

# The Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program in Maryland

Where We've Been and  
Where We're Headed



# **Background:**

## **ACA Home Visiting Program**

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- Historic legislation – Signed by President Obama on March 23, 2010
- Adds Section 511 to the Title V of the Social Security Act
- Required completion of a needs assessment to receive Title V funding

# Purpose:

## ACA Home Visiting Program

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- Support building of quality, **comprehensive statewide early childhood systems** for pregnant women, parents/caregivers, and **children, ages 0-8**
  - **Assess needs**, and develop and implement **State Plans** to increase **capacity** to provide a coordinated system of **evidence based early childhood home visiting programs** in every state
- Improve health and development outcomes in **at risk communities**

# Program Administration

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- National
  - Two federal agencies are collaborating: **ACF and MCHB.**
  - State governors designate which entity can apply for and administer home visiting program funds on behalf of the State.
- Maryland
  - Two state agencies are collaborating: **Children's Cabinet/GOC and DHMH/CMCH.**
  - In Maryland, the Governor designated the Children's Cabinet as the ultimate decision making body.
  - Center for Maternal and Child Health in collaboration with the Governor's Office for Children is responsible for administering program funds, and has lead responsibility for needs assessment and State Plan development.

# Allocations:

Nationally, \$1.5 billion for HV - 5 years

<b>Fiscal Year</b>	<b>U.S.</b>	<b>Maryland</b>
FY 2010	\$88 million	\$1.0 million
FY 2011	\$250 million	\$1.0 million & additional funds awarded competitively based on application strength \$1,336,085
FY 2012	\$350 million	Same
FY 2013	\$400 million	Same
FY 2014	\$400 million	Same

# FY 2010 Funding

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- Based on the number of children in families at or below 100% of the Federal poverty level in the State as compared to the number of such children nationally.
- Restricted to \$500,000 until State Plan is approved.
- Must spend by September 30, 2012.

# Collaboration and Coordination

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- Federal, state, local agencies
- Letters of support/concurrence required
- The application should also be coordinated with:
  - Head Start, ECAC;
  - The State's child care agency;
  - The State's education agency;
  - State's CAPTA I and II agencies; and
  - Others

# Where We've Been – FY 2010 Funding

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## Three step application process

- Step One: Completed the initial application (State Plan – July 2010)
- Step Two: Completed the initial needs assessment – examined risk – 9/2010
  - Held two stakeholder meetings – August and November 2010
  - Identified four tiers of risk – Tier 1 most at risk - includes 46 communities in six “hot spot” jurisdictions



# Needs Assessment

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- Analysis of 368 MD “communities”
  - Neighborhoods in Baltimore City and census tracts in remainder of state
  - Overlaid census tracts with zip codes
- Examined 15 risk factors to determine need:
  - prematurity, LBW, poor prenatal care, teen births, infant mortality, poverty, crime, domestic violence, unemployment, substance abuse, WIC and MA participation, child maltreatment, school readiness and high school drop outs

# Communities Most At Risk

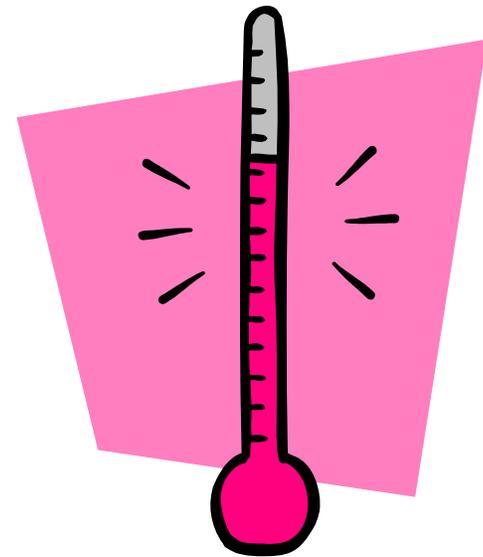
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- Every jurisdiction has some risk
- Most at risk defined as those with 10 or more elevations factors out of 15
- 46 “most at risk” communities identified
  - 39 (85%) in Baltimore City – 71% of neighborhoods
  - 1 in Dorchester (Cambridge)
  - 1 in Washington (Hagerstown)
  - 1 in Wicomico (Salisbury)
  - 3 in Prince George’s (Lanham, Capitol Heights, Hyattsville)
  - 1 in Somerset (Crisfield)

