MCHB/DCAFH (Division of Child, Adolescent, and Family Health) WEBCAST

Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program-Submission of the Statewide Needs Assessment

August 26, 2010

AUDREY M. YOWELL Good afternoon, everyone. Welcome webinar on the "Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program - Submission of the Statewide Needs Assessment". This is Audrey Yowell from HRSA, your moderator this afternoon and I want to start off just by giving you some tips on how best to use this interface. The slides you will see are going to appear in the central window and they should advance automatically. They are synchronized with the speaker's presentation so you don't need to do anything to advance the slides. However, since everybody's computer works differently you may need to adjust the timing of the slide changes to match the audio by using the slide delay control. It's at the top of the messaging window. We recommend that you change this setting to 12 seconds, as that seems to work best for most people and that is really important. It really fouls people up if you don't do it. Do use that slide delay control to match the audio to the slides. We encourage you to ask the speakers questions at any time during the presentation. Just type your question into the message window on the lower right-hand side of the interface, select question for speaker from the dropdown menu and hit send. Please, if you can remember to include your state or organization in your message, that will help us know from where you're participating. These

questions are going to be relayed to the speakers periodically through the broadcast and we will answer them at the end to the extent that time allows. But if we don't have an opportunity to respond to your questions during the broadcast, we'll email you afterward and again, please go ahead and submit your questions at any time during the broadcast. On the rest of the interface you'll see the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast, the interface is going to close automatically and you'll have the opportunity to fill out an online evaluation. We really would appreciate it if you would take a couple of minutes to do that. Your response will help us plan future broadcasts in the series and help improve our technical support. This webinar is going to address the supplemental information request or the SIR for the submission of the statewide needs assessment that you recently received and this webinar is just one more part of our continuing work with you as we move forward in completing your needs assessment and later your updated state plans. We've been in touch with a number of you folks on the phone, through the home visiting at HHS.gov mailbox and look forward to developing these relationships with you further as this initiative continues to unfold. I just want to start off by setting the context. As you know, on July 21st, HRSA awarded grants to 56 states and jurisdictions and on August 19th we sent you the supplemental request for information. We attached it to an email to all of you states. We sent it to your project directors. We have entered it in the electronic handbook and it is posted on our website also at HTTP://MCHB.HRSA.gov and it's due on the 20th of

September. The information requested in this represents the first cost needs assessment and resources assessments for your states and those communities you identify at being at risk. A second SIR will be provided later and instructions for completing the more complete and detailed needs and resources assessment in those communities you've identified as being at risk. Just before I introduce our first speaker I want to emphasize the importance of reading the entire SIR carefully including please read the footnotes. We have a lot of information in those footnotes about the sources of data, the limitations of some of the data and we address those in the text but also in those footnotes. Now, as you are all keenly aware by now that initiative is being administered by HRSA in very close collaboration with the Administration for Children and Families and I want to turn the virtual floor over to our partner Moushumi and Katie at ACF.

MOUSHUMI BELTANGADY I wanted to say a couple of words to thank HRSA for your collaboration with us on this program and we're real excited to have this second information request out and to have the states working on the needs assessment and we're really excited to hear the kinds of questions that you have today. And to continue to work with you as you develop your programs. So I'm going to turn it over now to Kathleen Kilbane who will actually get into the meat of the discussion.

KATHLEEN KILBANE Thank you, Moushumi. Hello, everyone. I will be discussing the supplemental information request going forward. The process for fulfilling requirements necessary to receive the fiscal year 2010 Affordable Care Act home

visiting program funding includes three steps. The first step was submission of an application for funding. The funding opportunity announcement HRSA 10-275 issued on June 10, 2010 and state applications were due July 9, 2010. They 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. Step two, which we're discussing today, is the Supplemental Information Request as Audrey described. It is due September 20th, 2010. This SIR 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 and as a condition for receiving fiscal year 2011 Title V Block Grant allotments. It's due on September 20th, 2010. The last step for a state elect tongue 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 targeted at risk community or communities, updating and providing a more detailed needs and resources assessment and submitting a specific plan tailored to address these needs. The guidance will identify criteria for establishing evidence of visiting models as well. The updated state plan will be submitted in early fiscal year 2011. Next slide.

