Public Policy Update

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HHS Releases Final Supplemental Information Request for the Maternal, Infant and Early Childhood Home Visiting Program

Nurse-Family Partnership Receives Evidence-Based Ranking with 64 Favorable Ratings in Benchmark Outcomes

The U.S. Department of Health and Human Services (the Department) released the 3rd and final Supplemental Information Request (SIR) to provide guidance to States regarding their submission of Updated State Plans for FY 2010 grant funding under the Maternal, Infant and Early Childhood Home Visiting Program (Home Visiting Program). Nurse-Family Partnership (NFP) was ranked as an evidence-based home visiting program with the most favorable ratings on primary and secondary outcomes across a broad spectrum of benchmarks. The detailed findings supporting NFP's evidence-based classification provide States with confidence that the NFP model can achieve broad, sustainable improvements in the health, development, education and economic self-sufficiency of vulnerable children and families in need. The SIR can be viewed on the Health Resources and Services Administration's (HRSA) website [here]. **States are expected to submit their Updated State Plans within 90 to 120 days from the date of issuance of the SIR (February 8, 2011), between May 9, 2011 and June 8, 2011.**

NFP-NSO will seek clarification on the Maintenance of Effort requirement and additional guidance on the competitive process for distributing FY 2011 and future funding allocations to States. NFP-NSO will produce additional resources for States regarding the implementation and selection of the NFP model as part of their Updated State Plans. Key elements of the SIR are highlighted below.

Program Model Eligibility

Based on the Department's criteria for evidence of effectiveness, evidence-based home visiting program models are defined as models with at least one high- or moderate-quality impact study showing favorable, statistically significant impacts in two or more of the eight outcome domains; OR at least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples showing one or more favorable, statistically significant impacts in the same domain. Based on the analysis conducted by Mathematica Policy Research in its Home Visiting Evidence of Effectiveness (HomVEE) Study, the following 7 program models were identified as evidence-based in Appendix B of the SIR:

- Early Head Start (home-based option)
- Family Check Up
- Healthy Families America
- Healthy Steps
- Home Instruction Program for Preschool Youngsters
- Nurse-Family Partnership
- Parents-as-Teachers

States must devote a minimum of 75% of their grant allocation to one or more evidence-based programs, and may allocate their entire allocations to evidence- based program(s). Within 45 days of the SIR posting (on or before March 25, 2011), States must provide documentation of approval from the national office or

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model developer to implement the selected eligible model. States may request an extension of this deadline. NFP-NSO is prepared to provide all needed assistance and documentation to States that select the NFP model.

The SIR acknowledges that States may wish to adapt evidence-based models to meet the needs of targeted at-risk communities, and provides that States may only include changes to the model that are determined by the model developer not to alter the core components related to program impacts. Proposed adaptations to core elements will only be considered with funds available for promising approaches. Prior to altering or adapting evidence-based programs, States must obtain approval from the national and/or regional services offices affiliated with the home visiting model being modified. States must also obtain approval from the Department for modifications to evidence-based program models.

HomVEE Study: Detailed Ratings and Evaluation of Programmatic Outcomes and Effectiveness

The HomVEE Study provides a detailed analysis and evaluation of the impact studies of home visiting programs to provide States with information regarding the effectiveness of evidence-based home visiting programs for specific outcomes for which States must show measurable improvements. Nurse-Family Partnership is proud to have 14 out of 20 impact studies classified as high quality with impacts in 2 or more outcome domains and 2 studies classified as moderate quality with impacts in two or more outcome domains. **In addition, NFP is identified in the HomVEE Study as demonstrating a total of 64 favorable impacts on primary and secondary outcomes in the 7 domains of child health; maternal health; child development and school readiness; reductions in child maltreatment; positive parenting practices; family economic self-sufficiency; and reductions in juvenile delinquency, family violence and crime (secondary outcomes only).**

NFP-NSO encourages States to review the results of the HomVEE study as part of their model selection process. In particular, Tables 2, 3, and 4 of the Executive Summary (pages 9, 11, and 12 respectively) display useful comparisons of the 7 evidence-based models across evidence of effectiveness, outcome domains, and implementation guidelines. The HomVEE findings offer a third party analysis and strong demonstration of NFP's outcomes, sustainability, and implementation with fidelity. Table 2 of the HomVEE Executive Summary is featured below:

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Table 2. Home Visiting Evidence Dimensions

	High or Moderate Quality Impact Study?	Number of Favorable Impacts on Primary Outcome Measures[a]	Number of Favorable Impacts on Secondary Outcome Measures[a]	Sustained?[b]	Lasting?[c]	Replicated?[d]	Favorable Impacts Limited to Subgroups?	Number of Unfavorable or Ambiguous Impacts[e]
Early Head Start–Home Visiting	Yes*	4*	24*	Yes*	Yes*	No	No*	2**
Family Check-Up	Yes*	5*	1*	Yes*	No	Yes*	No*	0
Healthy Families America	Yes*	10*	21*	Yes*	No	Yes*	No*	4**
Healthy Steps	Yes*	2*	3*	Yes*	No	No	No*	0
HIPPY	Yes*	4*	4*	Yes*	Yes*	Yes*	No*	0
Nurse Family Partnership	Yes*	23*	41*	Yes*	Yes*	Yes*	No*	6**
Parents as Teachers	Yes*	5*	0	Yes*	No	Yes*	No*	7**

[a]In the full sample only. Primary measures were defined as outcomes measured through direct observation, direct assessment, administrative data, or self-reported data collected using a standardized (normed) instrument. Secondary measures included other self-reported measures.

