

Public Policy Update

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HHS Releases Statewide Needs Assessment Information and NFP-NSO Comments on Proposed Evidentiary Criteria

HHS Issues Supplemental Information Request (SIR) for the Statewide Needs Assessment

The U.S. Department of Health and Human Services (HHS) recently released guidance for States to submit the required statewide needs assessment associated with the new federal Home Visiting Program, which can be viewed on the HRSA website [here](#). **The deadline for States to submit the needs assessments is now September 20, 2010. IMPORTANT: States are required to complete this needs assessment as a condition for not only receiving funds under the Home Visiting Program but also for receiving their FY 2011 Title V Maternal and Child Health Block Grant allocations.**

The guidance requires States to include the following as part of their needs assessments:

1. **Identify at-risk communities** with concentrations of: premature birth, low birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high school drop-outs; substance abuse; unemployment; or child maltreatment.
2. **Identify the quality and capacity of existing early childhood programs or initiatives** currently funded through Federal or State funds (including the numbers and types of programs and families served); the gaps in services with a focus on descriptions of underserved communities; and the extent to which existing programs or initiatives are meeting the needs of eligible families.
3. **Discuss the State's capacity for providing substance abuse treatment and counseling services** to individuals and families in need of such services.

The guidance also provides that statewide needs assessments must include letters of support from the same agencies involved in the initial application, including the State Title V agency, State agency administering CAPTA funds, the State agency for Substance Abuse Services, and the State's Head Start Collaboration Office. The guidance also requires coordination with the Title V, Head Start, and CAPTA needs assessments.

The guidance defines early childhood home visiting services as *"including programs supported by Federal or State government funds, where home visiting is the primary intervention strategy for providing services to pregnant women and/or children birth to kindergarten entry, excluding programs with few or infrequent visits or where home visiting is supplemental to other services."* Programs supported by private and/or local city or county funds do not need to be included at this stage. States must identify key elements of each early childhood home visitation service currently provided by the State, and may report the demographic characteristics of individuals or families served using data in the form in which it is collected by the service provider. Existing NFP State Profiles include most of the requested information and are available on the [Communities](#) page of the NFP website. For new States where State Profiles are not yet available, NFP-NSO will provide States with the necessary information about the program goals, demographic characteristics of families served, and geographic areas served.

Among other issues, HHS asks States to describe the extent to which such programs/initiatives are meeting the needs of eligible families, identify gaps or duplication in early childhood home visitation services, and explain how they will address unmet needs or gaps in services. NFP-NSO offers guidance on existing NFP

programs and their capacities, as well as how States can target populations and build capacity for serving at-risk communities. This information is provided through the “Nurse-Family Partnership and Statewide Needs Assessment Guidance for States” within the NFP Home Visiting Program Toolkit available on the [NFP website](#). This tool also explains how the NFP model can deliver outcomes in all benchmark areas outlined in the federal statute to benefit the at-risk communities and populations identified in the needs assessment.

NFP-NSO has asked the agency for clarification regarding how States should balance intensity of services against numbers of people served. Given dire circumstances in so many communities, States may feel pressure to use the Home Visiting funds to provide services to the largest possible number of at risk families. Considering the Home Visiting Program's emphasis on achieving outcomes, NFP has recommended that the agency place less emphasis on numbers of people served, and more emphasis on the quality of services provided.

The Estimated Timeline for this program has been revised as follows:

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| HRSA-10-275 initial guidance published | June 10, 2010 |
| State Initial Applications deadline | July 9, 2010 |
| SIR: Statewide Needs Assessment published | August 19, 2010 |
| SIR: Update State Plan to be published (including final evidence-based criteria) | September 2010 |
| Statewide Needs Assessment deadline | September 20, 2010 |
| Updated State Plan deadline | Early FY 2011 |

Note: A separate Funding Opportunity Announcement was issued for Tribes and Tribal Organizations on June 24, 2010.

NFP-NSO Submits Comments on HHS Proposed Evidentiary Criteria

In late July, HHS published proposed criteria for evidence of effectiveness and methods for categorizing home visitation models as directed by the ACA Maternal, Infant, and Early Childhood Home Visiting Program (the “Home Visiting Program”). To view the proposed HHS criteria on the Federal Register, click [here](#). NFP-NSO submitted comments on the proposed criteria which can be seen [here](#). NFP strongly supports the Department’s proposed evidentiary criteria and applauds the agency’s scientifically-based and practical guidance for States.

NFP’s comments on the proposed criteria address four key points:

- **Section 3.1, Criteria for Well-Designed, Rigorous Impact Research** addresses the validity of studies and proposes criteria to ensure the highest probability of producing unbiased estimates of program impacts. NFP supports these proposed criteria, including the classification of impact studies into “*high*,” “*moderate*,” and “*low*” categories based on a range of factors. NFP recommends a clarification of confounding factors in Table 1, and proposes that “*valid and reliable measurement of outcomes*” be added to Table 1 as a rating criterion to increase the likelihood that the intended outcome has been affected.
- **Section 3.2.2, Proposed Criteria for Evidence of Effectiveness of a Home Visiting Service Delivery Model**, proposes to consider a program model eligible for funding if it meets one of two minimum identified criteria. NFP supports the proposed criteria as minimal standards for funding, and recommends that consideration also be given to impacts on final outcomes, sustainability of program impacts, impacts on multiple outcome domains, and replication of outcomes. NFP further recommends that this level of detail be included in the HHS-funded Mathematica report assessing the evidence of effectiveness of programs in order to provide States with important information to design their State plans.
- **Section 5, Implementation Reviews**, outlines the two kinds of implementation reports that HHS will publish about program models. NFP strongly supports the Department’s intention to provide

implementation reports to States and the field, and offers detailed recommendations about the kinds of information on implementation resources and implementation experiences that should be included in the reports.

- **Section 7, Future Allocations Based on Application Strength**, proposes to combine formula funding for States and Territories in FY 2010-2015 with competitive funding for FY 2011-2014 for the Home Visiting Program. NFP strongly supports the proposed criteria for competitive awards for future funding allocations, and believes that HHS' proposed approach will encourage States to develop well-designed initiatives that include the most effective services for children and families in need with the greatest likelihood of producing measurable public health, educational and socio-economic improvements. NFP recommends that HHS also consider the degree to which State plans include the following factors:
 - Program models with evidence from studies that meet the "*high*" evidence standard and are published in peer-reviewed journals, and program models with impacts that were found in multiple outcome domains, on final outcomes, measured objectively, large enough to be of public health, educational or social value, replicated and sustained;
 - Program models found to produce returns on investment;
 - Strong implementation support;
 - Leveraging of other resources to increase sustainability and foster collaboration with other child health, educational and social services; and
 - Consultation with national or regional offices of program models to ensure adequate implementation capacity.

NFP also recommends that HHS devise a process to allow States and Territories an opportunity to seek a waiver of the Maintenance of Effort requirements of the law if they face extreme fiscal circumstances, and that States be allowed to apply private and philanthropic funding to meet the Maintenance of Effort requirements.

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.