On March 23, 2010, President Obama signed the *Patient Protection and Affordable Care Act* which included, among other critical provisions, $1.5 billion in mandatory funding over 5 years for high quality, evidence-based, voluntary early childhood home visitation services. This investment will significantly expand home visitation services, helping to ensure that more children have the opportunity to grow up healthy, safe, ready to learn and able to become productive members of society.

Grants will be made available to States, Tribes and other eligible entities to deliver voluntary home visitation services to eligible families to promote a range of positive outcomes for children and families, including improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, and families’ socioeconomic status, and reductions in child abuse, neglect and injuries. By selecting an array of service delivery models that, together, have demonstrated positive outcomes in benchmark areas and participant outcomes specified in the law, eligible entities will help improve outcomes and opportunities for vulnerable children and families.

<table>
<thead>
<tr>
<th>Patient Protection and Affordable Care Act</th>
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<tbody>
<tr>
<td><strong>Purpose</strong></td>
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<tr>
<td>- To strengthen and improve the programs and activities carried out under this title [42 U.S.C. 701 et seq.];</td>
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<tr>
<td>- to improve coordination of services for at risk communities; and</td>
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<td>- to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities.</td>
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<td>Sec. 511(a)</td>
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<tr>
<td><strong>Statutory Authority</strong></td>
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<tr>
<td>Title V of the Social Security Act (42 U.S.C. 701 et seq.)</td>
</tr>
</tbody>
</table>
| **Federal Administration** | The Secretary shall designate an administrative unit with expertise in maternal and child health within the Department of Health and Human Services. The Secretary shall also ensure that the Maternal and Child Health Bureau and the Administration for Children and Families collaborate with respect to all aspects of carrying out this program including with respect to—
| | • reviewing and analyzing the statewide needs assessments
| | • the awarding and oversight of grants
| | • the establishment of the advisory panels, and
| | • the national evaluation and report
| | The statute also requires MCH and ACF to consult with other Federal agencies.
| | Sec. 511(i)(2)(G) specifies that Sec. 509(a) of Title V of the Social Security Act applies to this program and Sec. 511(h)(1)(A)-(B)
| **State Administration** | Not specified. State administration is not limited to the State health agency and consistent with Sec. 509(a)(8), may be jointly administered.
| | Sec. 511(i) specifies that Sec. 509(a) of Title V of the Social Security Act applies to this program and that 509(b) does not.
| **Needs Assessment** | Not later than 6 months after enactment, each State shall, as a condition of receiving payments from an allotment for the State under section 502 for fiscal year 2011, conduct a statewide needs assessment (which shall be separate from the statewide needs assessment required under section 505(a)) that identifies—
| | • 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;
| | • the quality and capacity of existing programs or initiatives for early childhood home visitation 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 in the State; and
| | | • the extent to which such programs or initiatives are meeting the needs of eligible families; and
| | | • the State’s capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.
| | Sec. 511(b)(1)
In conducting the statewide needs assessment, the State shall coordinate with, and take into account, other appropriate needs assessments conducted by the State, as determined by the Secretary, including the needs assessment required under section 505(a) (both the most recently completed assessment and any such assessment in progress); the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and 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 the Child Abuse Prevention and Treatment Act.

Sec. 511(b)(2)

Each State shall submit to the Secretary the results of the statewide needs assessment and a description of how the State intends to address needs identified by the assessment, particularly with respect to communities identified as at risk.

