

# Maternal, Infant, and Early Childhood Home Visiting Program

## Supplemental Information Request (SIR) for the Submission of the Territory Statewide (“Territorywide”) Needs Assessment Update

The Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides this guidance to territory awardees for the submission of a needs assessment update pursuant to § 511(b) of the Social Security Act (42 U.S.C. § 711(b)). Territory awardees of the MIECHV Program include: Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa.

The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). Section 50601 of the Bipartisan Budget Act of 2018 ([Pub. L. 115-123](#)) (BBA) amended section 511(j) of the Social Security Act, extending appropriated funding for the MIECHV Program through FY 2022. Section 50603 of the BBA amended section 511(b)(1) of the Social Security Act, requiring awardees to conduct a statewide needs assessment (which may be separate from but in coordination with the statewide needs assessment required under section 505(a) (the Title V Maternal and Child Health (MCH) Block Grant needs assessment) and which shall be reviewed and updated by the awardee not later than October 1, 2020). The term “statewide” is used in this document to reflect statute. For the purpose of this guidance, the term “statewide” includes “territorywide.” The BBA further provides that conducting a MIECHV statewide needs assessment update under this provision is a condition of receiving Title V MCH Block Grant funding. Submission of the completed MIECHV needs assessment update to HRSA in accordance with this MIECHV Program guidance will demonstrate compliance with this requirement.

A separate guidance provides instructions for states and the District of Columbia (DC).

Instructions are set forth in this document in the following sections, followed by appendices:

1. [Background](#)
2. [Purpose](#)
3. [Due Date](#)
4. [Requirements of the Statewide Needs Assessment Update](#)
5. [Instructions for Completing the Statewide Needs Assessment Update](#)
  - a. [Section 1: Introduction](#)
  - b. [Section 2: Identifying At-Risk Communities with Concentrations of Risk](#)
    - i. [Phase One Instructions: Simplified Method](#)
    - ii. [Phase One Instructions: Independent Method](#)
    - iii. [Phase Two Instructions: Adding Communities Known to be At-Risk \(optional\)](#)
  - c. [Section 3: Identify Quality and Capacity of Existing Programs](#)

- d. [Section 4: Capacity for Providing Substance Abuse Treatment and Counseling Services](#)
  - e. [Section 5: Coordinating with Title V MCH Block Grant, Head Start, and CAPTA Needs Assessments](#)
  - f. [Section 6: Conclusion](#)
6. [Submission Information](#)
  7. [Review Process for Submitted Needs Assessment Updates](#)
  8. [Agency Contacts](#)

## **I. Background**

The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). Under this legislative authority, grants are awarded to states and certain other specific jurisdictions (hereafter referred to as “territories”) to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.<sup>1</sup> 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.<sup>2</sup>

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). Awardees receive funding through the MIECHV Program to implement evidence-based home visiting models and promising approaches.<sup>3</sup> Awardees have the flexibility to tailor their programs to serve the specific needs of their communities. Through a statewide needs assessment, awardees identify at-risk communities and target populations and select home visiting service delivery models that best meet territory and local needs. (NOTE: The term “statewide” is used in the authorizing statute, but because the statutory language encompasses territories, for the purpose of this guidance, the term “statewide” includes “territorywide.”)

As noted above, section 511(b)(1) of the Social Security Act requires awardees to review and update their statewide needs assessments. Through this statewide needs assessment update, awardees will identify at-risk communities as those 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 drop-outs; substance abuse; unemployment; or child maltreatment.<sup>4</sup> 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 territories.

## **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. As this is the first statutory mandate to complete a statewide needs

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<sup>1</sup> Social Security Act, Title V, § 511(c).

<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: <https://homvee.acf.hhs.gov/>.

<sup>3</sup> 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.

<sup>4</sup> Social Security Act, Title V, § 511(b)(1)(A).

assessment since 2010, this update will assist in ensuring awardees have a more current understanding of the need for home visiting services in their territories.

### III. Discussion of Requirements

Under the MIECHV authorizing statute, a needs assessment update must identify communities with concentrations of defined risk factors, assess the quality and capacity of home visiting services in the territory, and assess the territory's capacity for providing substance abuse treatment and counseling services.<sup>5</sup> 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.

