August 16, 2010

Mary K. Wakefield
Administrator
Health Resources and Services Administration

Carmen R. Nazario
Assistant Secretary
Administration for Children and Families

Re: Doc. 2010–18013

Dear Dr. Wakefield and Assistant Secretary Nazario:

The Association of Maternal & Child Health Programs (AMCHP) appreciates the opportunity to comment on criteria for evidence of effectiveness of home visiting program models for pregnant women, expectant fathers, and caregivers of children birth through kindergarten entry. AMCHP is the national organization representing state and territorial maternal and child health leaders whose mission is to improve the health and well-being of all women, children, and families, including children with special health care needs. We are appreciative of the information shared in the federal register which outlines both the proposed criteria and proposed methodology for the Department of Health and Human Services (HHS) systematic review for home visiting program models.

AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. Our members serve all women and children nationwide, and strive to improve the health of all women, infants, children and adolescents, including those with special health care needs, by administering critical public health education and screening services, and coordinating preventive, primary and specialty care. Under Title V, states have developed comprehensive early childhood systems development plans, specifying needed resources for effective family support and involvement, parent education, and other investments in healthy early child development. Many state maternal and child health programs will be the state lead for administering programs under the ACA Maternal, Infant, and Early Childhood Home Visiting Program, and therefore, AMCHP has sought member input and guidance in formulating our comments and suggestions in response to the criteria and process outlined in the federal register. These comments are based on the majority views of AMCHP members from whom we heard.

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§1.0 Purpose of Program and §2.0 Background

*The federal register reiterates the purpose and background of the ACA Maternal, Infant, and Early Childhood Home Visiting Program: "**the program is designed to strengthen and improve home visiting programs, improve service coordination for at risk communities, and identify and provide comprehensive evidence based home visiting services to families who reside in at risk communities**." Throughout the register, the age range for children that the program is intended to reach is referred to differently, in the summary as "**children birth through kindergarten entry"** and in the background section as **"children from birth to 8 years of age."***

It would be helpful for states in their planning for the program if a clarification from HHS was provided, as programs that target children from birth to age five (typically children enter kindergarten at age five) may differ substantially from those that attempt to reach school-age children.

*Also reiterated in the background section is the program's intent to "**result in a coordinated system of early childhood home visiting in every State that has the capacity to provide infrastructure and supports to assure high-quality, evidence-based practice**."*

AMCHP is pleased that state maternal and child health leaders will have the opportunity to draw on their leadership and experience in identifying areas of greatest need, guiding replication of programs within a state, and reducing duplication of services in implementing the home visiting program. State health agencies will also work to assure interagency planning and linkages to other efforts and investments focused on promoting family health and optimizing early childhood development within a state. We ask that you continue to consider the especially trying fiscal constraints most states are facing as you make future allocations under the ACA Maternal, Infant, and Early Childhood Home Visiting Program. It is our hope, and we believe in the best interest of ensuring a successful program, that all states are provided adequate resources to build and ensure a coordinated system according to the Home Visiting program's intent.

§2.2 Use of Funds for ''Evidence-Based'' Programs

*While the majority of funds for the home visiting program are reserved for programs with evidence of effectiveness based on rigorous evaluation research, the federal register states that "**It is expected that eligible entities will also have an opportunity to present documentation in their applications for the ACA Maternal, Infant, and Early Childhood Home Visiting program to demonstrate that additional home visiting models meet the final criteria**."*

In order for states to best prepare such documentation, we recommend that HHS provide details on what type of documentation will be necessary to address the final criteria, whom that should be provided to, and what the timeline of review for these additional programs will be as soon possible.

§3.0 Proposed Criteria for Evidence of Effectiveness

HHS proposes to consider a program model eligible for evidence-based funding for the purposes of the ACA Maternal, Infant, and Early Childhood Home Visiting Program if it meets the following minimum criteria:

- *At least one high- or moderate quality impact study of the program model finds favorable, statistically significant impacts in <u>two or more of the eight outcome domains</u>; or*
- *At least two high- or moderate quality impact studies using different samples of the program model find one or more favorable, statistically significant impacts <u>in the same domain</u>.*

In planning to achieve improvements in at least four, and aspiring to improve in all eight outcome areas, states are advised to implement models that have demonstrated significant impacts in these domains. According to the federal register, a program may receive a "high" rating by showing impacts in two or more of the domains. AMCHP recommends clarifying how HHS intends for states to achieve progress in all eight domains implementing models that may only demonstrate outcomes in two or more.

We would like to see HHS clarify if states are expected to implement more than one model in their state and if this is the case, to be aware of the potential fiscal and infrastructure challenges that states could face in attempting to implement multiple models. We have also considered that it may be the intent of HHS that states may demonstrate progress in outcome areas as a result of increased coordination of services (i.e. greater capacity to refer women to substance abuse treatment). Further clarification on this aspect of the program would also be helpful.

§4.0 Proposed Methods for HHS's Systematic Review of Evidence of Effectiveness

HHS is conducting a comprehensive and detailed program model-by-model review of the available evidence of effectiveness of home visiting programs which is being carried out through a contract to Mathematica Policy Research, Inc. and led by the Administration for Children and Families in collaboration with the Health Resources and Services Administration, the Office of the Assistant Secretary for Planning and Evaluation, and the Centers for Disease Control and Prevention.

