State of California—Health and Human Services Agency
California Department of Public Health

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August 24, 2010

Dear Stakeholders and Partners:

On August 19, 2010, the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) released the Supplemental Information Request (SIR) for the Submission of the Statewide Needs Assessment, associated with the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. The SIR document is attached to this communication, for your reference. The SIR provides guidance for the submission of the statewide needs assessment required as a condition for receiving the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) FY 2011 Title V Block Grant allocations, as well as for fulfilling requirements necessary to receive FY 2010 ACA Maternal, Infant and Early Childhood Home Visiting Program funding. CDPH/MCAH anticipates that the needs assessment process will be a continuous and ongoing effort, requiring ongoing cooperation and communication with stakeholders and partners.

The document may be downloaded from the HRSA website, as follows:
http://www.hrsa.gov/grants/apply/assistance/homevisiting/homevisitingsupplemental.pdf

The document is also posted on the MCAH Home Visiting website: http://cdph.ca.gov/CA-MCAH-HomeVisiting

In an earlier communication, Division notified stakeholders that the initial statewide needs assessment submission due date was September 1, 2010. The new federal guidance extended the due date for the needs assessment to **September 20, 2010.**

In response to the SIR, CDPH/MCAH must complete the statewide needs assessment and provide the HRSA/ACF with an assessment of needs and resources in communities that the State identifies as being at risk. To meet the federal requirements, the State will use statewide data and individual community data reports to:

1. Identify communities with:
    - concentrations of premature birth
    - low birth weight infants
    - infant mortality, including infant death due to neglect
    - other indicators of at risk prenatal, maternal, newborn, or child health
    - poverty
    - crime
    - domestic violence
    - high rates of high school dropouts
    - substance abuse
    - unemployment, or
    - maltreatment

2. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including:
    - the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives
    - the gaps in early childhood home visiting in the State, including descriptions of underserved communities where possible, and
    - the extent to which such programs or initiatives are meeting the needs of eligible families.

3. Discuss the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

CDPH/MCAH is coordinating the needs assessment with the Title V, the Child Abuse Prevention and Treatment Act (CAPTA) and Head Start needs assessments, as required. In addition, the needs assessment integrates data received from other programs within the California Department of Public Health, California Department of Health Care Services, California Department of Social Services, California Department of Education, and California Department of Alcohol and Drug Programs.

CDPH/MCAH will complete a statewide data report that will serve as the baseline against which indicators for at risk communities will be compared. CDPH/MCAH will define the geographic units that have been selected as "communities" for purposes of determining which communities are "at risk," per the methodology provided by HRSA/ACF in the released federal guidance. Justifications will be provided for each community identified as at risk. In addition, a data report will be completed for each at risk community in the State relative to the indicators noted under #1, above. CDPH/MCAH will provide information on the quality and capacity of existing programs or initiatives for early childhood home visiting in each of the communities identified as being at risk, incorporating findings of the local capacity assessment survey that was recently completed by local MCAH directors in collaboration with key local partners. We anticipate contacting our local partners again, as needed, to obtain additional information to address specific questions or requirements.

Another SIR will be released in September 2010 that will provide information to prepare and submit the Updated State Plan, and will include evidence-based criteria. We will inform you about this document once the SIR is released.

HRSA is sponsoring a national webinar on **August 25, 2010 from 11:00 a.m. to 12:30 p.m. Pacific Standard Time.** To register, please go to: http://www.mchcom.com/liveWebcastDetail.asp?leid=430

The Association of Maternal & Child Health Programs (AMCHP) is hosting a national teleconference on the same date and at the same time, **August 25, 2010 from 11:00 a.m. to 12:30 p.m. Pacific Standard Time** to discuss the guidance further. To register, visit the AMCHP website and follow the registration link: http://www.amchp.org/Advocacy/Home-Visitation/Pages/default.aspx

We would like to take this opportunity to acknowledge and note our appreciation for all your efforts at the stakeholder and partner level in helping California meet the requirements of the home visiting program grant. We are in the middle of the application process and will continue to rely on your expertise and assistance.

With best regards,

Shabbir Ahmad, DVM, MS, PhD
Acting Division Chief

Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program

Supplemental Information Request for the Submission of the Statewide Needs Assessment

This document provides guidance for States to submit the statewide needs assessment ***required of all States as a condition for receiving FY 2011 Title V Block Grant allocations***. The statewide needs assessments are due September 20, 2010.