## Step Two: “Hot Spots”

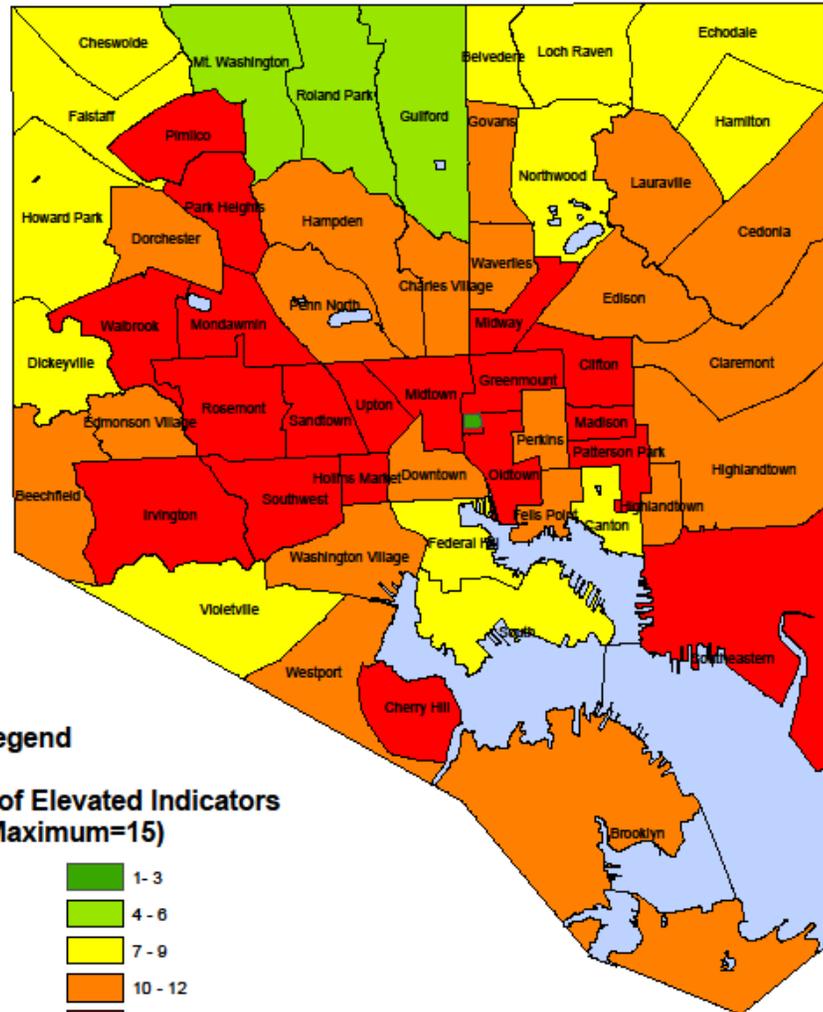
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- Baltimore City
- Dorchester
- Washington
- Wicomico
- Prince George’s
- Somerset



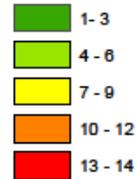
# Baltimore City

Number of Elevated Indicators by CSA (Neighborhood), Baltimore City, Maryland



## Legend

# of Elevated Indicators  
(Maximum=15)

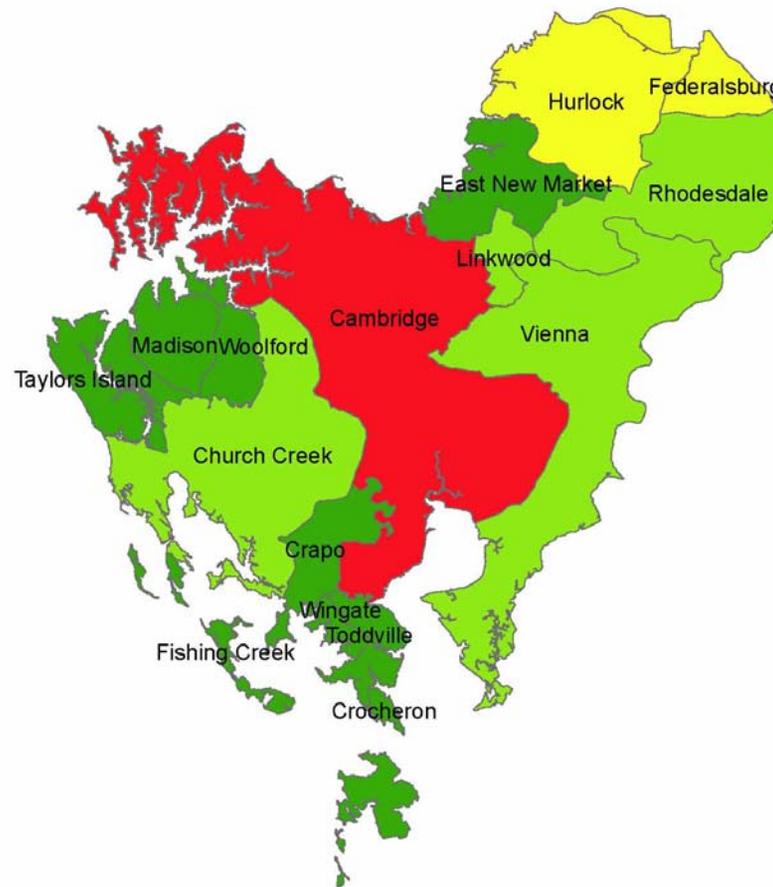
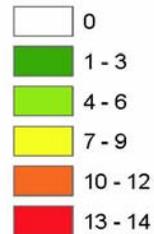


