The Maternal, Infant and Early Childhood Home Visiting Program (Sec. 2951), a part of the Patient Protection and Affordable Health Care Act, creates a new section of the Maternal and Child Health Block Grant that gives grants to states to deliver services under early childhood home visiting programs. The purpose is to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries. The law also amends Title V by creating a new Sec. 115 that requires states to submit a needs assessment by September 1, 2010.

**BILL SUMMARY**

**ELIGIBILITY**

Those eligible for grants include states, Indian Tribes, tribal organizations or urban Indian organizations, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.

Eligible grantees must submit a State Needs Assessment on high needs MCH communities (low birth weight, infant mortality, neglect, poverty, etc), showing the quality and capacity of existing early childhood home visiting programs and describing how the state intends to address the needs identified.

Those eligible for services include a woman who is pregnant and the father of the child (if available), or a parent or primary caregiver (including grandparents, foster parents, noncustodial parents, etc).

Priority populations include families in communities of need (from the needs assessment), low income families, pregnant women under age 21, families with a history of child abuse and neglect or a history of substance or tobacco abuse in the home, families of children with low academic achievement, children with developmental delay or disabilities, or families including those in the Armed Forces who have had multiple deployments outside the United States.

**NEEDS ASSESSMENT REQUIREMENTS**

All states must submit a needs assessment. Needs assessment requirements include:

- Communities with concentration 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.
- The quality and capacity of existing early childhood home visitation programs or initiatives in the state, including:
  - The number and types of families receiving services;
  - The gaps in early childhood home visitation in the state; and
  - The extent to which the programs meet the needs of eligible families.
- The state’s capacity or providing substance abuse treatment and counseling services.
- The state should coordinate with other appropriate needs assessments conducted by the state. Other needs assessments include those from the following programs and acts:
  - Title V Maternal and Child Health Block Grant (Social Security Act)
  - Head Start Act
  - Child Abuse Prevention and Treatment Act

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1 Title V of the Social Security Act
2 The new needs assessment is separate from the Title V MCH Block Grant assessment, but it is required to receive FY 2011 Title V funds.
APPLICATION REQUIREMENTS
Application requirements include:

- A description of the population served
- Assurance the program will serve the priority populations and that participation is voluntary
- A description of the program model used and how service delivery will be documented
- How the selection of the eligible families is consistent with the needs assessment
- Measurable benchmarks
- Assurance the services rendered fit the family’s needs
- Assurance the entity will comply with annual reports and collect data
- Descriptions of other state programs with home visiting services.

The home visiting program used must follow core competencies, be over 3 years old, grounded in empirically-based knowledge, linked to outcomes, associated with a national organization or higher education, demonstrate positive outcomes, and have randomized research designs. The program must employ well-trained and competent staff, maintain high quality supervision, have strong organizational capacity to implement the activities, establish linkages and referral networks, and monitor the fidelity of the program.

The funded entity must establish quantifiable, measurable 3- and 5-year benchmarks that show improved MCH, prevention of injuries, improvement in school readiness, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in program coordination with other community resources (referrals). States not showing progress on at least 4 of the benchmark areas will develop and implement a plan to improve outcomes, with continued oversight and appropriate technical assistance to the state provided by HHS, before any grant is terminated. Continued lack of improvement or failure to report will lead to termination of the grant.

FUNDING

$100M for FY 2010
$250M for FY 2011
$350M for FY 2012
$400M for FY 2013
$400M for FY 2014

- The funding is appropriated through FY 2014.³
- A portion of the initial funds can be used in the first 6 months for planning or implementing home visiting activities.
- The money must be used for home visiting services and the entity must supplement funds through maintenance of effort, not a state match.

³ “Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out this section [§1.5 billion dollars]” Patient Protection and Affordable Health Care Act, H.R. 3590, Sec. 2951, 111th Cong. (2009) P225.
• No more than 25% of the first year funds can be used to conduct a promising service delivery model that does not meet the criteria for evidence-based models; 75% or more of the funds must be used to support evidence-based models.

• Each fiscal year, the Secretary will reserve 3% to carry out grants to Indian Tribes, tribal organizations, and urban Indian organizations, and 3% to carry out subsections.

• Funds are available for expenditure through the end of the second succeeding fiscal year after the award. Non expended funds by that time may be used for grants to nonprofit organizations.

**TIMELINE**

7/9/2010: All states must address the availability of data available to the State to complete the September 1, 2010, needs assessment, identify additional information needed, and specify how the state plans to conduct the assessment.

9/1/2010: All states receiving Title V funds must conduct a statewide needs assessment

**Early 2011:** The third of three applications is required to draw down the remainder of funds obligated to the program. The application will require the State’s strategy for addressing service gaps and criteria for evidence of effectiveness of home visiting models.

**2012:** Nonprofits can apply for the grant if states have not applied or have not been approved.

**2013:** No more than 30 days into Year-3, states must send a report to the Secretary with 3-year benchmarks to show improved outcomes.

**3/31/2015:** The Secretary will submit a report to Congress evaluating state needs assessments, analyzing results, and assessing the effectiveness of home visiting on families, the effectiveness of programs on different populations, and the potential for smaller scale activities that improve outcomes to launch on a broad level.

**12/31/2015:** States will submit a final report to the Secretary demonstrating improvements in MCH populations, pregnancy outcomes, child health and development, parenting skills, school readiness, crime and domestic violence, economic self-sufficiency, and coordination of referrals across agencies (5-year benchmarks to show improved outcomes).
REGULATION:
HRSA’s Maternal and Child Health Bureau (MCHB) will collaborate with the Administration for Children and Families (ACF) to review the state needs assessments.

Secretary will submit a report to Congress showing how states improved, information regarding technical assistance, and recommendations for administrative or legislative action by December 31, 2015. The Secretary will appoint an independent advisory panel to make recommendations on the design and plan for the year 1 evaluation, advise the Secretary, and comment on reports.

The panel and the Secretary will submit a report to congress by March 31, 2015. The report will evaluate state needs assessments, analyze results, assess the effectiveness of home visiting on families, assess the effectiveness of programs on different populations, and assess the potential for smaller scale activities that improve outcomes to launch on a broad level.

For questions regarding health reform, please contact infocenter@astho.org.