



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

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Overview of Presentation

- A. Legislative Authority
- B. Home Visiting (HV) Program Goals
- C. Early Hearing and Detection (EHDI) Goals
- D. Working Together

Legislative Authority

- Section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)
- Amends Title V of the Social Security Act to add Section 511: Maternal, Infant, and Early Childhood Home Visiting Programs
- \$1.5 billion over 5 years
 - \$100 m FY 2010
 - \$250 m FY 2011
 - \$350 m FY 2012
 - \$400 m FY 2013 and FY 2014

Legislative Authority

- Grants to States (with 3 percent set-aside for grants to Tribes, Tribal Organizations, or Urban Indian Organizations and 3 percent set-aside for research, evaluation, and TA)
- Requirement for collaborative implementation by HRSA and ACF

Legislation Purposes

- (1) To strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
- (2) To improve coordination of services for at-risk communities; and
- (3) To identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities

Home Visiting Participant Outcomes

Through high-quality, “evidence-based” home visiting programs targeted to pregnant women, expectant fathers, and parents and primary caregivers of children aged birth to kindergarten entry in at-risk communities, promote:

Improvements in maternal and prenatal health, infant health, and child health and development;

Prevention of child injuries ;reductions in the incidence of child maltreatment
Increased school readiness;

Home Visiting Participant Outcomes

- Improved parenting related to child development and school readiness outcomes;
- Improved family economic self – sufficiency or socio-economic status;
- Greater coordination of referrals to community resources and supports; and
- Reductions in crime and domestic violence

Additional Program Goals

- Support the development of statewide systems in every State to ensure effective implementation of evidence-based home visiting programs grounded in empirical knowledge
- Establish home visiting as a key early childhood service delivery strategy in high-quality, *comprehensive* statewide early childhood systems in every State
- Foster collaboration among maternal and child health, early learning, and child abuse prevention leaders in every State
- Promote collaboration and partnerships among States, the Federal government, local communities, home visitation model developers, families, and other stakeholders

“Evidence-Based” Policy

- Requires grantees to implement evidence-based home visiting models
 - Federal Register Notice published July 23rd inviting public comment on proposed criteria for assessing evidence of effectiveness of home visiting program models.
- Allows for implementation of promising strategies
 - Up to 25% of funding can be used to fund “promising and new approaches” that would be rigorously evaluated

Needs Assessment

- The assessment identified:
 - 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.

Needs Assessment, continued

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

EHDI Program

- **Every child born with a hearing loss is identified before 3 months of age and provided with timely and appropriate intervention by 6 months of age.**
- **Every family of an infant with hearing loss receives culturally-competent family support as desired.**
- **All newborns have a "medical home."**
- **State Departments of Health have effective newborn hearing screening tracking and data management systems which are linked with other relevant public health information systems.**

EHDI Legislation

- In December 2010 the United States Senate and the House of Representatives each voted to approve the Early Hearing Detection and Intervention Act of 2010 (HR. 1246, S. 3199). President Obama signed the legislation into law on December 22nd

The Early Hearing Detection and Intervention Act of 2010:

- Amends the Public Health Service Act to:
- (1) expand the newborn and infant hearing loss program to include diagnostic services among the services provided; and
- (2) require the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration, to assist in the recruitment, retention, education, to implement the program.

EHDI Legislation

Revises program purposes to include:

- (1) developing and monitoring the efficacy of statewide programs and systems for hearing screening of newborns and infants, prompt evaluation and diagnosis of children referred from screening programs, and appropriate education, audiological, and medical interventions for children identified with hearing loss;
- (2) developing efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified healthcare provider; and
- (3) ensuring an adequate supply of qualified personnel to meet the screening, evaluation, and early intervention needs of children.

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EHDI Legislation

- Amends the definition of "early intervention" to require that families be given the opportunity to obtain the full range of appropriate early intervention services, educational and program placements, and other options for their child from highly qualified providers

EHDI Grants Program Goals

- Administered by HRSA, Maternal and Child Health Bureau
- Component Parts:
 - Newborn Hearing Screening
 - Early Childhood Hearing Screening
 - Diagnostic Audiology
 - Early Intervention
 - Family Support
 - Medical Home
 - Data Management
 - Financing & Reimbursements
 - Program Evaluation

Evaluation

- Both HV and EHDI have evaluation components. The importance of program evaluation and quality assurance activities are increasingly recognized
- The evaluations are to assess the
 - Effectiveness of the program with different populations
 - Potential for activities to expand
 - Address health disparities
 - Improve health care practices; system for quality efficiencies and reduction of cost

Synergy Between Programs

- Early Hearing Screening and Early Identification of families with special health needs
- Medical Home (Continuity of Care and ties between Medical and Educational Communities)
- Early Head Start (Funding for the early childhood initiatives have been provided in part by the Administration for Children and Families Office of Head Start, the Maternal and Child Health Bureau)
- Culturally Competent Family Support (Hallmark of HV and EHDI)

Working Together

- **The HV legislation provides a strong platform for the interagency collaboration required for the proposed home visiting programs to operate effectively as part of a coordinated continuum of early childhood supports**

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Thank you!