



NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

ALERT: FEDERAL HOME VISITING INITIATIVE DEADLINE APPROACHING

The federal Affordable Care Act (ACA), enacted in March 2010, established the Maternal, Infant, and Early Childhood Home Visiting Program (federal home visiting initiative) that provides states with \$1.5 billion over five years to offer evidence-based home visiting services to families with young children to improve outcomes in health, education, child abuse and family well-being. This alert outlines the opportunities that this initiative gives states to expand quality home visiting programs. It also includes key questions that state legislators may want to ask of the executive officials planning their state's program.

- State teams appointed by the governor have already submitted an initial application and a needs assessment to qualify for federal funds. The next big step in the process is the submission of an Updated State Plan that is due by June 8, 2011.
- States qualified for \$100 million in Federal Fiscal Year (FFY) 2010 and can receive \$250 million in FFY2011, \$350 million in FFY2012 and \$400 million in each of FFY2013 and FFY2014. There is no state match required, but states must maintain their spending as of March 23, 2010 on evidence-based models.
- States must use at least 75% of the money for home visiting for national evidence-based models and many locally developed programs may not qualify for this funding.
- States are required to track outcomes in a variety of areas such as maternal and child health, school readiness and child abuse and neglect and must show progress in most of these areas to qualify for continued funding.
- The Updated State Plans will qualify states for more federal money immediately and provide the foundation for the federally funded home visiting program. States will also be making critical decisions about their existing programs, such as which home visiting approaches to fund and which communities to serve as well as how to administer the program at the state level and how to track the required outcome measures.
- Even in states where legislators played a key role in developing home visiting program, state teams are often planning with little input from legislators. Because no state match is required, executive officials may not have approached legislators about the program.

NCSL staff are helping legislators and their staff to assess what is going on in their states and helping ensure that the state plans reflect legislative priorities. If you are interested in technical assistance, please contact Jack Tweedie (303.856.1546 or jack.tweedie@ncsl.org) or Steffanie Clothier (303.856.1416 or steffanie.clothier@ncsl.org).

What is early childhood home visiting?

Early childhood home visiting involves voluntary services delivered in the home to families with young children.

- Home visits start early, often before the child's birth and continue for two or three years, in some cases up to kindergarten entry. Visitors come more frequently near the birth, often once a week or twice a month, and less frequently as the child grows older.
- Home visitors work with parents (or other caregivers) and children, helping them understand children's health and development, showing them how to support the child's learning and development, and identifying developmental challenges and linking them to needed services.
- Home visitors may be nurses, social workers, or early childhood specialists and generally receive additional training focused on maternal and child health, parenting, early childhood education, and child abuse and neglect.
- Visitors can provide advice and guidance about how the baby is developing, teach new parents parenting skills, help parents with problem behaviors, identify when a child is not developing in a normal trajectory, offer referrals to community services such as Medicaid, food assistance or employment training and financial supports, or deliver services such as therapies for children with special needs.
- Quality home visiting programs have been shown to improve outcomes for disadvantaged families, including child and maternal health, child development and school readiness, family economic self-sufficiency, positive parenting practices, and reductions in child maltreatment, juvenile delinquency, family violence, and crime.

Several national home visiting models have been developed that include standards for effective home visiting and training for home visitors and program supervisors, including Healthy Families America, Nurse Family Partnership and Parents as Teachers. Many state and local programs follow those models, but many local areas have developed their own approaches, sometimes using elements of the national models, especially training, but focusing on local resources and institutions. Surveys of home visiting programs in individual states usually find a mix of national and local models following a wide variety of practices in terms of which families are visited, the education and training of home visitors, when and how often families are visited, the types of services offered and the outcomes addressed.

Research on effectiveness Research on home visiting has demonstrated these critical elements of effective home visiting:

- **Targeted** Home visiting services need to focus on the families facing the most disadvantage, because we know those families experience the greatest benefit from home visiting services. Home visits can be targeted to first-time parents, teen parents, single parents, parents with substance abuse issues and maternal depression, and low-income parents.
- **Intensive** Home visiting services need to be intensive. They must extend for a long period of time, most usefully from before birth to the second or third year of the child's life. They also should be frequent, meaning at least once or twice every month in the beginning of the home visiting.

