

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

**NURSE HOME VISITOR PROGRAM
ANNUAL REPORT
JULY 2006 – JUNE 2007**

Submitted by the Prevention Services Division
Colorado Department of Public Health and Environment
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Colorado 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.¹ 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 annual Long Appropriations Bill appropriated \$9,612,719 of Tobacco Master Settlement Agreement (MSA) funds for the FY2006-07 for the Nurse Home Visitor Program. A supplemental bill reduced the appropriation by \$800,000 to account for the reduction in the State MSA payment and added \$100,000 from the fund balance for a net effect reduction of \$700,000. The Long Appropriations Bill was later increased by an additional \$100,000 from the fund balance, which resulted in a final appropriation of \$9,012,719.

In FY2006-07, the program provided continuation funding to the 18 local agencies that had received awards in the previous fiscal year. The MSA funds were partially utilized to provide the Medicaid match to draw down additional federal funds through a transfer to the Department of Health Care Policy and Financing for Medicaid reimbursements of eligible costs of the local agencies, and for the department's administration of the Nurse Home Visitor Program.

Accomplishments: The grants awarded for FY2006-07 allowed for services in 51 of the state's 64 counties and increased the number of families served from 2,162 in FY2005-06 to 2,187 in FY2006-07. An eighth round of the competitive grant application process was conducted for FY2007-08 awards. The applications were reviewed by the Nurse-Family Partnership National Service Office, which was designated by the National Center for Children, Families and Communities (the National Center), of the University of Colorado at Denver. The National Center, or its designee, is responsible for assisting the Colorado State Board of Health in the selection of the programs to be funded. For FY2007-08, the same 18 programs funded in FY2006-07 were recommended for continuation funding. In addition, three continuation grantees were awarded an expansion grant for a total of 2,358 families to be served in 53 counties during FY2007-08.

¹ 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.

All of the Nurse Home Visitor Programs provided services following the training requirements, program protocols, program management information system, and program evaluation requirements of the Nurse-Family Partnership (NFP) that are based on the intervention model developed and tested by Dr. David Olds and colleagues.

The Nurse-Family Partnership National Service Office completed a local program evaluation for FY2006-07 and reported 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 18 grantee sites for 7,861 participants enrolled in the program from January 2000 through June 30, 2007.

Below are some of the outcome highlights for Colorado NFP grantee sites:

- A statistically significant 20 percent reduction in smoking during pregnancy (16 percent national NFP average)
 - ✓ A statistically significant reduction of 3.4 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average)
- A statistically significant 65 percent reduction in marijuana use during pregnancy
- A statistically significant 26 percent reduction in alcohol use during pregnancy
- A statistically significant 43 percent reduction in experience of violence during pregnancy
- 9.1 percent premature birth rate (9.8 percent national NFP average); rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.6 percent for the national NFP); 9.1 percent for Non-Hispanic Whites (9.4 percent for the national NFP)
- 9.3 percent low birth weight rate (9.1 percent national NFP average); rates for predominant ethnic groups were: 8.8 percent for Hispanics (8.1 percent for the national NFP); 8.9 percent for Non-Hispanic Whites (7.9 percent for the national NFP)
- The largest proportion of toddlers (26 percent) scored between the 26th and 50th percentiles for language development; 9 percent scored below the 10th percentile, compared to 10 percent of NFP toddlers nationwide. Scoring below the 10th percentile may indicate a delay in language skills.
- At 12 months of infant age, 82 percent of infants were fully immunized (84 percent for national NFP). By 24 months of child's age, 92 percent were fully immunized (93 percent for national NFP). Because of a revision in the immunization data collection questions, only data collected since October 1, 2006 is included in the immunization rates
- 86 percent of clients initiated breastfeeding (national NFP average: 71 percent); 35 percent of clients were breastfeeding at 6 months (28 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (15 percent national NFP average)

- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average). 32 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (32 percent national NFP average)
- Of those who entered the program without a high school diploma or GED, 41 percent completed their diploma/GED by program completion (41 percent for national NFP) and 13 percent were continuing their education beyond high school (14 percent for national NFP); an additional 18 percent were still working toward their diploma/GED (23 percent for national NFP)
- 60 percent of Colorado NFP clients 18 years or older at intake (vs. 57 percent for the national NFP sample) and 47 percent of those 17 years or younger (vs. 44 percent for the national NFP sample) were working at program completion
- Clients worked an average of 6.5 months during the first postpartum year (6.5 national NFP average), and 8.2 months during the second postpartum year (8 months national NFP average)
- The percentage of clients who were married increased from 21 percent at intake to 37 percent at program completion.

