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

Dieuwke Spencer, Chief Jacquie Daniel, Principal Research Analyst Mitch Scoggins, Program Manager Laura DeBoer, Health Program Manager



HRSA/ACF Funding Opportunity Announcement, 7-1-10, page 7

Home Visiting: What is it?

Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation

Evidence-Based: What is it?

• Evidence-based program defined as existing for at least three years, research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education with comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, demonstrate significant, sustained positive outcomes per required benchmarks and participant outcomes when evaluated using well-designed and rigorous, randomized controlled research designs and the results are published in a peer-reviewed journal, or Quasi-experimental research designs. Or, the model must conform to a promising and new approach which achieves the required benchmarks and participant outcomes

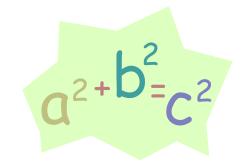
Federal Register / Vol. 75, No. 141 / Friday, July 23, 2010: Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program.

ACA Maternal, Infant, and Early Childhood Home Visiting Program

What are required outcomes?

- Participant outcomes & benchmarks
- Demonstration of improvement at 3 year on 5-6 outcomes

Maternal Health	Child Health	
Child Development & School Readiness	Prevention of Child Injuries & Maltreatment	
Parenting Skills	Reductions in Crime or Domestic Violence	
Improved Family Economic Self- Sufficiency	Improved Coordination & Resources of Community Supports	



Achieving Outcomes

- Legislatively Allowed
 - At a minimum: 75% funding to "Evidenced-Based Models"
 - At a maximum: 25% funding to "Promising Practices"
- HmV Programs/Models that MAY BE Eligible
 - Early Head Start
 - Healthy Families America
 - Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - Nurse Family Partnership
 - Parent-Child Home Project
 - Parents as Teacher
 - Positive Parenting Program (Triple P)
 - Safe Care

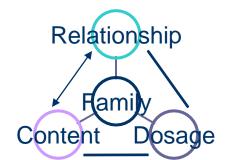
Achieving Outcomes

HmV Infrastructure Elements

- Planning
- Operations
- Workforce Development
- Funding
- Collaboration
- Communication
- Community & Political Support
- Evaluation

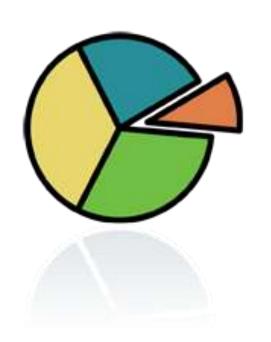
Aspects of HmV Programs Necessary to Achieve Outcomes

- Dosage
- Content
- Relationships
 - Family → Home Visitor
 - Supervisor → Home Visitor

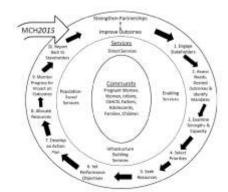


Zero to Three Journal (2010) Home Visiting: Past, Present, and Future July, 30:6, 70 pgs.

Application Process



- Initial Application
 - Submitted July, 2010
 - Required letters of concurrence
- Needs Assessment
 - Submitted Sept., 2010
 - Analyze Data
- State Plan (Implementation)
 - 2010 or 2011?
 - Plan & Implement



Needs Assessment Overview

- Complete statewide data report
 - Prescribed indicators related to program outcomes
- Identify and define "community"
 - Unit of intervention and data reporting
- Complete a data report for each "community"
 - Determine "community's at-risk"
- Detail quality/capacity of existing home visitation programs in "at-risk communities"
 - Quantify and qualify current initiatives in Idaho communities
- Detail capacity for providing substance abuse treatment and counseling services to individuals/families in "at-risk communities"
 - Define services available to women and children in need
- Summarize of needs assessment results and discuss plan to address unmet needs
 - Describe initial plans to implement program in Idaho

1. Statewide Data Report

- Premature Birth
- Low Birth Weight
- Infant Mortality
- Crime Rate
 - Juvenile
 - Total
- Domestic Violence
 - Rate of IPV
 - Abuse during pregnancy
- Poverty Rate

- Substance Abuse
 - Adult binge drinking
 - Adult illicit drug use
 - Adult marijuana use
 - Adult illicit drug use other than marijuana
- Unemployment Rate
- Rate of substantiated Maltreatment
 - By type of maltreatment
- High School Drop Out Rate

2. Identify and Define "Community"

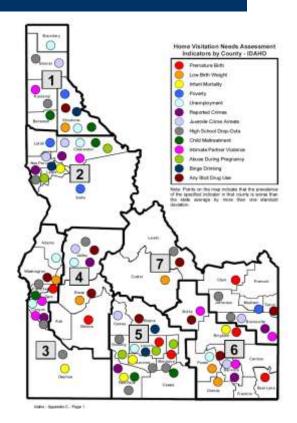
- Public Health Districts
 - Method of data collection and analysis
 - Data available at county level



