each State;
- An amount equal to the funds, if any, currently provided to a State or entity within that State under the Supporting Evidence Based Home Visiting (EBHV) Program administered by the Children's Bureau of the Administration for Children and Families; and,
- An amount based on the number of children in families at or below 100% of the Federal poverty level in the State as compared to the number of such children nationally.