Medicaid funding: The Colorado Nurse Home Visitor Program Act directs the Department of Public Health and Environment to enable the program, to the extent possible, to receive Medicaid funding. Seventy-five percent of all NFP program services were estimated to qualify for Targeted Case Management reimbursement and approximately 75 percent of program participants were enrolled in the Medicaid program. Working through the Department of Health Care Policy and Financing, grantee sites began receiving Targeted Case Management reimbursements in FY2004-05. Commencing July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state Tobacco Master Settlement Agreement funds and Medicaid revenue. The department estimated that FY2006-07 grantees would collect \$2,576,284 in Medicaid funds. As of August 2007, the Colorado Department of Health Care Policy and Financing reported paying \$2,735,410 in Targeted Case Management claims paid to local program grantees between July 1, 2006 and June 30, 2007.

I. Administrative Report

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

The Colorado General Assembly appropriated \$9,612,719 of Tobacco Master Settlement Agreement (MSA) funds for the FY2006-07 Nurse Home Visitor Program. A supplemental bill reduced the appropriation by \$800,000 to account for the reduction in the State MSA payment and added \$100,000 from the fund balance for a net effect reduction of \$700,000. The Long Appropriations Bill was later increased by an additional \$100,000 from the fund balance, which resulted in a final appropriation of \$9,012,719. 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.² 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 for the above described services be made available, beginning with a limited number of participants in FY2000-01, to all low-income, first-time mothers in the state who consent to receiving services. House Bill 04-

² 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.

1421 changed the level of funding from the MSA dollars such that for FY2005-06 the Nurse Home Visitor Program was appropriated 9 percent of the total amount of MSA funds received by the state. Beginning with FY2005-06 through 2013-14, the percentage appropriated will increase by 1 percent each year. In FY2014-15 and each year thereafter, the appropriation will be 19 percent of the MSA funds received by the state not to exceed 19 million dollars in any fiscal year.

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 13,164 and 14,543. 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 20 percent of all of the births in the state from 2000 through 2004 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 FY2006-07, 18 local entities were funded to serve a total of 2,187 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, 2007, 7,861 participants have enrolled in the program, and 4,453 participants have had the opportunity to complete the full program cycle (i.e., the child reached his/her second birthday). Since the program's inception through June 30, 2007, 6,059 children have been served. Currently, there are 1,926 families being served, including 1,475 children. The median age of the women served was 19. Forty-six percent of participants completed high school/GED and non-high school graduates had a median education of 10 years. Eighty-one percent of mothers were unmarried and 64 percent were unemployed. The largest proportion of participants identified themselves as Hispanic (47 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 from 70 to 73 minutes in duration. Nurses follow specific visit-by-visit guidelines that focus on six domains: personal health, environment health, life course development, maternal role, and family and friends. 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 Nurse-Family Partnership National Service Office is responsible for monitoring and evaluating program effectiveness by the local sites and has submitted a detailed program implementation and evaluation report for the FY2006-07. The 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 initiated in FY2000-01. Rules were written and adopted by the Colorado State 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 January 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 State Board of Health. These training requirements, protocols, information systems and evaluation requirements are those of the model program named the Nurse-Family Partnership (NFP). This is the model program developed by Dr. David Olds and associates at the National Center for Children, Families and Communities, otherwise known as the National Center, at the University of Colorado at Denver. 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, in the eight grant application processes thus far, no applications have been funded for alternative 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 Service Office, the entity designated by the National Center to assist the State 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 Service 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 State Board of Health and were subsequently approved in April 2007.

