

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

**NURSE HOME VISITOR PROGRAM  
ANNUAL REPORT  
JULY 2004 – JUNE 2005**

Submitted by the Prevention Services Division  
Colorado Department of Public Health and Environment  
October 1, 2005

Revised on February 1, 2006

## Nurse Home Visitor Program

### Executive Summary

**Purpose:** The Colorado Nurse Home Visitor Program makes nurse home visitation services available to all first-time pregnant women whose incomes are under 200 percent of the Federal Poverty Level and who elect to participate in the program. Research shows that short-term and long-term improvements in the health and the life courses of the participating mothers and their children result when specially trained nurses provide home visitation services for low-income, first-time mothers from early in pregnancy through the child's second birthday.<sup>1</sup> The Nurse Home Visitor Program addresses a mother's personal health; provides advice for newborn care giving, children's health care, child development and home safety; and increases access to educational, social and employment resources needed to achieve personal goals and improve the well-being of the family.

**Use of Funds:** The Colorado General Assembly appropriated \$8,914,673 of Tobacco Master Settlement Agreement (MSA) funds for the FY2004-05 Nurse Home Visitor Program. Supplemental bill reductions of \$1,178,592 resulted in a final appropriation amount of \$7,736,081. In FY2004-05, the program provided continuing funding to the 17 local agencies that had received awards in the previous fiscal year. The total amount of funding used in FY2004-05 was \$7,573,845. The amount awarded to the 17 grantees was \$5,584,965, of which \$5,536,012 was actually spent by the local program grantees. Of the entire appropriation, \$1,438,949 was transferred as Medicaid matching funds to the Colorado Department of Health Care Policy and Financing and \$361,391 was spent by the Colorado Department of Public Health and Environment in program administration. The amount spent on program administration represents 4.7 percent of the appropriation, less than the 5 percent statutorily allowed for state administrative costs.

**Accomplishments:** The grants awarded for FY2004-05 allowed for services in 49 of the state's 64 counties and increased the number of families served from 1,637 in FY2003-04 to 1,962 in the current grant cycle. A sixth round of the competitive grant application process was conducted for FY2005-06 awards. The applications were reviewed by the Nurse-Family Partnership National Office (NFP), which was designated by the National Center for Children, Families and Communities, known as the National Center, of the University of Colorado Health Sciences Center. The National Center, or its designee, is responsible for assisting the Colorado Board of Health in the selection of the programs to be funded. The same 17 programs funded in FY2004-05 were recommended for continuation funding in FY2005-06. In addition, two continuation grantees were awarded expansion grants. One new site was funded, permitting 2,167 families to be served in 50 counties.

All of the Nurse Home Visitor Programs provided services following the training requirements, program protocols, program management information system, and program evaluation

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<sup>1</sup> Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM, Luckey D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect; Fifteen year follow-up of a randomized trial. *JAMA*, 178, 637-643.

requirements of the Nurse-Family Partnership, based on the intervention model developed and tested by Dr. David Olds and colleagues.

The Nurse-Family Partnership National Office completed a local program evaluation for FY2004-05, finding that the programs have been successful in implementing the Nurse-Family Partnership model. Attached is the most recent report, which represents an analysis of data available from the 17 grantee sites from program initiation through June 30, 2005. Colorado NFP has been serving low-income, first-time mothers and their families since January 2000. Since that time, 5,093 participants have enrolled in the program, and 2,464 participants have had the opportunity to complete the full program cycle (i.e., the child reached his/her second birthday). As of June 30, 2005, 3,731 babies have been born to NFP mothers. There are 1,718 active families with 1,236 children currently in the program. Below are some of the outcome highlights for Colorado NFP graduates:

- Colorado NFP graduates received an average of 10.3 visits during the pregnancy phase, 20.5 visits during the infancy phase, and 16.2 visits during the toddler phase. National NFP averages for the numbers of visits per graduate during the three phases were 9.5, 17.4, and 11.5, respectively.
- Visit lengths in each program phase averaged more than 72 minutes; the NFP objective is a minimum of 60 minutes.
- 47 percent of Colorado NFP graduates were enrolled by the 16th week of pregnancy, a rate higher than Colorado NFP non-completers (42 percent) and national NFP graduates (41 percent); 90 percent of Colorado NFP participants were enrolled by the 28<sup>th</sup> week.
- There was a 29 percent reduction in the number of Colorado NFP participating women smoking during pregnancy compared to 14 percent for national participants.
- From intake to 36 weeks of pregnancy, there was a 24 percent reduction in the number of women who smoked at least 5.0 cigarettes a day. Among those who continued to smoke, there was a reduction of 3.2 in the number of cigarettes smoked per day.
- 7.3 percent of Colorado NFP graduates' infants were premature (9.8 percent for national NFP graduates).
- 8.2 percent of Colorado NFP graduates' infants were low birth weight (8.4 percent of national NFP graduates).
- Colorado NFP graduates' rates for completion of recommended infants' (age 12 months) immunizations were 95 percent to 98 percent with the exception of HIB (84 percent). The immunization rates for toddlers, age 24 months, were 96 percent to 97 percent with the exception of the DTP/DTaP (80 percent) and HIB (75 percent).
- 84 percent of Colorado NFP graduates initiated breastfeeding (68 percent for national NFP

graduates), 37 percent continued to breastfeed at six months postpartum, and 20 percent at 12 months infant age (20 percent and 16 percent respectively for national NFP graduates).

- By program completion, 41 percent of the women who entered the program without a high school diploma/GED had received their diploma/GED and 13 percent were continuing their education beyond high school; an additional 17 percent were still working toward their diploma/GED.
- Of those who were 18 or older at intake, workforce participation increased from 49 percent at intake to 60 percent at program completion. For those 17 years or younger, 22 percent were working at program intake compared to 43 percent at program completion.
- The percentage of participants who were married increased from 19 percent at intake to 34 percent at program completion.