Sec. 511(b)(3)

### Requirements for Grant Application

An eligible entity seeking a grant under the program must submit an application that includes the following:

1. A description of the populations to be served, including specific information regarding how the entity will serve high risk populations
2. Assurance that the entity will prioritize serving low-income eligible families and eligible families who reside in at risk communities identified in the statewide needs assessment
3. The service delivery model or models that the entity will use under the program and the basis for the selection of the model or models
4. Statement identifying how the selection of the populations to be served and the service delivery model or models that the entity will use under the program for such populations is consistent with the results of the statewide needs assessment
5. Quantifiable, measurable benchmarks established by the State in key areas
6. Assurance that the entity will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used under the program to verify that the program is implemented and services are delivered according to the model specifications.
7. Assurances that the entity will establish procedures to ensure that participation in the program is voluntary and that services are provided to families in accordance with individualized assessments.
8. Assurances that the entity will submit annual reports to the Secretary and cooperate with national research and evaluation activities
9. Description of, where applicable, other State programs that include home visitation including under CAPTA and Early Head Start
10. Other information as required by the Secretary

Sec. 511(e)
| **Eligible Entities** | The term ‘eligible entity’ means a State, an Indian Tribe, Tribal Organization, or Urban Indian Organization, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.  
- Nonprofit Organizations - Only for purposes of awarding grants, such term shall include a nonprofit organization with an established record of providing early childhood home visitation programs or initiatives in a State or several States.  
- Indian Tribe; Tribal Organization - The terms ‘Indian Tribe’ and ‘Tribal Organization,’ and ‘Urban Indian Organization’ have the meanings given such terms in section 4 of the “Indian Health Care Improvement Act.” |

| **Eligible Families** | The term ‘eligible family’ means—  
- a woman who is pregnant, and the father of the child if the father is available; or  
- 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 until entry into kindergarten, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child. |

| **Technical Assistance to Grantees** | The Secretary shall provide an eligible entity that receives a grant with technical assistance in administering programs or activities conducted in whole or in part with grant funds. |

| **Prioritized Service Population** | The eligible entity gives priority to providing services under the program to eligible families that:  
- Reside in communities in need of such services, as identified in the statewide needs assessment  
- Are low-income eligible families.  
- Include pregnant women who have not attained age 21.  
- Have a history of child abuse or neglect.  
- Have had interactions with child welfare services.  
- Have a history of substance abuse or need substance abuse treatment.  
- Have users of tobacco products in the home.  
- Have children with low student achievement.  
- Have children with developmental delays or disabilities.  
- Include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States. |

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### Quantifiable, Measurable Benchmarks

Eligible entities must establish quantifiable, measurable 3- and 5-year benchmarks for demonstrating that the program results in improvements for the eligible families participating in the program in each of the following areas:

- Improved maternal and newborn health.
- Prevention of child injuries, child abuse, neglect, 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.

Sec. 511(d)(1)(A)

Not later than 30 days after the end of the 3rd year in which the program is conducted, the entity must submit a report to the Secretary demonstrating improvement in at least 4 of the above areas.

If the report submitted fails to demonstrate improvement in at least 4 of the areas specified, the entity shall develop and implement a plan to improve outcomes in each of the 6 areas. The plan shall include provisions for the Secretary to monitor implementation of the plan and conduct continued oversight of the program, including through submission of regular reports to the Secretary.

Sec. 511(d)(1)(B)(i) and (ii)

The Secretary shall provide an eligible entity required to develop and implement an improvement plan with technical assistance to develop and implement the plan. The Secretary may provide the technical assistance directly or through grants, contracts, or cooperative agreements.

Sec. 511(d)(1)(B)(iii)(I)

The Secretary shall establish an advisory panel for purposes of obtaining recommendations regarding the technical assistance.

Sec. 511(d)(1)(B)(iii)(II)

If the Secretary determines after a specified period of time that an eligible entity implementing an improvement plan has failed to demonstrate any improvement in the 6 areas specified, or that an eligible entity has failed to submit the required report, the Secretary shall terminate the entity’s grant and may include any unexpended grant funds in grants made to nonprofit organizations.

Sec. 511(d)(1)(B)(iv)

Not later than December 31, 2015, the eligible entity shall submit a report to the Secretary demonstrating improvements (if any) in each of the 6 areas.