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** – FY2005-06 awards included funds for the 17 FY2004-05 grantees plus two expansion grants and one new award totaling \$7,051,543 for 18 grantees to serve 2,162 families in 50 of the state's 64 counties. Estimated Medicaid revenue for the sites was set at \$2,358,419 for a combined funding amount of \$9,409,962 for FY2005-06. As of August 2006, the Colorado Department of Health Care Policy and Financing reported paying \$2,721,774 in Medicaid claims.

- **FY2006-07** – Awards were granted to the 18 grantees funded in FY2006-07, including an expansion grant for one of the previously funded sites, totaling \$7,350,203 for services to 2,187 families in 51 of the state’s 64 counties. Medicaid revenue for the sites was estimated at \$2,576,284 for a combined funding amount of \$9,926,487 for FY2006-07. As of August 2007, the Colorado Department of Health Care Policy and Financing reported paying \$2,735,407 in Medicaid claims.
- **FY2007-08** – Awards were granted to the 18 grantees funded in FY2006-07, including three expansion grants of the previously funded sites, totaling \$8,193,180 for services to 2,358 families in 53 of the state’s 64 counties. Medicaid revenue for the sites was estimated at \$2,773,430 for a combined funding amount of \$10,966,610 for FY2007-08.

Please see Attachment A for a map of the FY2007-08 counties to be served and 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 51 counties for FY2006-07. 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 Service Office, and Invest in Kids, a private, not-for-profit organization providing site development assistance, and program implementation and quality improvement consultation to the local agencies. From the inception of the Nurse Home Visitor Program through June 30, 2007, the number of participants enrolled in the program has grown to 7,861.

The amount of Nurse Home Visitor Program MSA funds actually used by the local agencies and by the state for the administration of the program since the inception through June 30, 2007 was \$43,095,638 as detailed below. The cost to the state per family financed by MSA dollars through June 30, 2007 was \$5,482 (\$43,095,638 divided by 7,861 families served).

Total Nurse Home Visitor Program MSA Funds Used:

FY2000-01	\$1,340,566
FY2001-02	\$4,288,525
FY2002-03	\$5,560,660
FY2003-04	\$6,694,354
FY2004-05	\$7,573,845
FY2005-06	\$8,662,974
FY2006-07	\$8,974,714
TOTAL	\$43,095,638

Beginning July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state Nurse Home Visitor Program MSA 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 FY2006-07 grantees would collect \$2,576,284 in Medicaid funds. As of August 2007, the Colorado Department of Health Care Policy and Financing reported paying \$2,735,407 in claims between July 1, 2006 and June 30, 2007.

As noted earlier, the Nurse-Family Partnership National Service Office 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 Service Office provides the training for the nurse home visitors, nurse supervisors and clerical data staff of the local programs as well as prepares the annual Colorado evaluation report while Invest in Kids offers site development and nurse consultation.

In the FY2006-07 evaluation report, the Nurse-Family Partnership National Service Office identifies a number of outcomes achieved in the implementation of the program by the local grantees. They include:

- A statistically significant 20 percent reduction in smoking during pregnancy (16 percent national NFP average)
 - ✓ A statistically significant reduction of 3.4 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average)
- A statistically significant 65 percent reduction in marijuana use during pregnancy
- A statistically significant 26 percent reduction in alcohol use during pregnancy
- A statistically significant 43 percent reduction in experience of violence during pregnancy
- 9.1 percent premature birth rate (9.8 percent national NFP average); rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.6 percent for the national NFP); 9.1 percent for Non-Hispanic Whites (9.4 percent for the national NFP)
- 9.3 percent low birth weight rate (9.1 percent national NFP average); rates for predominant ethnic groups were: 8.8 percent for Hispanics (8.1 percent for the national NFP); 8.9 percent for Non-Hispanic Whites (7.9 percent for the national NFP)
- The largest proportion of toddlers (26 percent) scored between the 26th and 50th percentiles for language development; 9 percent scored below the 10th percentile, compared to 10 percent of NFP toddlers nationwide. Scoring below the 10th percentile may indicate a delay in language skills.
- At 12 months of infant age, 82 percent of infants were fully immunized (84 percent for

national NFP). By 24 months of child's age, 92 percent were fully immunized (93 percent for national NFP). Because of a revision in the immunization data collection questions, only data collected since October 1, 2006 is included in the immunization rates