**Medicaid funding:** Since FY2001-02, department staff, as directed by the Nurse Home Visitor Program statute, have worked with the Colorado Department of Health Care Policy and Financing to build the infrastructure allowing the program to obtain Medicaid reimbursement for Targeted Case Management (TCM) services (75 percent of all services are estimated to qualify). Commencing July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state Nurse Home Visitor Program dollars and Medicaid revenue. Local sites submitted Targeted Case Management claims to Medicaid with reimbursements paid directly to the local Nurse Home Visitor Programs. The department estimated that FY2004-05 grantees would collect \$2,478,059 in Medicaid funds. As of August 2005, the Colorado Department of Health Care Policy and Financing reported paying \$2,469,800 in TCM claims.

## **I. Administrative Report**

### **A. Amount of Tobacco Master Settlement Agreement (MSA) monies received.**

The Colorado General Assembly appropriated \$8,914,673 of Tobacco Master Settlement Agreement (MSA) funds for the FY2004-05 Nurse Home Visitor Program. A supplemental bill reduction of \$1,178,592 resulted in a final appropriation amount of \$7,736,081. In addition, \$7,776 was received in the Nurse Home Visitor Program Fund as the program's share of interest earned by the MSA funds. This amount is not available for program spending until appropriated by the General Assembly.

### **B. Description of program.**

The Nurse Home Visitor Program funds services for nurse home visitors who work with low-income, first-time pregnant women from early in their pregnancy, through the child's second birthday. The women receive educational and health services designed to promote healthier pregnancies and birth outcomes, improve the child's health and development and enhance the self-sufficiency of the young families through home visits that occur weekly or bi-weekly. Topics addressed in the home visits include the mother's personal and prenatal health care, including the reduction of smoking and substance abuse; care giving for newborns; child health and development; and home safety. In addition, information regarding access to needed health, social, educational and employment resources is provided. Through the relationships that are established, the nurse home visitors help young mothers develop knowledge, skills and confidence in providing for their children's needs and achieving their personal goals.

Research has substantiated that short-term and long-term improvements in the health and the lives of the mothers and their children have resulted when specially trained nurses provide home visitation services for low-income, first-time mothers.<sup>2</sup> Improved outcomes include reduced tobacco and alcohol use during pregnancy, reduced rates of subsequent pregnancies, reduced incidences of child abuse and neglect, reduced arrests of mothers, reduced arrests among the children when reaching adolescence, reduced cigarette and alcohol consumption among the children when reaching adolescence, reduced reliance on public assistance and increased workforce participation by the mothers.

#### ***Goal of the program***

As established in statute, the goal of the Nurse Home Visitor Program is that services as described above be made available, beginning with a limited number of participants in FY2000-01 and expanded to full capacity by the year 2010, to all low-income, first-time mothers in the state who consent to receiving services. House Bill 04-1421 changed the level of funding from the MSA dollars such that for FY2004-05 the Nurse Home Visitor Program was appropriated 9 percent of the total amount of MSA funds received by the state. Beginning with FY2005-06

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<sup>2</sup> Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM, Luckey D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect; Fifteen year follow-up of a randomized trial. *JAMA*, 178, 637-643.

through 2013-14, the percentage appropriated will increase by 1 percent each year. In FY 2014-15 and each year thereafter, the appropriation will be 19 percent of the MSA funds received by the state.

### ***Target population***

The target population for services from the Nurse Home Visitor Program is first-time, defined as no previous live births, pregnant women whose incomes are less than 200 percent of the Federal Poverty Level. Services are provided from enrollment either during pregnancy, or within one month postpartum, until age 2 of the child. Enrollment in the program is encouraged as early in pregnancy as possible. The number of women in the target population is estimated to be between 14,138 and 15,524. This estimate is based on data provided by the Colorado Prenatal Risk Assessment Monitoring System (PRAMS), a survey that has been conducted by the Colorado Department of Public Health and Environment's Center for Health and Environmental Information and Statistics annually since 1997. The PRAMS data found that approximately 21.4 percent of all of the births in the state from 1998 through 2002 were to women who were under 200 percent of the poverty level and for whom this was the first live birth.

### ***Actual numbers served***

In FY2004-05, 17 local entities were funded to serve a total of 1,962 families. "Families" means the pregnant woman or the mother and her child, once born, and the father of the baby, if present. Since the inception of the Nurse Home Visitor Program and through June 30, 2005, 5,093 participants have enrolled in the program, and 2,464 participants have had the opportunity to complete the full program cycle (i.e., the child reached his/her second birthday). As of June 30, 2005, 3,731 babies have been born to NFP mothers, and there are 1,718 active families with 1,236 children currently in the program. The median age of the women served was 19, with 11 years of education completed. Eighty-one percent were unmarried. The largest proportion of participants identified themselves as Hispanic (46 percent) or non-Hispanic White (41 percent). Seventy-five percent reported using Medicaid at program intake.

### ***Services provided***

The services provided were home visits by the nurse home visitors, provided at weekly or bi-weekly intervals depending on the stage of pregnancy, age of the child and/or the needs of the mother. The visits averaged approximately 72 minutes in duration. Nurses follow specific visit-by-visit guidelines that focus on six domains: personal, health, life course development, maternal role, family and friends, and health and human services. The nurse home visitors covered such topics as the physical and mental health of the mother and the child; safety of the home and community environment; development of social support systems through friends and family; child development; parenting skills and planning for the desired future, including future pregnancy planning; education and employment goals.

