Michigan Department of Community Health and the
Great Start System Team
Affordable Care Act:
Maternal, Infant and Early Childhood Home Visiting Program

UPDATE

August 17, 2010

This is the fourth in a series of communications with individuals and organizations who are interested in Michigan's response to the *Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program Funding Opportunity Announcement (FOA)* that was issued by HHS on June 10, 2010. For information about the requirements of this program, please go to http://apply07.grants.gov/apply/UpdateOffer?id=19148 where you can view and download the FOA referenced above.

On July 22, 2010 the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) released an announcement regarding the opportunity for stakeholders to comment on proposed criteria for assessing evidence of effectiveness of home visiting program models. The proposed criteria were published in a notice in the *Federal Register* on July 23 at http://edocket.access.gpo.gov/2010/pdf/2010-18013.pdf. Comments were requested on the following sections of the notice:

1. Proposed criteria for evidence of effectiveness of home visiting models (Sections 3.0 - 3.2.2)
2. Proposed methodology for HHS's systematic review of the evidence (Sections 4.0 - 4.1.5)
3. Future allocations based on application strength (Section 7)
4. Future considerations (Section 8)

Comments were due by August 17, 2010. On August 16, the Michigan Department of Community Health submitted comments on behalf of the Great Start System Team and its Home Visiting Workgroup. The full text of these comments is provided below.

Maternal, Infant, and Early Childhood Home Visiting Program

Comments on Proposed Criteria for Evidence of Effectiveness of Home Visiting Program Models

Federal Register 75 (23 July 2010): 43172-43177

These comments are submitted by the Michigan Department of Community Health on behalf of the Great Start System Team and its Home Visiting Workgroup. As referenced in the *Michigan Maternal, Infant, and Early Childhood Home Visiting Program* proposal, the Great Start System Team serves as the interagency administrative management entity for the grant development, implementation and evaluation processes. It is comprised of administrative and management staff from the following departments and agencies:

Michigan Department of Education
    Early Childhood Education and Family Services
Michigan Department of Community Health
    Public Health
    Mental Health
    Substance Abuse
    Medicaid & SCHIP
Michigan Department of Human Services
    Child Welfare
    Child Care
    Head Start - State Collaboration Office
    Children's Trust Fund
Michigan Early Childhood Investment Corporation
Michigan League for Human Services - Kids Count in Michigan

2.1 Legislative Context

Please provide clarification on the age range of children to be covered under this program. Most references in the authorizing legislation and the *Federal Register* indicate prenatal to five years. However, in this section, reference is made to children from birth to 8 years.

2.2 Use of Funds for "Evidenced-Based" Programs

A. This section lists the requirements that models must meet in order to be considered evidence-based, as specified in the legislation. It's extremely important to determine whether outcomes demonstrated by each reviewed model correlate to the outcomes that States are required to achieve with these funds. It is also critical to determine whether or not the outcomes demonstrated by each reviewed model were found with racial, ethnic and socioeconomic subgroups. **We ask HHS to provide the States with a detailed breakdown of outcomes by racial, ethnic and socioeconomic subgroup for each model reviewed, before States are asked to develop implementation plans**. Eventual selection of high-need communities will likely include model use with specific racial, ethnic and/or socioeconomic groups and assuring that model research relative to outcomes holds true for these subgroups is critical.

B. Evidence-based models should meet all of the criteria listed as requirements with the exception that the same rigor should not be applied to the promising and new approaches that States may implement with up to 25% of their grant funds. **In particular, the requirement that the approach must be associated with a national organization or institute of higher education should not be applied.** The strength of this part of the funding and grant opportunity is to establish whether or not existing promising and new practices can reach the stature of being evidence based through this process.

3.2.1 Examining Programs for Impacts in Eight Program Domains

A. In this section, HHS proposes to examine programs for impacts in **eight** program domains. The legislation references **six** "quantifiable measurable improvement in benchmark areas" and states that improvements must be demonstrated in four of the six areas by the end of the 3rd

1) **Which is the correct list of specified outcomes that States will be required to report on?**

2) **Must States address all of the outcomes specified on the list?**

3) **For each model reviewed, will HHS:**

    a) **Indicate which of the specified outcome areas were addressed?**
    b) **Indicate the extent to which improvements were demonstrated in each of the specified outcome areas that were addressed?**
    c) **Indicate differences in "b" above with reference to racial, ethnic and socioeconomic subgroups?**

B. Given that no single model addresses all outcome areas, **how many different models are States expected to implement?**

3.2.2 Minimum Criteria

Add "or socioeconomic" to the last sentence as follows:

HHS recognizes the importance of subgroup findings for determining impacts on subgroups of the population of interest, including specific racial or ethnic ***or socioeconomic*** *groups, and plans to report information on subgroup findings, whether replicated or not.*

7.0 Future Allocations Based on Application Strength

A. **We strongly encourage HHS to make future allocations using a formula based on the poverty rate for at least five years.** We object to the proposal that future funding would be competitively based after FY 10 for the following reasons:

1) A State cannot implement a comprehensive collaborative plan and build the requisite infrastructure to support a home visiting system at the state and local levels when funding allocations change significantly from year to year, especially now, as many State budgets are being decimated. If the intent is truly to assist all States with system building, funding must be reliable.

2) The odds are stacked against States with fewer resources. Those States that do have greater resources to contribute to developing home visiting systems would have a competitive advantage in achieving outcomes, relative to States with fewer resources. States with fewer resources would also have a more difficult time implementing a corrective action plan at the end of the 3rd year, should that become necessary, if their funding was reduced because of their lower competitive scoring.

3) Incentives to implement evidence-based home visiting models already are included in the legislation. If a State does not demonstrate improvement in outcomes by the end of Year 3, HHS is in a position to provide intensive technical assistance. If this is not sufficient, HHS may terminate the State's grant.

4) Adding a competitive process, particularly during the early years, works directly against a sequential building process that necessarily is likely to have challenges and redirections. We believe the intent of this funding is to be sure evidence-based programs that are supported within the context of solid early childhood comprehensive systems of care are available across the country to high-need communities. Beginning immediately to redirect funding to states that are initially more successful than other states defeats this larger intent.

B. Programs funds should be flexible enough to adequately cover the following components:

1) Infrastructure development

2) Longitudinal evaluation

Ongoing communications in this series of Updates about the Home Visiting program in Michigan will be distributed to interested stakeholders and posted on the following web sites:

Maternal Infant Health Program web site at www.michigan.gov/mihp
ECIC web site at www.greatstartforkids.org

Contact person:
Beth Lounds (loundse@michigan.gov)