- 86 percent of clients initiated breastfeeding (national NFP average: 71 percent); 35 percent of clients were breastfeeding at 6 months (28 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (15 percent national NFP average)
- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average). 32 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (32 percent national NFP average)
- Of those who entered the program without a high school diploma or GED, 41 percent completed their diploma/GED by program completion (41 percent for national NFP) and 13 percent were continuing their education beyond high school (14 percent for national NFP); an additional 18 percent were still working toward their diploma/GED (23 percent for national NFP)
- 60 percent of Colorado NFP clients 18 years or older at intake (vs. 57 percent for the national NFP sample) and 47 percent of those 17 years or younger (vs. 44 percent for the national NFP sample) were working at program completion
- Clients worked an average of 6.5 months during the first postpartum year (6.5 national NFP average), and 8.2 months during the second postpartum year (8 months national NFP average)
- The percentage of clients who were married increased from 21 percent at intake to 37 percent at program completion.

The department worked with the National Center, the Nurse-Family Partnership National Service 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. The complete evaluation report prepared by the Nurse-Family Partnership National Service Office is attached as the second part of this report.

D. Costs incurred by the program.

The Colorado General Assembly appropriated \$9,612,719 of Tobacco Master Settlement Agreement (MSA) funds for the FY2006-07 for the Nurse Home Visitor Program. A supplemental bill reduced the appropriation by \$800,000 to account for the reduction in the State MSA payment and added \$100,000 from the fund balance for a net effect reduction of \$700,000. The Long Appropriations Bill was later increased by an additional \$100,000 from the fund balance, which resulted in a final appropriation of \$9,012,719. The table below summarizes the revenue and expenses for FY2006-07.

Table 1

Description:	FY2006-07 Amount:
FY2006-07 Long Bill, Nurse Home Visitor Program (NHVP)	\$9,612,719
Tobacco Master Settlement Agreement (MSA)	
FY2006-07 Supplemental Bills adjustment to the NHVP:	
Reduction:	- \$800,000
Fund Balance Addition:	+ \$200,000
Total NHVP Spending Authority	\$9,012,719
Less FY2006-07 Expenditures:	
Local Agencies	\$6,854,415
University of Colorado at Denver, National Center	\$355,000
Medicaid match to the Department of Health Care Policy and Financing	\$1,310,972
Medicaid claims processing fee to Department of Health Care Policy & Financing	\$7,063
MSA oversight	\$5,793
Department administration	\$441,471
Total FY2006-07 Expenditures	\$8,974,714
Reverted Spending Authority in FY2006-07	\$38,005

The statutory allowance for program administrative costs is limited to 5 percent of the total appropriation. The program administrative costs for FY2006-07 totaled \$447,264 (\$5,793 + \$441,471), which is 4.98 percent of the appropriation. The \$447,264 in program administrative expenses included an additional amount for the University of Colorado at Denver (\$253,593), the MSA oversight (\$5,793), and the department's administrative costs (\$187,878). A maximum of 2.0 full time equivalent (FTE) positions is permitted for administration of the program. The 2.0 FTE is comprised of 1.0 FTE program director, 0.5 FTE for accounting and clerical support, and 0.5 FTE for fiscal staff. The department received approval for two additional FTE positions commencing FY2007-08, which will be funded within the department's 5 percent administrative allowance.

The department is directed to expend 95 percent of the total amount appropriated on program-related expenses totaling \$9,453,048 for FY2006-07. Again, referring to Table 1, the program expenditures included local agency costs (\$6,854,014), a portion of the University of Colorado at Denver contract (\$355,000), and Medicaid match to the Department of Health Care Policy and Financing (\$1,310,972).