# Dorchester County

Number of Elevated Indicators by Zip Code,  
Dorchester County, Maryland

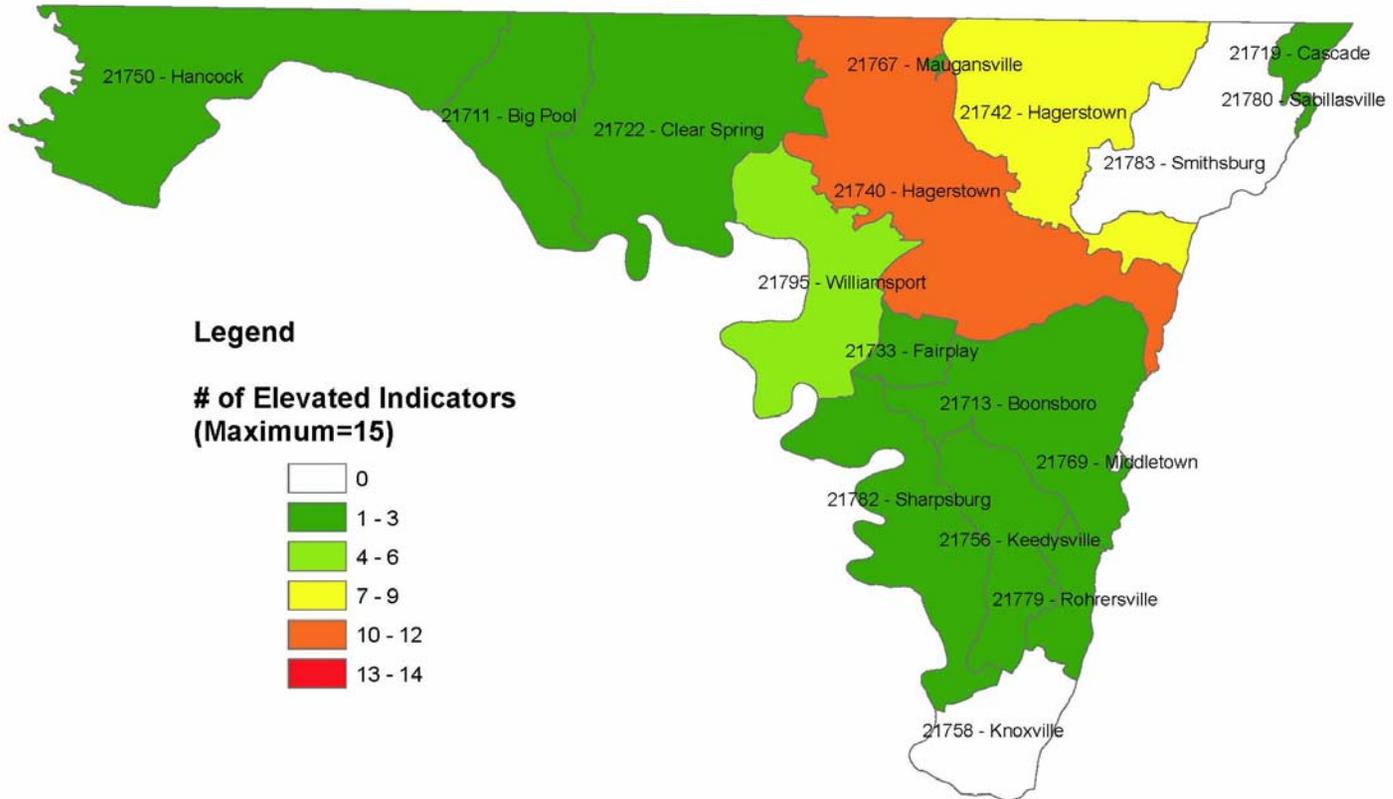
