Maternal, Infant, and Early Childhood Home Visiting Program

Supplemental Information Request (SIR) for the Submission of the Statewide Needs Assessment Update

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Through this Supplemental Information Request (SIR), the Health Resources and Services Administration provides state, jurisdiction, and nonprofit Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees guidance for the submission of a statewide needs assessment update. The MIECHV Program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)).[1] Section 50601 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123) (BBA) extended appropriated funding for the MIECHV Program through FY 2022, while section 50603 of the BBA requires states to conduct a statewide needs assessment (which may be be separate from but in coordination with the statewide needs assessment required under section 505(a) and which shall be reviewed and updated by the State not later than October 1, 2020). The BBA further establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving Title V Maternal and Child Health (MCH) Block Grant funding; submission of the MIECHV needs assessment update in accordance with the guidance in this SIR will meet this requirement. Instructions for completing a statewide needs assessment update are set forth in this document. Nonprofit awardees will need to provide documentation to demonstrate that they have been authorized or requested by the state in which they provide services to submit a needs assessment on behalf of the state.

A separate SIR will provide detailed guidance on the needs assessment to territories eligible to apply for MIECHV funds. This guidance does not apply to MIECHV Tribal Home Visiting awardees; guidance for tribal awardees is provided by the Administration for Children and Families.

I. Background

The MIECHV Program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) to support voluntary, evidence-based home visiting services for at-risk pregnant women

[1] Social Security Act, Title V, § 511(c).

and parents with young children up to kindergarten entry.[2] Decades of scientific research shows that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improves the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.[3]

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). Program awardees receive funding through the MIECHV Program to implement evidence-based home visiting programs and promising approaches.[4] Awardees have the flexibility to tailor their program to serve the specific needs of their communities. Through a statewide needs assessment, awardees identify target populations and select home visiting service delivery models that best meet state and local needs.

As noted above, section 50603 of the BBA requires awardees to review and update their statewide needs assessments. Through this statewide needs assessment update, awardees will identify at-risk communities as those counties with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.[5] Identifying at-risk communities through this needs assessment update will enable MIECHV Program awardees to respond to the diverse needs of children and families in their states.

II. Purpose

HRSA recognizes the needs assessment as a critical and foundational resource for awardees in identifying at-risk communities, understanding the needs of families, and assessing services in their early childhood systems. This needs assessment update may reveal population trends, identify areas of increasing or decreasing risk, and outline resources to support families in need. The results of the needs assessment update should also inform strategic decision making among MIECHV awardees and their stakeholders and identify opportunities for collaboration to strengthen and expand services for at-risk families. As this is the first statutory mandate to complete a statewide needs assessment since 2010, this update will assist in ensuring awardees have a more current understanding of the needs for home visiting services in their states.

[2] Social Security Act, Title V, § 511(c).
[3] U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: http://homvee.acf.hhs.gov/.
[4] By law, state and territory grantees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation.
[5] Social Security Act, Title V, § 511(b)(1)(A).

By law, a needs assessment update must identify communities with concentrations of defined risk factors, assess the quality and capacity of home visiting services in the state, and assess the state's capacity for providing substance abuse treatment and counseling services.[6] **MIECHV awardees will continue to be able to select which at-risk communities - identified in the update - they will target for provision of home visiting services.** The purpose of updating the statewide needs assessments is for awardees to gather more recent information on community needs and ensure that MIECHV programs are being implemented in areas of high need. However, the requirement for such an update should not be construed as requiring moving MIECHV-funded home visiting programs, defunding of programs for the sole purpose of moving services to other communities, or otherwise disrupting existing home visiting programs, relationships in the community, and services to eligible families. Instructions in this SIR provide flexibility for awardees to identify at-risk communities through a variety of methods.

HRSA anticipates MIECHV awardees may use their needs assessment updates to:

- Understand the current needs of families and children, and at-risk communities.
- Target home visiting services to at-risk communities with evidence-based and promising approach home visiting models that meet community needs.
- Support statewide planning to develop and implement a continuum of home visiting services for eligible families and children prenatally through kindergarten entry.
- Inform public and private stakeholders about the unmet need for home visiting and other services in the state.
- Identify opportunities for collaboration with state and local partners to establish appropriate linkages and referral networks to other community resources and supports and strengthen strong early childhood systems.
- Direct technical assistance resources to enhance home visiting service delivery and improve coordination of services in at-risk communities.

After submission of an updated needs assessment that meets the requirements outlined in this SIR, awardees may wish to add content to or expand their updates in the future to ensure these documents continue to meet unique state needs. For example, an awardee may wish to embed their MIECHV needs assessment update into a larger document that serves other purposes for the state or other stakeholders.

HRSA intends to use awardees' needs assessment updates to better understand unmet needs and availability of services in communities and states, which will help to ensure that MIECHV home visiting programs are targeted to at-risk communities. Through the FY 2021 Formula Notice of Funding Opportunity, HRSA will provide instruction on how awardees should describe their plans to use the results of the needs assessment updates to inform use of MIECHV Program funds. At that time, HRSA will request information about which at-risk communities awardees intend to serve with MIECHV funds in response to the needs assessment update.

[6] Social Security Act, Title V, § 511(b)(1)(C).

For the purpose of this needs assessment update, HRSA interprets the term "community" to mean a county or county equivalent[7] in order to:

- support awardees by providing them with standardized nationally available county-level data,
- reduce burden on awardees through the development of a simplified method to identify at-risk counties that they may elect to use, and
- describe a national picture of need for voluntary evidence-based home visiting services through a standard definition of "community."

Accordingly, where there are references to "at-risk counties" or "counties" throughout this guidance, HRSA is referring to "at-risk communities" or "communities," as appropriate.

While needs assessment updates must include a list of at-risk counties, awardees will continue to be able to propose to serve targeted areas within at-risk counties based on local needs and available resources. HRSA does not require awardees to serve entire counties.