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 (National Center) is the agency designated by the University of Colorado at Denver to assist the Colorado State Board of Health in administering the Nurse Home Visitor Program. The National Center has subcontracted most of these responsibilities, including nurse training and local program evaluation and annual reporting, to the Nurse-Family Partnership National Service Office. Data collection and reporting processes needed for program evaluation are being transitioned to the Nurse-Family Partnership National Service Office and should be completed by January 2008. These data are used to conduct the local program evaluation and to produce the annual outcome report used 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 Service Office produces reports for all funded sites on a quarterly basis, and a more comprehensive report on an annual basis. A new reporting system will allow the Nurse-Family Partnership National Service Office to provide enhanced reports in an ongoing way thereby phasing out the annual evaluation reports beginning in early 2008.

The Nurse Home Visitor Program has been in operation since January 2000. Between then and June 30, 2007, 7,861 participants have enrolled in the program, and 4,453 participants have had the opportunity to complete the full program cycle (i.e., their child reached their second birthday). The attached 2007 Colorado Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2007. Throughout the report, indicators of program implementation, and maternal and child health and functioning for Colorado NFP families are compared to the national sample of NFP participants. Additionally, demographics and infant outcomes are shown from the Pregnancy Risk Assessment Monitoring System (PRAMS) and Colorado data for non-NFP Colorado mothers when data comparable to NFP data were available.

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

The Nurse-Family Partnership National Service Office conducted extensive analysis over an eighteen-month period to determine needed changes to the Clinical Information System (CIS), the data management system that tracks program implementation and outcomes. As a result of the analysis, CIS improvements and changes to the data collection forms occurred in late 2006. A two-year planning and development process is currently underway to roll out a new and improved data management system in late 2009.

The Nurse-Family Partnership National Service Office Nursing Practice Team continues to assess delivery methods and curricula to provide the best education possible to home visiting nurses and supervisors. A significant revision of the core education provided to nurse home

visitors and supervisors occurred in early 2007 and improvements to the delivery of education taking effect in July 2007. The updated core education units were developed to be: competency-based, cost-effective, time-efficient, responsive to the needs of new and replacement nurses, and aligned with implementation research. Competencies to guide nurse home visitor and supervisor practice were disseminated to local NFP agencies in early 2007. Quarterly nurse consultant conference calls as well as an advisory committee continue to provide critical input into many aspects of the replication of the program model. Nurses continue to access the member-only portion of the Nurse-Family Partnership National Service Office website as a professional development medium, which was developed to offer discussion threads and other resources on the implementation of the model.

The Nurse-Family Partnership National Service Office continues to utilize cross-functional teams to provide technical assistance and support to NFP implementing agencies across the country. Cross-functional team members available to implementing agencies include representatives of Nursing Practice, Reporting and Evaluation, Program Development, Program Management, and, as needed, Quality Improvement. A fidelity assessment tool was developed and conducted with each grantee site in the fall of 2006. Results are being utilized to inform the delivery of education and technical assistance activities provided by of the Nurse-Family Partnership National Service Office.

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 incomes 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 13,164 and 14,543 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 61 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 Service Office, in FY2006-07, the percentage of women who reported using Medicaid at the time of program intake was 75 percent, at 6 months it was 68 percent, at 12 months it was 67 percent and at 24 months it was 56 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 accomplish this objective by conducting a needs assessment and developing a life plan with the mother; providing education and counseling so the mother may learn to access services or meet needs herself; and by monitoring and reinforcing progress toward achieving her plan.

