

## **Update on Arizona's Plan for the ACA Maternal, Infant and Early Childhood Home Visiting Program**

March 3, 2011

The Arizona Department of Health Services has been receiving a lot of inquiries about the new Home Visiting funds that are part of the Patient Protection and Affordable Care Act (PPAC) or Health Reform. To keep everybody on the same page on our progress in Arizona, we will be providing periodic updates. Here is our first update.

For the first time the federal government is investing in a national home visiting strategy as part of the PPAC passed in March 2010. This investment is based on the growing evidence that documents the return on investment from home visiting interventions. Evidence based home visiting programs have shown clearly how they can reduce social costs and support new parents by offering education on child health and development, reduce child abuse, help in the early identification of developmental delays, and support family self sufficiency and a child's school readiness. There are strict federal guidelines of what constitutes evidence based home visiting.

In preparation for this grant opportunity, representatives from several state agencies formed an Inter-Agency Leadership Team. The Team, consisting of the Arizona Departments of Education, Economic Security and Health Services as well as First Things First, met to determine how to identify at risk communities based on the risk criteria laid out in the legislation. We decided to use Community Health Analysis Areas (CHAA) as the unit of analysis. Many indicators of risk were analyzed, including data related to birth outcomes, poverty, crime, substance abuse, child maltreatment, school dropout rates, and unemployment. Based on the available data, communities were ranked according to overall risk.

The Inter Agency Leadership Team has the task of answering two very critical questions:

1. What communities will be served with the home visiting?
2. What model(s) will be selected?

In order to answer those questions, the following data was reviewed at the last meeting for each CHAA identified as being at higher risk:

- Capacity of the community
- Behavioral Health Services
- Current Home Visiting
- Number of Children ages 0-4
- Percentage of children served by home visiting.
- Number of families we would be able to serve with the available funds.

The following documents show the percentage of children receiving home visiting and assisted the Team with identifying those communities with higher needs: the [Vision for Early Childhood Home Visiting Services in Arizona: a Plan of Action 2010-2015](#) and the [Needs Assessment](#) which was submitted as a requirement of the ACA Maternal, Infant and early Childhood Home Visiting Program.

Finally, we thought about how many children could be served with the available funding. Using an average of \$3,500 per child with approximately \$1.5 million for home visiting services, it became apparent we could serve about 400 families this first contract year.

Looking at a map of Arizona representing the highest risk CHAAs, it was immediately clear that Pima County had the most high-risk CHAAs with six in Tucson alone. The next highest area, taking into consideration current home visiting and number of eligible families, was Pinal County.

In order to ensure that this process is participatory and transparent, we will meet with stakeholders from the respective communities. Discussion in the communities will include:

- The data, how their area was identified, how they can use the data
- What they see as the unmet needs of their families
- How a home visitation program might be sustained over time
- How this might fit with existing programs
- How to access/leverage the assets/strengths/expertise of their community
- Workforce issues
- Community hopes for home visiting services

The project will move forward based on the results of the community meetings. We will develop a process to choose an evidence based model based on the identified needs of the community. We have been given a list of the models considered evidence based in the last Supplemental Information Request. They include:

- Early Head Start –Home Based Option
- Family Check Up
- Healthy Families America
- Healthy Steps
- Home Instruction Program for Preschool Youngsters (HIPPPY)
- Nurse Family Partnership (NFP)
- Parents as Teachers

Information about these models can be found at the Health and Human Services Home Visiting Evidence of Effectiveness site, <http://homvee.acf.hhs.gov/>.

Next steps will include the development of a timeline to write our plan. The last [Supplemental Information Report](#) was released Tuesday, February 8, 2011. The final plan is due in 90-120 days (June 2011).