The original needs assessments conducted in 2010 provided many lessons and guided the direction of the MIECHV Program. For the current update, HRSA is providing nationally available county-level data aligned with statutorily-defined risk factors to reduce burden on and provide support to MIECHV awardees in identifying at-risk counties. In addition, HRSA developed a simplified method for identifying at-risk counties that awardees may elect to use. Some awardees may determine that the list of at-risk counties identified through the simplified method represents a reasonable assessment of risk in the state. However, options exist for awardees to modify the method through the addition of other valid data. Additionally, some awardees may opt to add at-risk counties based on data related to risk and emerging trends available at the local level. Finally, awardees may determine that the simplified method does not meet individual state needs, and may opt to conduct the needs assessment update based on an independent method that meets statutory requirements.

III. Due Date

Awardees are required to submit their needs assessment update to HRSA by October 1, 2020. Any awardee that does not submit an update by the statutory deadline of **October 1, 2020** will be considered non-responsive to the requirements of this SIR, which may impact MIECHV and Title V MCH Block Grant funding in FY 2021 or later. The MIECHV statewide needs assessment update may be submitted anytime after the release of this guidance but before the statutory deadline of October 1, 2020.

[7] The term "county" is used throughout to indicate a county or county equivalent geographic and administrative unit as defined by the United States Census Bureau. For the District of Columbia, "wards" may be considered county equivalents for the purpose of this needs assement update.

IV. Requirements of the Statewide Needs Assessment Update

Along with FY 2018 MIECHV formula awards, HRSA awarded up to $200,000 in supplemental funds to eligible entities to complete a statewide needs assessment update.

To meet statutory requirements for a statewide needs assessment update, you must: [8]

1. **Identify communities with concentrations of risk**, including: premature birth, low-birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
2. **Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state.** Please include: a) the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives; b) the gaps in early childhood home visitation in the State; and c) the extent to which such programs or initiatives are meeting the needs of eligible families.
3. Discuss the **State's capacity for providing substance abuse treatment and counseling services** to individuals and families in need of such treatment or services.
4. **Coordinate with and take into account requirements in**: a) the Title V MCH Block Grant program needs assessment; b) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and c) the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of Title II of Child Abuse. Prevention and Treatment Act (CAPTA).

In addition to the required information, this update provides awardees the opportunity to take into account the staffing, community resources, and other requirements to operate at least one approved home visiting service delivery model and demonstrate improvements for eligible families.[9]

A complete needs assessment update submitted to HRSA is composed of two sections:

1) A Needs Assessment Update Narrative that describes your methodological process and the findings from your update, and does not exceed 50 pages excluding appendices (see Appendix A for an outline of submission requirements); and
2) A completed Needs Assessment Data Summary (Excel file) for your state (See Appendix B for an outline of submission requirements).

[8] Social Security Act, Title V, § 511(b).
[9] Social Security Act, Title V, §511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

Required of Nonprofit awardees only: Nonprofit awardees submitting the needs assessment on behalf of a state will need to provide documentation that they are conducting and submitting the needs assessment update on behalf of the state where they provide services. Documentation, such as a letter, may come from a state's Title V MCH Block Grant agency; another health, education or human services state agency; or the governor's office.

The following sections of this SIR will describe how to complete these components in full.

NOTE: If you recently completed a needs assessment update on your own (completed after October 1, 2016), you may submit portions of that update ONLY IF the methodology and data used in your update meet the requirements of the SIR.

NOTE FURTHER: The requirements outlined in this SIR are intended for state and District of Columbia MIECHV awardees. Recognizing potential challenges related to the availability of data, separate guidance describes requirements for territory MIECHV awardees (i.e., Puerto Rico, the United States Virgin Islands, Northern Mariana Islands, American Samoa, and Guam) for completing a needs assessment update.

V. Instructions for Completing the Statewide Needs Assessment Update

A complete statewide needs assessment update submission must include: 1) a Needs Assessment Update Narrative that describes your process and findings; 2) a completed Needs Assessment Data Summary (Excel file), and 3) documentation if a nonprofit awardee is submitting on behalf of a state. HRSA will only consider submissions as complete if each part is completed. See Appendix A for an outline of the Needs Assessment Update Narrative and Appendix B for an outline of the Needs Assessment Data Summary.

1. Introduction

Begin your Needs Assessment Update Narrative with a brief introduction section that describes your purpose for completing an update to your needs assessment.

2. Identifying At-Risk Communities (Counties) with Concentrations of Risk

The authorizing statute requires you to identify communities with concentrations of risk in your needs assessment update.[10] Identification of at-risk communities supports you in targeting limited resources to at-risk communities and prioritizing families in greatest need for home visiting services. In addition, understanding the needs of at-risk communities will support you in providing effective services tailored to families' needs.

[10] Social Security Act, Title V, §511(b)(1)(A).

For the purposes of this update, as noted above, HRSA interprets the term "community" as a county or county equivalent.[11] This is a change from the original needs assessment, which allowed awardees to determine how to operationalize "community", and is intended to reduce burden on awardees and allow HRSA to describe a national picture of need for voluntary evidence-based home visiting services through a standard definition of "community." You must report your final list of at-risk communities as at-risk counties in Table 7 of your Needs Assessment Data Summary. This section describes what you must submit to HRSA to identify at-risk communities (counties) with concentrations of risk. This section also describes the data HRSA provided to you to support your update.

Description of Data Provided by HRSA

To support you in identifying at-risk counties and to decrease potential burden in completing an update, HRSA has provided you with a Needs Assessment Data Summary (Excel-file) for your state. You can use these data in a number of ways to identify at-risk counties. HRSA developed a methodology that utilizes nationally available data so that each state receives a similar Needs Assessment Data Summary. This methodology, termed the simplified method, is based on indices of risk in five domains: low socioeconomic status, adverse perinatal outcomes, child maltreatment, crime, and substance use disorder, based on nationally available county-level data. Indicators within each domain align with the characteristics described in statute to identify communities with concentrations of risk.[12] The simplified method identifies a county as at-risk if at least half of the indicators within at least two domains had z-scores greater than or equal to one standard deviation higher than the mean of all counties in the state.