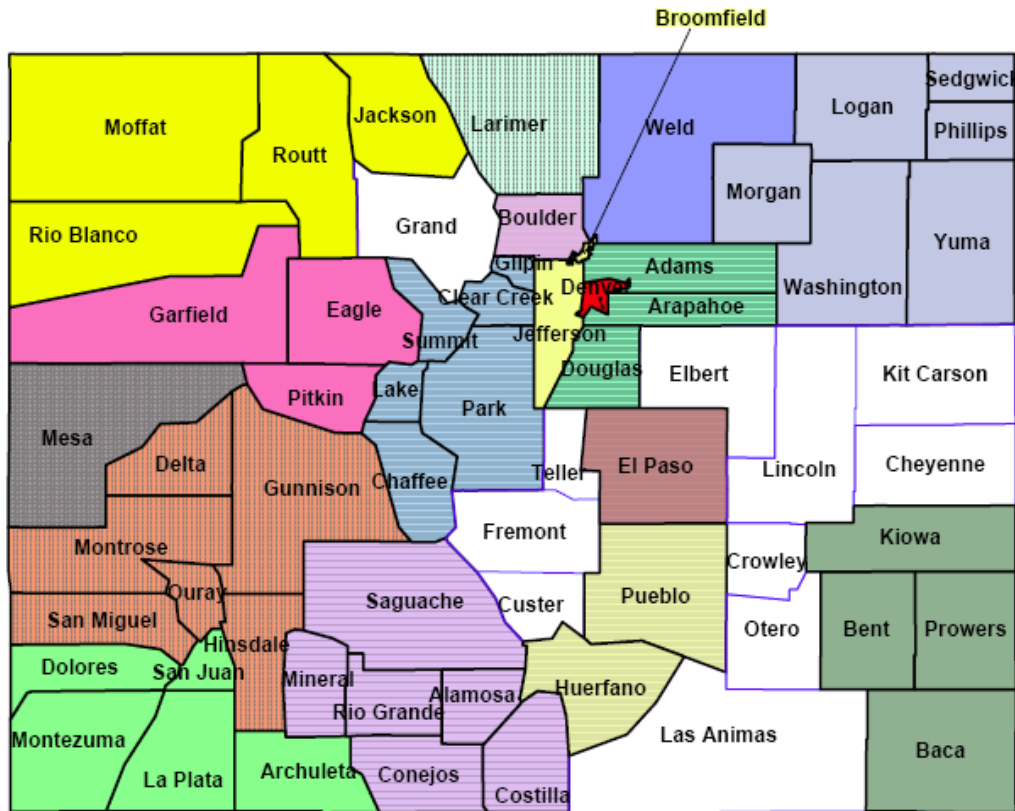
Medicaid reimbursement is claimed for the TCM services provided by the nurses for those families that are Medicaid-eligible. The Tobacco Master Settlement Agreement dollars are used to pay 50 percent of the state Medicaid costs and federal funds cover the other 50 percent of costs.



















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

As directed by the Colorado Nurse Home Visitor Program Act, the department staff, in conjunction with the Colorado Department of Health Care Policy and Financing, has established the necessary infrastructure for local grantee sites to obtain Medicaid reimbursement for TCM services (approximately 75 percent of all services qualify as TCM). 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 claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. The department estimated that FY2006-07 grantees would collect \$2,576,284 in Medicaid funds. As of August 2007, the Colorado Department of Health Care Policy and Financing reported paying \$2,735,410 in Targeted Case Management claims to local program grantees.

The Nurse Home Visitor Program received an additional 2.0 FTE in July 2007 for increased fiscal and administrative support, bringing the total FTE for the administration of the program to 4.0 FTE. The additional fiscal and administrative staff was granted due to new requirements resulting from the May 2006 NHVP audit conducted by the Office of the State Auditor. Additionally, there is the added complexity of incorporating the Medicaid reimbursements 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 non-Medicaid clients.

Nurse-Family Partnership Colorado Nurse Home Visitor Program FY07/08



-  Southwest Colorado NFP (San Juan Basin Health Dept.)
-  Region 10 NFP (Montrose County Public Health Dept.)
-  Mesa County NFP (Mesa County Health Dept.)
-  Northwest Colorado NFP (Northwest Colorado Visiting Nurse Assn.)
-  Family Visitor NFP (only Basalt/EI Jebel area of Eagle County served)
-  San Luis Valley NFP (Valley-Wide Health Services, Inc.)
-  Non-funded
-  Intermountain NFP (Summit County Public Health Nursing)
-  Boulder County NFP (Boulder County Health Dept.)
-  Larimer County NFP (Larimer County DOPHE)
-  Jefferson County NFP (Jefferson County Dept. of Health and Environment)
-  Tri-County NFP (Tri-County Health Dept.)
-  Denver County NFP (Denver Health through Best Babies Initiative)
-  Weld County NFP (Weld County DOPHE)
-  Pueblo County NFP (Pueblo Community Health Center)
-  El Paso County NFP (El Paso County Health Dept.)
-  Northeast Colorado NFP (Northeast Colorado Health Dept.)
-  Southeast Colorado NFP (Prowers County Public Health Nursing Service)