PLEASE NOTE: Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which added Section 511 to Title V of the Social Security Act (SSA), requires States to provide a statewide needs assessment that meets the requirements of section 511(b)(1-2) of the SSA as a condition of receiving payment of FY 2011 Title V Block Grant funds. This statewide needs assessment is required irrespective of whether the State intends to apply for a grant to provide home visiting services under Affordable Care Act Section 2951. The instructions for completing this assessment are set forth in this document (and are also provided separately on the HRSA website at http://www.hrsa.gov).

Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148), historic and transformative legislation designed to make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce. Through a provision authorizing the creation of the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program, (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf, pages 216-225), the Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at risk children through evidence-based home visiting programs.

This program is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. At risk communities will be identified through review of the statewide needs assessment submitted by each State.

HRSA and ACF believe that home visiting should be viewed as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety and development and strong parent-child relationships. Home visiting programs should rely on the best available research evidence to inform and guide practice. Recognizing that the goal of an effective, comprehensive early childhood system is broader than the scope of any one agency, HRSA and ACF are working in close collaboration with each other and other Federal agencies and look forward to partnering with States and others to foster high-quality, well-coordinated home visiting programs for families in at risk communities. HRSA and ACF realize that coordination of services with other agencies has been an essential characteristic of State and local programs for many years and will continue to encourage, support, and promote the continuation of these collaborative activities, as close collaboration at all levels will be essential to effective, comprehensive home visiting and early childhood systems.

HRSA and ACF believe, further, that this law provides an unprecedented opportunity for Federal, State, and local agencies, through their collaborative efforts, to effect changes that will improve the health and well-being of vulnerable populations by envisioning child development within the framework of life course development and a socio-ecological framework. Life course development points to broad social, economic, and environmental factors as underlying contributors to poor health and development outcomes for children, as well as to persistent inequalities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

The process for fulfilling requirements necessary to receive FY 2010 Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program funding includes three steps:

1. The first step was submission of an application for funding; the Funding Opportunity Announcement (FOA) HRSA-10-275 was issued on June 10, 2010, and State applications were due July 9, 2010. These applications were to include plans for completing the statewide needs assessment and initial State plans for developing the program in order to meet the criteria identified in the legislation.

2. **This second step is submission of the required statewide needs assessment. This document provides instructions for completing the statewide needs assessment required by law of all States, irrespective of whether they intend to apply for home visiting grants, as a condition for receiving FY 2011 Title V Block Grant allotments. This information will also be provided separately on the HRSA website at http://hrsa.gov.**

3. The last step for a State electing to apply for a home visiting grant will be submission of an Updated State Plan. Guidance will be provided for making the State's final designation of the targeted at risk community or communities, updating and providing a more detailed needs and resources assessment for the targeted community or communities, and submitting a specific plan tailored to address these needs. The guidance will identify criteria for establishing evidence of effectiveness of home visiting models. The State's application should address how the home visiting program(s) for which it is applying both meet the evidence-based criteria and match the specific needs of families in the targeted at risk communities, as well as how the State will implement selected program(s) effectively with fidelity to the model(s) selected.

Estimated Timeline:

HRSA-10-275 published	June 10, 2010
State application for funding opportunity due	July 9, 2010
FY 2010 funds awarded to States (with restrictions)	July 21, 2010
Supplemental Information Request:	
Statewide Needs Assessment published	Date of Publication
Supplemental Information Request:	
Updated State Plan published (including evidence-based criteria)	September 2010
Statewide needs assessment due	September 20, 2010
Updated State Plan due	Early FY 2011

A separate Funding Opportunity Announcement for funding available to Indian Tribes, consortia of Indian Tribes, Tribal Organizations and Urban Indian Organizations was announced on June 24, 2010.

Summary of Funding

The Maternal, Infant, and Early Childhood Home Visiting Program will provide funding during Federal fiscal years 2010 – 2014 for State home visiting programs, subject to the condition that the State gives service priority to families residing in at risk communities identified by the statewide needs assessment, the form for which is described in this document. The needs assessment described here also constitutes a condition for receiving FY 2011 Title V Block Grant funds.

On July 21, 2010, HRSA awarded grants to States, with some of the funds available to begin the home visiting needs assessment and planning process for those States intending to apply for a home visiting grant program. If a State applies for a home visiting program in response to that funding announcement, the State will be required to provide an updated and more detailed assessment of needs and resources in the targeted at risk communities as part of its Updated State Plan.