The Needs Assessment Data Summary contains eight separate tables with the following data for your state (see Appendix C for detailed descriptions of the Needs Assessment Data Summary tables):[13]

Table 1. **Simplified Method Overview** – This table includes a description of the methodology used to identify at-risk counties.

Table 2. **Description of Indicators** – This table includes definitions for each indicator, the year the data represent, sources for the data, descriptions of how each indicator aligns with statute, and source notes.

Table 3. **Descriptive Statistics** – This table includes definitions for each indicator, the year the data represent, and statewide descriptive data including missing data, mean, standard deviation, and median for each indicator.

[11] The term "county" is used throughout to indicate a county or county equivalent geographic and administrative unit. For the District of Columbia, wards may be identified in this needs assessment update, and may be considered county equivalents.
[12] Social Security Act, Title V, § 511(b)(1)(A).
[13] The Needs Assessment Data Summary for the District of Columbia will include ward level data, rather than county-level data.

Table 4. **Raw Indicators** – This table provides the raw data for each indicator based on the definitions of each indicator (e.g. the poverty indicator is defined as the percent of the population living below the Federal poverty line, so this table presents that statistic for each county).

Table 5. **Standardized Indicators** – This table presents z-scores for each indicator based on the raw indicators and the statewide descriptive data.

Table 6. **At-Risk Domains** – This table presents the population total for each county, the proportion of indicators within each domain that are at-risk based on the standardized data, and the total number of at-risk domains for each county. Counties with two or more domains identified as at-risk (in column H) are considered at-risk by the simplified method.

Table 7. **At-Risk Counties** – This table is to be completed by each awardee. You will add your at-risk counties and provide data on the quality and capacity of home visiting services in each of those counties.

Table 8. **Example Formulas** – This table provides the formulas used in the simplified method.

Instructions for Developing a List of Identified At-Risk Counties:

You are required to develop a list of at-risk counties. This section describes options you can use to develop that list. You will submit this list through your Needs Assessment Data Summary by following the complete instructions below. This text box provides a high-level summary of the phases and steps related to developing the list of at-risk counties.

Overview: How to Develop a List of At-Risk Counties

Phase One (required)

Develop a list of at-risk counties by using one of the following methodologies.

Methodology #1: Simplified method

a. If the simplified method appropriately identified at-risk counties for your state, list your at-risk counties, and consider Phase Two.

-- OR --

b. Add data to the simplified method by adding to your Needs Assessment Data Summary:
   i. Additional indicators,
   ii. Additional domains of risk factors, and/or
   iii. Additional sub-county geographic data,

   then list your at-risk counties, and consider Phase Two.

-- OR --

Methodology #2: Independent method

a. Utilize an independent method to identify at-risk counties, list your at-risk counties, and consider Phase 2.

-- OR --

b. Present the results of a needs assessment update completed after October 1, 2016 ONLY IF the methodology and data used in that update meet the requirements of this guidance.

Phase Two (optional)

If counties with communities you know are at-risk (including those currently receiving MIECHV services) were not identified through the methods utilized in Phase 1, you may add at-risk counties to the list and must provide local data that demonstrate the risk and describe why you are adding the county.

NOTE: While you are required to submit a list of counties identified as at-risk, you may also use sub-county data or information to identify a county as at-risk.

Phase One Instructions: *Develop your list of at-risk counties (required) by using one of the following methodologies—the simplified method or an independent method.*

1. Simplified method

- **Instructions for 1.a.** Review the pre-populated Needs Assessment Data Summary and consider whether the simplified method appropriately identifies needs and at-risk counties in your state. If it does, then:
    - In your Needs Assessment Data Summary:
        - Add at-risk counties to Table 7 (At-Risk Counties), and consider Phase Two.
    - In the Needs Assessment Update Narrative:
        - Describe how the counties identified in your list reflect the level of risk in your state.

- **Instructions for 1.b. Adding data to the simplified method**: Review your Needs Assessment Data Summary. If the data do not appropriately reflect the needs of your state, you may add data indicators, domains, or geographic data, and incorporate additional data into the simplified method analysis. You may wish to add indicators or domains of specific risk factors if they are not already included in the simplified method, but are of significant concern in your state. Added indicators and domains must align with the statutory definition of risk.[14] You may wish to add sub-county geographic data if you know that data could identify risk within a county that is not apparent in county-level data.

    - **Instructions for 1.b.i - Adding indicators to existing domains:** If you are adding a new indicator(s) within a domain(s) identified in the simplified method:

    - In your Needs Assessment Data Summary:
        - Add a description of the new indicator(s) within the relevant domain(s) to Table 2 (Description of Indicators).
        - Add the descriptive statistics for the added indicator(s) to Table 3 (Descriptive Statistics) within the relevant domain(s).
        - Insert new columns of raw data for the new indicator(s) to table 4 (Raw Indicators).
        - Insert new columns to Table 5 (Standardized Indicators) and copy appropriate cell formulas from Table 8 (Example Formulas) to produce the standardized data for the added indicator(s).

[14] Social Security Act, Title V, §511(b)(1)(A).

    - Update the formulas in Table 6 (At-Risk Domains) to incorporate the new indicators into the formula that identifies the proportion of standardized indicators that are at-risk within each domain.
    - Add at-risk counties to Table 7 (At-Risk Counties), and consider Phase Two.
- In the Needs Assessment Update Narrative:
    - Describe why the added indicators are important for identifying at-risk counties in your state, and how added indicators align with statutory goals for the program.
    - Describe how the counties identified in your list reflect the level of risk in your state.