- **Specialized training** Home visitors should receive specialized training. Some approaches use nurses, early childhood specialists or social workers. Home visitors also receive training in early childhood development, children’s health, parenting, and in the services and supports available to parents in their communities. Home visitors should also learn about establishing and maintaining relationships with parents and families.

What is the federal home visiting program?

The federal home visiting initiative provides states an opportunity to offer new early childhood home visiting programs as well as expand and strengthen their existing efforts. Federal funds can be used to provide home visiting to:

- Pregnant women and the expecting father
- Parents, including non-custodial parents who sometimes take care of the child
- Primary caregivers, such as grandparents, other relatives and foster parents

Funding The initiative provides states with \$1.5 billion over five years—\$100 million in FFY2010, \$250 million in FFY2011, \$350 million in FFY2012 and \$400 million in each of FFY 2013 and FFY2014. These federal funds are mandatory appropriations and therefore not subject to the yearly appropriations process, but even mandatory appropriations may be reconsidered in the current federal efforts to reduce spending and the deficit.

- States received allocations based on the number of poor children in the state for FFY2010 (<http://www.hrsa.gov/about/news/2010tables/homevisiting.html>)
- States will receive at least their initial allocation each year in FFY2011-2014. Funding increases substantially in FFY2011 and at least some of these funds will be awarded on a competitive basis.
- There is no state match requirement for the federal home visiting funds, so states can use the federal money without having to spend additional state funds. States can fund new programs or provide them to expand existing efforts that meet the federal requirements.
- To qualify for federal funds, states must maintain existing spending for their evidence-based home visiting programs, although the meaning of this maintenance of effort provision is not clear (more below).

Evidence-based models and promising approaches The federal legislation specifies that at least 75% of the federal funds must be used on evidence-based home visiting, meaning programs that follow an approved evidence-based national home visiting model. Seven models have been approved, although recent guidance also allows other models to be considered or reconsidered for approval. The review of research on home visiting models can be found at <http://homvee.acf.hhs.gov/>. The approved models are:

- Early Head Start – Home-Based Option
- Family Check Up
- Healthy Families America (HFA)

- Healthy Steps
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)

States can use up to 25% of the federal money for promising approaches where there is some evidence of effectiveness, but that do not yet have strong evaluation evidence. Several states' locally developed programs may qualify for funding in this category. Proposals to fund promising approaches must include plans to evaluate these approaches.

Focus on outcomes The federal legislation focuses on providing home visiting services that produce quantifiable and measureable improvements in six outcome areas:

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

States are required to set benchmarks and track progress in all six areas. States must demonstrate improvement in at least four outcome areas over three years. States that fail to do so must submit an improvement plan for approval to the U.S. Department of Health and Human Services and are subject to losing federal funding if they continue to show no improvement in outcomes.

What must states do to qualify for the federal home visiting funds?

States have already taken several steps to qualify for federal home visiting funds. The initial guidance in June 2010 required governors to name state leads for their efforts and to enlist the cooperation of state agencies responsible for maternal and child health, child welfare, substance abuse and Head Start Collaboration offices and, potentially, other state agencies involved in early childhood. **The list of state leads on the federal home visiting initiative can be found here (<http://www.naccho.org/topics/HPDP/mch/upload/state-leads.pdf>).** **Contacting these leads may be the best way to find out how planning is proceeding in your state and how you or your staff can get involved.)** Federal guidance on the home visiting program is available here <http://www.hrsa.gov/grants/manage/homevisiting/>

- **Initial application** States were required to submit applications for funding by July 9, 2010. Each state received \$500,000 of its allocation as unrestricted funds that could be used in the needs assessment and planning for the program.