**Legend**

**# of Elevated Indicators  
(Maximum=15)**

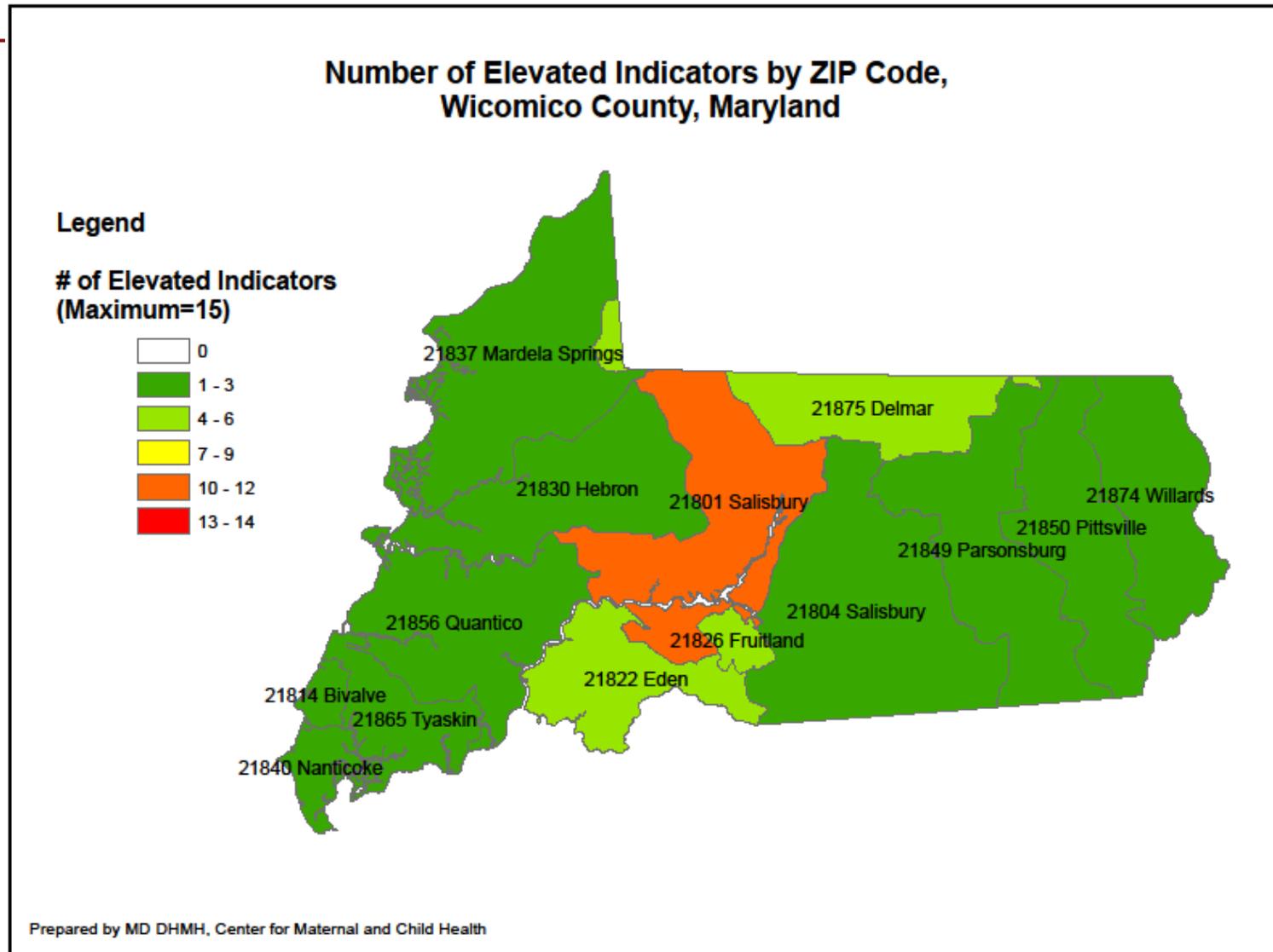