Sec. 511(d)(1)(C)
### Participant Outcomes

Eligible entities are required to design their programs to result in the following participant outcomes that are identified on the basis of an individualized assessment of the family as being relevant for that family:

- Improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes
- Improvements in child health and development, including the prevention of child injuries and maltreatment and improvements in cognitive, language, social-emotional, and physical developmental indicators.
- Improvements in parenting skills.
- Improvements in school readiness and child academic achievement.
- Reductions in crime or domestic violence.
- Improvements in family economic self-sufficiency.
- Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training.

Sec. 511(d)(2)

### Requirements for Service Delivery Model or Models of Home Visitation

The program:

- Is conducted using 1 or more service delivery models that
  - conform to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant (and, in the case of randomized controlled research designs, sustained) positive outcomes, as described in the benchmark areas and the participant outcomes, when evaluated using well- designed and rigorous—
    - randomized controlled research designs, and the evaluation results have been published in a peer-reviewed journal; or
    - quasi-experimental research designs.
  - conform to a promising and new approach to achieving the specified benchmarks and specified participant outcomes, has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process (no more than 25 percent of the grant funds may be for such models).
- Adheres to a clear, consistent model that satisfies the requirements of being grounded in empirically based knowledge related to home visiting and linked to specified benchmark areas and specified participant outcomes.
- Employs well trained and competent staff, as demonstrated by education or training, such as nurses, social workers, child development specialists, or other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.
- Maintains high quality supervision to establish home visitor competencies.
- Demonstrates strong organizational capacity to implement the activities involved.
- Establishes appropriate linkages and referral networks to other community resources and supports for eligible families.
- Monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.

Sec. 511(d)(3)
### Criteria for Evidence of Effectiveness of Models

The Secretary shall establish criteria for evidence of effectiveness of the service delivery models and shall ensure that the process for establishing the criteria is transparent and provides the opportunity for public comment.  
Sec. 511(d)(3)(A)(iii)

### Priority Funding for Strongest Evidence

A state or other eligible entity is limited in the percentage of grant funds that can be used for a program using a promising service model. An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using a promising and new service delivery model.  
Sec. 511(d)(3)(A)(ii)

### Evaluation

The Secretary shall – based on the recommendations of the advisory panel – by grant, contract, or interagency agreement, conduct an evaluation of the statewide needs assessments submitted under and grants made to States and nonprofit organizations for early childhood home visitation programs. The evaluation shall include—

- an analysis, on a State-by-State basis, of the results of such assessments, including indicators of maternal and prenatal health and infant health and mortality, and State actions in response to the assessments; and
- an assessment of —
  - the effect of early childhood home visitation programs on child and parent outcomes, including with respect to each of the 6 specified benchmark areas and the specified participant outcomes;
  - the effectiveness of such programs on different populations, including the extent to which the ability of programs to improve participant outcomes varies across programs and populations; and
  - the potential for the activities conducted under such programs, if scaled broadly, to improve health care practices, eliminate health disparities, and improve health care system quality, efficiencies, and reduce costs.

A report to Congress on the findings of the evaluation is required not later than March 31, 2015. 
Sec. 511(g)(2)(A) and (B)

The Secretary, in accordance with required inter-agency collaboration, shall appoint an independent advisory panel consisting of experts in program evaluation and research, education, and early childhood programs—

- to review, and make recommendations on, the design and plan for the evaluation required within 1 year after the date of enactment of this section;
- to maintain and advise the Secretary regarding the progress of the evaluation; and
- to comment, if the panel so desires, on the report to Congress on the results of the evaluation.

