



## **Update on Federal Funding for Home Visiting Budget Proposal, Health Care Reform Bills, & Other Pending Legislation**

### **PRESIDENT'S FY 2010 BUDGET PROPOSAL**

- \$8.5 billion in mandatory funds over 10 years for states to fund evidence-based home visitation programs for low-income families. Funding will support home visitation models that have been rigorously evaluated and shown to have positive effects on critical outcomes for children and families, with additional funds available for promising programs based on models with experimental or quasi-experimental research evidence of effectiveness that will be rigorously tested to assess their impact.

### **HEALTH CARE REFORM BILLS**

#### **Affordable Health Care for America Act (H.R. 3962) – House Bill**

- State formula grant program in the Administration for Children and Families, placed in Title IV-B, Subpart 3 of the Social Security Act. Funds are distributed through state child welfare administrators with oversight by the governor.
- Prioritize communities in high need of services, especially communities with a high proportion of low-income families or a high incidence of child maltreatment.
- **Eligible expenditures include high quality home visitation programs that:**
  - Adhere to clear evidence-based models of home visitation that have demonstrated positive effects on important program-determined child and parenting outcomes, such as reducing abuse and neglect and improving child health and development;
  - Employ well-trained and competent staff, maintain high quality supervision, provide for ongoing training and professional development, and show strong organizational capacity to implement such a program;
  - Establish appropriate linkages and referrals to other community resources and supports; and
  - Monitor fidelity of program implementation to ensure that services are delivered according to the specified model.
- **Provide parents with:**
  - Knowledge of age-appropriate child development in cognitive, language, social, emotional, and motor domains (including knowledge of second language acquisition, in the case of English language learners);
  - Knowledge of realistic expectations of age-appropriate child behaviors;
  - Knowledge of health and wellness issues for children and parents;
  - Modeling, consulting, and coaching on parenting practices;
  - Skills to interact with their child to enhance age-appropriate development;

- Skills to recognize and seek help for issues related to health, developmental delays, and social and behavioral skills; and
  - Activities designed to help parents become full partners in the education of their children.
- Two tiers of funded programs: The top tier is for programs supported by the strongest evidence, not defined, and receives 40% of grant funds initially, growing to 60% of grant funds after 5 years. Total funds are \$750 million over 5 years – \$50 million for FY10; \$100 million for FY11; \$150 million for FY12; \$200 million for FY13; \$250 million for FY14.
- **Maintenance of Effort** - Beginning with FY 2011, a State meets the maintenance of effort requirement for a fiscal year **if the Secretary finds that the aggregate expenditures by the State from State and local sources for programs of home visitation for families with young children and families expecting children for the then preceding fiscal year was not less than 100 percent of such aggregate expenditures for the then 2<sup>nd</sup> preceding fiscal year.**
- Additional component - a state option, Medicaid claims for nurse home visitation services can be claimed as a Medicaid reimbursement.

**America's Healthy Future Act (Senate Finance Committee bill)**

- Adds section 511 “**MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS**” to Title V of the Social Security Act, administered by the Health Resources and Services Administration (HRSA) under Title V as a related but separate grant program from the Maternal and Child Health Block Grant with oversight by the governor.
- The program must:
  - Subject to the requirement that the majority of funds be used for evidence-based models, the program is conducted using 1 or more service delivery models that
    - conform to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant, (and in the case of randomized controlled research designs, sustained) positive outcomes, as described in the benchmark areas and the participant outcomes, when evaluated 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.
    - conform to a promising and new approach to achieving the specified benchmarks and specified participant outcomes, has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process.

- Adheres to a clear, consistent model that satisfies the requirements of being grounded in empirically based knowledge related to home visiting and linked to specified benchmark areas and specified participant outcomes.
  - Employs well trained and competent staff, as demonstrated by education or training, such as nurses, social workers, child development specialists, or other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.
  - Maintains high quality supervision to establish home visitor competencies.
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  - Demonstrates strong organizational capacity to implement the activities involved.
  - Establishes appropriate linkages and referral networks to other community resources and supports for eligible families.
  - Monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.
- An eligible entity seeking a grant under the program must submit an application that includes the following:
  - A description of the populations to be served, including specific information regarding how the entity will serve high risk populations
  - Assurance that the entity will prioritize serving low-income eligible families and eligible families who reside in at risk communities identified in the statewide needs assessment
  - The service delivery model or models that the entity will use under the program and the basis for the selection of the model or models
  - Statement identifying how the selection of the populations to be served and the service delivery model or models that the entity will use under the program for such populations is consistent with the results of the statewide needs assessment
  - Quantifiable, measurable benchmarks established by the State in key areas
  - Assurance that the entity will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used under the program to verify that the program is implemented and services are delivered according to the model specifications.
  - Assurances that the entity will establish procedures to ensure that participation in the program is voluntary and that services are provided to families in accordance with individualized assessments.
  - Assurances that the entity will submit annual reports to the Secretary and cooperate with national research and evaluation activities
  - Description of, where applicable, other State programs that include home visitation including under CAPTA and Early Head Start
- Prioritize families who are determined to be at-risk by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare.
- Grantees would be required to use an evidence-based program models, but can use 25% of the grant to fund a promising new program that would be rigorously evaluated.
- \$1.5 billion over 5 years -- \$100 million for FY10; \$250 million for FY11; \$350 million for FY12; \$400 million for FY13; \$400 million for FY14

- **Maintenance of Effort - States must allocate the same level of resources to home visitation as their 2009 allocation.** There is no matching fund requirement. Funds provided to an eligible entity receiving a grant under this section shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.

