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The following memo provides a summary of recent developments in public policy issues of interest to Early Childhood advocates.

This Week in Washington

After a round the clock effort, on the heels of a 12-month debate, the health care reform bill was signed last week and the reconciliation bill was signed yesterday. As a result, Capitol Hill has been a pretty quiet place this week. Members and staff have left the Capitol grounds for a much-needed two-week spring recess. Although given the tension on the floor of the Congress during the debate, Members will likely be forced to continue the healthcare conversation with overheated constituents in their home states and districts this week, who were either jubilant or indignant about a vote for or against the bill.

The passage of the reconciliation bill, despite new provisions to increase support for Pell Grant recipients and aid to community colleges and Historically Black Colleges and Universities and Hispanic Serving Institutions, was a bitter pill for many birth-12 advocates to swallow. Discarded from the bill at the 11th hour were provisions that would have funded a new Early Learning Challenge Fund. The weight and cost of the health care reform bill just couldn't sustain all new early childhood spending. Secretary of Education Arne Duncan, aware of the disappointment, made it clear he would be working with the Congress to find other vehicles to enact these "important priorities of the Administration."

Last week marked the deadline for interested organizations to offer recommendations to the House Education and Labor Committee regarding the pending reauthorization of the Elementary and Secondary Education Act. Though few actually believe the bill can be rewritten and enacted in the short timeline that the Congress envisions, work is underway to attempt the task and undoubtedly thousands of comments were put forth.

Cherry blossoms are beginning to bloom around the Tidal Basin and signs of spring are everywhere. It is hard not to love being in Washington this time of year—even knowing that a long, hot, summer will soon be upon us.

Home Visiting Program

On March 23rd, President Obama signed the Patient Protection and Affordable Care Act into law. This landmark legislation includes an important provision that establishes a new home visiting grant program. Below is an overview of the \$1.5 billion over 5 years program which will be run by HHS's MCH Bureau, in collaboration with ACF.

States that have conducted an assessment on their home visitation needs will be eligible to apply for grants to support a home visiting program. The first requirement for states applying for funds will be to establish quantifiable, measurable 3- and 5-year benchmarks that a statewide home visiting program must meet, including improvements in maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reductions in emergency department visits; improvements in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports. To continue to receive funding, states will be required to show after 3 years improvements in at least 4 these areas and in all 6 after 5 years.

States will also be required to track outcome data for participating families areas, including improvements in prenatal, maternal, newborn, and child health; improvements in cognitive, language, social-emotional, and physical development indicators; improvements in parenting skills; and improvements in school readiness and child academic achievement, among other outcomes. Additionally, a state's home visiting program will be required to give priority to serving high risk families.

With regard to delivery of home visiting services, states will be permitted to fund one or more service delivery models. However, the bill does require that the state use at least 75% of the funds to implement home visiting model or models that meet the following evidence-based criteria:

- Has been in existence for at least 3 years;
- Research-based, grounded in empirically-based knowledge and linked to program determined outcomes;
- Associated with a national organization or institution of higher education;
- Program standards that ensure high quality service delivery;
- Demonstrated outcomes in the aforementioned benchmark and participant outcome areas;
- Evaluation results "using well-designed – rigorous randomized controlled research designs, and the evaluation results have been published in a peer-reviewed journal; OR quasi-experimental research designs."

States will also be permitted to use up to 25% of their grant to fund promising or new home visiting approaches that may not meet these evidence-based criteria. Finally, states will also be required to conduct in-depth evaluations of the models used in their state.

While this summary provides a broad overview of the requirements and design of the new home visitation program funded in the health care reform bill, the next step that will be critical to how programs are funded and implemented is the development of federal rules and regulations. This process is already underway on the federal level so stay tuned.

AMCHP Hosts a Conference Call on Enacted Health Care Reform Bill

Last week, only two hours after President Obama signed the health care reform bill into law, the Association of Child and Maternal Health Programs (AMCHP) held a conference call for its members to outline some of the new provisions found in Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act of 2010. The focus of the discussion was to highlight some of the important maternal and child health (MCH)-related provisions found in these measures, with a particular focus on the new home visiting provision.

Overall it must be said that many of the state MCH state leaders on the call were very excited about the new home visiting provision, yet had many questions which the AMCHP staff could not answer because of the lack of clarity found in the statutory language. AMCHP staff stressed that they are very well aware of the questions that need to be answered, and that HHS must now quickly work on regulatory guidance for the states. AMCHP staff also emphasized that state leaders need to give federal staff a little time to figure this out.

Questions were also raised about what entity in the State would have the authority to designate the State's lead agency for caring out the new home visiting provisions. Once again AMCHP staff stressed that the statutory language is unclear. They assume that the Governor would be given the authority to designate the lead agency but this was only an assumption based on how other laws have been carried out. In addition state leaders were also interested in how the funds would be allocated to the States, i.e., would it be by formula or would it be by a competitive grant process? Again, the statutory language is unclear and provides no specific guidance so these details will have to be clarified through regulatory guidance. It was also pointed out however, that states would not have to "match" federal funds but there would have to be a maintenance of effort requirement whereby federal funds cannot replace current state funding for home visiting.

Another large part of the conversation centered on the immediate need for state MCH programs to complete a home visiting needs assessment in the next 6 months. AMCHP staff noted, while a burden for many states to conduct this assessment in a time of shrinking budgets and staff, that they thought it was a wonderful opportunity and stated that "we want to have a can-do attitude" about this assessment and are ready to assist AMCHP members in any way they can to complete this task. It also appears from the statutory language that some of the State's first year funds can be used to help develop and complete this task. AMCHP staff stressed that while many states are already conducting other kinds of comprehensive needs assessments, the particulars of the home visiting needs assessment are clearly outlined in the statutory language so that while it can be coordinated with other work in the state, the MCH staff must take the lead in this endeavor.

Finally, questions of concern were expressed by some state leaders regarding their ability to identify and understand what constitutes an "evidenced-based home visiting model." They were also very concerned with their capacity to train home visiting staff. One state leader from TN said that factor was simply "overwhelming" as the state only had 1 known trainer at their disposal. For some States there seems to be a great need of technical assistance in identifying evidenced-base model programs and training. In addition AMCHP staff are well aware that their members need technical assistance in this regard and an AMCHP task force has been formed to identify all technical assistance needs. Overall, many questions remain unclear as HHS regulatory guidance is needed.