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. **MIECHV awardees will continue to be able to select which at-risk communities – as identified in the updated needs assessment - they will target for provision of home visiting services.** Instructions in this SIR provide flexibility for awardees to identify at-risk communities through a variety of methods.

Awardees' needs assessment updates will allow for better understanding of unmet needs and availability of services in communities and territories, which will help to ensure that MIECHV home visiting programs are targeted to at-risk communities. Additionally, HRSA anticipates learning more about the unique challenges and contextual factors (e.g., population size, availability of data sources, cultural barriers, etc.) for implementing evidence-based home visiting programs in territory populations. 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.

For the purpose of this needs assessment update, territory awardees will define "community" as a sub-territory geographic unit that is appropriate to meet their needs. Appropriate sub-territory geographic units may include, but are not limited to:

- municipalities,
- cities/villages,
- islands, or
- districts.

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

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<sup>5</sup> Social Security Act, Title V, § 511(b)(1)(C).

## IV. 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 adversely impact award of both MIECHV and Title V MCH Block Grant funding in FY 2021 or later.** The MIECHV statewide needs assessment update may be submitted any time after the release of this guidance but must be submitted not later than the statutory deadline of October 1, 2020.

## V. Requirements of the Needs Assessment Update

Along with FY 2018 MIECHV formula awards, HRSA awarded \$200,000 in supplemental funds to eligible entities to complete a needs assessment update. To meet statutory requirements for a needs assessment update, you must:<sup>6</sup>

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. [Section 2: Identify At-Risk Communities with Concentrations of Risk](#) provides instructions for how to meet this requirement.
2. **Identify the quality and capacity of existing programs or initiatives for early childhood home visiting.** 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 services in the territory; and c) the extent to which such programs or initiatives are meeting the needs of eligible families. [Section 3: Identify Quality and Capacity of Existing Programs](#) provides instructions for how to meet this requirement.
3. **Discuss the capacity for providing substance abuse treatment and counseling services** to individuals and families in need of such treatment or services. [Section 4: Capacity for Providing Substance Abuse Treatment and Counseling Services](#) provides instructions for how to meet this requirement.
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 or territory required under section 205(3) of Title II of Child Abuse. Prevention and Treatment Act (CAPTA). [Section 5:](#)

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<sup>6</sup> Social Security Act, Title V, § 511(b).

[Coordinating with Title V MCH Block Grant, Head Start, and CAPTA Needs Assessments](#) provides instructions for how to meet this requirement.

In addition to the required information, this update provides awardees the opportunity to take into account staffing, community resources, and other requirements to operate at least one approved home visiting service delivery model and demonstrate improvements for eligible families.<sup>7</sup>

**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 a description of what should be included in your Needs Assessment Update Narrative); and
- 2) A completed [Needs Assessment Data Summary](#) (Excel file) for your territory (See [Appendix B](#) for an outline of submission requirements).

The following sections of this SIR will describe how to complete these components in full. Each section will describe what you need to present in your Needs Assessment Update Narrative and your Needs Assessment Data Summary.

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. [Appendix E: Instructions for Presenting the Results of a Recent Needs Assessment Update](#) provides further information about these requirements and instructions.

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<sup>7</sup> 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.

## V. Instructions for Territories for Completing the Needs Assessment Update

A complete needs assessment update submission must include:

- 1) a Needs Assessment Update Narrative that describes your process and findings. See [Appendix A](#) for an outline of submission requirements and a description of what should be included in your Needs Assessment Update Narrative; and
- 2) a completed Needs Assessment Data Summary (Excel file), see [Appendix B](#) for an outline of submission requirements for your Needs Assessment Data Summary.

Instructions in the following sections describe what you will need to include in your Needs Assessment Update Narrative and your Needs Assessment Data Summary. The sections align with the sections that will be included in your Needs Assessment Update Narrative (see [Appendix A](#) for an outline).

### Section 1: Introduction

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

### Section 2: Identify At-Risk Communities with Concentrations of Risk

The authorizing statute requires you to identify communities with concentrations of risk in your needs assessment update.<sup>8</sup> **For the purposes of this update, as noted above**, territory awardees will define “community” as a sub-territory geographic unit that is appropriate to meet their needs.

There are two phases for identifying at-risk communities.

In the *first* phase you will develop your list of at-risk communities. HRSA has identified two methods for developing your list: the **simplified method** and the **independent method**.