St. Anthony's Health Foundation serves Adams, Denver and Jefferson Counties

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)
FY2006-07 Award:	\$317,765 (Plus \$133,627 in estimated Medicaid revenue)
FY2007-08 Award:	\$326,791 (Plus \$146,991 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)
FY2006-07 Award:	\$365,551 (Plus \$173,184 in estimated Medicaid revenue)
FY2007-08 Award:	\$384,925 (Plus \$180,569 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 in estimated Medicaid revenue)
FY2005-06 Award:	\$270,665 (Plus \$164,891 in estimated Medicaid revenue)
FY2005-06 Expansion Award:	\$391,859
FY2006-07 Award:	\$674,971 (Plus \$185,877 in estimated Medicaid revenue)
FY2007-08 Award:	\$673,161 (Plus \$222,844 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$427,357
Families to be Served:	300

Family Visitor Program

Counties to be Served:	Eagle, Garfield, and Pitkin
January-June 2003 Award:	\$210,476
2003 Reduced Award:	\$127,720
FY2003-04 Award:	\$428,205
FY2004-05 Award:	\$339,824 (Plus \$117,927 in estimated Medicaid revenue)
FY2005-06 Award:	\$347,492 (Plus \$117,927 in estimated Medicaid revenue)
FY2006-07 Award:	\$411,781 (Plus \$76,909 in estimated Medicaid revenue)
FY2007-08 Award:	\$406,783 (Plus \$65,975 in estimated Medicaid revenue)
Families to be Served:	100

Jefferson County Department of Health and Environment

Counties to be Served:	Broomfield and Jefferson
January-June 2001 Award:	\$194,097
FY2001-02 Award:	\$383,297
FY2002-03 Award:	\$398,567
FY 02-03 Reduced Award:	\$264,472
FY2002-03 Expansion Award:	\$394,184
FY2003-04 Award:	\$831,954
FY2004-05 Award:	\$566,248 (Plus \$265,932 in estimated Medicaid revenue)
FY2005-06 Award:	\$593,604 (Plus \$231,396 in estimated Medicaid revenue)
FY2006-07 Award:	\$606,554 (Plus \$255,571 in estimated Medicaid revenue)
FY2007-08 Award:	\$550,451 (Plus \$352,051 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$62,514
Families to be Served:	200

Larimer County Department of Health and Environment

Counties to be Served:	Larimer
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 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$355,624 (Plus \$80,752 in estimated Medicaid revenue)
FY2005-06 Award:	\$747,546 (Plus \$161,504 in estimated Medicaid revenue)
FY2006-07 Award:	\$738,909 (Plus \$161,504 in estimated Medicaid revenue)
FY2007-08 Award:	\$678,156 (Plus \$192,253 in estimated Medicaid revenue)
Families to be Served:	200

Mesa County Health Department

Counties to be Served:	Mesa
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 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$162,121 (Plus \$51,680 in estimated Medicaid revenue)
FY2005-06 Award:	\$444,402 (Plus \$155,040 in estimated Medicaid revenue)
FY2006-07 Award:	\$474,374 (Plus \$155,040 in estimated Medicaid revenue)
FY2007-08 Award:	\$509,432 (Plus \$151,274 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$187,253
Families to be Served:	200

Montrose County Public Health Nursing

Counties to be Served:	Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel
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 in estimated Medicaid revenue)
FY2005-06 Award:	\$249,215 (Plus \$39,385 in estimated Medicaid revenue)
FY2006-07 Award:	\$279,189 (Plus \$22,791 in estimated Medicaid revenue)

