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U.S. Department of Health and Human
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June 17, 2010

Dear Dr. Heppel and Dr. Lombardi:

We write to offer the following additional information and suggestions regarding the implementation of the Maternal, Infant, and Early Childhood Home Visiting Program (“Home Visiting Program”):

I. Technical Assistance to States and Local Entities

We believe there are two types of technical assistance required for the successful implementation of the Home Visiting Program: (1) technical assistance to States to assist them with their needs assessments, benchmarks, and indicators, as well as the overall design, implementation, and monitoring of their home visitation initiatives; and (2) technical assistance to entities implementing home visiting program models to enable them to implement program models with fidelity to their tested elements and designs. Both components of technical assistance are important to the success of home visitation as a strategy to improve the health and well-being of children and families. Poorly designed state home visiting initiatives and poorly implemented home visiting program models stand little chance of achieving positive outcomes for children and families.

For over a decade, our National Service Office has been providing both types of technical assistance to States and local entities in 32 States and over 350 counties to support their efforts to implement NFP with fidelity to the model tested in the trials. Key features of our technical assistance and quality assurance include standardized and customized education and training in the model elements and operational requirements of our program; proactive engagement of communities in assessing how our program model will best meet their needs; extensive consultation in building system infrastructure and capacity to deliver and expand NFP services; and providing a sophisticated data collection and quality assurance infrastructure to assist States and local entities in monitoring program implementation and performance measures. A detailed description of the technical assistance we provide and which we believe illustrates the type of technical assistance that both States and program

models need, is attached in Appendix 1. In the event that program models or their affiliated national offices are not able to provide the type of technical assistance outlined in Appendix 1, we recommend that the Department require the technical assistance provider for the States to provide this type of guidance.

NFP's capacity to provide the specialized technical assistance described in Appendix 1 was developed with significant financial support from the Robert Wood Johnson Foundation, Edna McConnell Clark Foundation, Bill and Melinda Gates Foundation, Kellogg Foundation, Kresge Foundation and Robertson Foundation, which collectively recognized the important role of our National Service Office in providing States and local entities with the guidance, systems and tools necessary to implement and expand our program with fidelity to its model. In the past few years, NFP has demonstrated a high degree of accountability for positive performance measures, improved outcomes for children and families, and management efficiency, further bolstering its capacity to assist States and localities to implement our program.

II. Proposed Definitions Regarding Criteria for Evidence of Effectiveness

Because the Home Visiting Program requires the Secretary to establish criteria for the evidence of effectiveness of the service delivery models, we offer suggestions for definitions of key terms in the attached Appendix 2.

III. Proposed Format for the Classification of Program Models

In our May 18 correspondence, we recommended that the Department provide States with a categorization of the program models that correspond to the types of programs identified as eligible to participate: program models proven through (1) well-designed randomized control research designs, (2) well-designed quasi-experimental research designs and (3) promising programs. This categorization should also include each program models' outcomes in the 6 benchmark areas. Our suggestions for a potential format for developing this categorization and communicating it to States are included in the attached Appendix 3.

In summary, Appendix 3 contains 3 tables representing a process for determining (1) which studies of program outcomes are "rigorous and well-designed," (2) the classification of program models proven through randomized controlled research designs, quasi-experimental research designs or as promising models; and (3) a format to display the categorizations for States along with an assessment of the outcomes of each program. Table 1 identifies the relevant factors to consider in determining which studies meet the standard of "rigorous and well-designed." Information from Table 1 regarding the studies that meet the criteria for "rigorous and well-designed" can be used to determine each program model's evidence of effectiveness in Table 2 based on the quality, quantity and consistency of research findings. Finally, Table 3 illustrates information from Tables 1 and 2 regarding the criteria for "rigorous and well-designed" research and models that meet the criteria for the categories in Table 2 to form the basis of a proposed format for providing information to States regarding the program models and outcomes that fit within the categories.

Thank you again for your leadership in implementing this important Program, which not only offers States an extraordinary opportunity to build an effective system of home visiting

services for at risk families but also serves as a foundation for a larger effort to coordinate early childhood systems of care. We look forward to serving as a resource to you on both of these distinct but related efforts. Please feel free to call upon us with any questions regarding our recommendations.

Sincerely,

Tamar Bauer
Chief Policy & Government Affairs

Karen S. Howard
Director of Policy & Government Affairs

Attachments:
Appendices 1, 2 and 3

Cc:
Robert Gordon
Kathy Stack
Audrey Yowell
Moushumi Beltangady