In the *second* phase, you will consider if you need to add communities you know are at-risk that were not identified in your list during the first phase.

You will submit a list of at-risk communities in your Needs Assessment Data Summary. [Appendix C](#) provides a description of the Needs Assessment Data Summary and what you received from HRSA.

NOTE: You received either a prepopulated Needs Assessment Data Summary, if you worked with HRSA to gather data for the simplified method, or a blank Needs Assessment Data Summary, if you indicated interest in pursuing an independent method. Either way, you will

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<sup>8</sup> Social Security Act, Title V, §511(b)(1)(A).

submit your Needs Assessment Data Summary as part of your complete needs assessment update. Regardless of any previous discussions with HRSA, you may choose to adopt either method as your final method. For example, if you worked with HRSA to gather data to identify at-risk communities through the simplified method, you may decide that you would now like to pursue an independent method. Or, if you did not work with HRSA to gather data for the simplified method, you may choose to do so after reviewing this guidance. To complete your needs assessment update, you may also present the results of a recent needs assessment update if it meets the requirements specified in [Appendix E](#). Technical assistance will be provided by HRSA to assist you in determining an approach that best fits your needs.

### **Phases for Identifying At-Risk Communities**

**Phase 1:** Use the simplified method **OR** an independent method to identify your at-risk communities.

**Phase 2 (optional):** Add additional communities you know are at risk to the list you identified in phase 1, and provide supporting data.

The following sections provide instructions for completing both phases. Instructions below indicate what you will submit through your Needs Assessment Data Summary and what you will include in your Needs Assessment Update Narrative.

#### ***Phase One Instructions: Simplified Method***

Review the pre-populated Needs Assessment Data Summary that you received from HRSA, particularly Table 6 that presents the results of the simplified method and identify communities at-risk in 2 or more domains. Consider whether the simplified method appropriately identifies needs and at-risk communities in your territory (see [Appendix C](#) for a full description of what is included in the Needs Assessment Data Summary). If it does, then:

- In your Needs Assessment Data Summary:
  - Add at-risk communities to Table 7 (At-Risk Communities).
- In your Needs Assessment Update Narrative:
  - Describe how the communities identified in your list reflect the level of risk in your territory.

The simplified method allows for flexibility to add data, which may revise the list of at-risk communities. Instructions for modifying the simplified method can be found in [Appendix D: Instructions for Modifying the Simplified Method](#).

Once you have identified at-risk communities through the simplified method or a modified simplified method, also consider whether or not you need to add communities that you know are at-risk through [phase two](#).

#### ***Phase One Instructions: Independent Method***

Alternatively, you may use an independent method of your choosing for identifying at-risk communities 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. You must define “community” as a sub-territory geographic unit - such as municipalities, islands, cities/villages, or districts - that is appropriate to meet your needs. Once you have selected your sub-territory geographic unit, data used in your methodology must *consistently reflect* that unit.

Examples of alternative rigorous statistical methods that you may want to consider are a community health ranking approach, other composite indicator methods, factor or principal 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 (definitions for these methods are in [Appendix H](#)).

If you choose to conduct an independent method:

- Utilize data sources that measure “at-risk” communities as having high concentrations of the following (examples of recommended measures and data sources are listed in [Appendix F](#)):
  - 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:

- In Table 2 (Description of Indicators) add descriptions of the data sources used in your independent method.
- In Table 3 (Descriptive Statistics) add data to present territory-level descriptive statistics from the data sources you used in your independent method.
- Input data in Table 4 (Raw Indicators) to reflect the data values at your designated sub-territory level used in your independent analysis.
- *Optional*: Remove Table 5 (Standardized Indicators) and Table 6 (At-Risk Domains) then demonstrate the analysis used in your independent method to identify at-risk communities in a blank tab.
- Add at-risk communities to Table 7 (At-Risk Communities) of your Needs Assessment Data Summary.

In your Needs Assessment Update Narrative:

- Describe in detail the rigorous methodology you used to develop a list of at-risk communities in your territory and the rationale for selecting this methodology to best

meet the unique needs of your territory. Include a discussion of any qualitative data that supported your identification of at-risk communities in your territory, as appropriate.

- Describe how the communities identified in your list reflect the level of risk in your territory.