The needs assessment is a first cut assessment of needs and resources in communities the state identifies as being at risk. A second Supplemental Information Request will provide instruction for completing a more detailed needs assessment as part of the updated state plan. These requirements for the needs assessment are legislatively mandated. Within six months of enactment of the law states must conduct

a statewide needs assessment that identifies three specific goals. Number one, communities with concentrations of pre-mature births, low birth weight infants and infant mortality rates including infant death due to neglect or other indicators of at risk newborn or child health indicators. Poverty, crime, domestic violence, high rates of high school drop-outs, substance abuse or child maltreatment. For counseling services in needs of such treatment or services. Three, 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 visiting in the state and the extent to which such programs or initiatives are meeting the needs of eligible families. Next slide.

The needs assessment, as was required in the first FOA, must be separate from and coordinated with the needs assessment required by the Title V Maternal and Child Health grant program. The needs assessments conducted by the Head Start program grantees and the child abuse prevention needs assessment known as CAPTA. In addition, the state submission must contain at the concurrence through a letter of support of the director of the state's Title V agency, the director of the state's agency for title II of CAPTA, the head of the state agency for substantial abuse services and the Head Start collaboration office. In addition, the needs assessment should be coordinated to the extent possible with the strategic plan developed by the state advisory council under the Head Start act, the state's childcare agency, the state's education agency, the state's child welfare agency if not administering title 2 of

CAPTA. The family violence and services act and the states idea programs. As you can see, HRSA and ACF firmly believe that home visiting programs should be viewed as one of several service strategies embedded in a comprehensive high quality system that promotes early childhood health, safety and developmental outcomes and strong parent/child relationships and these coordinations are very important. Next slide.

We really want to stress that it is critical that states must submit this needs assessment by September 20, 2010 as a condition for receiving Title V Block Grant funding. We need to stress this last point. Regardless of whether a state applies for home visit program funds it must complete a needs assessment in order to receive its Title V Block Grant allocation. Whether or not the state MCH agency will be coordinating the needs assessment, we encourage this agency to stay on top of the needs assessment process to insure that deadlines are met. Next slide.

Now I would like to turn to the instructions for reporting the data in this needs assessment. The first step is completing a report on statewide data. To complete the report, please utilize the most recent and/or relevant data available using the reporting matrix located in appendix A of your SIR. It will serve as the baseline against which indicators for at risk communities are to be compared. Recording the metrics will be important for conducting the national evaluation as required under the Maternal and Child Health early home visiting program. The second step is identifying the unit selected as community. The state should define which geographic units have been selected as communities for purposes of determining at risk communities. Utilizing

whichever geographic unit is appropriate for your state. Whether it is census tracks, zip codes, counties, whichever is most appropriate for the makeup of your state. Provided justification for each community being defined as at risk. The third step is to complete a data report for each at risk community the state identifies. Once again, complete the matrix in appendix A using the most recent data available and standard metrics. The same metrics as the statewide data. When data aren't available, it will be important to utilize a narrative statement that will address this issue. Number three, complete -- once you've completed that statewide matrix, and the community-wide matrix number four is programs supported by providing information on the quality and capacity of existing program initiatives for early childhood home visitation in each of the communities as being at risk. It's important to address the quality and capacity of those programs. Next slide, please.

Provide a narrative description for counseling and -- for families at risk. Lastly, provide a narrative summary of the needs assessment results including a discussion of how the state will address unmet needs. Next slide.

The next slide provides a graphic showing the required data and sources of the data. Next slide, please.

The following slide shows additional data sources for the required indicators. Next slide.

Two accomplish -- assist with data reporting please refer to, the footnotes for their sources and websites And also as we mentioned before, the needs assessment is the first cut assessment of needs and resources in communities the state identifies as being at risk. The second SIR will provide instructions for completing a more detailed needs assessment as part of the updated state plan. Next slide, please.

The next slide is a data reporting matrix for the state and communities. Please note that the chart is the top half appendix A, please refer to the SIR for the full chart. Where data is not readily available it's important to make a narrative statement to that effect and put dashes in the appropriate cell as demonstrated in appendix A for data unavailable in either the Title V, CAPTA and Head Start needs assessment. Where the state doesn't have access to the data in the matrix an alternative readily available data source can be provided with a narrative explanation including the strengths and limitations of the data. Where data are not available for the geographic unit selected as an at risk community provide the data most closely associated with that community. For example, data for a larger area which includes that community or data for an overlapping geographic area with a narrative explanation with the data. While not required states may make use of other available sources to provide data on the indicators on the table. Child maltreatment data may be supplemented with data from other sources where practicable. State domestic violence coalitions are required to provide needs assessments also. Cell size may be altered for the space requirements of the data being entered. Next slide.