- **Instructions for 1.b.ii - Adding indicators to new domains:** If you are adding a new indicator(s) that does not fit within the domain(s) identified in the simplified method:

- In your Needs Assessment Data Summary:
    - Add a description of the new indicator(s) to the bottom of the list in Table 2 (Description of Indicators) with an accompanying domain name.
    - Add the descriptive statistics to Table 3 (Descriptive Statistics) for the added indicator(s) and domain(s).
    - Add new columns and the raw data for the new indicator(s) to Table 4 (Raw Data).
    - Add new columns to Table 5 (Standardized Indicators) and copy formulas from Table 8 (Example Formulas) to produce the standardized data for the added indicator(s).
    - Add new columns to Table 6 (At-Risk Domains) to incorporate the new domain(s), copy formulas to calculate the proportion of standardized indicators within the new domain that are at-risk, and update the formulas that calculate the number of at-risk domains for each county.
    - Add at-risk counties to Table 7 (At-Risk Counties), and consider Phase Two.
- In the Needs Assessment Update Narrative:
    - Describe why the added indicators do not fit in existing domains, how added indicators and domains align with statutory goals for the program, and why new domains are important for identifying at-risk counties in your state.
    - Describe how the counties identified in your list reflect the level of risk in your state.

- **Instructions for 1.b.iii - Adding geographic data:** If you are adding geographic data to the simplified method:

- In your Needs Assessment Data Summary:
    - Ensure added geographic data are included in the descriptive statistics in Table 3 (Descriptive Statistics), or revise those data to include the added geographies (i.e. recalculate the mean and standard deviation including the new sub-county areas and omitting the values for the county(ies) where the sub-county areas are derived).
    - Add rows to the bottom of Table 4 (Raw Data) in order to add raw data for new geographies.
    - Add rows to the bottom of Table 5 (Standardized Indicators) and copy and paste formulas from Table 8 (Example Formulas) to standardize the raw data for the added geographies on Table 5 (Standardized Indicators).
    - Add rows to the bottom of Table 6 (At-Risk Domains) and copy the formulas to assess which domains are at-risk for the newly added geographies.
    - Add at-risk counties to Table 7 (At-Risk Counties), and consider Phase Two.
- In the Needs Assessment Update Narrative:
    - Describe the added geographic data and why they are important for identifying at-risk counties in your state.
    - Describe how the counties identified in your list reflect the level of risk in your state.

Instructions for 2.a - Independent method: Alternatively, you may choose not to use the simplified method developed by HRSA, and instead use an alternative method of your choosing for identifying at-risk counties within the parameters described below. Such an approach must include the use of rigorous methods to collect new data and/or statistical methods to analyze data that are different from the methodology used in the simplified method. Examples of alternative rigorous statistical methods that you may want to consider are a county health ranking approach, other composite indicator methods, factor or principle component analysis, applying a weighting scheme to the simplified method, producing heat maps of key indicators, or correlation analysis to understand how risk factors interact.

If you choose to conduct an independent method:

- Utilize data sources that measure "at-risk" counties as having high concentrations of (examples of recommended measures and data sources are listed in Appendix D):
    - premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect or abuse, or other indicators of at-risk prenatal, maternal, newborn, or child health;

- poverty;
- crime;
- domestic violence;
- high rates of high-school dropouts;
- substance abuse;
- unemployment; or
- child maltreatment.

In your Needs Assessment Data Summary:

- Replace data in Table 2 (Description of Indicators) from your Needs Assessment Data Summary with descriptions of the data sources used in your independent method.
- Replace the data in Table 3 (Descriptive Statistics) to present state level descriptive statistics from the data sources you used in your independent method.
- Replace the data in Table 4 (Raw Data) to reflect the data sources used in their independent analysis.
- Replace the data in Table 5 (Standardized Indicators) and Table 6 (At-Risk Domains) to demonstrate the calculations used in your independent method to identify at-risk counties.
- Add at-risk counties to Table 7 (At-Risk Counties) of your Needs Assessment Data Summary, and consider Phase Two.

In the Needs Assessment Update Narrative:

- Describe in detail the rigorous methodology you used to develop a list of at-risk counties in your state and the rationale for selecting this methodology to best meet the unique needs of your state.
- Describe how the counties identified in your list reflect the level of risk in your state.

Instructions for 2.b – Present results of a recent update: If you completed a needs assessment update after October 1, 2016 that: 1) utilizes a rigorous method to identify at-risk counties (as described above); 2) reflects the measures of risk identified in statute; and 3) reflects recent data, [15] then, if you elect this option, you must:

- In your Needs Assessment Data Summary:
  - Submit the data and analysis used in your recent update in the format for submission of an independent method (described in 2.a above) and operationalize at-risk communities as at-risk counties.
- In the Needs Assessment Update Narrative:
  - Describe your rigorous methodology and data sources.

[15] HRSA considers data to be recent if it is from 2014 or later. You may use earlier data if you are averaging over a number of years to account for suppressed data, but average data must include 2014 or later data.

- Describe the results of your needs assessment and how the counties identified in your list reflect the level of risk in your state.

***Phase Two**: Adding Counties Known to be At-Risk (optional)*

You may optionally add to your list of at-risk counties if the list produced in Phase One by either method (simplified or independent) does not include counties that are at-risk based on other factors. These may be counties that do not demonstrate risk based on county-level data but include smaller, local areas of high or emerging need, such as communities your MIECHV programs currently serve. To add these counties to your list:

- In your Needs Assessment Data Summary:
  - Add additional counties to Table 7 (At-Risk Counties).
- In the Needs Assessment Update Narrative:
  - Describe the local or emerging needs –that align with statutory criteria for concentration of risk - and cite any relevant data points that indicate why added counties are at-risk; and
  - Describe how the counties identified in your list reflect the level of risk in your state.

3. Identify Quality and Capacity of Existing Programs

Under the MIECHV authorizing statute, you must submit a statewide needs assessment that identifies the quality and capacity of existing programs or initiatives for early childhood home visiting in the state.[16] Specifically, you must include:

- the number and types of individuals and families who are receiving services under such programs or initiatives;
- the gaps in early childhood home visiting in your state; and
- the extent to which such programs or initiatives are meeting the needs of eligible families.