Once you have identified at-risk communities through your independent method, consider whether or not you need to add communities that you know are at-risk through [phase two](#).

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

You may add to your list of at-risk communities if the list produced in phase one by either method (simplified or independent) does not include communities that are at-risk based on other data indicators for the statutorily defined risk factors.<sup>9</sup> These may be communities that do not demonstrate risk based on community-level data but include smaller, local areas of high or emerging need, such as communities your MIECHV programs currently serve. To add these communities to your list:

- In your Needs Assessment Data Summary:
  - Add additional communities to Table 7 (At-Risk Communities).
- 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 communities are at-risk; and
  - Describe how the communities identified in your list reflect the level of risk in your territory.

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<sup>9</sup> Social Security Act, Title V, § 511(b)(1)(A).

### Section 3: Identify Quality and Capacity of Existing Programs

Under the MIECHV authorizing statute, you must submit a statewide needs assessment update that identifies the quality and capacity of existing programs or initiatives for early childhood home visiting in the territory.<sup>10</sup> 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 territory; 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. You should also take 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 G](#) provides a definition and list of approved evidence-based home visiting models).<sup>11</sup>

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 territory 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 update, “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 Communities) of your [Needs Assessment Data Summary](#), include the following data for each at-risk community:

1. The community is served, in whole or in part, by at least one home visiting program (*Yes or No or Not Sure*).
2. The community 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

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<sup>10</sup> Social Security Act, Title V, §511(b)(1)(B).

<sup>11</sup> 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.

implementation by MIECHV (*Yes or No or Not Sure*). (See [Appendix G](#) for a list of models.)

3. The community 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 community* in the most recently completed home visiting program fiscal year.
5. *Optional* Estimated need of eligible families in the community.
6. *Optional* In home visiting programs located in the community, 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 Communities) from your Needs Assessment Data Summary and other available data to:

- *If needed*, describe your interpretation of need if using an estimate of need.
- Describe the gaps in early childhood home visiting in the territory.
- 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 at-risk communities identified in this needs assessment update.

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

- Cultural and linguistic needs of families in at-risk communities to ensure that programs are provided in a relevant and appropriate way
- Any barriers faced by home visiting programs in at-risk communities, including cultural stigma, or geographic barriers and gaps in availability and accessibility of health and social services and family supports.
- Demographics and characteristics of families served by home visiting programs.
- 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.
- Costs of home visiting services in at-risk communities and reductions in funding for home visiting services in at-risk communities.
- How existing home visiting programs, including service delivery models, and early childhood systems of care address indicators of high need in at-risk communities.

- 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 communities.

## Section 4: Capacity for Providing Substance Use Disorder Treatment and Counseling Services

The MIECHV authorizing statute requires that a needs assessment update identify your territory's capacity for providing substance use disorder counseling and treatment services to individuals and families in need of such services.<sup>12</sup> Assessment of the territory'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 gaps and barriers in access to culturally responsive care, and planning territory and local activities to strengthen the system of care for MIECHV families within your territory.

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."<sup>13</sup>

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 territory 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 territory or local data
- Barriers to receipt – for example, lack of access or affordability to cultural and linguistically appropriate 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 territory 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

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<sup>12</sup> Social Security Act, Title V, § 511(b)(1)(C).

<sup>13</sup> 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>.

- *If your territory has one*, a strategic approach or a territory plan, including any coordination between territory agencies, to respond to substance use disorders among pregnant women and families with young children. Identify key stakeholders that your territory engages in its response to substance use disorders among pregnant women and families with young children (i.e., the territory’s Single Agency for Substance Abuse Services, mental health services, public health, clinical medicine, public safety, nonprofit agencies, etc.).
- *If your territory 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., legislation or policies, training and capacity building for home visitors and other service providers, an opioid task force, etc.).
- *Optionally* 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 consider incorporating available data from the Substance Abuse and Mental Health Services Administration (SAMHSA) (see [Appendix F](#) for more information). If you worked with HRSA to collect data for the simplified method, consider the data in your Needs Assessment Data Summary on communities identified as at-risk in the domain of substance use disorder.

## **Section 5: Coordinating with the Title V MCH Block Grant, Head Start, and CAPTA Needs Assessments**

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 territory required under section 205(3) of Title II of CAPTA.<sup>14</sup> 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 territory's early childhood system.