# Washington County

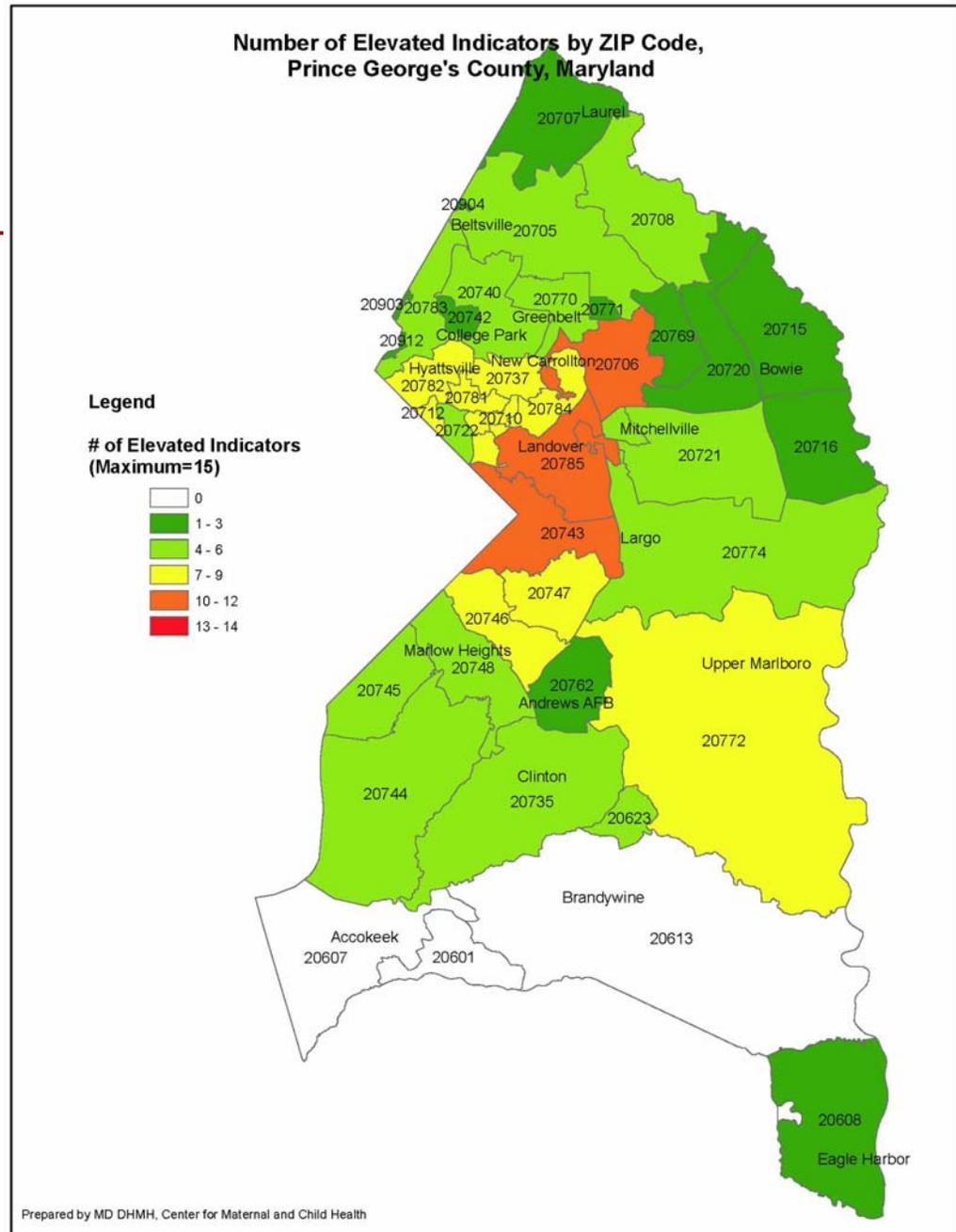
Number of Elevated Indicators by ZIP Code,  
Washington County, Maryland