The National Center at the University of Colorado Health Sciences Center, the entity responsible for monitoring and evaluating program effectiveness by the local sites, designated the Nurse-

Family Partnership National Office to provide a detailed program implementation and evaluation report for the FY2004-05. This evaluation report is attached as the second part of this report.

### **C. Evaluation of the program operation.**

#### ***Grant award process***

The Nurse Home Visitor Program was implemented in FY 2000-2001. Rules were written and adopted by the Colorado Board of Health. The competitive grant application process was developed and put into practice by the Department of Public Health and Environment. The first grant application process was conducted from October through November 2000 for grants that were awarded for January through June 2001. The subsequent grant application processes have occurred annually from February through April for grants awarded for the state fiscal year beginning July 1.

The grant application process enables the department to award funds to entities that provide the nurse home visitor services following the program training requirements, program protocols, program management information systems and program evaluation requirements that are set forth in the Nurse Home Visitor Program Rules by the Colorado Board of Health. These training requirements, protocols, information systems and evaluation requirements are those of the model program now named the Nurse-Family Partnership. This is the model program developed by Dr. David Olds and associates at the National Center for Children, Families and Communities at the University of Colorado Health Sciences Center. All of the local entities that have applied for funding from the Nurse Home Visitor Program have applied as programs that would implement the Nurse-Family Partnership model.

The grant application process, as established in the statute, also allows applications from other alternative nurse home visitor programs if such other programs have been in existence in Colorado for a minimum of five years as of July 1, 1999, and have achieved significant reductions in infant behavioral impairments due to alcohol, drugs and nicotine use; child abuse and neglect; subsequent pregnancies; the receipt of public assistance and criminal activity by the mothers and by their children upon reaching adolescence. However, thus far in the six grant application processes no applications have been submitted for funding by other models of nurse home visitor programs.

For each of the grant cycles, the applications were reviewed first by the Colorado Department of Public Health and Environment to ensure that all basic program elements were addressed. The applications were forwarded to the Nurse-Family Partnership National Office, the entity designated by the National Center to assist the Board of Health in selection of the local entities to be funded, for a review of the quality of each proposal's content. A three-member panel from the Nurse-Family Partnership National Office carried out the review of the applications, including proposals from the current grantees requesting continuation and expansion funding. The recommendations for funding were given to the Board of Health and were subsequently approved in April 2004.

In FY2004-05, services were made available in 21 of the state's 29 rural counties, 18 of its 23 frontier counties and 10 of its 12 urban counties, for a total of 49 counties. A map representing the counties served in FY2004-05 is included with this report as Attachment A. In FY2005-06, services will be made available in 50 counties, as Huerfano County was added as a service area under Pueblo Community Health Center's expansion grant in the new fiscal year. The Nurse Home Visitor Program funds have been used to provide:

- **FY2000-01** - Grants totaling \$2,375,744 to 12 local entities to provide services to 1,150 families in 33 of the state's 64 counties. As this was the first year of the program, the grants were for only a six-month period, from January 2001 through June 2001, following the writing and adoption of the program's rules and the implementation of the competitive grant application process in the first half of the fiscal year. Each of the 12 local programs was funded to serve 100 families, with the exception of one multi-county coalition funded to serve only 50 families due to the sparse populations in its service area.
- **FY2001-02** - Continuation of funding to the 12 original local entities plus grants to two new local agencies totaling \$4,532,835, bringing the number of counties in which services were available to 38 and the number of families to be served to 1,300. One of the newly funded programs was approved to serve 100 families and the second to serve only 50 families, due to the sparse population in its four-county rural area.
- **FY2002-03** - Grant awards totaling \$6,066,055 further expanded program availability to a total of 1,562 families in 49 of the state's 64 counties. This was accomplished through continuation of funding to the 14 local entities that provided services in FY2001-02, the awarding of an expansion grant for an additional 100 families to one of the grantees, and the provision of grant awards to three new local agencies, two of which served multi-county areas. One of the newly funded programs did not begin program implementation until January 2003, as there were not sufficient funds to support services for the full 12-month period.
- **FY2003-04** - Continuation of funding for the 17 grantees selected in FY2002-03 for a total of \$6,587,324 to expand the program availability to 1,637 families in 49 of the state's 64 counties. The FY2003-04 program list indicates 17 grantees, instead of 18, because in FY2003-04 the two Jefferson County programs merged into one. Due to funding limitations, no new grant applications were recommended for awards.
- **FY2004-05** - Beginning with FY2004-05, funding for the program became a combination of MSA funds and Medicaid revenue, which was generated by sites directly billing and receiving Medicaid reimbursements for Targeted Case Management services provided by the nurses. FY2004-05 MSA awards for the same 17 grantees selected in FY2003-04 totaled \$5,584,965, expanding the program availability to 1,962 families in 49 of the state's 64 counties. Estimated Medicaid revenue for the sites was set at \$2,478,059 for an overall funding amount of \$8,063,024 for FY2004-05. As of August 2005, the Colorado Department of Health Care Policy and Financing reported paying \$2,469,800 in Medicaid claims.



- **FY2005-06** - For FY2005-06, funding for the program will continue to be a combination of MSA funds and Medicaid revenue. FY2005-06 awards included funds for the 17 FY2004-05 grantees plus two expansion grants and one new award totaling \$7,051,543 for services to 2,167 families in 50 of the state's 64 counties. Estimated Medicaid revenue for the sites was set at \$2,358,417 for a combined funding amount of \$9,409,960 for FY2005-06.

Please see Attachment B for a listing of the programs funded, the counties served, the years for which they have received funding and the amounts of the grant awards.