Submission of the Statewide Needs Assessment

Funding opportunity announcement HRSA-10-275 issued for the Maternal, Infant and Early Childhood Home Visiting Program gave each State governor the responsibility and authority to designate the entity or group of entities to apply for and administer home visiting program funds on its behalf, as well as to submit the required needs assessment. The grantees awarded under HRSA-10-275 must now submit the required needs assessment.

As was the case with the initial application, submission of the statewide needs assessment must contain the concurrence (through letter(s) of support) of the:

- Director of the State's Title V agency;
- Director of the State's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA);
- Director of the State's Single State Agency for Substance Abuse Services;
- Director of the State's Head Start State Collaboration Office.

To ensure that home visiting is part of a continuum of early childhood services within the State, this application should be coordinated to the extent possible with the strategic plan developed by the State Advisory Council established under section 642 B(b)(1)(A)(i) of the Head Start Act, 42 U.S.C. 9837B(B)(1)(A)(i), as well as with: the State's child care agency; the State's education agency; the State's agencies administering the Family Violence Prevention and Services Act and STOP Violence Against Women funds; and the State's child welfare agency, if this agency is not also administering the Title II of CAPTA program. We also encourage coordination, to the extent possible, with the State's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies).

Due Date

Any application that is not submitted by the deadline of **September 20, 2010** will be considered non-responsive. **States failing to submit responsive applications, including submission by the September 20, 2010 deadline, or otherwise failing to submit the required statewide needs assessment by this date, will not receive State allocations under the FY 2011 Title V Block Grant Program.**

Statewide Needs Assessment Requirements

Section 511(b) of Title V of the Social Security Act, added to SSA by Affordable Care Act, requires that every State submit a needs assessment that is separate from the statewide needs assessment required for the Title V Block Grant Program under section 505(a) of Title V. **A needs assessment is required whether or not a State is submitting an application for a Maternal, Infant and Early Childhood Home Visiting Program. If this required needs assessment is not received by the submission deadline and approved by HHS, the State will not receive its FY 2011 Title V Block Grant allotment.**

Although separate from the section 505(a) needs assessment, the section 511(b) needs assessment must be coordinated with and take into account the needs assessments required by: (1) the Title V MCH Block Grant program; (2) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and (3) the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of Title II of CAPTA.

This document provides a framework and description of all aspects of completing a statewide needs assessment, as well as a "first-cut" assessment of needs and resources in communities the State identifies as being at risk. For States applying for a home visiting program grant, a second Supplemental Information Request, as listed above, will provide instructions for completing a more complete and detailed assessment of needs and resources in communities they have identified as being at risk.

To meet requirements for an approvable statewide needs assessment, each State must:

1. Identify communities with concentrations 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.

2. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives; the gaps in early childhood home visiting in the State, including descriptions of underserved communities where possible; and the extent to which such programs or initiatives are meeting the needs of eligible families.

3. Discuss the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

Coordinating with the Title V, Head Start and CAPTA Needs Assessment

Currently, needs assessments are required under the Title V Block Grant Program, CAPTA, and the Head Start Program. The needs assessment to be completed in response to this document must coordinate with these three needs assessments.

The table below lists the indicators required to be reported in response to this document and indicates the areas in which the response(s) must be coordinated with the Title V, CAPTA and Head Start needs assessments. The footnotes indicate the sources of these data. **Note**: CAPTA information is often qualitative rather than quantitative and may be addressed most usefully in the narrative section to provide information on existing home visiting programs and resources. Data collected by Head Start and Early Head Start grantees for their community-wide strategic planning and needs assessments may not be available for every identified at risk

community (especially for Early Head Start). Second, Head Start and Early Head Start grantees are not required to use uniform data sources or metrics so there is likely to be wide variation in the data.

	Title V[1]	CAPTA[2]	Head Start[3]
Premature Birth	✓		
Low-Birth Weight Infants	✓		
Infant Mortality	✓		
Poverty	✓		✓
Crime	✓		
Domestic Violence			✓
High School Dropouts	✓		
Substance Abuse			✓
Unemployment			✓
Child Maltreatment		✓	✓

[1] The Maternal and Child Health Title V Needs Assessment document and the Title V Information System (TVIS) **https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx**.