In summary, those are the requirements for completing the statewide needs assessment. As we mentioned before, the needs assessment is due on September 20, 2010. And can be submitted online through HRSA's electronic handbook and you can see the website on your slide. And now I would like to turn it back over to Audrey who will lead us through the question and answer period and we really encourage your questions. Thanks, everyone.

AUDREY M. YOWELL Thanks, Kathleen. I just have two questions so far. And the first one relates to the letters of support that are to be signed by multiple agencies and the question is, why do we need to submit letters again when we just did so with the first application? Are these letters different? Kathleen, you want to take that?

KATHLEEN KILBANE Yes. The letters of support are a critical component and as I mentioned, they really need to contain the concurrence through a letter support of each of those particular entities. The state Title V agency director, the director of the state agency of title 2 tore CAPTA and the single state agency for substantial abuse services and the Head Start office. They all must provide a letter of support for the applicant.

AUDREY M. YOWELL I just want to emphasize that this could be one letter. It doesn't have to be multiple letters, but the important part is that we wanted to make sure that everyone involved in providing related services has had a chance to participate in the needs assessment and is comfortable with the results. Our next question is what does

it mean that responses must be coordinated with the Title V needs assessment and practically speaking, if a state has better data from other sources, what is to be done? And I'll just answer that by saying that the legislation does require that this needs assessment be separate from but coordinated with Title V, as well as with CAPTA and head starts needs assessment. That's a legislatively mandated requirement. If you have other data please include that. There are places in the SIR where you can provide other data. There is a column on appendix A where you can put other sources of information. You can make comments and so on and also in the narrative please feel free to add any sources of information that you've got. The more information we have, the better. Another question is will this be archived and the answer is yes. I'm beginning to get some questions now. The next question is, can you explain what you're looking for in the capacity section regarding the extent to which programs or initiatives are meeting the needs of eligible families? Moushumi, you want to take that one?

MOUSHUMI BELTANGADY Sure. Can you repeat the question, sorry.

AUDREY M. YOWELL Sure. What are we looking for in the capacity section regarding the extent to which programs or initiatives are meeting the needs of eligible families?

MOUSHUMI BELTANGADY Okay, so here I think, as Audrey and Kathleen mentioned there will be a second supplemental request for the needs assessment and state plan

and that's where the detail will come into here but basically we're looking for what it says on page 12 of the SIR. Basically we want to know, you know, what are the existing home visiting services in the state that are funded by state or Federal government funds. Only state or Federal government funds at this time and some characteristics about what those home visiting programs look like. And, you know, in general, you know, how many people are served, what are the demographics and characteristics of those served, what are the intended outcomes of the interventions. What are the services provided and the models being used, etc. And then as I mentioned in the upcoming supplemental information request for the updated state plan you'll be going into more detail. But here in this narrative I think it's really saying, you know, these are the existing programs that are funded by state or Federal funds and, you know, these are the geographic areas covered. These are the people covered and these are how many people areas or that aren't covered. So I think hopefully that will -- I think it will be still a pretty general overview of -- or a general discussion of the extent to which these are meeting the needs of eligible families.

AUDREY M. YOWELL Thanks, we had a follow-up questions about the letters of support. It doesn't have to be multiple letters. It doesn't have to be in letter format. What we want to know is yes, this does need to be a new letter or some kind of a new document signifying that not only have you all signed off on what you submitted in the first application, but we want some sort of evidence that all of the required agencies have participated in the needs assessment. You can send one letter, you can send a statement that says we have all participated in this and we all agree and then you sign.

It doesn't really matter. What we're really looking for is confirmation that all of the required agencies have, in fact, participated in the needs assessment and they are satisfied with what you are reporting. Another question that we have just received is I've heard from another state that they're defining at risk communities as racial ethnic groups. I understand it to be a geographical unit. Please clarify. Our position is that the state knows what their areas are, their communities that are at risk. We did specify, as a matter of fact, that this is supposed to be a geographic unit. I would think that we would entertain the suggestion that there might be other boundaries for community at risk. We assume that you in the states understand your states and understand your populations and, of course, there are certain criteria for the requirement for defining communities at risk. They're legislatively mandated and appear in the SIR but please, if you feel that you have a good sense of what your community at risk is, please let us know. We've had another question about the primary intervention strategy. I believe that probably refers to home visiting being the primary intervention strategy. And the question is, is it the primary strategy or one of them? If, in fact, I'm correct in thinking that you mean the primary intervention strategy as home visiting, yes. Home visiting should be the primary intervention strategy. We have had -- I'm just reading through this, sorry. The question was, when you are looking at programs that have state or Federal funding, the question is, would it be partial funding or all funding? And Moushumi, you want to answer that?