### ***Effectiveness in achieving goals of the program***

The Nurse Home Visitor Program has been successful in establishing the infrastructure for the distribution and use of the Nurse Home Visitor Program funds, expanding the number of counties in which the services are available from 33 counties in the first year to 50 counties for FY2005-06. The Department of Public Health and Environment administers the contracts with the local entities and carries out policy development and program oversight in close cooperation with the National Center, the Nurse-Family Partnership National Office, and Invest in Kids, a private, not-for-profit organization, providing site development assistance, program implementation and quality improvement consultation to the local agencies. From the inception of the Nurse Home Visitor Program through June 30, 2005, the number of participants enrolled in the program has grown to 5,093. The amount of Nurse Home Visitor Program MSA funds actually used by the local programs and by the state for the administration of the program since the inception through June 30, 2005 has been \$25,457,950 (\$1,340,566 in FY2000-01, \$4,288,525 in FY2001-02, \$5,560,660 in FY2002-03, \$6,694,354 in FY2003-04 and \$7,573,845 in FY2004-05). The cost to the state per family, financed by MSA dollars, served through June 30, 2005, has been \$4,999 (\$25,457,950 divided by 5,093 families served).

Commencing July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state Nurse Home Visitor Program dollars and Medicaid revenue. Local sites submitted Targeted Case Management claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. It was estimated that FY2004-05 grantees would collect \$2,478,059 in Medicaid funds. As of August 2005, the Colorado Department of Health Care Policy and Financing reported paying \$2,469,800 in claims.

As noted earlier, the National Center is responsible for monitoring and evaluating the effectiveness of local program implementation. These duties are partially carried out by its subcontractor Invest in Kids. The Nurse-Family Partnership National Office provides the training for the nurse home visitors, nurse supervisors and clerical data staff of the local programs as well as prepares the Colorado annual evaluation report.

In the evaluation report for FY 2004-2005, the Nurse-Family Partnership National Office identifies a number of strengths in the implementation of the program by the local grantees. They include:

- Colorado NFP graduates received an average of 10.3 visits during the pregnancy phase, 20.5 visits during the infancy phase, and 16.2 visits during the toddler phase. National NFP averages for the numbers of visits per graduate during the three phases were 9.5, 17.4, and 11.5, respectively.
- Visit lengths in each program phase averaged more than 72 minutes; the NFP objective is a minimum of 60 minutes.
- 47 percent of Colorado NFP graduates were enrolled by the 16th week of pregnancy, a rate higher than Colorado NFP non-completers (42 percent) and national NFP graduates (41 percent); 90 percent of Colorado NFP were enrolled by the 28<sup>th</sup> week.
- There was a 29 percent reduction in the number of Colorado NFP participating women smoking during pregnancy (compared to 14 percent for national participants).
- From intake to 36 weeks of pregnancy, there was a 24 percent reduction in the number of women who smoked at least 5.0 cigarettes a day. Among those who continued to smoke, there was a reduction of 3.2 in the number of cigarettes smoked per day.
- 7.3 percent of Colorado NFP graduates' infants were premature (9.8 percent for national NFP graduates).
- 8.2 percent of Colorado NFP graduates' infants were low birth weight (8.4 percent of national NFP graduates).
- Colorado NFP graduates' rates for completion of recommended infants' (age 12 months) immunizations were 95 percent to 98 percent with the exception of HIB (84 percent). The immunization rates for toddlers, age 24 months, were 96 percent to 97 percent with the exception of the DTP/DTaP (80 percent) and HIB (75 percent).
- 84 percent of Colorado NFP graduates initiated breastfeeding (68 percent for national NFP graduates), 37 percent continued to breastfeed at six months postpartum, and 20 percent at 12 months infant age (20 percent and 16 percent respectively for national NFP graduates).
- By program completion, 41 percent of the women who entered the program without a high school diploma/GED had received their diploma/GED and 13 percent were continuing their education beyond high school; an additional 17 percent were still working toward their diploma/GED.
- Of those who were 18 or older at intake, workforce participation increased from 49 percent at intake to 60 percent at program completion. For those 17 years or younger, 22 percent were working at program intake compared to 43 percent at program completion.
- The percentage of participants who were married increased from 19 percent at intake to 34 percent at program completion.

The department worked with the National Center, the Nurse-Family Partnership National Office, and Invest in Kids to develop and put in place appropriate methods to more effectively monitor operational effectiveness and to promote improved performance through contractual requirements, where appropriate. These methods should contribute to the program areas identified as needing improvement in the evaluation report. The complete evaluation report prepared by the Nurse-Family Partnership National Office is provided as Attachment C.

**D. Costs incurred by the program.**

The Colorado General Assembly appropriated \$8,914,673 of Tobacco Master Settlement Agreement funds for the FY2004-05 Nurse Home Visitor Program. Supplemental bill reductions of \$1,178,592 resulted in a final amount of \$7,736,081. In FY2004-05, the program provided continuing funding to the 17 local agencies that had received awards in the previous fiscal year. The total amount of funding used in FY2004-05 was \$7,573,845 (Table 1). The amount awarded to the 17 grantees totaled \$5,584,965, of which \$5,536,012 was actually paid to the local program grantees. Of the appropriation, \$1,438,949 was transferred as Medicaid matching funds to the Colorado Department of Health Care Policy and Financing and \$361,391 was spent by the Colorado Department of Public Health and Environment in administration of the program. This amount represents 4.7 percent of the appropriation, less than the 5 percent statutorily allowed for state administrative costs.

The majority of the administrative costs, \$148,407, were for the salaries and benefits of the 2.0 full-time equivalent (FTE) staff members from the Prevention Services Division in the Colorado Department of Public Health and Environment who administer the program. The staff included 1.0 FTE program manager, 0.5 for accounting and clerical support, and 0.5 for fiscal staff.