In addition, the MIECHV statute requires you to prioritize delivering services under the MIECHV Program to eligible families who reside in communities in need of such services, as identified in the statewide needs assessment, taking into account the staffing, community resources, and other requirements to operate at least one approved evidence-based model of home visiting and demonstrate improvements for eligible families (Appendix E provides a definition and list of approved evidence-based home visiting models).[17]

[16] Social Security Act, Title V, §511(b)(1)(B).
[17] Social Security Act, Title V, §511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

Identification of the quality and capacity of existing home visiting programs supports you in assessing gaps in home visiting service delivery and unmet need among MIECHV-eligible families. In addition, consideration of staffing, community resources, and other requirements for implementation of evidence-based home visiting services supports you in assessing the readiness of communities to provide these services effectively, and planning statewide strategies to strengthen the delivery of home visiting services that additionally support at-risk communities in building their readiness.

For purposes of this needs assessment, "early childhood home visitation services" or "home visiting programs" are programs that use home visiting as a primary intervention strategy for providing services to pregnant women and/or children from birth to kindergarten entry. These phrases, for purposes of the MIECHV program and this needs assessment, exclude programs with few or infrequent visits or where home visiting is supplemental to other services.

In Table 7 (At-Risk Counties) of your Needs Assessment Data Summary, include the following data for each at-risk county:

1. The county is served, in whole or in part, by at least one home visiting program (*Yes or No or Not Sure*)
2. The county is served, in whole or in part, by at least one home visiting program that implements evidence-based home visiting service delivery models eligible for implementation by MIECHV (*Yes or No or Not Sure*) (See Appendix E for a list of models.)
3. The county is served, in whole or in part, by home visiting programs which are funded by the MIECHV Program (*Yes or No or Not Sure*)
4. Estimated number of families served by a home visiting program *located in the county* in the most recently completed home visiting program fiscal year
5. Estimated need of eligible families in the county, defined as families with children under 6 years old that were living in poverty and met two additional risk factors (families in which the mother has low educational attainment (high school education or less); families with pregnant women (a child less than 1 year in the past year); or families with young mothers (aged under 21)). ***These data will be provided by HRSA***.
6. *Optional* Alternate estimated need of eligible families in the county as identified by you.
7. *Optional* In home visiting programs located in the county, percentage of home visitor positions that were vacant in the most recently completed home visiting program fiscal year.

In the Needs Assessment Update Narrative, use data in Table 7 (At-Risk Counties) from your Needs Assessment Data Summary and other available data to:

- *If needed,* describe your interpretation of need if using an alternate estimate of need.
- Describe the gaps in early childhood home visiting in the state.

- Describe the extent to which home visiting programs are meeting the needs of eligible families.
- Describe gaps in staffing, community resource, and other requirements (such as an early childhood system which includes health and social services and family supports targeted to pregnant women and families with young children) to operate at least one evidence-based home visiting service delivery model and demonstrate improvements for MIECHV-eligible families in your at-risk counties identified in this needs assessment update.

In the Needs Assessment Update Narrative, you may *optionally* consider:

- Demographics and characteristics of families served by home visiting programs
- The cultural and language needs of families in at-risk communities to ensure that programs are provided in a relevant and appropriate way
- Attrition rates among families served by home visiting programs
- Home visiting program waiting lists
- Enrollment in alternative early childhood programs
- Home visiting personnel staff qualifications and attrition rates, professional development opportunities, and relevant labor statistics
- Strengths and weaknesses in service utilization and outcome data of existing home visiting programs
- Barriers faced by home visiting programs in at-risk counties, including geographic barriers and gaps in availability and accessibility of health and social services and family supports
- Costs of home visiting services in at-risk counties and reductions in funding for home visiting services in at-risk counties
- How existing home visiting programs, including service delivery models, and early childhood systems of care address indicators of high need in at-risk counties
- The presence of local early childhood systems coordination entities or councils, and public support and community buy-in for evidence-based home visiting in at-risk counties

4. Capacity for Providing Substance Use Disorder Treatment and Counseling Services

The MIECHV authorizing statute requires that a needs assessment update identify your state's capacity for providing substance use disorder counseling and treatment services to individuals and families in need of such services.[18] Assessment of the state's capacity to meet the needs of pregnant women and families with young children impacted by substance use disorder supports you in identifying the system of care that is available for MIECHV-eligible families and ensuring links to care for MIECHV families. In addition, this assessment may support you in identifying

[18] Social Security Act, Title V, § 511(b)(1)(C).

gaps and barriers in access to care and planning state and local activities to strengthen the system of care for MIECHV families.

For the purposes of this needs assessment, HRSA adopts the Surgeon General's definition of the phrase "substance use disorder treatment and counseling services" to mean "a service or set of services that may include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate alcohol and/or other drug use, address associated physical or mental health problems, and restore the patient to maximum functional ability."[19]

In the Needs Assessment Update Narrative, describe:

- The range of substance use disorder treatment and counseling services (i.e., intervention, treatment, and recovery services) available in your state that aim to meet the needs of pregnant women and families with young children who may be eligible for MIECHV services.
- Gaps in the current level of treatment and counseling services in meeting the needs of pregnant women and families with young children who may be eligible for MIECHV services. In this description, consider substance use disorder domain data in Table 6 (At-Risk Domains) and other available state or local data.
- Barriers to receipt – for examples, lack of access or affordability - of substance use disorder treatment and counseling services among pregnant women and families with young children who may be eligible for MIECHV services.
- Opportunities for collaboration with state and local partners, which may include substance use disorder treatment providers, hospitals, the court system, and child welfare agencies to address gaps and barriers to care for pregnant women and families with young children impacted by substance use disorder who may be eligible for MIECHV services.
- *If your state has one*, a strategic approach or a state plan, including any coordination between state agencies, to respond to substance use disorders among pregnant women and families with young children. Identify key stakeholders that your state engages in its response to substance use disorders among pregnant women and families with young children (i.e., the state's Single Agency for Substance Abuse Services, mental health services, public health, clinical medicine, public safety, nonprofit agencies, etc.);
- *If your state has any*, current activities to strengthen the system of care for addressing substance use disorder among pregnant women and families with young children (e.g., state legislation or policies, training and capacity building for home visitors and other service providers, an opioid task force, etc.).