MOUSHUMI BELTANGADY Sorry, I didn't understand the question. Could you say it again?

AUDREY M. YOWELL In the SIR we ask people to report to us programs that are supported by state or Federal dollars. And the question was, would they be partially supported by state or Federal dollars or do they have to be all supported by state or Federal dollars to be included?

MOUSHUMI BELTANGADY I think that's really up to the state. Obviously we definitely want you to include those that are funded entirely by state or Federal funds, but if there are some -- I don't know. I would say to go ahead and include them but, you know, just for having a more complete description. But Audrey, you might have more thoughts on that.

AUDREY M. YOWELL I think the important thing is that you start to develop an inventory of what services are available as we start thinking about where the duplications and the gaps lie. I do have a question here that I don't don't quite understand. It says page 12 specific service offered, what does this mean? I apologize. If you can send me a little bit more specific question it will be easier to answer. I have a question, is the needs assessment initially intended to first identify which communities are most in need? It seems the guidelines suggest that we already know which communities are identified as communities of need. I guess I would answer that by saying that when you do your statewide needs assessment, when you look at communities you believe might be most in need, you want to start comparing your indicators. Which is why we asked you actually to fill out the same appendix A

form for your statewide needs assessment and for your communities that you believe to be at risk. Yes, we suspect that probably you have a sense of what communities are most at risk. If you don't, then give us a call or get in touch with us at home visiting at HHS.gov and we'll work with you further. Is the needs assessment initially intended to first identify which communities are most in need? It seems that the guidelines suggest we already know. That's the same question, sorry. Okay. We have another one. If a program receives state funds previously but not anymore can they be included? Since the purpose of this needs assessment is to look at what's available now I would suggest you might not want to but certainly if you think it would be helpful, let us know. Another question, we've not been able to get copies of our state's Head Start needs assessments. Do you have any recommendations for us? Moushumi.

MOUSHUMI BELTANGADY Yeah. If you are having problems with that, have you -- I guess we'd first suggest you contact your state Head Start collaboration director and the contact -- the information on the contract information for those is in the SIR, I believe. There is a link to the webpage on the early childhood learning and knowledge center where you can find information for the Head Start collaboration directors. Please let us know if you're having problems and we'll try to assist you as much as we can.

AUDREY M. YOWELL I'll just add that link is included in your SIR. The next question is to what extent, if any, should constituents be consulted in the needs assessment process? Kathleen.

KATHLEEN KILBANE Both HRSA and ACF really encourage involvement with constituents and as part of the Title V needs assessment they're very much encouraged to have that involvement so each state is able to encourage how they would like to encourage that participation as much as possible.

AUDREY M. YOWELL We have another question, Moushumi, about Head Start assessment saying how are the Head Start assessments to be used? There can be a large number of these reports and they're likely to be different.

MOUSHUMI BELTANGADY I think this is a question that it is a very good question and I think that this is something we struggled with, too, as we were developing this guidance. You'll agree, Audrey. I think for this first cut, you know, I mean, where there is information in those assessments that's useful to you in completing this information request, please feel free to use that information. And I think particularly we think that these assessments might give you some good information about, you know, what are the gaps in home visiting in the state? You know, what are programs that are already happening and then in some cases, if you have identified communities and you are unsure about how to find some of the data, the Head Start assessment completed by the local grantee in that community might be of use to you. Reaching out to the Head Start grantees and getting their needs assessments at this point will be more useful to you in completing the later supplemental information request when you're really looking into these programs and making a program to respond to the needs.

>> Do we want prevalence rates for adults or minors? I would say that if you have access to both the more information that you can provide, the better off you will be in preparing for your updated state plan. So if you have just one, put in one. If you have both, put in both. I think that will really help you. It is not for our benefit ultimately, it is for your benefit in the states and being able to serve your communities.