FY2007-08 Award: \$257,704 (Plus \$56,427 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 in estimated Medicaid revenue)
FY2005-06 Award: \$146,294 (Plus \$54,538 in estimated Medicaid revenue)
FY2006-07 Award: \$167,244 (Plus \$43,630 in estimated Medicaid revenue)
FY2007-08 Award: \$155,438 (Plus \$65,801 in estimated Medicaid revenue)
Families to be Served: 50

Northwest Colorado Visiting Nurse Association

Counties to be Served: Jackson, Moffat, Rio Blanco and Routt
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 in estimated Medicaid revenue)
FY2005-06 Award: \$219,170 (Plus \$66,125 in estimated Medicaid revenue)
FY2006-07 Award: \$234,063 (Plus \$61,286 in estimated Medicaid revenue)
FY2007-08 Award: \$220,349 (Plus \$83,382 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 in estimated Medicaid revenue)
FY2005-06 Award: \$227,539 (Plus \$62,852 in estimated Medicaid revenue)
FY2006-07 Award: \$196,460 (Plus \$108,451 in estimated Medicaid revenue)
FY2007-08 Award: \$200,349 (Plus \$108,566 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 in estimated Medicaid revenue)
FY2005-06 Award: \$261,033 (Plus \$167,880 in estimated Medicaid revenue)
FY2005-06 Expansion Award: \$125,657
FY2006-07 Award: \$391,612 (Plus \$169,181 in estimated Medicaid revenue)

FY2007-08 Award: \$438,362 (Plus \$146,890 in estimated Medicaid revenue)
Families to be Served: 125

San Juan Basin Health Department

Counties to be Served: Archuleta, Dolores, La Plata, Montezuma and San Juan
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 in estimated Medicaid revenue)
FY2005-06 Award: \$236,334 (Plus \$193,079 in estimated Medicaid revenue)
FY2006-07 Award: \$235,525 (Plus \$204,742 in estimated Medicaid revenue)
FY2007-08 Award: \$275,060 (Plus \$187,042 in estimated Medicaid revenue)
Families to be Served: 108

St. Anthony's Health Foundation

Counties to be Served: Adams, Denver and Jefferson
FY2005-06 New Award: \$428,377
FY2006-07 Award: \$370,323 (Plus \$79,473 in estimated Medicaid revenue)
FY2007-08 Award: \$367,191 (Plus \$104,550 in estimated Medicaid revenue)
Families to be Served: 100

Summit County Public Health Nursing

Counties to be Served: Chafee, Clear Creek, Gilpin, Lake, Park, and Summit
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 in estimated Medicaid revenue)
FY2005-06 Award: \$343,795 (Plus \$126,365 in estimated Medicaid revenue)
FY2006-07 Award: \$312,142 (Plus \$144,823 in estimated Medicaid revenue)
FY2006-07 Expansion: \$164,371
FY2007-08 Award: \$556,645 (Plus \$142,852 in estimated Medicaid revenue)
Families to be Served: 125

Tri-County Health Department

Counties to be Served: Adams, Arapahoe and Douglas
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 in estimated Medicaid revenue)
FY2004-05 Expansion Award: \$254,188 (Plus \$153,891 in estimated Medicaid revenue)
FY2005-06 Award: \$480,843 (Plus \$307,782 in estimated Medicaid revenue)
FY2006-07 Award: \$520,274 (Plus \$307,782 in estimated Medicaid revenue)
FY2007-08 Award: \$608,072 (Plus \$246,197 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 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$80,996 (Plus \$13,494 in estimated Medicaid revenue)
FY2005-06 Award:	\$368,048 (Plus \$66,736 in estimated Medicaid revenue)
FY2006-07 Award:	\$422,775 (Plus \$123,657 in estimated Medicaid revenue)
FY2007-08 Award:	\$407,082 (Plus \$153,219 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 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$158,801 (Plus \$56,442 in estimated Medicaid revenue)
FY2005-06 Award:	\$478,819 (Plus \$168,756 in estimated Medicaid revenue)
FY2006-07 Award:	\$466,320 (Plus \$168,756 in estimated Medicaid revenue)
FY2007-08 Award:	\$500,105 (Plus \$166,547 in estimated Medicaid revenue)
Families to be Served:	150