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Webinar Overview

Welcome and Introductions
Overview: Home Visiting Funding Options for Agency Roles
Defining Capacity and Need
Home Visiting Expansion

- $100 million in new funding; $1.5 billion/5 years
- Allocated by formula to states
- States required to do a needs assessment: plan due July 9, 2010; full needs assessment by September 1
- Priority status for 17 grants made by the Children's Bureau (EBHV: Evidence-based Home Visiting grantees)
- Strong emphasis on evidence-based models
- Substance abuse referenced explicitly as a risk factor

The Purpose

- Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program
  - "The funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. This new program plays a crucial role in the national effort to build quality, comprehensive statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 years of age – and, ultimately, to improve health and development outcomes."1

Questions

- Are you now participating on the interagency group to develop the needs assessment?
- Are you compiling data on substance abuse agency capacity for the needs assessment?
- Are you compiling other information on the need for services for parents of younger children for the needs assessment?
- Are you working with SA providers to prepare them for roles in HV programs?

Home Visiting Models

- Healthy Families America
  www.healthyfamiliesamerica.org
- Nurse Family Partnership
  www.nursefamilypartnership.org
- Parents as Teachers
  www.parentsasteachers.org
- Positive Parenting Program
  www.5triplep.net
- SafeCare
  www.chhs.gsu.edu/safecare
How is Evidence-Based Defined?

- Detailed criteria to be published in mid-August
- “To encourage exemplary programs, HHS plans to allocate the increase in funds based upon States’ capacity and commitment to improve child outcomes specified in the statute through the implementation of home visiting programs with fidelity to high-quality evidence-based models.”
- Not necessarily defined in terms of links to substance abuse as a risk factor

Other Provisions

- “priority will be given to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs assessment”
- “if the State has one of the 17 ACF funded projects in the Evidence-Based Home Visiting cluster, the new funds will be used to support that current grantee.”

States with Evidenced-Based Home Visiting Grants

Source: Supporting Evidence-Based Home Visiting. http://supportingEBHV.org

Children’s Bureau FY 2008 Grantees

- FY 2008 Children’s Bureau Discretionary Grant and Cooperative Agreement Awards
- Supporting Evidence-Based Home Visitation Programs to Prevent Child Abuse and Neglect (CFDA # 93.670) Up to $500,000 per year for 5 years

- University of Oklahoma - Health Sciences Center, Oklahoma City, OK
- The Children’s Trust Fund of South Carolina, Columbia, SC
- Child and Family Tennessee, Knoxville, TN
- County of Solano Department of Health and Social Services, Fairfield, CA
- Rady Children’s Hospital, San Diego, CA
- Illinois Department of Human Services, Springfield, IL
- Minnesota Department of Health State Treasurer, St. Paul, MN
- Le Bonheur Community Outreach, Memphis, TN
- Rochester Society for the Prevention and Cruelty to Children, Rochester, NY
- DePelchin Children’s Center, Houston, TX
- St. Vincent Mercy Medical Center Foundation, Toledo, OH
- Rhode Island KIDS COUNT, Providence, RI
- Utah Department of Health, Salt Lake City, UT
- Colorado Judicial Department, Denver, CO
- State of Hawaii Department of Health, Honolulu, HI
- Children and Families First Delaware, Inc., Wilmington, DE
- State of New Jersey Department of Children and Families, Trenton, NJ
Options for Agency Roles

- Participate on advisory group to compile data for needs assessment; ensure State Director role
- Respond to requirement for assessing "the State’s capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services"7
- Compile data on prenatal exposure to alcohol, tobacco, or illicit drugs, where available, to document this major risk factor affecting first-time parents and their children
- Prepare information on HV models that emphasize substance abuse as a risk factor

Options for Agency Roles II

- Compile data from SAMHSA TEDS websites on entry of pregnant women to treatment:
  - For overall admission: http://wwwdasis.samhsa.gov/web/NewMapv1.htm
  - For details on pregnant admissions: https://www.icpsr.umich.edu/ticketlogin
  - Compare these numbers with prevalence data estimates for the state or locality
- Meet with home visiting providers to determine how they currently address these issues and what their screening indicates about the prevalence of prenatal exposure and post-natal effects of substance abuse as risk factors
- Comment on forthcoming HHS proposed evidence-related criteria for public comment through the Federal Register concerning different models of HV and the evidence of effectiveness associated with them.

Key Indicators*

- Admissions of pregnant and parenting women
- Number of clients admitted under 48-hour rule
- Total admissions of women
- Percentage of admissions who are parents
- Percentage of admissions referred from child welfare or mandated by the dependency court
- % of positive outcomes for the above groups
- Number of slots in family treatment programs
- Length of time to treatment and in treatment for above groups

Useful Data Sets

- Office of Applied Studies, Substance Abuse and Mental Health Services Administration http://oas.samhsa.gov
  - Residential Substance Abuse Treatment Facilities Offering Residential Beds for Clients’ Children8
  - Outpatient Substance Abuse Treatment Facilities that Provide Child Care for Their Clients’ Children9
  - Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 200710
    - http://www.oas.samhsa.gov/2k9/SAparents/SAparents.htm

*where available, compared to national averages and/or to all admissions
Defining Capacity and Need:

- **Need vs. demand vs. capacity:**
  - Three different concepts
  - Those needing treatment services may not be identified or may not voluntarily enroll
  - Those seeking services may exceed current capacity to provide treatment slots or treatment slots providing family-oriented treatment

**Need, Demand, and Capacity**

- **Need:** use of screening and assessment tools to identify clients with substance use disorders
- **Demand:** self-referral and other agencies’ referrals to treatment create different levels of demand, from suggestions that clients seek voluntary enrollment to mandated referrals from agencies and courts with the legal authority to end parental rights and sanction parents; and
- **Capacity:** available treatment slots and treatment agencies’ ability to provide the child care, health, employment, and transportation services needed to make treatment effective for many clients.

**Background Information on HV and SA in HRSA-10-275**


**Background Information on HV and SA in HRSA-10-275**

Background Information on HV and SA in HRSA-10-275

• The Pew Home Visiting Campaign. Federal Health Care Reform Legislation Home Visiting Summary:
• CLASP Detailed Summary of Home Visitation Program in the Patient Protection and Affordable Care Act:
• Supporting Evidence-Based Home Visiting Monthly EBHV newsletter:
  – http://www.supportingebhv.org

Contacting the Lead State Agency

• Typically, the state agency with responsibility for maternal and child health is the lead agency for home visiting planning
• For example, in California it is the California Department of Public Health
  Maternal, Child & Adolescent Health Program
  – http://www.cdph.ca.gov/programs/mcah/Pages/HVP-ContactUs.aspx

Other Questions?

• Send to Michelle Freeman, mfreeman@cfutures.org
• If questions relate to HV funding announcement, contact HRSA and/or ACF staff contacts referenced in their webinar of 6/17, available online at http://www.mchcom.com/liveWebcastDetail.asp?ieid=424
• Or the contacts mentioned on pp 21-22 of the announcement HRSA 10-275
• To access the materials from Thursday’s webinar by HRSA: http://www.mchcom.com/liveWebcastDetail.asp?ieid=424

References

1,2,4,5,7 Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program, Announcement Number: HRSA-10-275, Catalog of Federal Domestic Assistance (CFDA) No. 93.505
3 Statement for the Record by Submitted by Children and Family Futures for Hearing on Proposals to Provide Federal Funding for Early Childhood Home Visitation Programs U.S. House Committee on Ways and Means Subcommittee on Income Security and Family Support June 9, 2009