>> Right. Building on that in general just because this particular information request is very limited in what it's requesting, I think if you think some information from whatever source, from constituent consultation, whatever other source will be useful to you in developing your program you should still take the opportunity to be collecting that information and keeping it on hand as you are developing your overall program.

AUDREY M. YOWELL The next question is we can easily get the required support letters regarding participation and the needs assessment. It might not be compiled in time for everyone to say they agree with the overall findings. What do we do? We do require those agencies that are listed several places, including on page 3, that the director of the state Title V agency. The director of the state agency for title 2 of CAPTA. The director for substance abuse services and the director of the state's Head Start state collaboration office must sign off on this needs assessment. I would assume if everyone is participating in the needs assessment that has been required throughout this process that everyone would be able to come to some sort of

agreement of what is going on. If it's really a serious problem. Get in touch with us and we'll talk with you individually.

>> I would like to echo those comments. We really feel that home visiting is part of a continuum of early childhood services in the state and why we so emphasize that this SIR needs assessment is coordinated to the extent possible with all of those other entities.

AUDREY M. YOWELL We have another question. As we state how we will address identified needs how much efforts should be/can be focused on coordinating systems as opposed to delivering more direct service? That's a really excellent question. I'll start off and I'm sure Moushumi and Kathleen will probably have something to add. There is really a two-part focus on this program. Number one, obviously we are looking at implementing evidence-based models in states in order to help families and to help your states as you move forward. However, we firmly believe that home visiting is one strategy that is part of a coordinated overall early childhood system and, in fact, the legislation states right in the purpose that improving coordinated systems is an important purpose of this legislation. So we would say we certainly would encourage coordinating systems and there is funding, obviously, for the models for direct services. That systems piece is important. Moushumi, you want to add to that?

MOUSHUMI BELTANGADY I would really echo that. I think that is actually the coordinate piece is the second goal of the legislation, of the program, you know, even

above providing services. So I think Congress really saw this as a systems building program where we're really creating quality statewide systems in every state and we certainly, you know, intend for that to be an important component of this program. We don't want states just providing home visiting services in a non-coordinated way.

AUDREY M. YOWELL The next question was -- lost my interface here, sorry. The next question was on page 12 of the SIR we asked for specific services provided and the question is, what do we mean by specific services? This is the section for each early childhood home visitation service provided by the state identify the name of the program, the home visiting model and the specific services provided. Do you provide support for families in child development? Does the program provide services -- pre-natal services? Health educational services, referral. What kind of things does that program provide? I hope that's a little bit clearer. We have another question. This is great, by the way. We are happy that we're getting all these questions. As we state how we will address identified needs, how much effort -- I already did that, I'm sorry. I'm not very good at this but we're sincere. Okay. Regarding collaboration of the Title V needs assessment and Head Start and so on, could you please define collaboration? Are we to use the same data points used in those reports. Again, the legislation requires that your needs assessment, that this needs assessment be separated with but coordinated with those. In other words, I believe that the point of this is to make sure that those needs assessments are not at variance with or can somehow be reconciled with this so that we don't have needs assessments going off in all directions. You can use the same data points. If you have better data, sometimes

you will. As we've said before a lot of the CAPTA and Head Start data may be missing or available in narrative form. Just get us the best information you can and if you feel that somehow these other assessments are at odds with things, go ahead and say so. This is not a very formalized thing where you get points by how well you do the coordination. The point is to get the best data assembled for your state that will be useful to you as you move forward. We have a question that really is a technical one that says the speakers are fading in and out. It sounds like a microphone problem. I'll turn that over to our technical staff. Okay. Here is another question. While we complete appendix A for statewide data it is understanding we will then submit an appendix A form for each community identified as being at risk. Are we identifying for the purpose of this application which of our communities are at risk? Then we would need to provide further data upon receipt of the next served for those communities. Please clarify. I'll start off and I'll met Moushumi make some additional comments. This is really, as we said, a first cut needs assessment. We want to take a look at your state data. Have you take a look at your statewide data and then start looking at what your communities at risk might be. We would assume that you are not going to be providing services -- I'm sorry, somebody just had a question. Apparently one state is having trouble sending in some questions so if you're having trouble with questions, please email David -- DHEPPL at HRSA.gov and I'll have them brought to me. What this really is for you to take a look at what your communities might be. In the next SIR you're going to get, you're going to target specific communities for which you want to start providing services. Once you've targeted those communities and it could be a subset of the communities you've identified now as being at risk and you'll be going

into much more detail and we'll be working with you to provide a lot more in depth data and resource assessment in those particular communities as you prepare to develop a new home visiting program for those areas. Moushumi, you want to add to that?

