

# Maternal, Infant, and Early Childhood Home Visiting Program:

## Updated State Plan

MCHB DECHD Webcast

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ANGELA ABLORH-ODJIDJA: Good day, everyone. Welcome to the webcast presentation of the “Maternal, Infant and Early Childhood Home Visiting Program”: Review of the second supplemental information request for the submission of the updated state plan for state home visiting program. My name is Angela Ablorh-Odjidja. I'm a public health analyst with the Early Childhood Health and Development branch which resides in HRSA's Maternal and Child Health Bureau. I'm one of five program coordinators for the home visiting program and I work with states in regions 7 and 8.

Today I'll be co-presenting with Moushumi Beltangady with the Administration for Children and Families. Moushumi?

MOUSHUMI BELTANGADY: Hi, Angela, thank you. Hi, this is Moushumi Beltangady, I'm a Senior Policy Analyst for Early Childhood Development at the Administration for Children and Families, and I'm in the office of the deputy assistant secretary for early childhood development. One of many people at ACF working on the home visiting program in collaboration with HRSA and look forward to working with all of you in the states as you move forward with your updated state plans. Thanks.

ANGELA ABLORH-ODJIDJA: Thanks, Moushumi. A few housekeeping items before we begin today's presentation. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with our presentation so you do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window. We recommend you change the setting to 12 seconds as that seems to work best for most people. We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the message window on the lower right side of the interface. Select question for speaker from the drop down menu and hit send. Please include your state or organization in your message so we know where you are participating from. Although we will not be able to respond to your questions today, we will download all the questions and provide answers via email as soon as possible. Again, we encourage you to submit questions at any time during the broadcast. We will not be able to respond to your questions today but we will download all the questions and provide answers via email as soon as possible. On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loud speaker 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 will close automatically and you will have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your

response will help us plan future broadcasts in the series and improve our technical support. Now we will begin our webcast. Next slide.

As I'm sure all of you are already aware or very familiar with the Maternal and Child Health home visiting program has several legislative purposes. The purposes for this program are to strengthen and improve the programs and activities carried out under Title V of the Social Security Act, to improve coordination of services for at risk communities and identify and provide comprehensive services for families in at risk communities. Next slide.

There were three steps in completing the FY2010 affordable care act visiting program application. The first step was submission of an application for funding. The funding opportunity announcement issued on June 10, 2010, and due on July 9, 2010. The second step was submission of the required statewide needs assessment as a condition for receiving FY 2010 Title V block grant allotment. All states submitted needs assessment. All the assessments were approved and all 56 entities have received their FY 2010 Title V block grant funds. The second which we will review today includes instructions necessary, submission of an updated state plan or home visiting program. Responses to this guidance are due within 90 to 120 days of issuance. Next slide.

The SIR, the supplemental information request, contains nine sections. These sections include section one, identification of the state's targeted at risk communities,

section two, goals and objectives. Section three, selection of proposed models. Section four, implementation plans. Section five, plan for meeting legislatively mandated benchmarks. Next slide, please.

Section six, plan for administration of state home visiting programs. Section seven, plans for continuous quality improvement. Section eight, technical assistance needs. Section nine, reporting requirements. States are required to respond to all of these sections in accordance with the guidance provided in the SIR. In addition to the nine section, memorandum and budget are also required. We will discuss the requirements during the latter part of this presentation. Next slide.

Now we would like to walk through each section, emphasizing specific points. For section one, identification of a targeted at risk community or communities, states must select the final designation of the at risk community or communities for which home visit services can be supported by FY 2010 funding under the program. These are required, in addition a plan for coordination among existing programs and resources. And assessment of local and state capacities to integrate the proposed home visiting services into an early childhood program or system. And, a list of at risk communities not selected for implementation and FY 2010. Next slide.

Section two, goals and objectives, under this section states must specify the goals and objectives. Also include strategies for updating state plans into other early childhood systems and a model for state visiting home program. For those states in need of

assistance regarding the model or development of that, the HRSA regional officer will be able to provide that assistance. And also resources you may link to through the supplemental implementation plan, which you have already seen. Next slide.