The program also paid \$3,504 for its share of the costs incurred by the tobacco program's oversight; \$5,139 in claims processing fees to the Colorado Department of Health Care Policy and Financing for Medicaid payments; \$63,763 for the National Center contract activities, and \$5,578 in operational costs for printing, in-state travel, educational supplies, office supplies and postage. Primarily due to contractor vacancy savings, \$159,354 in spending authority was unutilized.

**TABLE 1**

<b>Description:</b>	<b>FY2004-05 Amount:</b>
FY2004-05 Long Bill, Nurse Home Visitor Program (NHVP)	\$8,914,673
Tobacco Master Settlement Agreement (MSA)	
FY2004-05 Supplemental Bills adjustment to the NHVP	- \$1,178,592
<b>Total NHVP Spending Authority</b>	<b>\$7,736,081</b>
<b>Less:</b>	
FY2004-05 Expenditures	- \$7,573,845
<b>Reverted Spending Authority in FY2004-05</b>	<b>\$162,236</b>

**II. Additional Information Requested of the Nurse Home Visitor Program**

**A. Evaluation of the implementation of the program and the results achieved.**

The National Center for Children, Families and Communities is the agency designated by the University of Colorado Health Sciences Center to assist the Board of Health in administering the Nurse Home Visitor Program. The National Center has subcontracted some of these responsibilities, including evaluation of the local programs and reporting this evaluation to the department in an annual report, to the Nurse-Family Partnership National Office. The National Center continues to provide training and ongoing support for each of the local programs in the data collection and reporting processes needed for the program evaluation. These data are used to produce the annual evaluation and for reports used by the local programs for ongoing program management and quality improvement efforts. Local programs submit their data via a Web-based system. A number of the reports generated from the data are available to local program staff at any time and nurse supervisors are encouraged and supported in the use of these reports in the supervision of the nurse home visitors and the management of the local program's operations. In addition, the Nurse-Family Partnership National Office produces benchmark reports for each site beginning at one year after the site starts seeing clients and each year thereafter.

The Nurse Home Visitor Program has been in operation since January 2000. Since that time, 5,093 participants have enrolled in the program, and 2,464 participants have had the opportunity to complete the full program cycle (i.e., their child reached their second birthday). The attached 2005 Colorado Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2005. Throughout the report, indicators of program implementation and maternal and child health and functioning for the Colorado NFP are compared to the national sample of Nurse-Family Partnership participants. In Part II of the attached evaluation report, demographics and other descriptive statistics are presented for

graduates (those who remained in the program until their child's second birthday) and non-completers (those who dropped from the program before their child's second birthday). Part III of the report compares those who entered the program between February 1, 2000, and August 31, 2002, (Cohort 1) with those who entered the program between September 1, 2002, and June 30, 2005 (Cohort 2).

**B. Changes in training requirements, protocols, management information systems or evaluation criteria.**

A number of changes have occurred in the area of information management and evaluation at the Nurse-Family Partnership National Office. Staff members have conducted site assessments to determine local needs regarding data accessibility and flexibility and the development of a corresponding reporting system. Additionally, in response to site surveys, the Nurse-Family Partnership National Office has analyzed and is implementing changes to the Clinical Information System (CIS) data elements which track program implementation and outcomes. New and revised quarterly reports now provide additional analyses by site and state on program implementation and outcomes. With regard to training in this area, new supervisors and home visitors now complete a self-study course, titled *Fundamentals of NFP Nursing Practice*, before attending in-person training. One unit in this course focuses on data collection and evaluation promoting a positive regard for data and a better understanding of data collection. In-person training sessions now focus on interpretation and use of reports for supervisors and on problem-solving data collection challenges for home visitors.

The Nurse-Family Partnership's Professional Development Team is constantly assessing methods and curricula to provide the best training possible to home visiting nurses and supervisors. In order to provide the nurse and supervisor with an understanding of the Nurse-Family Partnership model and underlying theory to ease the transition into this program, a 20-hour self-study module has been developed and disseminated to be completed prior to the first face-to-face training. To supplement training for supervisors, three days of supervisor specific training has been developed and is being provided over the course of the first two face-to-face trainings. To supplement training for home visiting nurses, an online module, which includes reading materials, a book and facilitated discussion, is available after the first face-to-face training. The written guidelines for each stage of the program have been updated and enhanced with timely information and increased guidance. Competencies to guide nurse home visitor and supervisor practice are developed and being piloted. To assist in practice, health assessment checklists have been developed for all visits and are being piloted. Quarterly nurse consultant conference calls as well as an advisory committee have been developed and are in process.

Additionally, cross-functional teams within the Nurse-Family Partnership National Office have been organized, with each team consisting of a representative from Professional Development, Reporting and Evaluation, and Site Development. Each state, and its grantees, will have a cross-functional team assigned to it to address any questions or requests in these functional areas.

**C. Extent to which the program serves Medicaid-eligible persons and provides services that may be provided in part through Medicaid funding.**

The population to be served by the Nurse Home Visitor Program is first-time pregnant women and their babies whose income's are below 200 percent of the Federal Poverty Level. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 14,138 and 15,524 women. This estimate is based on survey data from the Prenatal Risk Assessment Monitoring System (PRAMS). The Colorado Medicaid program currently provides coverage to low-income pregnant women up to 133 percent of the Federal Poverty Level. Therefore, many of the women eligible for services under the Nurse Home Visitor Program are eligible for Medicaid coverage. Analysis of the most recent PRAMS data estimates that 57 percent of the first-time, pregnant women with incomes under 200 percent of poverty level are Medicaid-eligible. The reports submitted by the local programs to the National Center indicate that the programs are actually enrolling a higher percentage of Medicaid-eligible clients. This is because the programs have established referral systems with community agencies and health care providers that are effective in referring Medicaid-eligible, first-time pregnant women to the program. According to the Nurse-Family Partnership National Office, in FY2004-05, the percentage of women who reported using Medicaid at the time of program intake was 75 percent, at 6 months it was 67 percent, at 12 months it was 66 percent and at 24 months it was 58 percent.