[19] Surgeon General Report's Report on Alcohol, Drugs, and Health (2016). The term "substance use treatment" is included in the Glossary linked here: https://addiction.surgeongeneral.gov/sites/default/files/glossary-and-abbreviations.pdf.

- *Optional* Describe the availability of wrap around services to prevent and support treatment of substance use disorders such as mental health services, housing assistance, and other prevention and support services.

In the Needs Assessment Update Narrative, you may wish to incorporate available data from the Substance Abuse and Mental Health Services Administration (SAMHSA) (see Appendix D for more information) and consider the data provided to you in your Needs Assessment Data Summary on counties identified as at-risk in the domain of substance use disorder.

5. Coordinating with the Title V MCH Block Grant, Head Start and CAPTA Needs Assessment

Under the MIECHV authorizing statute, you must coordinate with and take into account requirements in: (1) the Title V MCH Block Grant program needs assessment; (2) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; (3) the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the state required under section 205(3) of Title II of CAPTA.[20] Effective coordination of MIECHV statewide needs assessments with the needs assessments required by Title V MCH Block Grant, Head Start, and CAPTA may support you in leveraging other available data sources; strengthening coordination with other early childhood system partners to assess and identify risk, unmet need, and gaps in care; and ensuring that home visiting is well coordinated with the state's early childhood system.

For this section, you will be required to describe how you coordinated with other agencies and needs assessments, and how this coordination informed your assessment of risk, unmet need, and gaps in care.

In the Needs Assessment Update Narrative:

- Describe how you coordinated with and took into account findings of other appropriate needs assessments conducted in your state. At a minimum, address how your statewide needs assessment update was coordinated with:
    - The state's Title V MCH Block Grant Five-Year Needs Assessment which includes the Title V maternal and child health priority needs.
    - Head Start community-wide strategic planning and needs assessments; and
    - Title II of the CAPTA -- the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect.

[20] Social Security Act, Title V, §511(b)(2).

- Discuss how findings or data from Title V MCH Block Grant, Head Start, and CAPTA needs assessments informed your MIECHV needs assessment update. This discussion may include:
    1. Description of methods used to incorporate data or information from other needs assessment into your MIECHV needs assessment update;
    2. Identification of service gaps in at-risk counties that are represented across needs assessments;
    3. Identification of duplication of services;
    4. Identification of challenges or barriers to receipt of services that are represented across needs assessments; and
    5. Identification of opportunities to strengthen and improve coordination of services to MIECHV-eligible families.
- Describe any efforts to convene stakeholders to review and contextualize the results of your state's relevant needs assessments in order to better assess risk, unmet need, and gaps in care. Stakeholders may include early learning convening groups (e.g., State Advisory Council on Early Childhood Education and Care, ECCS recipient,) or stakeholders involved with Title V MCH Block Grant, Head Start, and CAPTA.
- Describe any processes established for ongoing communication with Title V MCH Block Grant, Head Start, and CAPTA representatives to ensure findings and data from respective needs assessments are shared on an ongoing basis.

6. Conclusion

Conclude your Needs Assessment Update Narrative with a brief closing section that:

1) Summarizes major findings from your update, and
2) Describes any plans for disseminating the results of your needs assessment update to stakeholders in your state.

7. Nonprofit Documentation *(Required of Nonprofit awardees only)*

States that have elected not to apply for or be awarded MIECHV funds are encouraged to work with the nonprofit organizations that provide MIECHV-funded services within the state and indicate whether they will submit their needs assessments directly or through the nonprofit organization awardee. States submitting their needs assessment through a nonprofit organization awardee will need to provide documentation that indicates this, such as a signed letter on state letterhead indicating that they have authorized or requested the nonprofit organization to conduct the update and submit it to HRSA on their behalf. Documentation, such as a letter, may come from a state's Title V agency; another health, education or human services state agency; or the governor's office.

VI. Submission Information

A complete statewide needs assessment update submission must include the following sections:

1) A Needs Assessment Update Narrative that describes the methodological process and the findings from your update (see Appendix A for an outline of submission requirements). The Needs Assessment Update Narrative should not exceed 50 pages, excluding appendices.
2) A completed The Needs Assessment Data Summary Excel file. (See Appendix B for an outline of submission requirements).

Required of Nonprofit Awardees Only: Nonprofit awardees submitting the needs assessment on behalf of a state will need to provide documentation that they have been given authority to conduct and submit the needs assessment update on behalf of the state where they provide services. Documentation, such as a letter, may come from a state's Title V MCH Block Grant agency; another health, education or human services state agency; or the governor's office.

The completed needs assessment **must** include all required sections. You will submit your updated statewide needs assessment through HRSA's Electronic Handbooks (EHBs). You will receive instructions regarding submission of the needs assessment update through the EHBs approximately six months prior to the due date, as further described below. Please contact your HRSA MIECHV Project Officer with any questions.

The Bipartisan Budget Act establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving Title V MCH block grant funding; submission of the MIECHV needs assessment update in accordance with the guidance in this SIR will meet this requirement. The MIECHV statewide needs assessment update may be submitted anytime after the release of this guidance but before the statutory deadline of October 1, 2020.

VII. Review Process for Submitted Needs Assessment Updates

HRSA program staff will review all needs assessment updates for completeness and compliance with the requirements outlined in this Supplemental Information Request. Based on the review, HRSA staff will either accept the submission as complete and compliant with the requirements outlined in the SIR or request additional information or clarification. MIECHV statute requires awardees to update their statewide needs assessments no later than October 1, 2020, as a condition of receiving Title V MCH Block Grant funding.[21]

Through the FY 2021 MIECHV Notice of Funding Opportunity, HRSA intends to provide instructions to solicit proposed plans from awardees of how they intend to use the results of their needs assessment updates to inform MIECHV program implementation. Beginning in FY 2021 and in subsequent years (pending the availability of future funding), HRSA will use the

[21] Social Security Act, Title V, § 511(b)(1), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50603.

information submitted in this needs assessment update in tandem with information submitted through funding applications to assure compliance with all statutory requirements regarding the provision of services in at-risk communities.