MOUSHUMI BELTANGADY No. I think you covered it.

AUDREY M. YOWELL We have another question. Can you clarify the needs assessment requirement for the narrative of how the state will address unmet needs? Can we assume this is not intended to be a statement of how we will spend money nor how we will go about selecting models? This section is generating some varied interpretations in our state. There is no way you are going to be able to go about selecting models anyway until the criteria for model selection are identified and that will be coming in the instructions in the next SIR. That decision has not yet been made. You are probably aware that we recently closed the opportunity for public comment in response to our Federal register notice. And those are going to be developed. So what we're asking for now is to have you take a first look at what your community needs are and how you think you might want to go about closing those gaps. Kathleen or Moushumi, would you like to add to that?

>> I would say that's correct. I think this is going to be a pretty general discussion of your overall findings and how you think you're going to be addressing them. For example, if you see there is a very large need in a particular community already

emerging then you might say this is the community that you were likely to target in your program.

>> We have a comment saying the regional Head Start offices are most likely to have copies of those assessments that are submitted as part of Head Start grants. The Head Start state collaboration offices are not collecting these assessments from each grantee. Moushumi, you want to comment on that?

MOUSHUMI BELTANGADY Please email -- if you do need to get in touch with your Head Start regional program manager, please contact us at home visiting at HHS.gov and I can make sure you get the contact information for that person but I think it does vary from state to state what exactly the Head Start state collaboration office does collect and whether that director will be able to assist you. We have encouraged those directors to work with the state home visiting programs to collect this information and we also ACF are willing to do whatever we can to help you get that information.

AUDREY M. YOWELL We've had two questions about page limitation, font size, single, double spaced, mega bytes. No limitation to answer the needs assessment the way you think it should be answered. There is no limitation. This is a long question. It says in the SIRs childhood visitation services are defined as including programs supported by state or Federal government funds where home visiting is the primary intervention strategy for providing services to pregnant women/children birth to

kindergarten entry? Does this exclude fathers and other caregivers that was overlooked in the beginning of the SIRs.

>> I don't think it excludes it necessarily. Most of these initiatives will be targeted at pregnant women or children birth to kindergarten entry but not include their other caregivers.

>> We had another question about size and pitch limit but I think we covered that. On page 12 what is meant by home visiting model or -- do you mean a medical model versus a social risk model? No, we mean whatever home visiting approach you are using. It says model or approach. Are you using something that's from healthy families America? Are you using something that you developed in your own state? Are you using something else that I can't think of right now? We just want to know what kinds of services you are provide. But I think that's right. If you're not using one of the major models and it is something that the state developed or the community itself developed then we would want to know what type of model that is and it might be targeted at the end goals at the intervention.

AUDREY M. YOWELL We have another question about whether there are formatting the requirements and the answer is no except we're asking you to provide your data in the table in appendix A and include any other information in the narrative. Here is another question. I understand this is supposed to be a data driven process but the reality is there is also the political process. Given that, will the next -- I gather you mean in a community at risk that was not included. Sure, we're talking about the next

stage being updated and you certainly can update it. If you have more questions about that it sounds like you have something more specific please get in touch with us at home visiting at HHS.gov. We have a couple questions about sound. A lot of people seem to be losing audio. I'm just reading through these check help questions that I don't think will be of general interest. Here is one. Is there a range we should stay within regarding the number of communities that we initially identify as communities of need. Moushumi and Kathleen, you want to take that?

MOUSHUMI BELTANGADY I'll leave it to Kathleen.

KATHLEEN KILBANE I'm sorry, Audrey, could you repeat the question?

AUDREY M. YOWELL Is there a range that we should stay within regarding the number of communities we initially identify as communities of need?

KATHLEEN KILBANE That decision is really up to the state to determine, you know, as mentioned in the SIR you're either able to designate all communities at risk within the state or -- you know, depending on their particular indicators, or a targeted number that you choose to direct your services at. So it's really up to the state to determine that. Of course, it would be in the support of the statewide needs assessment and all the information that you've gathered in that report.