[2] Child Abuse Prevention and Treatment Act inventory of unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect documents.
Reports available from the Community-Based Child Abuse Prevention (CBCAP) Lead Agency. For a list of contacts, visit: http://www.friendsnrc.org/state-lead-agency-contacts

[3] Head Start Communitywide Strategic Planning and Needs Assessment documents.
Contact the Head Start Collaboration Director for more information. While the Head Start Collaboration Directors do not compile the needs assessment data themselves, they may assist the State in seeking out grantees. For a list of contacts, visit: http://eclkc.ohs.acf.hhs.gov/hslc/State%20collaboration/HSSCO/StateCollaborati.htm

Beyond coordinating the needs assessment with those of Title V, CAPTA, and Head Start, there are additional sources of information available that States may find useful in assessing the need for home visiting services and identifying at risk communities. These sources include:

	NCANDS[4]	(SAMHSA) Sub-State Treatment Planning Data Reports[5]	County Health Rankings[6]	Behavioral Risk Factor Surveillance System[7]	HHS CHSI[8]
Premature Birth					✓
Low-Birth Weight Infants			✓		✓
Infant Mortality					✓
Poverty			✓		
Crime			✓		
Domestic Violence[9]				✓	
High School Dropouts			✓		
Substance Abuse		✓			
Unemployment			✓		
Child Maltreatment	✓				

[4] The National Child Abuse and Neglect Data System (NCANDS)
http://www.acf.hhs.gov/programs/cb/systems/index.htm
A list of State NCANDS Liaisons is available at: http://www.acf.hhs.gov/programs/cb/pubs/cm08/appendd.htm

[5] The Substance Abuse and Mental Health Services Administration (SAMHSA) Sub-State Treatment Planning Data Reports
http://www.oas.samhsa.gov/substate2k8/toc.cfm

[6] County Health Rankings http://www.countyhealthrankings.org

[7] State Coordinator for the Behavioral Risk Factor Surveillance System http://www.cdc.gov/brfss/index.htm

[8] HHS Community Health Status Indicators (CHSI) http://www.communityhealth.hhs.gov/homepage.aspx?j=1

[9] State Family Violence Preventions and Services Act (FVPSA) administrators and Domestic Violence Coalitions are also required to conduct statewide needs assessments and may have applicable data.

Instructions for Completing the Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment

For this Statewide needs assessment, the State shall identify:

A. "At Risk Communities," defined as communities with concentrations 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 dropouts;
- substance abuse;
- unemployment; or
- child maltreatment;

B. The quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including:

- the number and types of individuals and families who are receiving services under such programs or initiatives;
- the gaps in early childhood home visitation services in the State; and
- the extent to which such programs or initiatives are meeting the needs of eligible families (the term 'eligible family' means--(A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child's primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child); and

C. The State's capacity for providing substance abuse counseling and treatment services to individuals and families in need of such treatment or services.

Terms

States should apply the following concepts:

Community. Each State should describe its understanding of the term "community" in accordance with the unique structure and make-up of the State. Communities, furthermore, may necessarily be categorized in more than one way within a single State. For example, a community in an urban area may be described in terms of zip codes, neighborhoods, or census tracts, while in rural areas of the State, counties may be the only units for which data are available as a means of determining community needs and risks. Further, data indicators may not map perfectly onto community boundaries as the State chooses to describe them. For this reason, the State should use its best discretion in determining the community or communities for which it is reporting and describe the basis for this understanding.

An "*at risk community*" is a community for which indicators, in comparison to statewide indicators, demonstrate that the community is at greater risk than is the State as a whole. The distinction is to be based on a comparison of statewide data and data for the community identified as being at risk. These data may be supplemented with any other information the State may have available that informs the designation of a community as being at risk.

Once the State has identified communities at risk, the State has the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if sufficient data for these smaller units are readily available at this time, or if other information is available to inform such an identification. There will be an opportunity for the State to refine the boundaries of a targeted community as part of the updated needs/resources assessment and Updated State Plan to be submitted in response to the Supplemental Information Request on the Updated State Plan.

Early childhood home visiting programs or initiatives. Programs or initiatives in which home visiting is a primary service delivery strategy and in which services are offered on a voluntary basis to pregnant women, expectant fathers, and parents and caregivers of children birth to kindergarten entry, targeting participant outcomes which may include improved maternal and child health; prevention of child injuries, child abuse, 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; improvements in the coordination and referrals for other community resources and supports; or improvements in parenting skills related to child development.