The department, in accordance with the Nurse Home Visitor Program statutory directive, worked with the Colorado Department of Health Care Policy and Financing to identify the best method to obtain Medicaid funding for Nurse Home Visitor Program services. It was determined that the most feasible method was to obtain Medicaid payment for those services that qualified as Targeted Case Management (TCM) services. The TCM services are an optional category of Medicaid services for at-risk populations that have service needs that go beyond the basic health care services that Medicaid provides. The TCM services are defined by the Centers for Medicaid and Medicare Services as "services which will assist an individual eligible under the State plan in gaining access to needed medical, social, educational and other services." The nurse home visitors do this by assessing the needs and planning with the mother; by providing education and counseling so the mother may learn to access services or meet needs herself; and by monitoring and reinforcing progress toward achieving the plans. The rationale, then, was that Medicaid reimbursement could be claimed for the portion of services that the nurses provide for those families that are Medicaid-eligible. The Tobacco Master Settlement Agreement (MSA) dollars pay 50 percent of the Medicaid cost and federal matching funds pay the other 50 percent.

**D. Changes to the Nurse Home Visitor Program to enable it to receive Medicaid funding.**

Department staff worked with the Colorado Department of Health Care Policy and Financing since FY2001-02 to put in place the infrastructure to allow the program to obtain Medicaid reimbursement for TCM services (75 percent of all services are estimated to qualify). In FY2003-04, the department staff and the Colorado Department of Health Care Policy and Financing staff worked to build the infrastructure to allow the program to obtain Medicaid reimbursement for Nurse Home Visitor Program TCM services. Beginning July 1, 2004,

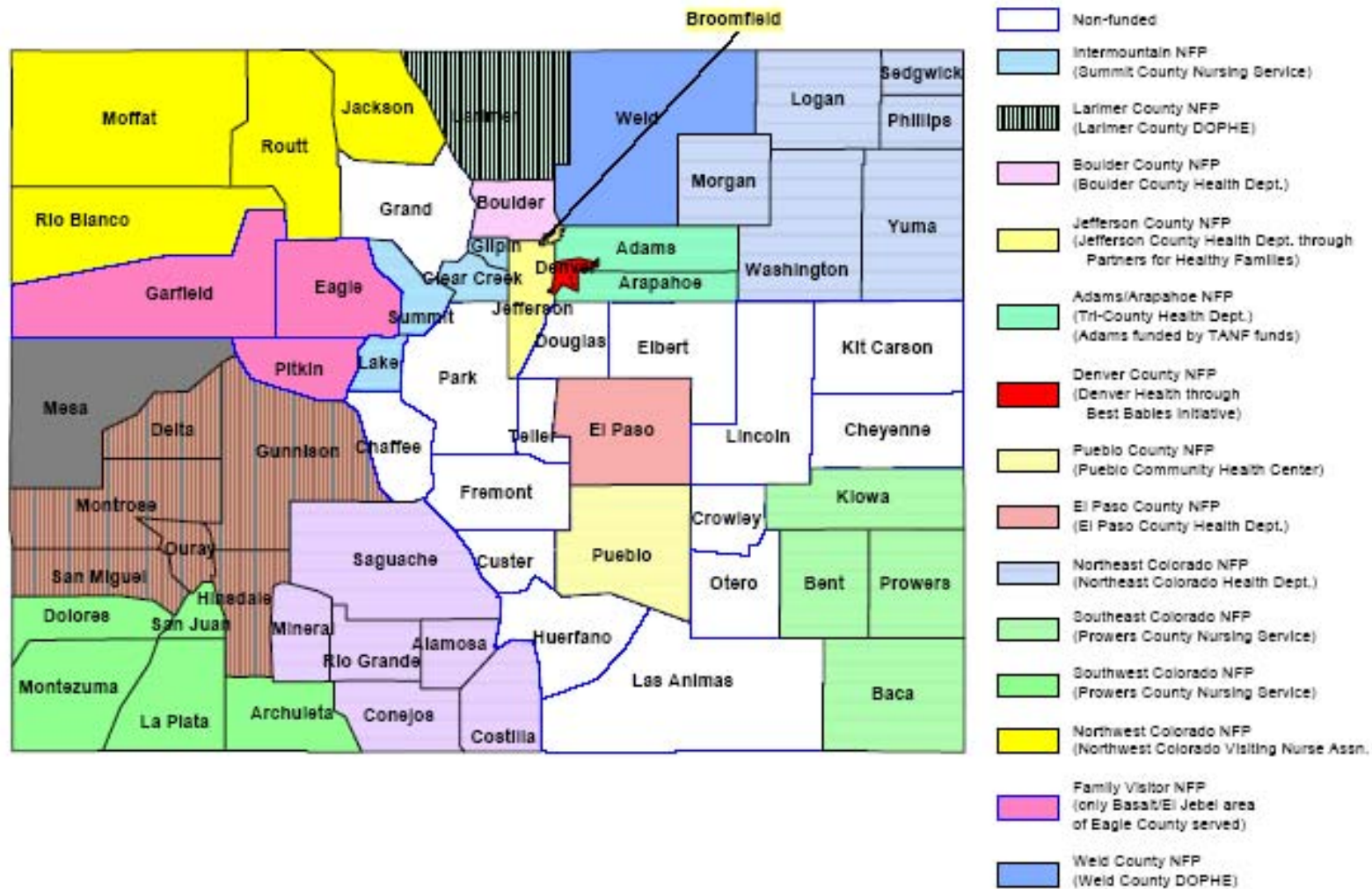
funding for Nurse Home Visitor Program sites became a combination of state MSA funds and Medicaid revenue. Local sites submitted TCM to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. It was estimated that FY2004-05 grantees would collect \$2,478,059 in Medicaid funds, 50 percent of which were MSA funds. As of August 2005, the Colorado Department of Health Care Policy and Financing reported paying \$2,469,800 in claims.