VIII. Agency Contacts

Applicants may obtain additional information regarding their statewide needs assessment by contacting their HRSA Project Officer.

Awardees desiring assistance when working online to submit information electronically through HRSA's Electronic Handbooks (EHBs) should contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) Go4-HRSA or (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

APPENDIX A: Outline for the Needs Assessment Update Narrative

Below is a sample outline for the narrative that you must submit to HRSA. Your Needs Assessment Update Narrative should not exceed 50 pages, excluding any appendices you may include.

1) Introduction
    a. The purpose of the needs assessment update for your state
2) Identifying Communities with Concentrations of Risk
    a. If adding data to the simplified method or using an independent method:
        i. Description of added data (as applicable)
        ii. Description of methodology (as applicable if using an independent method)
    b. Describe how the counties identified by your selected method reflects the level of risk as you understand it in your state
3) Identifying Quality and Capacity of Existing Programs
    a. Reflect on the data about the quality and capacity of home visiting services in your state
        i. Discuss gaps in the delivery of early childhood home visiting services
        ii. Describe the extent to which home visiting services meet the needs of families in your state
        iii. Describe gaps in staffing, community resource, and other requirements for delivering evidence-based home visiting services
        iv. Discuss optional considerations
4) Capacity for Providing Substance Use Disorder Treatment and Counseling Services
    a. Related to the needs of pregnant women and families with young children who may be eligible for MIECHV services:
        i. Describe range of treatment and counseling services
        ii. Describe gaps in the current level of treatment and counseling services available to home visiting service populations
        iii. Describe barriers to receipt of substance use disorder treatment and counseling services
        iv. Describe opportunities for collaboration with state and local partners
        v. Describe any current activities to strengthen the system of care for addressing substance use disorder
        vi. Discuss optional considerations
5) Coordination with Title V MCH Block Grant, Head Start, and CAPTA Needs Assessments
    a. Describe how you coordinated with and took into account other needs assessments, and at a minimum, the needs assessments required by Title V MCH Block Grant, Head Start, and CAPTA programs
    b. Describe your efforts to convene stakeholders to review and contextualize results from various needs assessments in your state

   c. Explain how findings or data from Title V MCH Block Grant, Head Start, and CAPTA programs informed your MIECHV needs assessment update

6) Conclusion
   a. Summarize major findings of the statewide needs assessment update
   b. Describe dissemination of the statewide needs assessment update to stakeholders
7) Nonprofit Documentation *(required of nonprofit awardees only)*
   a. Nonprofit awardees will need to provide documentation to demonstrate that they have been authorized or requested by the state in which they provide services to submit a needs assessment on behalf of the state

APPENDIX B: Outline for Needs Assessment Data Summary

Below are instructions for completing the Needs Assessment Data Summary submission under each option for identifying at-risk counties:

Identifying At-Risk Counties

- Phase 1 – Develop list of At-Risk Counties (Required)
  - Simplified method
    - If satisfied that the simplified method appropriately identified at-risk counties:
      - List your at-risk counties in Table 7 (At-Risk Counties)
    - If adding data to the simplified method
      - Add data descriptions to Table 2 (Description of Indicators)
      - Add descriptive statistics to Table 3 (Descriptive Statistics)
      - Add raw data to Table 4 (Raw Indicators)
      - Add standardized data to Table 5 (Standardized Indicators)
      - Update formulas in Table 6 (At-Risk Domains)
      - List your at-risk counties in Table 7 (At-Risk Counties)
  - Independent Method
    - Revise Table 2 (Description of Indicators)
    - Revise Table 3 (Descriptive Statistics)
    - Revise or replace Table 4 (Raw Data)
    - Revise or Replace Tables 5 (Standardized Indicators) and 6 (At-Risk Domains)
    - List your at-risk counties in Table 7 (At-Risk Counties)

- Phase 2 – Add Counties to Your List (*Optional*)
  - List your at-risk counties in Table 7 (At-Risk Counties) of your Needs Assessment Data Summary

Identifying the Quality and Capacity of Home Visiting Programs

- Add to Table 7 (At-Risk Counties)
  - Counties that are identified as at-risk
  - Indicator that county is served by a MIECHV eligible model
  - Indicator that home visiting programs in the county receive MIECHV funds
  - Estimated number of families served in county
  - Estimate of need by county (provided by HRSA)
  - *Optional*: Alternative estimate of need by county
  - *Optional*: Percent of home visitor job vacancies by county

APPENDIX C: Description of Needs Assessment Data Summary Tables

Table 1: Simplified Method Overview - This table describes the methodology used in the simplified method to identify at-risk counties. It describes how indicators were selected (and why certain indicators are not included in the method), how data is analyzed, how indicators are identified as at-risk, and how counties are then identified as at-risk.

Table 2: Description of Indicators - This table groups each indicator by domain, provides definitions for each indicator, and indicates how the selected indicators align with the statutory definition of at-risk communities. The table presents information about the data utilized in the simplified method such as the year it represents, sources for the data and links to those sources when available, any relevant source notes, and the year in which updated data will be available.

Table 3: Descriptive Statistics - This table groups each indicator used in the simplified method by domain, and repeats the definitions for each indicator, and year the data represents. The table then presents statewide descriptive data including missing data, mean for each indicator, standard deviation, median, interquartile range, minimum and maximum, other notes, and state estimate for each indicator. Descriptive data are computed based on the county-level data collected for each indicator.

Table 4: Raw Indicators - This table provides raw data for each indicator based on the definitions of each indicator (e.g., the poverty indicator is defined as the percent of the population living below the Federal poverty line, so this table presents that statistic for each county).

Table 5: Standardized Indicators - This table presents standardize indicator values (computed z-scores) for each county so that all indicators have a mean of 0 and a SD of 1. Data in this table represent the Z-score for each indicator which is calculated using the mean and standard deviation computed in Table 3, and the county values for each indicator presented in Table 4. Specifically, the formula for computing the standardized indicators is: Z-score = (county value - mean)/SD.