#### OTHER PENDING HOME VISITING LEGISLATION

#### **The Early Support for Families Act (H.R. 2667), introduced by Representatives Jim McDermott (D-WA), Danny Davis (D-IL), and Todd Platts (R-PA)**

- To implement the home visitation initiative proposed in President's FY2010 budget.
- H.R. 2667 will provide \$2 billion over 5 years in mandatory funding for evidence-based home visitation. Starting at \$100 million in FY10, funding for the program will increase annually, to \$700 million in FY14.
- State formula grants will be administered through the Administration of Children and Families in HHS. Grants will require state matching and maintenance of effort requirements (to supplement, not supplant existing state funding).
- Funds will be distributed using a two-tiered approach. Majority of funds will support programs with the strongest evidence of effectiveness, adhering to clear evidence-based models of home visitation that have demonstrated significant positive effects on important child and parenting outcomes. Grant funds will also support promising program models – those with some evidence of effectiveness and adaptations of previously evaluated programs.
- States will be required to provide assurances that they will identify and prioritize serving high-need communities, especially those with a high proportion of low-income families or a high incidence of child maltreatment. States will be required to set-aside 5 percent for training and technical assistance, and there is a \$10 million annual set-aside for Federal evaluation and the provision of training and technical assistance to the states.

#### **The Education Begins at Home Act, S. 244, introduced by Senators Bond (R-MO), Murray (D-WA) and Clinton (D-NY); and HR 2205, introduced by Rep. Danny Davis (D-IL)**

- EBAH is the original home visiting legislation that the national programs have been supporting for the past several years and the starting point for all the other proposals now in circulation.
- EBAH establishes a dedicated federal funding stream to support parents of young children through quality home visitation, helping ensure healthy child development, school readiness and school success and stem the tide of a whole host of health care, social service, criminal justice, special education and child welfare costs in the future.
- Understanding that families with English language learners or with a parent in the military may face additional challenges, EBAH specifically targets funds for these families.
- To receive funds, the Governor must designate a lead state agency such as the State education agency or State health and human services agency to carry out grant activities.
- Federal grants may only be used to fund home visitation programs that are grounded in empirically-based knowledge on home visiting and linked to determined outcomes.

**The Evidence-Based Home Visitation Act, S. 1267, introduced by Sen. Menendez (D-NJ) and Sen. Casey (D-PA)**

- Administered by the Department of Health and Human Services, through Title V of the Social Security Act.
- Provides \$100 million mandatory funds in FY10 through a competitive grant process to States, Tribes, Territories and local public and private entities for home visitation programs that improve prenatal, maternal and newborn health, child health and development, school readiness and academic achievement, and maternal employment of low-income children and families.
- Eligible programs are those with the strongest evidence of effectiveness in producing long-term, significant benefits to pregnant women and children from birth through age 5. High quality home visitation programs that show significant promise of effectiveness but do not meet the highest evidentiary standards also receive funding for program operation and research. The Secretary has discretion to determine funding percentages between the strongest and high quality programs that fulfill the goals of this legislation.
- The Centers for Disease Control & Prevention (CDC) determines program classification and the process by which programs progress from “high quality” to “strongest,” based on its previous work in identifying evidence-based, effective community interventions and its work in defining evidentiary standards.
- To be eligible for a grant, a local agency must implement an approved model that demonstrates specific positive effects on reducing child abuse and neglect, improving prenatal health, improving school readiness, reducing juvenile delinquency, and improving family economic self-sufficiency. Local agencies must abide by the requirements, if any, of the national or regional home visitation program model.
- The Secretary may award planning grants to States and local public and private entities.
- Directly or through contracts with existing non-governmental entities with expertise in program models, the Secretary shall provide training, technical assistance, data support and quality assurance to grantees. The Secretary shall contract out these responsibilities where, for a fixed amount of administrative dollars, greater fidelity to the program model is likely to result than if the responsibilities are carried out by HRSA directly. Such contracting decisions shall be made separately for each programs model.
- Grantees must match federal funds, which may include in-kind contributions. However, the Secretary may waive matching requirements due to economic hardship.
- State Medicaid programs have the option to reimburse approved home visitation programs that provide Medicaid-covered services to parents and children who qualify for Medicaid. Rather than require detailed itemization and categorization of each service provided during a home visit, this option lets States make payments based on the average cost per visit of providing services through the applicable home visitation model.

**Preventing Unintended Pregnancies, Reducing the Need for Abortion and Supporting Parents Act (HR 3312), introduced by Reps. Ryan and DeLauro**

- Grants to health departments and schools to provide eligible families with education on the health and developmental needs of their infants through visits to their homes by trained home visitors.

- The trained home visitors will provide referrals for health and social services, provide information on child development, and solicit questions from the families. They will provide:
  - Research based information on child health and age appropriate development, including suggestions for child-developmental activities.
  - Advice on parenting, including information on how to develop a strong parent-child relationship and realistic expectations of age-appropriate child behaviors.
  - Information on parenting, including identifying books, videos and parenting workshops in the local region, including programs that facilitate parent-to-parent support services.
  - Factually and medically accurate and complete information about contraception.
  - Child health and developmental screening.
- Home visits will be available to eligible families for not be less than 1 year, and eligible families will receive no less than two visits each month, with more frequent visits provided for families with high needs.
- Home visiting program must be proven effective on the basis of rigorous scientific research.