AUDREY M. YOWELL Okay. We have a series of questions that have come in through email, actually. The first one is do we want metrics calculated exactly as stated? We want the metrics that we specified, yes, calculated exactly as stated because what we'd really like to do is have data that we can compare across submissions. However, if you have other kinds of information that you think would be helpful to your needs assessment, please include it. We don't want to exclude anything. We're asking for things that we would like to have included. The question is single year should we be using single year data or can we aggregate multiple years to draw down to smaller areas? As long as you have information that is consistent from your statewide data to your communities at risk then go ahead and do what you think is the most representative data. Let's see. What about American Indians? Do we exclude them from our analysis or do we create separate data for them? Moushumi, you want to take care of that one?

MOUSHUMI BELTANGADY Can you repeat the question?

AUDREY M. YOWELL What about the American Indians? Do we exclude them from our analysis.

MOUSHUMI BELTANGADY No, we really want you to include all the populations in need in your state, which may include American Indian, Alaska Native populations. In some states they're a large proportion of your total population and in other ones they are a small proportion of your total population but we do want you to include these

populations if they're located in your state. Obviously many reservations are within state boundaries and in many cases these are very needy communities and we want states to continue to include tribal populations as part of their overall home visiting program to the extent that it's appropriate.

AUDREY M. YOWELL Next question is are there any rules about selecting additional indicators, a limit of how many to include, what to include, etc. Absolutely not. As I said before, we've asked for certain things that we think we would really like to have or we know we would really like to have. However, we mean not to be exclusive. So any information that you have that you think will be helpful to your needs assessment, please go ahead and include that. The idea is to do the best needs assessment that you can. And we don't want to throw out anything. The next question is about crime statistics. Do we use all crime? For example, violent, property, loss, theft, arson or can we use certain types and what about adding drug-related crime? Again, tell us what you have easy access to at this point, what you think will be helpful in identifying your communities in need and the problems that are faced in your communities of need. It is your discretion. We do not want to exclude any kinds of data that you've got available from your needs assessment. The next question is what is meant by other school drop-out rates? Is this for non-traditional schools or just room for another measure? Moushumi, you want to take that?

MOUSHUMI BELTANGADY I don't actually know the answer to that question.

>> The point of that was every state seems to collect different kinds of high school drop-out rates. So whatever your state has available to provide that information from you, go ahead and use that. Here is another question. Is the capacity assessment component only for at-risk communities or do we need an overall inventory of home visiting programs provided by the states? The answer is you need an overall inventory for those home visiting programs that are provided by the state, that are funded by the state with state or Federal dollars. The question was, wanted to clarify conclusions of home visiting programs only if funded by state or Federal funds. Do we not want to know about home visiting programs supported at the local level? If you have access to that information, put that in. Lots of people don't, lots of states don't. So if you don't have it now, then you can get it in the next updated needs assessment when you are going to be doing a more in depth one on your targeted communities at risk. The next question says page 12, the last sentence, oh oh, because not everybody's SIRs print out the same way. Does this mean we don't have all information specified in the eight bullets. The name of the program and that we can add this later? Yes, if you don't have access to the information now, get it later. This is, as we said, a first cut. You'll be really focusing in on your targeted communities at risk later. Give us the best information that you have access to now. Moushumi, I think this is probably the best one -- best answered by you. What is meant by the state childcare agency. Would it be the community care licensing division, childcare licensing program or a statewide part to the childhood and benefit council.

>> We're talking about the state agency administering the fund dollars. There should be one agency in the state that's in charge of that particular function. If you have a question about your particular state email us at the home visiting at HHS.gov and I'll try to get you that information.

>> Will you have a Q and A posted further with these questions and with further questions that may arise? Yes, we will. Before we issue any document we need to have it cleared. Sometimes we don't get things out as quickly as you would like, but we will get it out as soon as we can. Page 9 can you please clarify the metrics under the substance abuse section. I'm just going to that section now. I'm not sure what you mean by clarification exactly. Elsewhere in the document we have -- I'm looking for it now -- we have a reference to this treatment planning data reports and there is a footnote that is footnote five that has the link to that information. These prevalence rates that we identify there, we do have a definition for binge drinking there you'll see. Those rates can be obtained from the website. If you can't find them get in touch with us and we'll put you in touch with the right people. Another question, will there be a page limit for the SIR? Somebody else said we knew he answered it but didn't hear you. There is no page limit, no format requirements, no mega bytes limitations. Take the number of pages you need to give us the information you think you need to answer the questions appropriately. When do you anticipate the guidance coming up for the updated state plan? Any estimate of the due date other than 2011? Will it be November or December?