- **Needs assessment** States were required to submit needs assessments that identified high risk communities, described the existing programs for early childhood home visiting and the state’s capacity for providing substance abuse treatment.
 - All 50 states and the six qualified jurisdictions submitted the initial application and the needs assessment.
 - **State’s needs assessments are valuable sources of information about existing home visiting programs in the state as well as the thinking of key policymakers about how to use the federal funds to expand home visiting. State needs assessments may be posted on your agency web page or contact NCSL for assistance.**

What States are Working on Now: Updated State Plans

Federal guidance issued in February 2011 specified the requirements for completing the state plan phase of the grant process. Plans may be submitted beginning on May, 9, 2011 and must be submitted by June 8, 2011. The key requirements for the Updated State Plan include:

- Identifying the state’s targeted at-risk communities
- Providing assessment of communities’ needs (risk factors and strengths) and existing early childhood programs
- Selecting the evidence-based and promising home visiting models and explaining how the models address the needs of the targeted communities
- Planning for the implementation of the proposed home visiting models and for ongoing monitoring of implementation quality and fidelity to model, including continuous quality improvement
- Planning for tracking and meeting outcome goals/benchmarks
- Assessing the existing service and administrative structures available to support the program and identifying any planned improvements

Maintenance of effort The federal law requires states to maintain spending on home visiting programs. The federal funds should supplement, not supplant existing state spending on home visiting. However, the maintenance of effort provisions are not clear.

Current guidance provides that states qualify for funds only if they maintain the same level of spending that was in place on March 23, 2010, the day that the bill was signed into law. But the guidance goes on to state that, “For purposes of this [initiative], home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy ...” It is not clear whether the “evidence-based programs” and “needs assessment” language limits the existing programs for which funding needs to be maintained.

While the new language was offered as a clarification of the maintenance of effort provision, it raises more questions than it answers. It appears the federal home visiting officials are trying to both require states to maintain existing funding and not disqualify any states because they have reduced their funding as they have dealt with tough budgets for the past several years.

States have not been able to obtain further clarification from federal officials about how these requirements will be applied.

Given this uncertainty, the only way that states can know they meet the maintenance of effort requirement is to maintain state spending on home visiting programs at the level that existed on March 23, 2010. Many states have had to reduce spending on home visiting because of tight budgets. If they cannot reinstate the spending, those states should still maintain spending on what they identify as evidence-based programs adopted after a needs assessment and include that assurance in their Updated State Plan.

The Importance of Legislative Input

Much of the direction states plan to go in over the next five years will be set in motion through the required state plan. Some legislators have been actively involved in the design and funding of existing programs and their input will be valuable to the state plans that are being developed. The federal home visiting initiative offers states an opportunity to expand effective home visiting services and improve existing programs. States will make decisions about key issues, including which home visiting approaches are used and which communities are served, as well as decisions about state infrastructure, data collection, and funding allocation.

State legislators and others interested in participating in this process should ask several key questions about the existing home visiting programs and how policymakers plan to use the federal funds. Answers to many of these questions are contained in the state's completed needs assessment. Others can be answered by asking the state lead on the federal home visiting program or officials in your governors' offices and health and human service and education agencies involved in this process. NCSL staff are available to help state legislators and staff to develop these answers and to provide options for legislative involvement in the development and administration of these plans.

NCSL home visiting webpage <http://www.ncsl.org/default.aspx?tabid=21644>

Pew Center on the States home visiting webpage
http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=58954

Key questions that state legislators may want to ask about their state's home visiting programs and plans for the federal home visiting initiative

Goals for early childhood home visiting

- What are our state's goals for the existing home visiting programs? Do we give greater priority to maternal and child health, school readiness, or reducing child abuse?
- How should these goals change as we implement the federal home visiting initiative?

Existing home visiting services

- What programs do we currently offer? Does our state use national models and training as well as locally developed programs?
- Is home visiting targeted to the most disadvantaged communities and to the families most in need of help?
- Are our programs effective? Do our programs meet the standards of effective programs that have developed in research?
- How do we use the federal funds and planning process to complement and strengthen our existing investment in home visiting?

Plans for Implementing the Federal Initiative

- Have we engaged key stakeholders in our existing home visiting programs and in the disadvantaged communities in our planning process?
- How does our state's plan meet our state's home visiting goals? Does it build on existing programs or establish new programs and models? How does our choice of goals affect decisions about which programs and models to support?
- Are we using federal funds to expand home visiting to more disadvantaged communities?
- Will recent budget decisions affect our state's ability to meet the maintenance of effort requirement?
- How can we strengthen the coordination between home visiting programs and the state's early childhood systems?
- How can we collect the wide range of data required under the federal initiative and use it to improve our existing and new home visiting programs?