



National Association of Public
Child Welfare Administrators

an affiliate of the American Public Human Services Association

Legislative Summary

Evidence-Based Home Visitation Act (S. 1267)

Sens. Robert Menendez (D-N.J.) and Robert Casey Jr. (D-Pa.) introduced the Evidence-Based Home Visitation Act (s. 1267) on June 16, 2009. The legislation seeks to establish and expand home visitation programs for low-income pregnant women and families with young children. Other legislation in the Congress also focuses on improving and expanding these programs.

All 50 states and the District of Columbia operate some type of home visitation program, including those with trained nurses, social workers and parents as teachers. States use many federal funding streams to support their programs, including Medicaid, TANF, SSBG, Promoting Safe and Stable Families, CAPTA, Maternal and Child Health Block Grant, and Even Start, Healthy Start and Early Head Start.

It is estimated that states serve 400,000 to 500,000 families each year investing approximately \$750,000 to \$1 million in private and public funds. Home visitation bills in Congress amend several different funding streams and there is no consensus whether these programs should be part of Title IV-B or the Title V, the Maternal and Child Health Care Block Grant.

S. 1267 amends Title V to provide planning and operating grants to local agencies to support home visitation models.

Secretary to Choose Model

The Health and Human Services secretary deems what model is appropriate as an effective program and local agencies are required to provide services that follow that model. The secretary, in consultation with the director of the Centers for Disease Control and Prevention, will base his or her decision on demonstrated significance regarding child and parent outcomes such as;

- Reducing abuse and neglect.
- Improving child health and development.
- Improving school readiness.
- Reducing juvenile delinquency.
- Improving family economic self-sufficiency.

The secretary will provide guidance or rule-making for these grants and which models are approved no later than one year after the enactment of the legislation. Moreover, the Secretary will establish and meet with a National Advisory Board to seek advice about major policy issues involving home visitation.

Matching Requirements

The secretary will also have the authority to establish match requirements which may include in-kind resources. In-kind contributions must align with a State's Medicaid plan. Matching requires may also be a waived based on economic hardship.

Planning and Operating Grants

Flexibility and discretion is given to the secretary on establishing the new program. HHS, or a private contractor, must help local agencies receiving planning grants qualify for operating grants as well as provide training and technical assistance. They must also conduct quality assurances and improvements for their grantees.

Clients Served

A low-income family is considered to 200 percent or below the federal poverty threshold. The program must be strictly voluntary and no services or funds received by the client shall be subject as taxable income or counted toward determining eligibility for other federal programs such as TANF and food stamps.

Optional Medicaid provision

States may permit an approved home visitation agency to use a simplified method of submitting payment claims for services, but only if it is covered under the state's Medicaid plan.

Funding

Congress appropriates \$100 million for FY 2010, \$250 million for FY 2011, \$400 million for FY 2012, \$550 million for FY 2013, and \$700 million of FY 2014.

The secretary will give funding priority to those grants supported by the strong evidence and when awarding the operating grants will take into account where the greatest concentration of low-income families with children reside. Localities must meet three of the five areas for the strongest evidence of effectiveness;

- Prenatal, maternal and newborn health.
- Child health and development, including injury and maltreatment prevention.
- School readiness and academic achievement.
- Juvenile delinquency.
- Family economic self-sufficiency.

Research

HHS will fund ongoing research on home visitation model's effectiveness where it does not currently exist. Also, HHS will continue to research improvements and replication of effective models. S. 1267 requires evaluations of program outcomes for all approved home visitation models as well as an independent evaluation of the program as a whole. HHS must report to Congress about the program's outcomes no later than three years after the date of enactment.

NAPCWA's Position

The National Association of Public Child Welfare Administrators is reviewing the legislation and has yet to take a position. NAPCWA sent a letter to Congress regarding the home visitation initiative offered by the President and asked to be consulted during the drafting of the legislation.

Contact Information

For more information or if you have any questions or comments, please contact Courteney Holden, senior legislative associate, at (202) 682-0100 x249 or at Courteney.Holden@aphsa.org. You may also contact Rashida Brown, legislative associate, at (202) 682-0100 x225 or Rashida.Brown@aphsa.org.