Table 6: At-Risk Domains - This table presents the population total for each county, the proportion of indicators within each domain that are at-risk based on the standardized data, and the total number of at-risk domains for each county. The table calculates the proportion of indicators within each domain for which that county's z-score was greater than 1, that is, the proportion of indicators for which a given county is in the most at-risk 16% of all counties in the state (16% is the percentage of values greater than 1 SD above the mean in the standard normal distribution). If at least half of the indicators within a domain have z-scores greater or equal to 1 SD higher than the mean, then a county is considered at-risk on that domain. The total number of domains at-risk (out of 5) is summed to capture the counties at highest risk across domains. Counties with 2 or more at-risk domains are identified as at-risk.

Table 7: At-Risk Counties - This table is to be completed by awardees. In this table, you will list your at-risk counties and provide data on the quality and capacity of home visiting services. in each of those counties.

Table 8: Example Formulas - This table provides the necessary formulas used in the simplified method to conduct analyses for each table. For example, the table provides the formula used to standardize (i.e., calculate the z-score) each of the raw indicator values. You can copy and paste the formulas from this table to analyze any data added to the simplified method as described in the Instructions for Identifying a List of At-Risk Counties section of this guidance.

APPENDIX D: List of Potential Metrics and Data for Consideration in an Independent Method

Below are metrics and data sources for you to consider if you choose to utilize an independent method for identifying your state's list of at-risk counties.

Metrics Used in the Simplified Method

- Premature birth
  - Percent: # live births before 37 weeks/total # live births
- Low birth weight infants
  - Percent: # resident live births less than 2500 grams/# resident live births
- Poverty
  - # residents below 100% FPL/total # residents
- Unemployment
  - Percent: # unemployed and seeking work/total workforce
- School Dropout Rates
  - Percent high school dropouts grades 9-12
  - Other school dropout rates as per State/local calculation
- Income Inequality
  - Gini coefficient
- Crime
  - # reported crimes/1000 residents
  - # crime arrests ages 0-19/100,000 juveniles age 0-19
- Substance abuse
  - Prevalence rate: Binge alcohol use in past month
  - Prevalence rate: Marijuana use in past month
  - Prevalence rate: Nonmedical use of prescription drugs in past month
  - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month
- Child Maltreatment
  - Rate of maltreatment victims aged <1-17 per 1,000 child (aged <1-17) residents

Other Metrics for Consideration

- Infant mortality (includes death due to neglect)
  - # infant deaths ages 0-1/1,000 live births
- Child maltreatment (substantiated/indicated/alternative response victim)
  - Rate of reported substantiated maltreatment
  - Rate of reported substantiated maltreatment by type
- Domestic Violence
  - Useful sources of data may include State service statistics, State and local hotline statistics, fatality review teams, social service agencies, and other data already collected by State and local domestic violence service providers.
- Substance Use and Mental Health

    - State estimates of mental health and substance use from the National Survey on Drug Use and Health (NSDUH)[22]
- Substance Use Disorder Treatment Facilities
    - State information on substance abuse treatment facilities, including the services they provide, which can be found in the National Directory of Drug and Alcohol Abuse Treatment Facilities[23]

[22] Substance use and mental health data can be found at https://nsduhweb.rti.org/respweb/estimates.html
[23] Substance Abuse Treatment Facility data can be found at: https://www.samhsa.gov/data/sites/default/files/2017%20SA%20Directory.pdf.

APPENDIX E: Evidence-based Models Eligible to MIECHV Awardees

The models listed below have met HHS criteria for evidence of effectiveness and are available for use by funding recipients in carrying out the MIECHV program.

HHS uses Home Visiting Evidence of Effectiveness (HomVEE, http://homvee.acf.hhs.gov/) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten.

NOTE: In addition to the HHS criteria for evidence of effectiveness, the statute specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement," among other requirements.[24]

(NOTE: Models are listed alphabetically.)

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST
- Durham Connects/Family Connects
- Early Head Start – Home-Based Option
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Beginnings
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Maternal Early Childhood Sustained Home Visiting Program
- Minding the Baby
- Nurse-Family Partnership
- Parents as Teachers
- Play and Learning Strategies – Infant
- SafeCare Augmented

[24] Social Security Act, Title V, § 511(d)(3)(A).

APPENDIX F: Glossary of Selected Terms

At-risk communities – Awardees are required to give service priority to eligible families residing in at-risk communities identified by a statewide needs assessment. At-risk communities are those for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole. At-risk communities are further defined as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high school dropouts; substance abuse; unemployment; or child maltreatment. For the purpose of this needs assessment update, HRSA interprets the term "community" to mean a county or county equivalent.

Early childhood home visiting programs or initiatives– Programs or initiatives in which home visiting is a primary service delivery strategy and in which services are offered on a voluntary basis to at-risk pregnant women and parents with young children up to kindergarten entry, targeting participant outcomes which may include improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; or improvements in the coordination and referrals for other community resources and supports.

Early childhood system – An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

Substance use disorder treatment and counseling services – A service or set of services that may include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate alcohol and/or other drug use, address associated physical or mental health problems, and restore the patient to maximum functional ability.[25]

[25] See Surgeon General Report's Report on Alcohol, Drugs, and Health (2016). The term "substance use treatment" is included in the Glossary linked here: https://addiction.surgeongeneral.gov/sites/default/files/glossary-and-abbreviations.pdf.

Title V Needs Assessment – Title V of the Social Security Act (Section 505(a)(1)) requires each state, as part of its application for the Title V Maternal And Child Health Services Block Grant To States Program, to prepare and transmit a statewide needs assessment every five years that identifies (consistent with the health status goals and national health objectives) the need for:

- Preventive and primary care services for pregnant women, mothers and infants up to age one;
- Preventive and primary care services for children; and
- Services for children with special health care needs. More details are provided in Part Two, Section III.C. of the Guidance and forms for the Title V Application/Annual Report for the Title V Maternal and Child Health Services Block Grant to States Program, which can be found at: https://mchb.tvisdata.hrsa.gov/uploadedfiles/Documents/blockgrantguidance.pdf.