For this section, you must 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 territory. At a minimum, address how your needs assessment update was coordinated with:
  - The territory's Title V MCH Block Grant Five-Year Needs Assessment which includes the Title V maternal and child health priority needs;
  - Head Start communitywide strategic planning and needs assessments; and
  - Title II of the CAPTA inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect.
- Discuss how findings or data from Title V MCH Block Grant, Head Start, and CAPTA needs assessments informed your MIECHV needs assessment update.
  - *Optionally* this discussion may include:
    - Description of methods used to incorporate data or information from other needs assessments into your MIECHV needs assessment update.
    - Identification of gaps and/or duplication of services in at-risk communities that are represented across needs assessments.
    - Identification of challenges or barriers to receipt of services that are represented across needs assessments.
    - 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 territory's relevant needs assessments in order to better assess risk, unmet need, and

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<sup>14</sup> Social Security Act, Title V, §511(b)(2).



gaps in cultural and linguistically appropriate care. Stakeholders may include early learning convening groups (e.g., an Advisory Council on Early Childhood Education and Care, the ECCS recipient, etc.) 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.

## **Section 6: Conclusion**

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

- 1) Summarizes major findings from your update.
- 2) Describes plans for disseminating the results of your needs assessment update to stakeholders in your territory.

## VI. Submission Information

A complete 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 Needs Assessment Data Summary Excel file. (See [Appendix B](#) for an outline of submission requirements.)

The completed needs assessment **must** include both required sections. You will submit your updated 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 needs assessment update may be submitted any time 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 SIR guidance. 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 needs assessments no later than October 1, 2020, as a condition of receiving Title V MCH Block Grant funding.<sup>15</sup>

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 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.

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<sup>15</sup> Social Security Act, Title V, § 511(b)(1), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50603.

## **VIII. Agency Contacts**

Awardees may obtain additional information regarding their statewide needs assessment update by contacting their HRSA MIECHV 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](mailto: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.

### Section 1) Drafting an Introduction

- a. The purpose of the needs assessment update for your territory

### Section 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 communities identified by your selected method reflects the level of risk as you understand it in your territory

### Section 3) Identifying Quality and Capacity of Existing Programs

- a. Reflect on the data about the quality and capacity of home visiting services in your territory
  - 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 territory
  - iii. Describe gaps in staffing, community resource, and other requirements for delivering evidence-based home visiting services
  - iv. Discuss optional considerations

### Section 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 territory and local partners
  - v. Describe any current activities to strengthen the system of care for addressing substance use disorder
  - vi. Discuss optional considerations

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

Section 6) Drafting a Conclusion

- a. Summarize major findings of the statewide needs assessment update
- b. Describe dissemination of the statewide needs assessment update to stakeholders

## 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 communities:

### Identifying At-Risk Communities

- Phase 1 – Develop List of At-Risk Communities
  - Simplified Method
    - If satisfied that the simplified method appropriately identified at-risk communities:
      - List your at-risk communities in Table 7 (At-Risk Communities)
    - If adding data to the simplified method (see [Appendix D](#) for instructions):
      - 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 communities in Table 7 (At-Risk Communities)
  - Independent Method
    - Revise Table 2 (Description of Indicators)
    - Revise Table 3 (Descriptive Statistics)
    - Revise or replace Table 4 (Raw Indicators)
    - Remove Tables 5 (Standardized Indicators) and 6 (At-Risk Domains), demonstrate your analysis for identifying at-risk communities in a new tab.
    - List your at-risk communities in Table 7 (At-Risk Communities)
- Phase 2 (*Optional*) – Add Communities to Your List
  - List your additional at-risk communities in Table 7 (At-Risk Communities) of your Needs Assessment Data Summary

### Identifying the Quality and Capacity of Home Visiting Programs

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

## APPENDIX C: Description of the Needs Assessment Data Summary

You either received a prepopulated Needs Assessment Data Summary if you worked with HRSA to gather data for the simplified method, or a blank Needs Assessment Data Summary if you indicated interest in pursuing an independent method. Either way, you will submit your Needs Assessment Data Summary as part of your complete needs assessment update.