The Nurse Home Visitor Program received an additional 0.5 FTE in July 2003 for fiscal support staff, bringing the total FTE for the administration of the program to 2.0. The additional fiscal staff support was sought due to the added complexity of incorporating the Medicaid reimbursement and reconciling those reimbursements with the MSA funding provided to the Colorado Department of Health Care Policy and Financing as state match and to the local programs for payment for services that are not Medicaid-reimbursed and for clients who are not Medicaid-eligible.





## NURSE-FAMILY PARTNERSHIP COLORADO NURSE HOME VISITOR PROGRAM FY04/05



**Nurse Home Visitor Program Grant Recipients****Boulder County Health Department**

Counties to be Served:	Boulder
FY2002-03 Award:	\$395,614
FY 02-03 Reduced Award:	\$321,674
FY2003-04 Award:	\$384,279
FY2004-05 Award:	\$305,050 (Plus \$101,979 in estimated Medicaid revenue)
FY2005-06 Award:	\$327,918 (Plus \$101,979 in estimated Medicaid revenue)
Families to be Served:	100

**Denver Health and Hospital Authority: Best Babies**

Counties to be Served:	Denver
January-June 2001 Award:	\$231,558
FY2001-02 Award:	\$448,774
FY2002-03 Award:	\$408,662
FY 02-03 Reduced Award:	\$394,359
FY2003-04 Award:	\$439,867
FY2004-05 Award:	\$200,410 (Plus \$256,983 in estimated Medicaid revenue)
FY2005-06 Award:	\$366,931 (Plus \$173,184 in estimated Medicaid revenue)
Families to be Served:	100

**El Paso County Department of Health and Environment**

Counties to be Served:	El Paso
January-June 2001 Award:	\$167,694
FY2001-02 Award:	\$273,844
FY2002-03 Award:	\$391,723
FY 02-03 Reduced Award:	\$352,880
FY2003-04 Award:	\$408,193
FY2004-05 Award:	\$247,743 (Plus \$164,891 estimated Medicaid revenue)
FY2005-06 Award:	\$270,665 (Plus \$164,891 in estimated Medicaid revenue)
FY2005-06 Expansion Award:	\$391,859
Families to be Served:	200

**Family Visitor Program**

Counties to be Served:	Garfield, Pitkin and Basalt/El Jebel area of Eagle
January-June 2003 Award:	\$210,476
Reduced 2003 Award:	\$127,720
FY2003-04 Award:	\$428,205
FY2004-05 Award:	\$339,824 (Plus \$117,927 estimated Medicaid revenue)
FY2005-06 Award:	\$347,492 (Plus \$117,927 in estimated Medicaid revenue)
Families to be Served:	100

**Jefferson County Department of Health and Environment**

Broomfield and Jefferson  
Counties to be Served:  
January-June 2001 Award: \$194,097  
FY2001-02 Award: \$383,297  
FY2002-03 Award: \$398,567  
FY2002-03 Expansion Award: \$394,184  
    FY 02-03 Reduced Award: \$264,472  
FY2003-04 Award: \$831,954  
FY2004-05 Award: \$566,248 (Plus \$265,932 estimated Medicaid revenue)  
FY2005-06 Award: \$593,604 (Plus \$231,396 in estimated Medicaid revenue)  
Families to be Served: 175

**Larimer County Department of Health and Environment**

Larimer  
Counties to be Served:  
FY2001-02 Partial Award: \$ 42,250 (Total program costs \$332,450)  
FY2002-03 Partial Award: \$177,729 (Total program costs \$371,203)  
    FY 02-03 Reduced Award: \$170,718  
FY2003-04 Award: \$382,778  
FY2004-05 Award: \$349,109 (Plus \$80,752 estimated Medicaid revenue)  
FY2004-05 Expansion Award: \$355,624 (Plus \$80,752 estimated Medicaid revenue)  
FY2005-06 Award: \$747,546 (Plus \$161,504 in estimated Medicaid revenue)  
Families to be Served: 200

**Mesa County Health Department**

Mesa  
Counties to be Served:  
January-June 2001 Award: \$172,105  
FY2001-02 Award: \$348,036  
FY2002-03 Award: \$395,205  
    FY 02-03 Reduced Award: \$381,373  
FY2003-04 Award: \$400,953  
FY2004-05 Award: \$324,241 (Plus \$103,360 estimated Medicaid revenue)  
FY2004-05 Expansion Award: \$162,121 (Plus \$51,680 estimated Medicaid revenue)  
FY2005-06 Award: \$444,402 (Plus \$155,040 in estimated Medicaid revenue)  
Families to be Served: 150

**Montrose County Public Health Nursing**

Montrose, Delta, Ouray, Gunnison, San Miguel and Hinsdale  
Counties to be Served:  
January-June 2001 Award: \$182,659  
FY2001-02 Award: \$337,531  
FY2002-03 Award: \$292,935  
    FY 02-03 Reduced Award: \$252,604  
FY2003-04 Award: \$262,687  
FY2004-05 Award: \$271,469 (Plus \$38,385 estimated Medicaid revenue)  
FY2005-06 Award: \$249,215 (Plus \$39,385 in estimated Medicaid revenue)  
Families to be Served: 75

