

Public Policy Update

September 17, 2009



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Home Visitation Program Update

Home Visitation Included in Senate Finance Committee Chairman's Mark!

The Senate Finance Committee Chairman's Mark, released earlier today by Chairman Max Baucus (D-MT), creates a new state grant program for early childhood home visitation that embodies President Obama's bold budget proposal to reduce poverty and strengthen families. The grant program appropriates \$1.5 billion over 5 years to States to fund high quality home visitation programs to improve maternal and child health and development, school readiness, and the economic sufficiency of families, while reducing child abuse, neglect and injuries, juvenile delinquency and health and educational disparities among low-income and high risk children and families. Inclusion of this home visitation provision in the Senate's proposal, the America's Healthy Future Act of 2009, is a major step forward that builds on the President's proposal and reflects the voices of supporters nationwide who are working to improve the health and well-being of children and families. The Senate Mark and related documents are available at http://finance.senate.gov/sitepages/leg/LEG%202009/091609%20Americas_Healthy_Future_Act.pdf

Key Components of Home Visitation Program

- **Funding:** Provides \$1.5 billion over 5 years in mandatory funding for a new state grant program for early childhood home visitation (compared with \$750 million in the House Tri-Committee bill and \$2 billion in President's proposal over 5 years). Corrected Mark provides \$100M for FY 2010, \$250M for FY 2011, \$350M for FY 2012, \$400M for FY 2013 and \$400M for FY 2014.
- **Agency:** Creates a new section 511 in Title V of the Social Security Act, which also authorizes the Maternal and Child Health (MCH) block grant program. As a condition of receiving the MCH block grant, states are required to conduct a needs assessment to identify communities that at risk for poor maternal and child health and have few quality home visitation programs. State formula grants will be administered through the Health Resources and Services Administration (HRSA).
- **Benchmarks:** States will be required to establish appropriate process and 3 and 5 year outcome benchmarks to measure improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors and coordination with community resources. Grantees who do not demonstrate improvement in at least 4 of these benchmarks at the end of the third year of funding would receive expert technical assistance.
- **Maintenance of Effort:** States are required to maintain their aggregate spending on home visitation programs at no less than their FY 2009 level, but no match is required for grant funds.
- **Eligible Program Models:** States are required to use an evidence-based program model that either:
 1. Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant and sustained positive outcomes, as described in the paragraph above, when evaluated using well-designed and rigorous randomized controlled, and the evaluation results have been published in a peer-reviewed journal; or
 2. Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge;

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3. linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; has been successfully replicated in diverse communities and with diverse families and has demonstrated significant positive outcomes, as described in the paragraph above, when evaluated using well-designed and rigorous quasi-experimental research designs.
 4. In addition, States are permitted to use 25 percent of the award to fund a promising new program model that would be rigorously evaluated.
- **Targeting:** Services are prioritized for families who are determined to be at-risk by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare.
 - **Expert Panel:** Secretary will appoint an expert panel to design the evaluation of the home visitation grants program.
 - **Required Collaboration:** HRSA required to collaborate with a number of Federal agencies including the Administration for Children & Families (ACF), National Institute of Child Health and Human Development, and the Office of Juvenile Justice and Delinquency Prevention.
 - **Research and Evaluation:** Allocates 3 percent of total funds appropriated for research and evaluation.
 - **Indian Services:** Allocates 3 percent of total funds to provide home visitation services to Indian families.

Major Differences

- The Senate approach differs from the provisions in the House Tri-Committee bill in several important ways, including the following:
 - Grant program placed in HRSA (vs. ACF)
 - Defines evidentiary standard for eligible programs (vs. two tiers that will be defined by the Secretary)
 - Legislation does not assign funding between the two categories of eligible programs (vs. percentages of funding are assigned to the two tiers of eligible programs)
 - State maintenance of effort required but no match requirement (vs. State maintenance of effort and match required)
 - No Medicaid provision to simplify reimbursement to States for nurse home visitation (vs. inclusion of Medicaid provision). Together, the Medicaid provision and the grant program offer States the most flexibility and the most streamlined approach to expanding evidence-based home visitation.