



## A PRIMER ON THE NEWLY-ENACTED MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act, more commonly known as the Health Care Reform Legislation. This legislation includes a new Home Visiting Grant Program for States, and in limited circumstances, non-profit entities to fund evidence-based home visitation program models that improve maternal and child health, development, education, and economic self-sufficiency, among other outcomes. Indian Tribes and Tribal Organizations are also eligible to apply. Click [here](#) to review the Home Visiting section of the newly enacted health care reform legislation on pages 216-225.

The following is a guide to the major components of the Home Visiting Program to assist existing and/or potential NFP Implementing Agencies in communicating with States and community stakeholders interested in expanding and/or implementing Nurse-Family Partnership programs; the technical assistance that the Nurse-Family Partnership National Service Office (NFP-NSO) will provide to Implementing Agencies and States; anticipated future resources; and strategies for pursuing grant funds.

### I. WHAT IS THE HOME VISITING PROGRAM?

#### ➤ What We Know

**Law:** 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.

**Agency:** 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.

**Funding:** 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 will begin as of October 2010.** At the end of 5 years, the program must be reauthorized or extended by Congress to continue. The yearly allocations are:

FY 2010	\$100 million
FY 2011	\$250 million
FY 2012	\$350 million
FY 2013	\$400 million
FY 2014	\$400 million

**Who Applies:** At this stage, only States, Territories and Tribes, called eligible entities, can apply. However, as of FY 2012, non-profit entities may apply for funding in States that either failed to submit applications or whose application(s) was denied.

### **Evidence-Based**

**Program Models:** Eligible entities submitting grant applications may select from one or more of three types 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 benchmarks 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.

### ➤ **What Must States Do Now?**

- **States Must Conduct a Statewide Needs Assessment by 9/23/2010**

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, within 6 months of enactment-- by September 23, 2010.

- **Required Information:**
  - Statewide Needs Assessments must 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.
- **States must establish quantifiable, measurable benchmarks that justify how they will address targeted areas identified in the needs assessment**
  - After States conduct their needs assessments, they must establish quantifiable, measurable benchmarks that identify how they intend to address the needs identified in the statewide needs assessment. 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.

### ➤ **Are there Consequences for States that Fail to Meet Benchmarks?**

- **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.

### ➤ **What We Don't Know**

- **Will grant funds be dispersed based on a formula or competitive basis?**

The law does not identify a formula for the distribution of home visiting grant funds and specifically excludes the formula used to distribute funding under the MCH Block Grant. In addition, the law specifically opens the program up to non-profit agencies in a State should the state fail to apply or have its application denied. Many stakeholders in the field present a strong argument that the Home Visiting Program will be a competitive grant program.

- **How will States know which program models fit into the categories of program models proven through randomized controlled trials, quasi-experimental research designs and promising approaches?**

The law requires the Secretary to define the criteria for determining effectiveness of the program models. Although we do not know when she will provide this guidance, we have suggested that the Secretary establish a procedure to determine the classification of programs. We have also recommended that programs submit applications to the Secretary describing the evidentiary criteria that qualify for a particular classification.

- **Will HRSA issue guidelines or conduct rulemaking?**

We anticipate that the agency will issue guidance to States to assist them in conducting the statewide needs assessment, establishing benchmarks and completing applications for funding.

- **What types of evaluation will States be required to conduct?**
- **How will duties be divided between MCHB and ACF?**
- **What technical assistance will HRSA or ACF provide?**
- **Will ACF grantees receive “stop-gap” funding under this program? Will this funding support evaluations?**
- **Will the Governors have the authority to designate the State administering agency?**

## **II. WHAT TECHNICAL ASSISTANCE WILL NFP-NSO PROVIDE TO STATES?**

### **➤ Existing Resources**

- Administrative Infrastructure Guidance
- Model Elements
- Implementation and Outcome Indicators and Performance Targets
- Planning Q&A document for new implementing agencies
- Sample Budgets
- Fact Sheets About NFP
- Public Policy Update(s)

➤ **Planned Future Resources and Consultation**

- **April 13<sup>th</sup>** (State partners, stakeholders, & other interested parties) Webinar
- Regional and individual follow-up webinars, conference calls, and in-person meetings
- Regular Home Visiting Program updates
- Expanded Primer for States (after release of HRSA Guidelines and/or Notice of Funding Availability [NOFA])
- State Application Toolkit for Nurse-Family Partnership (under development)
  - Template language for States applications describing NFP's eligibility and compatibility within the Federal statute
  - Guidance for targeting the NFP model based on State needs assessment
  - Boilerplate language for NFP-specific baselines, benchmark indicators, and other performance targets
  - Description(s) of the NFP National Service Office's technical assistance and tools to help States assure fidelity to the NFP model and progress toward benchmark outcomes
  - Guidance for State RFP processes
  - Guidance for expanding existing NFP programs or early childhood initiatives
  - Expanded guidance for development of State program support systems (administrative infrastructure)

### III. CONTACT YOUR REGIONAL PROGRAM DEVELOPER FOR SUPPORT

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