**Northeast Colorado Health Department**

Counties to be Served: Logan, Morgan, Phillips, Sedgwick, Washington and Yuma  
 FY2002-03 Award: \$202,360  
 FY02-03 Reduced Award: \$192,908  
 FY2003-04 Award: \$217,035  
 FY2004-05 Award: \$140,054 (Plus \$54,538 estimated Medicaid revenue)  
 FY2005-06 Award: \$146,294 (Plus \$54,538 in estimated Medicaid revenue)  
 Families to be Served: 50

**Northwest Colorado Visiting Nurse Association**

Counties to be Served: Routt, Moffat, Jackson and Rio Blanco  
 January-June 2001 Award: \$120,745  
 FY2001-02 Award: \$195,974  
 FY2002-03 Award: \$229,388  
 FY02-03 Reduced Award: \$217,645  
 FY2003-04 Award: \$246,040  
 FY2004-05 Award: \$218,541 (Plus \$66,125 estimated Medicaid revenue)  
 FY2005-06 Award: \$219,170 (Plus \$66,125 in estimated Medicaid revenue)  
 Families to be Served: 50

**Prowers County Public Health Nursing Service**

Counties to be Served: Baca, Bent, Kiowa and Prowers  
 FY2001-02 Award: \$238,797  
 FY2002-03 Award: \$255,172  
 FY02-03 Reduced Award: \$228,872  
 FY2003-04 Award: \$244,919  
 FY2004-05 Award: \$207,952 (Plus \$62,852 estimated Medicaid revenue)  
 FY2005-06 Award: \$227,539 (Plus \$62,852 in estimated Medicaid revenue)  
 Families to be Served: 50

**Pueblo Community Health Center**

Counties to be Served: Huerfano, Pueblo  
 January-June 2001 Award: \$154,191  
 FY2001-02 Award: \$420,271  
 FY2002-03 Award: \$383,137  
 FY02-03 Reduced Award: \$369,727  
 FY2003-04 Award: \$405,961  
 FY2004-05 Award: \$239,801 (Plus \$167,880 estimated Medicaid revenue)  
 FY2005-06 Award: \$261,033 (Plus \$167,880 in estimated Medicaid revenue)  
 FY2005-06 Expansion Award: \$125,657  
 Families to be Served: 125

**San Juan Basin Health Department**

Counties to be Served: La Plata, Archuleta, San Juan, Montezuma and Dolores  
 January-June 2001 Award: \$195,913  
 FY2001-02 Award: \$358,936  
 FY2002-03 Award: \$395,726  
 FY02-03 Reduced Award: \$372,612  
 FY2003-04 Award: \$378,951  
 FY2004-05 Award: \$215,809 (Plus \$193,079 estimated Medicaid revenue)  
 FY2005-06 Award: \$236,334 (Plus \$193,079 estimated Medicaid revenue)  
 Families to be Served: 112

**St. Anthony's Health Foundation**

Counties to be Served: Adams, Denver and Jefferson  
 FY2005-06 New Award: \$428,377  
 Families to be Served: 100

**Summit County Public Health Nursing**

Counties to be Served: Summit, Lake, Clear Creek and Gilpin  
 January-June 2001 Award: \$202,875  
 FY 2001-2002 Award: \$404,367  
 FY 2002-2003 Award: \$403,471  
 FY02-03 Reduced Award: \$384,846  
 FY2003-04 Award: \$422,307  
 FY2004-05 Award: \$327,950 (Plus \$126,365 estimated Medicaid revenue)  
 FY2005-06 Award: \$343,795 (Plus \$126,365 estimated Medicaid revenue)  
 Families to be Served: 100

**Tri-County Health Department**

Counties to be Served: Adams and Arapahoe  
 January-June 2001 Award: \$195,276  
 FY2001-02 Award: \$360,929  
 FY2002-03 Award: \$365,980  
 FY02-03 Reduced Award: \$345,515  
 FY2003-04 Award: \$373,131  
 FY2004-05 Award: \$244,265 (Plus \$153,891 estimated Medicaid revenue)  
 FY2004-05 Expansion Award: \$254,188 (Plus \$153,891 estimated Medicaid revenue)  
 FY2005-06 Award: \$480,843 (Plus \$307,782 in estimated Medicaid revenue)  
 Families to be Served: 200

**Valley-Wide Health Services, Inc.**

Counties to be Served:	Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache
January-June 2001 Award:	\$176,731
FY2001-02 Award:	\$398,895
FY2002-03 Award:	\$410,157
FY02-03 Reduced Award:	\$369,153
FY2003-04 Award:	\$393,833
FY2004-05 Award:	\$348,243 (Plus \$53,977 estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$80,996 (Plus \$13,494 estimated Medicaid revenue)
FY2005-06 Award:	\$368,048 (Plus \$66,736 in estimated Medicaid revenue)
Families to be Served:	125

**Weld County Department of Public Health and Environment**

Counties to be Served:	Weld
January-June 2001 Award:	\$175,831
FY2001-02 Award:	\$320,933
FY2002-03 Award:	\$342,758
FY02-03 Reduced Award:	\$326,347
FY2003-04 Award:	\$366,231
FY2004-05 Award:	\$285,770 (Plus \$112,884 estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$158,801 (Plus \$56,442 estimated Medicaid revenue)
FY2005-06 Award:	\$478,819 (Plus \$168,756 in estimated Medicaid revenue)
Families to be Served:	150