>> We really don't know. As you may have noticed these documents take quite a while to get out there. We will give it out as soon as we can. However, because we aren't under any particular deadlines as we have been or getting your needs assessment submitted in time to get Block Grant money, we are going to take the time to develop a really careful, thoughtful SIR. We want to give you time to develop a careful and thoughtful proposal for what you'll be doing. We'll be looking very carefully at the public response to the Federal registry notice for criteria model selection and working with you very closely. So no, we don't exactly know when it will come out but as we have updates we'll let you know. Another question, heading number four on page 12 underline statement refers to quality capacity of programs in each community at risk. But the second paragraph and for all programs busted by state, Federal funds for the entire state I need to get to page 12 heading number 4. Okay. Oh, I see. The underlined statement that's just the header. Second paragraph -- no. In fact, in this particular one we're talking about getting information for the communities identified as being at risk. You'll probably notice that we have almost identical language in that section and in the preceding section. We're asking for the same information for the state as we are for the communities at risk. Under header four, that's where we're talking about the communities at risk where you should be identifying those programs in those areas. In the section above you'll see that we're asking for that information statewide. We don't seem to have any more questions at this point. Here comes another one. Okay. The SANSA link in the SIR goes to the 2004 to 2006 data. Here is -- great, here is a link that we will provide to everybody in writing. It says the 2006-2008 data are available at. I'll read it now but we'll send it out in writing.

HTTP:/OAS.SAMHSA.gov/sub state 2K10/TOC.CFM. I'll say it one more time and then we'll send it out. Okay. Can you tell us the anticipated amount for future award periods or when will that be available? By future award periods, I assume that you mean FY11 and beyond. That has not yet been determined so we can't tell you now. As soon as we have more information we'll let you know. Another question, is it okay to provide information on all communities? For example, counties in this initial needs assessment with the intent of identifying our targeted communities of need and the follow-up assessment? That's fine. Give us as much information, compile as much information as you think you need and that will be helpful. Any other questions? I believe Michael just put out the link for the SAMHSA data on the marquee so you'll all have access to it. Thank you, Michael. Are there any other questions? Okay. Next slide, please. We just want to let you know that this webinar is going to be archived at mchcom.com. It takes a few days. Be patient but it will be archived. You'll see we have contact information up on the slide. Home visiting at HHS.gov. We'll do our best to get back to you as soon as we can. Please feel free to contact us with any questions at any time. We really want to help you. Oops, we have one more question. When will the guidance be issued about how funds will be allocated and directed to the evidence-based home visiting programs for child abuse? Moushumi, you want to take care of that?

MOUSHUMI BELTANGADY I think you're referring to the supporting evidence-based home visiting grantees?

>> I believe so.

MOUSHUMI BELTANGADY Again, basically each state was allocated an amount. Each state that had one of those grantees within their state was allocated an amount equal to the FY2010 grant that had been planned for that state -- for that grantee. But those funds will not be available to the grantee until the state's plan has been approved in response to the second supplemental request. We don't know the exact time line for when we'll be issuing that SIR and when it will actually be due. Following the approval of that proposal the state will be able to give that funding to the existing home visiting grantee.

AUDREY M. YOWELL Moushumi there is one more for you. Early childhood special ed. Part C delivers home visiting services. Is that distinct as defined in the SIR?

MOUSHUMI BELTANGADY I think IDEA services are not to be considered the type of home visiting services that are being funded under this program. But we did ask you to coordinate your needs assessment with the IDEA Part C and part B section 1619 lead agencies so you can provide information about those home visiting services if they're providing services that align with the other types of home visiting services that you are identifying in the document. The general IDEA home visiting services are not provided in the same manner as the type of home visiting services that are provided -- that are going to be provided through this program.

AUDREY M. YOWELL Waiting to see if we have any more questions before we close. Apparently not. So please, if you think of more questions, get in touch with us at home visiting at HHS.gov and we'll get back to you as soon as we can. We really appreciate you joining us this afternoon. We look forward to working with you through this entire process. Just a reminder, please complete the evaluation that is directly going to follow this webcast and again the archives as the slide says will be located at mchcom.com. Thank you very much and we look forward to working with you. Bye.