[b]Yes, if favorable impacts were sustained for at least one year post program inception.

[c]Yes, if favorable impacts lasted for at least one year after the program ended.

[d]Yes, if favorable impacts (whether sustained or not) were replicated on at least one measure in the same outcome domain in either a high- or moderate-quality study.

[e]This number includes unfavorable or ambiguous impacts on both primary and secondary measures in the full sample. Unfavorable findings should be interpreted with caution because there is subjectivity involved in interpreting some outcomes; for some outcomes, it is not always clear in which direction it is desirable to move the outcome. Readers are encouraged to use the HomVEE website, specifically the reports by program model and by outcome domain, to obtain more detail about unfavorable findings.

*Green-shaded table cell = favorable dimension of the study.

**Red-shaded table cell = unfavorable or ambiguous impact.

Maintenance of Effort (MOE)

On page 8 and throughout the SIR, the MOE language is consistent with the legislation and the initial agency guidance. States are required to provide documentation on their compliance with the MOE. We continue to seek clarification regarding the MOE, including whether the MOE is limited to the State general funds expended on the 7 evidence-based program models as of March 23, 2010 OR State general funds dedicated to the selected home visiting model(s) as of the date of enactment, in addition to other MOE issues. The SIR restates the following MOE definition:

> "Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010.
>
> For purposes of this FOA (HRSA-10-275), home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

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The State must provide assurance (See Section 4: "Implementation Plan for Proposed State Home visiting Program") that MOE will be maintained as defined above and provide the baseline dollar amount of expenditures as of March 23, 2010 in the Program Budget Justification Narrative (See Section 9: "Reporting Requirements")."

Future Funding Allocations

The SIR's transmittal letter to States indicates that States will continue to receive their base FY 2010 allocations in FY 2011 through FY 2015. The Department intends to award competitive funding beginning in FY 2011 based on States' capacity and commitment to improve child outcomes specified in the law through the implementation of home visiting program models with fidelity to high quality and evidence based models. The Department intends to provide States with notice of the competitive criteria for FY 2011 funding distributions prior to the due date for the Updated State Plans.

Promising Models and Approaches

States may allocate up to 25% of their grant funding for promising approaches, which are defined as programs with little or no evidence of effectiveness; programs with evidence that does not meet the evidentiary criteria for an evidence-based model; or a modified version of an evidence-based model that includes significant alterations to core components. Any promising approach or model funded under the Home Visiting Program must have been developed or recognized by a national organization or institution of higher education. States choosing to implement a promising program must rigorously evaluate the selected promising approach, among other requirements specified in Section 3(d) and Appendix C of the SIR. .

Technical Assistance and Benchmark Areas

- **Technical Assistance:** The Department intends to offer technical assistance to States to build capacity to submit an Updated State Plan that achieves the goals of the Home Visiting Program and enhances States' ability to implement evidence-based home visiting programs with fidelity to their models. The SIR calls on States to ensure that the Home Visiting Program is integrated into a comprehensive system of support for early childhood. The Department intends to provide a multi-dimensional approach to technical assistance that includes Federal agencies, State administrators, and national model developers. The Department recognizes the "program model-specific" technical assistance that States will receive from the national and regional offices of the evidence-based program models and seeks to complement existing technical assistance efforts by assisting States with on-going needs assessments, strategic planning, collaboration, fiscal leveraging, data and information systems, and other needs. States should include a list of anticipated technical assistance needs for implementation and/or development of a statewide early childhood system. NFP-NSO anticipates offering extensive technical assistance to States regarding program-specific implementation issues.
- **Benchmark Areas:** On page 37, Appendix D provides information on State data collection requirements, including a comprehensive list of the "constructs" or specific measures that must be collected in each of the six benchmark areas. Generally, States are required to collect and maintain specified information from enrollment until one year post-program enrollment. Appendix D identifies relevant constructs, specified sources of data for each benchmark and construct, what constitutes improvement, and the reporting format for each.

On page 47, Appendix E provides a list of regional HRSA contacts. Please contact your Program Developer or the NFP Policy & Government Affairs team at pga@nursefamilypartnership.org if you have questions regarding this Public Policy Update. For more information, please also visit www.nursefamilypartnership.org.

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