



Issue:	GRANTS FOR EARLY CHILDHOOD HOME VISITATION PROGRAMS
Citation:	Title I, IV, Sec. 2951
Program Duration:	Beginning September 2010 until such time as determined by the Secretary of Health and Human Services (HHS).
Funding:	Appropriates \$100 million for fiscal year (FY) 2010, \$250 million for FY 2011, \$350 million for FY 2012, \$400 million for FY 2013, and \$400 million for FY 2014. Reserves three percent of available funding for grants to Indian tribes.

Summary:

- Authorizes HHS to award grants to states for the purpose of establishing an early childhood home visitation program to promote the following:
 1. Improvements in maternal and prenatal health,
 2. Infant health,
 3. Child health and development,
 4. Parenting related to child development outcomes, and
 5. School readiness in child abuse, neglect and injuries
- **States must conduct the statewide needs assessment identifying at risk communities, as mandated in the statute, to qualify as an eligible entity for this grant award.**
- Grant awardees may use some of the funds in the initial six month period for planning and implementation activities in establishing their programs.

Program requirements include:

1. States must attain quantifiable, measurable improvements in benchmark areas for the eligible families participating in the program in each of the following areas:
 - Improved maternal 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 the coordination and referral of community resources and supports.
2. States are expected to develop and implement a plan to improve outcomes in each of the areas listed.
3. Awardees must file a report with the secretary with information that demonstrates improvements in at least four of the benchmark areas at the end of the first three-year period. **Failure to comply or demonstrate improvement will result in termination of the grant.**
4. A final report must be submitted to HHS no later than December 31, 2015.



Core Program Components

1. Service Delivery Model or Models
 - The model used must conform to a clear consistent home visitation model that has been in existence for at least three-years and is researched-based, grounded in empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education with quality home visitation program standards, with demonstrated positive outcomes, or
 - The model conforms to a promising and new approach to achieve the benchmark areas specified and the participant outcomes and has been developed or identified by a national organization or institute of higher education, and will be evaluated through a well-designed and rigorous process.
2. The majority of grant funding must be expended on evidence-based models. No more than 25 percent of awarded funding may be used for operational expenses in a given fiscal year.
3. HHS will develop criteria to determine the effectiveness of the service delivery models.
4. The program must employ well-trained staff such as nurses, social workers, educators, and child development specialists.

Service Priorities

1. Eligible families in the community in need of services as identified by the state needs assessment,
2. Low-income families,
3. Families including those,
 - who are pregnant women under age 21,
 - with a history of child abuse or neglect,
 - with a history of substance abuse,
 - who are users of tobacco products at home,
 - have children with low student achievement,
 - have children with developmental delays, and
 - include individuals who are serving or have formerly served in the Armed Forces.

Maintenance of Effort Requirement

States are required to maintain funding for their existing sources for early childhood home visitation programs and initiatives.

Eligible Entities Defined

Eligible entities are defined as meaning a state, an Indian tribe, tribal organization, or urban Indian organization, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.

Additional Information & Resources:

- **Association of Maternal & Child Health Programs: Home Visitation Resources**
[<http://www.amchp.org/Advocacy/Home-Visitation/Pages/default.aspx>]
- **Child Welfare Information Gateway:** A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
[<http://www.childwelfare.gov/preventing/programs/types/homevisit.cfm>]
- **National Center for Children in Poverty (NCCP) Report:** State-based Home Visiting *Strengthening Programs through State Leadership* [http://www.nccp.org/publications/pdf/text_862.pdf]
- **Center on the Developing Child, Harvard University:** Do Nurse Home-Visiting Programs Have Lasting Benefits for Mothers and Children? (2008) [<http://developingchild.harvard.edu/index>]