Substance abuse treatment and counseling services. Substance abuse treatment and counseling services may include, for example, treatment and/or counseling services for the abuse of alcohol, illegal substances, prescription drugs, inhalants, over-the-counter medications and/or other products, or other substances for which treatment or counseling services are provided. Such services for individuals/families include any type of such services and are not limited to those that include home visiting.

Instructions for reporting data

1. Complete a statewide data report.

Complete a report on statewide data using the most recent and/or relevant data available using the reporting matrix located in Appendix A. Statewide data will serve as the baseline against which indicators for at risk communities are to be compared.

Standard metrics should be used, to the extent possible, as indicated below and on the matrix. This will allow States to compare statewide data with those from communities identified as being at risk. Reporting using these standard metrics will also be important for conducting the Secretary's national evaluation, as legislatively required under the Maternal, Infant, and Early Childhood Home Visiting Program. Where data exist, they should be provided, including data available from more than one source. Where data are not readily available, make a narrative statement to that effect and put dashes in the appropriate cell, as demonstrated in Appendix A for data unavailable in the Title V, CAPTA, and Head Start needs assessments. Where a State does not have access to data in the form indicated below and on the matrix, an alternative, readily-available data source can be provided, with a narrative explanation including a description of the strengths and limitations of the data. Where data are not available for the geographic unit selected as an "at risk community," provide available data most closely associated with that community, e.g. data for a larger area which includes that community or data for an overlapping geographic area, with a narrative explanation of why the data pertain to the at risk community. While not required, States may make use of other

available sources to provide data on the indicators in the table. For example, child maltreatment data from CAPTA and Head Start may be supplemented with data from NCANDS or other sources where practicable. State Domestic Violence Coalitions are also required to conduct statewide needs assessments and may have applicable data. Cell size may be altered to fit space requirements of the data being entered.

Data should be reported using the following metrics:

Premature birth
- Percent: # live births before 37 weeks/total # live births

Low-birth-weight infants
- Percent: # resident live births less than 2500 grams/# resident live births

Infant mortality (includes death due to neglect)
- # infant deaths ages 0-1/1,000 live births

Poverty
- # residents below 100% FPL/total # residents

Crime
- # reported crimes/1000 residents
- # crime arrests ages 0-19/100,000 juveniles age 0-19

School Drop-out Rates
- Percent high school drop-outs grades 9-12
- Other school drop-out rates as per State/local calculation

Substance abuse
- Prevalence rate: Binge alcohol use in past month[10]
- Prevalence rate: Marijuana use in past month
- Prevalence rate: Nonmedical use of prescription drugs in past month past month
- Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month

Unemployment
- Percent: # unemployed and seeking work/total workforce

[10] *Binge drinking*: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days

Child maltreatment[11]
- Rate of reported substantiated maltreatment (substantiated/indicated/alternative response victim)
- Rate of reported substantiated maltreatment by type

Domestic Violence
Appropriate metrics for each State should be determined in conjunction with the State agencies administering the Family Violence Prevention and Services Act (FVPSA). Useful sources of data may include State service statistics, State and local hotline statistics, fatality review teams, social service agencies, and other data already collected by State and local domestic violence service providers.
Other indicators of at risk prenatal, maternal, newborn, or child health
As available

2. Identify the unit selected as "community."

The State should define which geographic units have been selected as "communities" for purposes of determining "at risk communities." The communities should be those for which data and/or other information are most available and that best represent the make-up of the State (see the section, above, on "Terms").

In some cases, it will not be possible to identify only one type of geographic unit as an at risk community, for example in a State with both a metropolitan area and a rural area determined to be at risk. States that include American Indian/Alaska Native Tribal areas within their borders should include these areas in the State's needs assessment.

The State should provide a justification for each community identified as being at risk and included in the needs assessment.

3. Complete a data report for each at risk community in the State.

For each of the communities identified in the State as being at risk, complete the matrix in Appendix A using the most recent data available. Standard metrics should be used, to the extent possible, as indicated below and on the matrix. To the extent possible, the data should be reported using the same metrics as in the statewide data report to allow comparison with statewide data and with other communities in the State identified as being at risk, if any. Where data exist, they should be provided, including data available from more than one source. Where data are not available, make a narrative statement to that effect and mark the unavailable data in the matrix cell with dashes as demonstrated on the matrix in Appendix A. Where a State does not have access to data in the form indicated below and on the matrix, an alternative data source can be provided, with a narrative explanation including a description of the strengths and limitations of the data. Where data are not available for the geographic unit selected as an "at risk community," provide any readily-available data most closely associated with that community, e.g. data for a larger area which