### *If you worked with HRSA to provide data for the simplified method:*

HRSA developed a methodology that utilizes nationally available data so that each state and territory 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 community-level data. Indicators within each domain align with the characteristics described in statute to identify communities with concentrations of risk.<sup>16</sup>

The simplified method identifies a community 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 communities in the territory.

The Needs Assessment Data Summary contains eight separate tables with the following data for your territory:

- Table 1. **Simplified Method Overview** – This table includes a description of the methodology used to identify at-risk communities.
- Table 2. **Description of Indicators** – This table includes definitions for each indicator, the year(s) 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(s) the data represent, and territory-level descriptive data including missing data, mean of the communities, standard deviation of the communities, and median for each indicator.
- 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 community).
- Table 5. **Standardized Indicators** – This table presents z-scores for each indicator based on the raw indicators and the territory-level descriptive data.
- Table 6. **At-Risk Domains** – This table presents the population total for each community, 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 community.

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<sup>16</sup> Social Security Act, Title V, § 511(b)(1)(A).

Communities with two or more domains identified as at-risk (in column H) are considered at-risk by the simplified method.

Table 7. **At-Risk Communities** –You will add your at-risk communities and provide data on the quality and capacity of home visiting services in each of those communities.

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

*If you did not work with HRSA to receive a Needs Assessment Data Summary:*

The blank Needs Assessment Data Summary you received from HRSA includes the same eight tables that are described above, however it will not be prepopulated with data for your territory. Instead, you will use the template to add descriptions of the data you are using in your independent method, the raw data used in your method, and the calculations that produce your list of at-risk communities. Instructions for how to present your independent method in the Needs Assessment Data Summary that you will submit to HRSA are in the [Phase One Instructions: Independent Method](#).



## APPENDIX D: Instructions for Modifying the Simplified Method

- **Instructions for adding data to the simplified method:** After reviewing your Needs Assessment Data Summary, if the data do not appropriately reflect the needs of your territory, 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 territory. Added indicators and domains must align with the statutory definition of risk.<sup>17</sup> You may wish to add sub-community geographic data if you know that data could identify risk within a community that is not apparent in community-level data.
  
- **Instructions for 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).
    - 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 communities to Table 7 (At-Risk Communities), and consider Phase Two.
  - In the Needs Assessment Update Narrative:
    - Describe why the added indicators are important for identifying at-risk communities in your territory, and how added indicators align with statutory goals for the program.
    - Describe how the communities identified in your list reflect the level of risk in your territory.

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<sup>17</sup> Social Security Act, Title V, §511(b)(1)(A).

- **Instructions for 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 Indicators).
    - 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 community.
    - Add at-risk communities to Table 7 (At-Risk Communities), 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 communities in your territory.
    - Describe how the communities identified in your list reflect the level of risk in your territory.
  
- **Instructions for 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-community areas and omitting the values for the community(ies) where the sub-community areas are derived).
    - Add rows to the bottom of Table 4 (Raw Indicators) 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 communities to Table 7 (At-Risk Communities), and consider Phase Two.
- In the Needs Assessment Update Narrative:
- Describe the added geographic data and why they are important for identifying at-risk communities in your territory.
  - Describe how the communities identified in your list reflect the level of risk in your territory.

## **APPENDIX E: Instructions for Presenting the Results of a Recent Needs Assessment Update**

If you completed a needs assessment update after October 1, 2016 that: 1) utilizes a rigorous method to identify at-risk communities (as described above); 2) reflects the measures of risk identified in statute; and 3) reflects recent data,<sup>18</sup> 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 the instructions for presenting the results of an independent method) and operationalize at-risk communities as at-risk communities.
- In the Needs Assessment Update Narrative:
  - Describe your rigorous methodology and data sources.
  - Describe the results of your needs assessment and how the communities identified in your list reflect the level of risk in your territory.

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<sup>18</sup> 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.

