



Summary of Maternal, Infant and Early Childhood Home Visiting Program enacted as part of the Patient Protection and Affordable Care Act (P.L. 111-148)

On March 23rd, President Obama signed the Patient Protection and Affordable Care Act into law. This landmark legislation includes an important provision that establishes a home visiting grant program, summarized below.

Funding Level

- \$1.5 billion over 5 years
 - FY10: \$100 million
 - FY11: \$250 million
 - FY12: \$350 million
 - FY13: \$400 million
 - FY14: \$400 million
- Mandatory (guaranteed) funds that are not subject to annual appropriations
- The Secretary will determine the duration of the grants.

Federal Agency Administration

In establishing this new Home Visiting Program, Congress added a new section to Title V, the Maternal and Child Health (MCH) Services Block Grant program, of the Social Security Act. The Health Resources and Services Administration (HRSA), in the US Department of Health and Human Services (DHHS) will administer the new Home Visiting program. HRSA will collaborate with the Administration for Children and Families (ACF), also in DHHS, to administer the program at the federal level.

State Administration

Although the funds will flow through HRSA at the federal level, the legislation does not specify a single state agency to administer the grant funds. The National Center for Parents as Teachers strongly supports granting states the authority to identify an agency to administer the program, thereby building on existing knowledge of home visiting services and program implementation infrastructures.

States Level Funding Amounts

The bill does not specify how the funds will be allocated between states.

State Needs Assessment

As a condition of receiving the funds, state must submit a needs assessment to the Secretary of HHS no later than six months after enactment, which is September 23, 2010. The components of the state needs assessment, which is separate from a state's MCH needs assessment, should include a description of:

State Needs Assessment (continued)

- 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 dropouts;
 - substance abuse;
 - unemployment; or
 - child maltreatment;
- Existing home visiting services in the state, number and characteristics of the families being served, how these services are meeting the needs of families, and existing service delivery gaps.

State Benchmarks

The bill requires states to develop quantifiable, measurable 3- and 5-year benchmarks in the following areas that a statewide home visiting program must accomplish:

- Improvements in maternal and newborn health;
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reductions in emergency department visits;
- Improvements in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency;
- Improvements in the coordination and referrals for other community resources and supports.

A state must submit a report to the Secretary after 3 years demonstrating improvements in at least 4 of the aforementioned areas and another final report to the Secretary after 5 years outlining improvements in each of the 6 areas.

Individual Participant Outcomes

Similar to the benchmarks, states must also track outcome data for participating families. The outcome categories include:

- Improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes;
- Improvements in child health and development, including prevention of child injuries and maltreatment and improvements in cognitive, language, social-emotional, and physical development indicators;
- Improvements in parenting skills;
- Improvements in school readiness and child academic achievement;
- Reductions in crime or domestic violence;
- Improvements in family economic self-sufficiency;
- Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families consistent with State child welfare agency training.

What Program Models Qualify – Standards of Evidence

The bill states that 1 or more service delivery models can be used as part of a state's home visiting program. However, the bill does require that the state use at least 75% of the funds to implement home visiting model or models that meet the following evidence-based criteria:

- Has been in existence for at least 3 years;
- Research-based, grounded in empirically-based knowledge and linked to program determined outcomes;
- Associated with a national organization or institution of higher education;
- Program standards that ensure high quality service delivery;
- Demonstrated outcomes in the aforementioned benchmark and participant outcome areas;
- Evaluation results "using well-designed and rigorous
 - Randomized controlled research designs, and the evaluation results have been published in a peer-reviewed journal; or
 - Quasi-experimental research designs"

States can opt to use up to 25 percent of the grant to fund promising or new home visiting approaches that may not meet these evidence-based criteria.

Priority of High-Risk Families

A state's home visiting program must give priority to serving high risk families defined as families who have the following characteristics:

- Living in communities of need as identified in the statewide needs assessment;
- Low-income;
- Pregnant women under the age of 21;
- History of child abuse or neglect;
- History of substance abuse or need substance abuse treatment;
- Tobacco users in the home;
- Low family or student academic achievement;
- Children with developmental delays or disabilities; or
- Currently or formerly in Armed Forces.

Maintenance of Effort

The bill includes a brief maintenance of effort clause requiring states to use the home visiting program grant funds to supplement, not supplant other funding sources. The legislative language does not provide information about a base year or other clarifying details about implementation of this clause.

The Health Resources and Services Administration, in conjunction with the Administration for Families and Children, is working to develop program guidance and regulations that will provide further clarification for this new home visiting program. The National Center for Parents as Teachers expects to play a role in the development of guidance and regulations. In addition, the National Center will post this information on our website as it becomes available in the upcoming weeks and months. To read the legislative language click here: www.ParentsAsTeachers.org/federalhvlegislation.