[11] *Child Victim*: A child for whom an incident of abuse or neglect has been substantiated or indicated by an investigation or assessment. A State may include some children with alternative dispositions as victims.
Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.
Indicated or Reason to Suspect: A report disposition that concludes that maltreatment cannot be substantiated under State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to States that distinguish between substantiated and indicated dispositions.
Alternative Response Victim: A conclusion that the child was identified as a victim when a response other than investigation was provided.

includes that community or data for an overlapping geographic area, with a narrative explanation of why the data pertain to the at risk community. While not required, States may make use of other available sources to provide data on the indicators in the table. For example, child maltreatment data from CAPTA and Head Start may be supplemented with data from NCANDS or other sources where practicable.
Data should be reported using the following metrics:

Premature birth
- Percent: # live births before 37 weeks/total # live births

Low-birth-weight infants
- Percent: # resident live births less than 2500 grams/# resident live births

Infant mortality (includes death due to neglect)
- # infant deaths ages 0-1/1,000 live births

Poverty
- # residents below 100% FPL/total # residents

Crime
- # reported crimes/1000 residents
- # crime arrests ages 0-19/100,000 juveniles age 0-19

School Drop-out Rates
- Percent high school drop-outs grades 9-12
- Other school drop-out rates as per State/local calculation

Substance abuse
- Prevalence rate: Binge alcohol use in past month[12]
- Prevalence rate: Marijuana use in past month
- Prevalence rate: Nonmedical use of prescription drugs in past month past month
- Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month

Unemployment
- Percent: # unemployed and seeking work/total workforce

Child maltreatment[13]
- Rate of reported substantiated maltreatment (substantiated/indicated/alternative response victim)

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[12] *Binge drinking*: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days

[13] *Child Victim*: A child for whom an incident of abuse or neglect has been substantiated or indicated by an investigation or assessment. A State may include some children with alternative dispositions as victims.
Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.
Indicated or Reason to Suspect: A report disposition that concludes that maltreatment cannot be substantiated under State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to States that distinguish between substantiated and indicated dispositions.
Alternative Response Victim: A conclusion that the child was identified as a victim when a response other than investigation was provided.

- Rate of reported substantiated maltreatment by type

Domestic Violence
Appropriate metrics for each State should be determined in conjunction with the State agencies administering the FVPSA. Useful sources of data may include State service statistics, State and local hotline statistics, fatality review teams, social service agencies, and other data already collected by State and local domestic violence service providers.
Other indicators of at risk prenatal, maternal, newborn, or child health
As available.

4. Provide information on the quality and capacity of existing programs/initiatives for early childhood home visitation in each of the communities identified as being at risk.

For purposes of this needs assessment, "early childhood home visitation services" are defined as including programs supported by State or Federal government funds, where home visiting is a primary intervention strategy for providing services to pregnant women and/or children birth to kindergarten entry, excluding programs with few or infrequent visits or where home visiting is supplemental to other services. The number and types of individuals and families receiving these services may be reported using the units and formats used by each service provider.

For each early childhood home visitation service provided by the State, identify:

- the name of the program,
- the home visiting model or approach in use,
- the specific service(s) provided,
- the intended recipient of the service (e.g., pregnant women, infants),
- the targeted goals/outcomes of the intervention (e.g., child maltreatment reduction, maternal and child health, early literacy, reduction of domestic violence),
- the demographic characteristics of individuals or families served (using data in the form in which it is collected by the service provider),
- the number of individuals or families served (depending on the intended recipient(s)), and
- the geographic area served.

On the basis of this information, as well as any other information the State may consider pertinent (for example, information about the existing infrastructure within the State for supporting effective implementation of statewide home visiting programs), provide a narrative that:

(1) discusses the extent to which such programs/initiatives are meeting the needs of eligible families, and

(2) identifies gaps or duplications in early childhood home visitation services.

In this narrative, States should incorporate readily-available data from Title II of the CAPTA inventory of unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect that are readily available in the community identified as being at risk. In addition, States should incorporate data, where readily-available, from the Head Start/Early Head Start (HS/EHS) community-wide strategic planning and needs assessments in each of the communities identified as being at risk – for example, by identifying which HS/EHS programs include a home-based option (home visiting program). State Domestic Violence Coalition's statewide needs assessments and STOP Violence Against Women statewide plans may also be able to provide relevant data. Where such data are not readily available, this information may be supplemented in the State's updated needs assessment that will be

required as part of the Updated State Plan, for which a separate Supplemental Information Request will be issued.

