

**Home Visitation Program Grant
Frequently Asked Questions (FAQs)
May 24, 2010**

Title V of the Social Security Act (42 U.S.C. 701 et seq.) is amended by adding Section 511 regarding Maternal, Infant, and Early Childhood Home Visiting Programs. The purposes of Section 511 include strengthening and improving programs and activities of the title; improving coordination of services to at risk communities; and identifying and providing comprehensive services to improve outcomes for families who reside in at risk communities.

Section 511 on home visitation programs mandates that all states assess statewide needs and identify at risk communities. This needs assessment is separate from the Title V statewide needs assessment completed every five years. Specifically, the home visiting needs and capacity assessment will address the identification of at risk communities; the quality and capacity of existing programs or initiatives for early childhood home visitation in the state; and the state's capacity for providing substance abuse treatment and counseling services.

The California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division is taking a lead role on efforts to pursue an early childhood home visitation program grant that meets the requirements of the new law. At present, grant guidance has not been made available from the federal government. MCAH will post the federal guidance online as soon as it is available.

The following frequently asked questions (FAQs) are presented below, to address common questions and concerns.

GENERAL

1. What does the law say?

The language of the law is available from the following web link:

<http://www.amchp.org/Advocacy/Home-Visitation/Documents/new%20sections.pdf>

2. What does Health Reform mean for existing maternal, infant, and early childhood home visitation programs?

The bill creates a new section in Title V that provides \$1.5 billion over five years for States, tribes, and territories to deliver services using one or more evidence-based Maternal, Child, and Early Childhood Home Visitation program(s). Targeted outcomes include improvements in prenatal, maternal, and newborn health; child health and development; parenting skills; school readiness and child academic achievement;

reductions in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families. Home visitation programs utilizing one of the program models selected for inclusion in California's federally funded grant program may be eligible for funding in accordance with the State's implementation strategies and priorities.

The Home Visitation Program is separate from the Maternal Child Health (MCH) Block Grant. Home Visitation Program funds cannot be used to supplant any existing funding.

FEDERAL GUIDANCE

3. Will grant funding decisions be made on a competitive or formula basis?

The grant funding decision process is not known at this time. The Maternal, Child and Adolescent Health (MCAH) Division is waiting for direction from the federal government.

4. How much money will be available through the Home Visitation Program grant?

Appropriations to carry out the law include:

- \$100 million for FY 2010
- \$250 million for FY 2011
- \$350 million for FY 2012
- \$400 million for FY 2013
- \$400 million for FY 2014

NEEDS ASSESSMENT

5. How is the State approaching the grant planning and application process?

The State has initiated wide-scale efforts to both meet the requirements of the needs assessment and to develop the state's home visiting program approach. The needs assessment is due **September 23, 2010**. Efforts currently underway include:

- Conducting a needs assessment, to identify communities with concentrations of:
 - premature birth, low birth weight infants, and infant mortality;
 - poverty;

- crime;
 - domestic violence;
 - high rates of high school dropouts;
 - substance abuse;
 - unemployment; and
 - child maltreatment
- Assessing the quality and capacity of existing programs or initiatives for early childhood home visitation in the State, including:
 - the number and types of individuals and families who are receiving services under such program or initiatives;
 - the gaps in early childhood home visitation in the State; and
 - the extent to which such programs or initiatives are meeting the needs or eligible families
 - Assessing the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services
 - Identifying key partners
 - Developing a plan for communicating with partners and stakeholders
 - Identifying existing evidence-based early childhood home visitation programs that have demonstrated success in addressing targeted outcomes
 - Developing processes for obtaining local stakeholder input, particularly from the local health jurisdictions, with an initial focus on the state's current home visiting capacity and model options
 - Developing quantifiable and measurable 3- and 5-year benchmarks for demonstrating that the program results in improvements for the participating families (Section 511(d)(1)(A))
 - Coordinating with state level health and human services programs

6. Which agency will manage the Home Visitation Program?

As the single State agency mandated to manage Title V programs in California, MCAH is conducting the required needs and capacity assessment. The State is waiting for federal guidance regarding grant implementation.

EXTERNAL COMMUNICATION

7. How can my organization submit input, provide data, or make recommendations during this process?

MCAH welcomes input from stakeholders. The most efficient way to submit ideas, questions, or concerns is to contact the MCAH Director of your local health jurisdiction (LHJ). LHJ MCAH Directors will forward stakeholder input to the appropriate State contact person.

Contact information for MCAH Directors is available at the following website:

<http://www.cdph.ca.gov/programs/mcah/Pages/MCAHDirectorsandLocalTollFreeNumbers.aspx>

STAKEHOLDERS

8. How can my organization keep current on State efforts related to the home visitation program grant?

MCAH launched a California MCAH Home Visitation website to post all pertinent information regarding the implementation of this program. Content can be found at:

<http://cdph.ca.gov/CA-MCAH-HomeVisitation>

or

cdph.ca.gov/CA-MCAH-HomeVisitation

Electronic inquiries can be submitted to the following mailbox:

CA-MCAH-HomeVisitation@cdph.ca.gov

9. Which partners and stakeholders are collaborating with the Department of Public Health, Maternal, Child and Adolescent Division?

- a. Association of Maternal and Child Health Programs (AMCHP)
- b. Association of State and Territorial Health Officials (ASTHO)
- c. California Department of Alcohol and Drug Programs
- d. California Department of Public Health partners
- e. California Department of Social Services
- f. First 5 Association of California

- g. Health Resources & Services Administration (HRSA) Maternal and Child Health Bureau
- h. MCAH Action
- i. MCAH program directors in local health jurisdictions

10. Which home visitation models are being considered?

The law requires (Section 511(d)(3)(A)(i)(I)) that at least 75% of grant funds be used for evidence-based models that:

- Have demonstrated significant positive outcomes among specified benchmark areas and participant outcomes when evaluated using well-designed and rigorous experimental or quasi-experimental research designs
- Conform to a clear, consistent home visitation model that has been in existence for at least 3 years; is research-based, grounded in relevant empirically-based knowledge; linked to program determined outcomes; and 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.

The State may also consider models that conform to promising and new approaches to achieving benchmarks and outcomes if the models have been developed or identified by a national organization or institution of high education and will be evaluated through a well-designed and rigorous process. Up to 25% of grant funds may be paid for the purposes of conducting a promising or innovative home visitation approach (Section 511(d)(3)(A)(ii)).

MCAH expects to consider home visitation models utilizing nurses, social workers, educators, child development specialists, or other well-trained and competent staff to deliver services that meet the criteria above (Section 511(d)(3)(B)(ii)).

11. Will the local health jurisdiction (LHJ) be allowed to choose a home visitation model that addresses local priorities (e.g., rural/urban, cultural diversity)?

Following the release of federal guidance, the State MCAH Division, in collaboration with our partners, will decide which combination of home visitation models will be included in the State's federally funded home visiting program. The local health jurisdiction may choose an MCAH-approved home visitation model to address local community needs. The

approved early childhood home visitation model that the LHJ selects must meet the grant requirements.