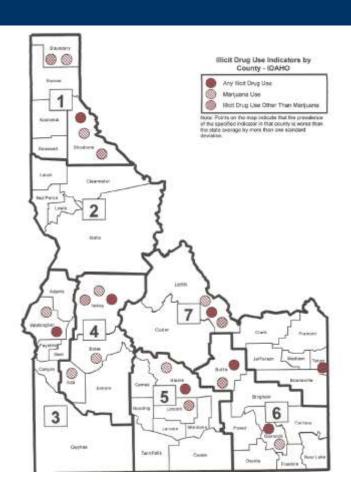
3. "Community" Data Report

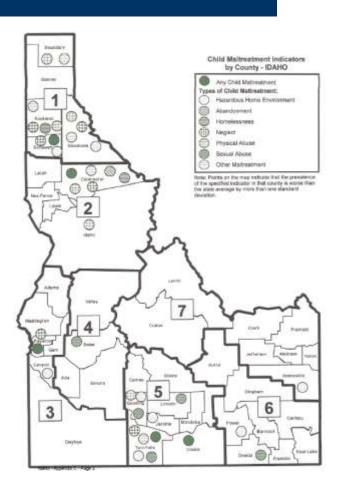
- Risk Rating of "At Risk"
 Communities
 - **Public Health District 2:** 21.5%
 - **Public Health District 1:** 18.5%
 - **Public Health District 5: 18.3%**
 - **Public Health District 3: 16.7%**
 - **Public Health District 4:** 15.4%
 - **Public Health District 6: 11.5%**
 - **Public Health District 7: 10.6%**

Note: These percentages are proportions of risk and are not expected to total 100%.

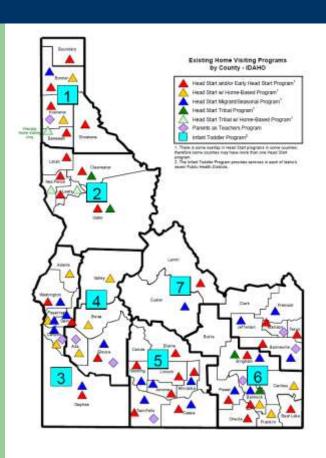


Illicit Drug Use and Maltreatment



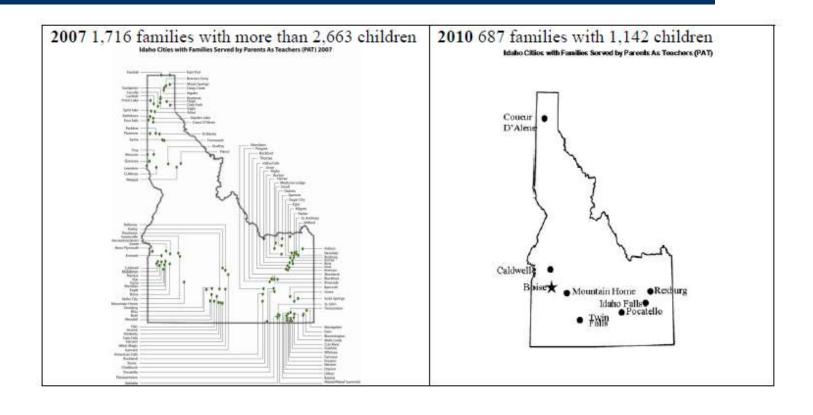


4. Current Home Visiting in Idaho



- Head Start Home-Based & Early Head Start
 - 2009: 13 programs served 4,707 children
 - 2009: Waitlist of 4,615 children
- Parents as Teachers (PAT)
 - 2009: 9 programs served 687 families
 - 2007: 1,716 families served
- Infant Toddler Program
 - 2008: 1,954 children 0-3 yrs with developmental delay served
 - 2008: 15.7% of enrolled children did not received timely services

Parents as Teachers



5. "Community" capacity for substance abuse treatment & counseling

- State-Funded Recovery Support Services include:
 - Family, Marital and Life Skills
 - Transportation
 - Alcohol and Drug Testing
 - Child Care
 - Adult Staffed Safe and Sober Housing
 - Case Management
- 4 providers that serve pregnant women and women with children (PWWC) through PWWC Provider Network
- Barriers to treatment and counseling:
 - Insurance (\$), Transportation, Waitlists, Awareness





Source: Behavior Risk Factor Surveillance System (BRFSS), National Survey on Drug Use and Health (NSDUH), Division of Behavioral Health – Substance Abuse Disorders

6. Summary & unmet needs

- Target "Communities at-risk"
- Build capacity to provide home visiting services
- Align with existing initiative and systems of care

		2009	
Community	Risk Rating	Population (%)	# Births (rate) 2008
Public Health District 2	21.5%	104,496 (6.8%)	1,239 (12.1)
Public Health District 1	18.5%	213,662 (13.8%)	2,656 (12.5)
Public Health District 5	18.3%	179,994 (11.6%)	3,115 (17.7)



Estimated Funding Levels

Formula Based

- Year 1: \$763,792
- Year 2: \$1,909,480
- Year 3: \$2,673,272
- Year 4: \$3,055,168
- Year 5: \$3,055,168

Level Funding

- Year 1: \$763,792
- Year 2: \$763,792
- Year 3: \$763,792
- Year 4: \$763,792
- Year 5: \$763,792



Thank you!

Questions or Comments?