## **APPENDIX F: 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 territory's list of at-risk communities.

### *Metrics Used in the Simplified Method*

- Premature birth
  - Percent: # live births before 37 weeks/total # live births
  - Possible source: Office of Vital Records
- Low birth weight infants
  - Percent: # resident live births less than 2500 grams/# resident live births
  - Possible source: Office of Vital Records
- Poverty
  - # residents below 100% FPL/total # residents
  - Possible sources: Medicaid office, Territorial Statistic Report or Yearbook, Department of Commerce or Labor
- Unemployment
  - Percent: # unemployed and seeking work/total workforce
  - Possible sources: Department of Commerce or Labor, Territorial Statistic Report or Yearbook, Kids Count (USVI only)
- School Dropout Rates
  - Percent high school dropouts grades 9-12
  - Other school dropout rates as per territory/local calculation
  - Possible source: Department of Education
- Income Inequality
  - Gini coefficient
- Crime
  - # reported crimes/1000 residents
  - # crime arrests ages 0-19/100,000 juveniles age 0-19
  - Possible source: Police Department
- Substance Use Disorder
  - 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
  - Possible source: Division of Behavioral Health/Mental Health/Substance Use
- Child Maltreatment
  - Rate of maltreatment victims aged <1-17 per 1,000 child (aged <1-17) residents
  - Possible source: Division of Child and Family Services/Child Welfare

### *Other Metrics for Consideration*

- Infant mortality (includes death due to neglect)
  - # infant deaths ages 0-1/1,000 live births
  - Possible source: Office of Vital Records
- Child maltreatment (substantiated/indicated/alternative response victim)
  - Rate of reported substantiated maltreatment
  - Rate of reported substantiated maltreatment by type
  - Possible source: Division of Child and Family Services/Child Welfare
- Domestic Violence
  - Useful sources of data may include territory service statistics, territory and local hotline statistics, fatality review teams, social service agencies, and other data already collected by territory and local domestic violence service providers.
- Substance Use Disorder
  - Territory 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<sup>19</sup>
    - Possible source: Division of Behavioral Health/Mental Health/Substance Use
  - Hospitalizations related to drugs or alcohol
    - Rate of inpatient stays per 100,000 Total Population
    - Rate of emergency department visits per 100,000 Total Population
    - See <https://hcupnet.ahrq.gov/#setup> for guidance on methods
    - Possible source: Department of Health
  - Deaths from drug (or opioid) overdose
    - Deaths per 100,000 Total Population
    - See <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6712a1-H.pdf> for guidance on methods
    - Possible source: Office of Vital Records

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<sup>19</sup> Substance Abuse Treatment Facility data can be found at:  
<https://www.samhsa.gov/data/sites/default/files/2017%20SA%20Directory.pdf>.

## **APPENDIX G: 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, <https://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.<sup>20</sup>

(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

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<sup>20</sup> Social Security Act, Title V, § 511(d)(3)(A).

## **APPENDIX H: 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 needs assessment. At-risk communities are those for which indicators, in comparison to territory-level indicators, demonstrated that the community was at greater risk than the territory 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, the territory awardees will define “community” at a sub-territory geographic unit that is appropriate to meet their needs. Appropriate sub-territory geographic units may include, but are not limited to:

- municipalities,
- cities/villages,
- islands, or
- districts.

***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.

***Rigorous methods*** (*definitions of examples provided in SIR*)

Composite Index – Method to combine multiple indicators into one composite measure: 1) raw indicator values are standardized to the same unit (e.g. z-score, percentile, etc.), 2) standardized



values combined (e.g. average, counts, etc.) into domains with related indicators, 3) domain scores are combined to create one final composite score (e.g. average, weighted average, counts, etc. or logic statements (IF-THEN-ELSE) used to define cut points at which raw indicator values are combined.)

Weighting scheme for the simplified method – Instead of comparing each domain or indicator within a domain equally, a weighting scheme could be applied (e.g. making the SES domain worth twice what the other domains are worth) based on a priori assumption about how much a domain and/or indicator should be prioritized compared to the others.

Correlation methods – Creating a correlation matrix of all the indicators to see which indicators are more or less correlated with each other. This could assist in the development of domains used in a composite score, or using factor analysis or principal component analysis which are data reduction techniques to identify groups of similar variables based on the correlations and variation in the data. These methods could assist in the generation of domains used in a composite index.

There are many multivariable methods and combinations of methods that could be used, with and without formal statistical testing, to identify at-risk communities. Assumptions and limitations of any approach should always be explicitly stated.

***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.<sup>21</sup>

***Title V Needs Assessment*** – Title V of the Social Security Act (Section 505(a)(1)) requires each state and territory, 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>.

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<sup>21</sup> 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>.