AMCHP recommends that HHS clarify the timeline for releasing the review results and consider how the release of results may impact states' ability to plan accordingly for implementation. Particularly if the rating of the model (or models) that a state may choose to implement will impact their competitiveness as early as next year, it is in the states' best interest to have as much information as possible as soon as possible in planning their programs.

§5.0 Implementation Reviews

AMCHP applauds HHS plans to collect and publish information about implementation of the prioritized program models. Both implementation reports - one focused on the support available to assist interested entities to implement the model or infrastructure required to implement the model and the other focused on implementation experiences during the impact trials or in implementing the model in the field – will provide very useful information for states in program planning. AMCHP also recommends including cost benefit analysis for the various home visitation models. In addition, states would benefit from information on how various models impact the eight outcome areas that the home visitation program is to address.

§7.0 Future Allocations Based on Application Strength

According to this section of the federal register, HHS plans to ***"allocate the ACA Maternal, Infant and Early Childhood Home Visiting Program funding available in future years that exceeds funding available in FY 2010 competitively based upon States' capacity and commitment to improve child outcomes specified in the statute through improvements in service coordination and the implementation of home visiting programs with fidelity to high-quality, evidence-based models."***

AMCHP believes it is important to continue to evaluate home visiting programs and use the data from these evaluations to drive future investments in home visitation initiatives. AMCHP applauds efforts to identify and evaluate successful home visitation programs and use evaluation data to improve quality and replicate

effective programs nationwide to advance the health of America's families. However, AMCHP strongly urges HHS to consider both the timing of implementing competition for future funding allocations and the overall approach to doing so.

AMCHP believes that in order to assure that all states have adequate resources and ample opportunity to build capacity to implement the ACA home visiting program, all states should receive allocations in future years according to the formula established in the first FOA for the program. As has been the case with other federal grant opportunities, states with more capacity to submit competitive applications have an advantage over states that have less capacity to do so, which are often those most in need of resources. Awarding funding on a competitive basis may threaten to exacerbate disparities in already underserved states and communities.

AMCHP is also concerned that the competitive funding structure in future years will inhibit states' practical ability to plan for future years and sustain the infrastructure needed to build effective systems, implement successful programs, and collect necessary community wide and client specific data. The ACA legislation explicitly built in a process with 3 and 5 year benchmark reporting to assess state progress in meeting outcomes and assist states that are struggling to meet the outcomes laid out in the legislation with a corrective action plan. It may take years to build the necessary infrastructure and programs to achieve and report on improvements in the eight program domains. In addition, impact in benchmark areas such as school readiness and reductions in crime will not be known until years after a home visitation program intervention.

AMCHP strongly recommends that HHS reconsider funding the program competitively in fiscal year 2011. States will need more than one year of program implementation to build infrastructure and capacity for the program and collect data to report progress in the eight designated outcome areas.

As noted in the federal register, strength of evidence is proposed to be only one factor in the evaluation of the strength of States' applications in future years, and HHS invited comments on other appropriate factors as well. We appreciate the invitation to comment on what appropriate factors outside of strength of the available effectiveness of the model (or models) employed by the state should be considered when determining the competitiveness of a state's application. AMCHP recommends consideration of the following:

- Applicable Client Utilization and Process Measures
    - Number of families and proportion of target population served.
    - Family/consumer input and evaluation of home visitation and related services.

- Improvements in Data Collection Capacity:
    - Development of data sources at the community level to collect information such as substance abuse, domestic violence, and criminal information.
    - Creation of longitudinal data sets to track parent and child outcomes over time.
    - The infrastructure in place to monitor model fidelity to home visitation programs.

- Systems of Care/Service Integration:
    - The extent to which states imbed home visiting models into a system of care.
    - Documentation of increased collaboration/integration across the systems of care: Maternal and Child Health, Department of Child Welfare/Social Services, Substance Abuse and Mental Health Services, Department of Education, Head Start Programs, and Violence Prevention Programs.
    - Documentation of increased collaboration with medical homes, community health centers, and pediatricians and other providers.

§8.0 Future Considerations

AMCHP is committed to assisting states in making the ACA Maternal, Infant, and Early Childhood Home Visiting Program a success. We will continue to seek state maternal and child health leaders' feedback through the implementation of the program, including the criteria considered by HHS for evaluating models in future years. We encourage HHS to provide clear guidance on how states running promising programs through the 25% funding allowed for promising and new approaches may continue to evaluate these programs and work with HHS to provide program descriptions and evidence of effectiveness. Evaluating evidence related to promising programs in addition to further knowledge gained about the effectiveness of established programs will assist states in choosing models that best fit the needs of women, children, and families in their jurisdictions.

Conclusion

Thank you for the opportunity to provide feedback and suggestions from state Title V Maternal and Child Health leaders regarding the ACA Maternal, Infant, and Early Childhood Home Visiting Program. We look forward to continuing to be a resource for our members and to you, our federal partners, as this exciting new investment to support women and families is implemented. We appreciate your consideration.

Sincerely,

Michael Fraser, PhD, CAE
Chief Executive Officer