Section three, selection of the home visiting models proposed. Proposed criteria for identifying home visiting models with evidence of effectiveness, published in the federal register on July 23, 2010, with comments due August 17, 2010. Following analysis of the 140 letters submitted, final criteria were developed. These criteria provided appendix A of the SIR. Responses to the public comments were also included in appendix F. Models meeting criteria of evidence of effectiveness are specified in appendix B and on the home visiting evidence of effectiveness review website. The link is provided in this presentation and also in your supplemental, your guidance for the supplemental request. Next slide.

What we would like to emphasize at this time is that selections of the models should be in response to the need of the targeted at risk community. Again, selection of the models that you will use for your home visiting programs should be in response to the needs of the targeted at risk communities. As previously stated, appendix B includes a list and description of the models that meet the criteria for evidence-based. They include the following models. Early Head Start, home-based option, family checkup, healthy families America, healthy steps, home instruction programs for preschool youngsters, nurse family partnerships and parents and teachers. Next slide.

States may select the model or models that meet criteria for evidence of effectiveness listed in appendix B. They may propose another model not reviewed by the HomVEE study. Also may request reconsideration of an already reviewed model. States may propose up to 25% of funds for promising approach as well. Next slide. Within 45 days states must secure approval by developer or a developer to implements the models they propose. Including any accessible adaptations. For the home visiting program, acceptable adaptation -- next slide.

In response to section three, states must also describe how the models meet the needs of the community. Must also describe the state's current and prior experience in implementing the model or models, and they must submit a plan for ensuring implementation of the Fidelity. As a part of this section, states must discuss challenges of the implementation of the home visiting program. Next slide, please.

Moving on to section four. For this section, states must provide a plan for the implementation of the proposed home visiting model or models and for ongoing monitoring of implementation quality. This plan in addition, they must have assurances including compliance with the efforts. Please note states are not required to conduct an evaluation, and appendix B describes in detail the requirements of this and includes requirements on promising approachments. Next slide, please.

This section is very important. The maintenance of effort. If state general revenue funds for early childhood home visiting programs fall below amounts the state would

have spent during the state fiscal year, that includes March 23, 2010, it will be presumed to constitute supplementation. We would like to remind states the total amount of state general funds for any evidence-based home visiting program as of March 23, must be maintained. Not just for specific programs, for specific communities. States that made legislative or policy changes prior to the enactment of the affordable care act but implemented the changes after the date of enactment are not considered to have violated. States wishing to propose an alternative rationale should submit a detailed application in writing to HRSA Maternal and Child Health. Several divisions are made applicable to grants under the home visiting program. If a state is audited for the purposes of the home visiting program, the audit shall include the amount of the state's maintenance amount, the baseline established as of March 23, 2010. If an audit reveals a state has not adhered to the maintenance of efforts requirement certain penalties will apply. Please carefully read appendix H which describes in detail the information regarding awe did. I'll now turn it over, and next slide, please.

MOUSHUMI BELTANGADY: Thank you, Angela. Section five, meeting legislatively mandated benchmarks. To meet the requirements in the benchmark areas, the state must provide a proposal for the initial and ongoing data collection of each of the six benchmark areas and as a reminder, they are improved maternal and newborn health, prevention of child injuries, child abuse, neglect or mal treatment and the reduction of emergency department visits, improvement in school readiness and achievement,

reduction in crime or domestic violence, and family self-sufficiency, and these are the benchmark areas in the legislation. Next slide, please.

Major points regarding the data collection plan that you are required to submit. First, your plan must include data collection on all six benchmark areas. Your plan must include data collection for all the constructs under each benchmark area. And to demonstrate improvements, you must show improvement at three years, at the three year date in at least half the constructs in each of the benchmark areas. And we really want to emphasize that we recommend that programs recommend using other data for continuous quality improvement. And a later date, a template will be provided to you to report on benchmark progress at the three to five year points, including specific due dates and formats. Next slide.

The data collection plan that you submit as part of your updated state plan must include the proposed measures under each construct area. The proposed definition of improvement. Proposed data collection and analysis plan and anticipated challenges in the reporting process and the strategies you will use to address these challenges. And appendix D of the SIR provides detailed guidance for the six benchmark areas. We will have a follow-up webcast on this and hopefully will give you more information. Next slide.

Moving on to section six, plan for administration of the state home visiting program. This plan must include a description of the administrative structure for the program,

how it meets the legislative requirements with staffing and administration and efforts to coordinate the program with other state early childhood programs and systems.