5. Provide a narrative description of the State's capacity for providing substance abuse treatment and counseling services to individuals/families in need of these services who reside in communities identified as being at risk.

In addition to discussing all substance abuse and counseling services available through the State, this narrative should address service gaps or duplications in each community identified as being at risk in terms of substance abuse.

6. Provide a narrative summary of needs assessment results, including a discussion of how the State will address unmet needs.

This narrative is intended to:

- summarize the findings provided in response to items # 1-5, including challenges encountered in identifying and compiling data;
- specify which communities or sub-communities have been identified by the State as particularly at risk and in particular need of improved/expanded home visiting services, including a discussion of the basis on which decisions were made to prioritize at risk communities;
- address gaps in services to individuals and families residing in communities at risk; and
- discuss how the State will address these needs, especially with respect to high-risk communities, which may include applying for a grant to conduct an early childhood home visitation program.

Statewide Needs Assessment Submission Information

Submit this report online through the HRSA EHBs at **https://grants.hrsa.gov/webexternal/login.asp** [View Grants Portfolio, select your Home Visiting Grant Number, select *GrantHandbooks*, and select *Other Submissions*]. Applicants will upload their State needs assessment and any related documents as one attachment. Make sure all documents are clearly labeled with your organization's name and HRSA award number. Please call your Project Officer with any questions or concerns.

Statewide Needs Assessment Review Information

Review and Selection Process

All Assessments will be reviewed internally by program staff for completeness and compliance with the requirements outlined in this document. The program review will include the State's response to the items described above and will also consider:

- The extent to which this needs assessment is demonstrably separate from, but coordinated with, the needs assessments required for (1) the Title V MCH Block Grant program, (2) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act, and (3) the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA);

- The clarity of the State's explanation of the methodology used to identify at risk communities; and
- The clarity of the State's discussion of how it will address unmet needs for maternal, infant and/or early childhood home visiting services in communities identified as being at risk.

Agency Contacts

Applicants may obtain additional information regarding their statewide needs assessment may be obtained by contacting:

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
16B-26
Rockville MD 20857
homevisiting@hhs.gov

Grantees desiring assistance when working online to submit information electronically through HRSA's Electronic Handbooks (EHBs) should contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) Go4-HRSA or (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

Appendix A

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0333. Public reporting burden for this collection of information is estimated to average 24 hours per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857

Indicator	Title V	CAPTA[14]	Head Start[15]	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth -Percent: # live births before 37 weeks/total # live births		--	--	--		
Low-birth-weight infants -Percent: # resident live births less than 2500 grams/# resident live births		--	--	--		
Infant mortality (includes death due to neglect) -# infant deaths ages 0-1/1,000 live births		--	--	--		
Poverty -# residents below 100% FPL/total # residents		--		--		
Crime - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--		
Domestic violence -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--		--		

[14] CAPTA information is often qualitative rather than quantitative and may be most usefully addressed in the narrative section to provide Information on existing home visiting programs and resources.

[15] Data collected by Head Start and Early Head Start grantees for their community-wide strategic planning and needs assessments may not be present in every identified at-risk community (especially for Early Head Start). Second, Head Start and Early Head Start grantees are not required to use uniform data sources or metrics so there is likely to be wide variation in the data.

School Drop-out Rates -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method		--	--	--		
Substance abuse -Prevalence rate: Binge alcohol use in past month[16] -Prevalence rate: Marijuana use in past month -Prevalence rate: Nonmedical use of prescription drugs in past month - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--				
Unemployment -Percent: # unemployed and seeking work/total workforce	--	--		--		
Child maltreatment -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)[17] -Rate of reported substantiated maltreatment by type	--			--		
Other indicators of at risk prenatal, maternal, newborn, or child health - As available				--		

[16] *Binge drinking*: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days

[17] *Child Victim*: A child for whom an incident of abuse or neglect has been substantiated or indicated by an investigation or assessment. A State may include some children with alternative dispositions as victims.

Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Indicated or Reason to Suspect: A report disposition that concludes that maltreatment cannot be substantiated under State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to States that distinguish between substantiated and indicated dispositions.

Alternative Response Victim: A conclusion that the child was identified as a victim when a response other than investigation was provided.