# Wicomico County



# Prince George's County

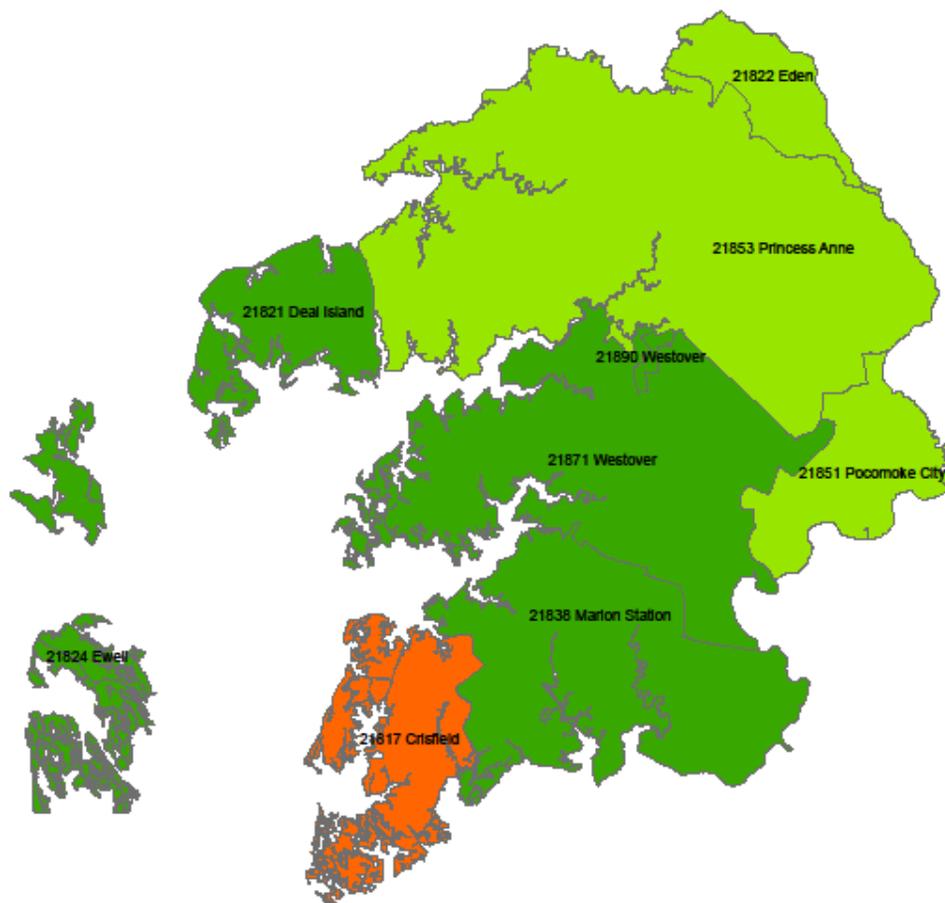
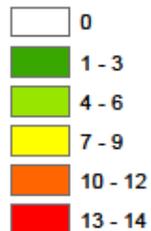


# Somerset County

Number of Elevated Indicators by ZIP Code, Somerset County, Maryland

**Legend**

**# of Elevated Indicators  
(Maximum=15)**



# Step Three: Updated State Plan

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- Plan for use of FY 2010 funds
- Submitted on June 8th
- Plan outlined implementation of evidence based home visiting programs in one or more at risk communities of high need and low capacity
  - Seven home visiting models approved for funding
  - 75% of grant funds for support of evidence based models – HRSA criteria
  - 25% can support promising approaches

# Current Capacity in Maryland

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- Evidence based home visiting programs
  - Nurse Family Partnership: 1
  - Healthy Families America: 15
  - Early Head Start, Home Visiting: 30
  - Healthy Steps: 0
  - Home Instruction for Parents of Preschool Youngsters: 4
  - Parents as Teachers: 2
  - Family Check-Up: 0

# Where We Are Now

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- Convened a state planning team
- Developed an updated State plan
- Received Children's Cabinet approval
- Submitted the plan
- Worked with local communities



# What's next?

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- Complete local planning for most at risk communities
- Expansion of local planning to other communities
- Developing benchmarking and data systems (MOU with DHR)
- Applying for new FY 2011 funds
- Applying for Competitive funds

# FY 2011 FOA

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- Released June 1 with a July 1, 2011 due date
- Includes:
  - Base funding for each state – MD: increase of \$300,000 to \$1.3 million
  - Competitive **Expansion** Grants- 7-10 states with high quality programs/systems
    - 4 years; \$6.6 to 9.4 million
  - Competitive **Development** Grants – 10-12 states
    - 2 years/2 cycles; \$2.8 to 3.3 million