Sec. 511(g)(1)
| Continuous Program of Research and Evaluation | The Secretary shall carry out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs, using random assignment designs to the maximum extent feasible. The Secretary may carry out such activities directly, or through grants, cooperative agreements, or contracts. The Secretary shall ensure that—
- evaluation of a specific program or project is conducted by persons or individuals not directly involved in the operation of such program or project; and
- the conduct of research and evaluation activities includes consultation with independent researchers, State officials, and developers and providers of home visiting programs on topics including research design and administrative data matching. Sec. 511(h)(3) |
| Reports to the Congress | Not later than December 31, 2015, the Secretary shall submit a report to Congress regarding the programs conducted with grants under this section. The report required under this paragraph shall include—
- information regarding the extent to which eligible entities receiving grants under this section demonstrated improvements in each of the 6 specified benchmarks;
- information regarding any technical assistance provided pursuant to reports to the Secretary after the 3rd year of the program, including the type of any such assistance provided; and
- recommendations for such legislative or administrative action as the Secretary determines appropriate. Sec. 511(h)(4) |
| Payment of Grant/Grants for Early Childhood Home Visitation Programs | In addition to any other payments made under this title to a State, the Secretary shall make grants to eligible entities to enable the entities to deliver services under early childhood home visitation programs to eligible families in order to promote improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, and the socioeconomic status of such families, and reductions in child abuse, neglect, and injuries. Sec. 511(c)(1) An eligible entity that receives a grant may use a portion of the funds made available to the entity during the first 6 months of the period for which the grant is made for planning or implementation activities to assist with the establishment of early childhood home visitation programs. Sec. 511(c)(2) The Secretary shall determine the period of years for which a grant is made to an eligible entity. Sec. 511(c)(3) |
| Grants to Tribes | Grant requirement for Indian Tribes, Tribal Organizations or Urban Indian Organizations must, to the greatest extent practicable, be consistent with the requirements for States.  

The entity must:  
• conduct a needs assessment similar to the assessment required for all States and  
• establish quantifiable, measurable 3- and 5-year benchmarks similar to those required for States.  
Sec. 511(h)(2)(A) |
| Grants to Nonprofit Organizations When State Not Approved for Grant | If, as of the beginning of FY 2012, a State has not been approved for a grant, grants may be made to nonprofit organizations with an established record of providing early childhood home visitation programs or initiatives in a State or several States.  

Grant requirements for such an organization to apply for and conduct the program which shall, to the greatest extent practicable, be consistent with the requirements for States.  
The entity must:  
• carry out the program based on the State needs assessment and  
• establish quantifiable, measurable 3- and 5-year benchmarks similar to those required for States.  
Sec. 511(h)(2)(B) |
| Maintenance of Effort (MOE) | Funds provided to an eligible entity receiving a grant under this section shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.  
Sec. 511(f) |
| Appropriations | Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out this section—  
• $100 million for FY 2010;  
• $250 million for FY 2011;  
• $350 million for FY 2012;  
• $400 million for FY 2013; and  
• $400 million for FY 2014.  
Sec. 511(j)(1) |
| Reservation of Funds | From the amounts appropriated for a fiscal year, the Secretary shall reserve:  
• 3 percent to make grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations;  
• 3 percent for technical assistance, evaluation and ongoing research and evaluation activities  
Sec. 511(j)(2) |
<table>
<thead>
<tr>
<th>Availability of Funds</th>
<th>Funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award. Any funds that are not expended by the eligible entity during the period in which the funds are available under the preceding sentence may be used for grants to nonprofit organizations. Sec. 511(j)(3)</th>
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| Applications of Other Provisions of Title V of the Social Security Act | • There are a number of protections and administrative provisions in Title V of the Social Security Act (Maternal and Child Health) that will apply to grants under this new home visiting section. These provisions include:
  o Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).
  o Section 504(c) (relating to the use of funds for the purchase of technical assistance).
  o Section 504(d) (relating to a limitation on administrative expenditures).
  o Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.
  o Section 507 (relating to penalties for false statements).
  o Section 508 (relating to nondiscrimination).
  o Section 509(a) (relating to the administration of the grant program).
Provisions in other sections will not apply. Sec. 511(i) |