Section seven is the plan for continuous quality improvement as I mentioned before, we believe that regular data collection around the benchmarks and other aspects of the program should be used to, for continuous quality improvement for the program, and so continuous quality pro or CQI uses regular data collection in the application of changes that you may need for improvement. And technical assistance will be provided as needed on CQI strategies and we already had a webinar on this topic earlier this year. Next slide, please.

Section eight we would like you as you did in the original application for funds to describe your technical assistance needs and we will do TA training and we would like you to provide a description of anticipated needs in the plan. If you have specific TA requests related to development of the plan contact your HRSA project officer and those are listed in an appendix. Next slide, please.

Section nine discusses the reporting requirements so your ongoing annual reports should address program goals and objectives, promising approaches, implementation updates, progress towards meeting benchmark reporting requirements, continuous quality improvement efforts, administration of the state programs, and ongoing technical assistance needed. And we will be notifying states in the future regarding the specific due dates and formatting requirements. Next slide.

First the memorandum of concurrence. So, as before you are required to submit a memorandum of concurrence with your updated state plan and before the sign-off requires includes the Title V agency, agency administering title to the prevention treatment act, single state agency for substance abuse services and the Head Start collaboration office and we are now requiring three additional sign-offs in addition to those. First, child welfare agency administrator, so administrator of Title IV E and B, if the agency is not also administering other titles. Childhood funded administrator and the state advisory council on early childhood education and care. And we also encourage seeking consensus and coordination for other partners and collaborators as listed in the SIR. You are also required to submit as part of your updated state plan a budget and budget narrative, including what Angela described. Next slide.

So updated state plan will be reviewed internally by federal project staff, and to be approved the plan must be responsive to the requirements in the SIR. Federal staff will review to determine whether each requirement has been addressed fully and completely and indicates the state will implement the high quality state or visiting program. The review will consider the justification of targeted communities at risk, how the models address specific community's needs, the plan for meeting benchmarks and collecting data, the overall feasibility of the updated state plan and the level of commitment and concurrence among required partners. Next slide.

So the next step, you will be submitting the updated state plan within 90 to 120 days of issuance, between May 8 and June 8 of 2011, and submit it online at the handbook at the website shown here. Next slide.

There are many other resources in the SIR provided, so appendix A, criteria for evidence-based models, these are based on the federal register note we did earlier and responding to the comments. In appendix B, the list of models that meet for effectiveness in order. And C, promising approaches. Appendix D, specific guidance regarding benchmark areas and we encourage you to look very closely at this section. Appendix E, the project officers. Appendix F, the response to the public comments on the federal register notice. And G, a glossary of major terms in the SIR, and H, the audit which Angela discussed. And now Angela will give you some details about upcoming technical assistance we will be providing.

ANGELA ABLORH-ODJIDJA: Thank you. Next slide, please. The slide title, upcoming TA, updated state plan. A variety of technical assistance resources will be provided to grantees as they work to work on the state plans. Webinars, regional conference calls, learning collaboratives, just to make a few. And in the days coming up, a number of webinars already scheduled. The first being the evidence review webinar, which is scheduled for February 22nd from 3 to 4:30 p.m. After that, the data systems at February 24, from 3 to 4:30 and March 3, a webinar on benchmarks. Additional webinars will be announced on other topics related to the SIR shortly. Regional project officers will provide this information. Again, within the upcoming

weeks and we will also have this information hopefully posted to the HRSA website.

We are also planning for other forms of learning and targeted on-site technical assistance as needed and requested. More details to come about those specific types of technical things, resources, shortly. Next slide, please.

Here we have contact information. The project officer for this project, home visiting program is Dr. Audrey Yowell, her information is listed on the slide. We encourage all states to get in contact with your HRSA regional project officers. I have no doubt many of you have been in contact with your regional project officers and will continue to do so as we move forward. If you are not already familiar with their contact information, the information has been provided in the guidance. Again, we will not be answering questions at the conclusion of this webinar, which is actually concluding right now. However, hopefully you have submitted questions to the webcast as instructed earlier and we will download these questions and provide responses as soon as possible. Thank you for taking the time to participate on this webcast, and on behalf of HRSA we look forward to working with you on the updated state plans. Thank you very much, and have a great afternoon.