

America's Health Future Act of 2009 (S. 1796)
Subtitle I—Maternal and Child Health Services

SEC. 1801. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS

Present Law

Title V of the SSA authorizes the Maternal and Child Health (MCH) block grant program. The MCH block grant, which is administered by the Health Resources and Services Administration (HRSA), allocates funding to States based on a statutory formula. States use the Title V funds to design and implement a wide range of maternal and child health programs. The MCH block grant program seeks to: (1) reduce infant mortality; (2) increase the number of children appropriately immunized against disease; (3) increase the number of children in low-income families who receive health assessments and follow-up care; (4) provide comprehensive prenatal care to low-income and at-risk pregnant women; (5) provide preventive and child-care services, and rehabilitative services to disabled children; and (6) develop comprehensive, family-centered, community-based, culturally-competent, coordinated systems of care for children with special health care needs.

States must submit annual reports on Title V-funded activities and demonstrate progress made towards standardized MCH status indicators (e.g., live birth rate, low birth weight, maternal death rates, and poverty levels) in order to facilitate comparison between states. The Secretary compiles the data submitted by the states in an annual report to Congress. States are required to audit and report on the use of their funds at least once every two years.

Committee Bill

The Committee Bill would add a new Section 511 in Title V of the Social Security Act, Early Childhood Home Visitation Programs. The new provision would require States, as a condition of receiving the MCH block grant funds for FY2011, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs. The needs assessment would identify communities that have a concentration of risk factors for premature birth, low-birth weight infants, infant mortality, poor maternal and child health, poverty, crime, domestic violence, high drop-out rates, substance abuse, unemployment, and child maltreatment. The needs assessment, which would be separate from but coordinated with the assessments currently required under Title V and the Head Start Act, would also review the state's capacity to provide appropriate services to those communities. State would be required to submit the results of their needs assessment and their proposed activities to the Secretary.

In addition, the Committee Bill would establish a new state grant program for early childhood home visitation. Grantees of this new program would be required to establish appropriate process and three and five year outcome benchmarks to measure

improvements in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors and the coordination of community resources. Grantees who do not demonstrate improvement in at least four specified areas at the end of the third year of funding would receive expert technical assistance.

The program model(s) chosen to deliver services would conform 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 standards that ensure high quality service delivery and continuous program quality improvement, and sustained positive outcomes. The programs can be evaluated using well-designed and rigorous randomized controlled research designs and the evaluation results have been published in a peer-reviewed journal, or the programs have been evaluated using well-designed and rigorous quasi-experimental research designs. In addition, the grantees would be permitted to use 25 percent of the award to fund a promising new program model(s) that would be rigorously evaluated.

Grantees would have to use evidence-based practices to meet the process and outcome benchmarks, employ well-trained staff and specialists as appropriate, maintain high-quality supervision, possess strong organizational capacity and linkages in the community, monitor the fidelity of the program to ensure that services are delivered in accordance with the model, and use research-based models. There would be a priority to provide services to 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. In order to apply for the grant, eligible entities would need to submit a description of the target population, and service delivery model, demonstrate consistency with findings of the needs assessments, procedures and the benchmarks to be used.

Grantees would be required to meet maintenance of effort standards based on previous spending by using new funds to supplement not supplant. The provision would require the Secretary to conduct evaluations of the state assessments and home visitation programs by grant, contract or interagency agreement, including a report to Congress by December 31, 2015. It would also require intra-agency collaboration among Federal agencies including the Administration for Children and Families, the Centers for Disease Control and Prevention, National Institute of Child Health and Human Development, and the Office of Juvenile Justice and Delinquency Prevention, the Institute of Education Sciences of the Department of Education. The provision would appropriate \$1.5 billion between FY2010 and FY2014 for home visitation programs: \$100 million for FY2010; \$250 million in \$250; \$350 million for FY2012; \$400 million for FY2013; and \$400 million for FY2014. Three percent would be used to provide home visitation services to Indian families, with eligible entities of Indian tribe, tribal organization, and urban Indian organization. At the beginning of FY2012, the Secretary may determine which other non-profit entities have the capacity to carry out the program and are eligible for unexpended amounts to serve a state that did not get a grant.