

# STATE OF COLORADO



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Colorado Department  
of Public Health  
and Environment

**NURSE HOME VISITOR PROGRAM  
ANNUAL REPORT  
JULY 2007 – JUNE 2008**

Submitted by the Prevention Services Division  
Colorado Department of Public Health and Environment  
November 1, 2008

# Colorado Nurse Home Visitor Program

## Executive Summary

**Purpose:** The Colorado Nurse Home Visitor Program avails nurse home visitation services 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 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> Nurse home visitor program staff address a mother's personal health; provide advice on newborn and children's health care, child development, and home safety; and facilitate 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 \$9,866,610 of Tobacco Master Settlement Agreement (MSA) funds for FY2007-08 for the Nurse Home Visitor Program. HB 07-1359 increased the appropriation by \$861,855. HB 07-1296 increased the appropriation by an additional \$77,830 and \$113,793 was restricted, resulting in a final appropriation of \$10,692,502.

In FY2007-08, the program provided continuation funding to the 18 local agencies that had received awards in the previous fiscal year. MSA funds were also used to provide the match to draw down additional Medicaid funds and for the Department of Public Health and Environment's (CDPHE) administration of the Nurse Home Visitor Program.

**Medicaid Funding:** The Colorado Nurse Home Visitor Program Act directs CDPHE to enable the program, to the extent possible, to receive Medicaid funding. Seventy-five percent of all Nurse-Family Partnership (NFP) program services were estimated to qualify for targeted case management (TCM) reimbursement. Approximately 74 percent of program participants were enrolled in the Medicaid program at the commencement of Medicaid billing. Working through the Department of Health Care Policy and Financing (HCPF), grantee sites began billing Medicaid for TCM reimbursements in FY2004-05. CDPHE estimated that FY2007-08 grantees would collect \$2,773,430 in Medicaid funds. As of August 2008, HCPF reported paying \$2,875,461 in TCM claims to local program grantees between July 1, 2007 and June 30, 2008.

**Accomplishments:** The grants awarded for FY2007-08 funded services in 52 of the state's 64 counties and increased the number of families served from 2,187 in FY2006-07 to 2,358 in FY2007-08. The FY2007-08 awards were given to the 18 local agencies previously funded, with three of these agencies receiving additional funding for expansion.

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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.

A competitive grant application process was conducted to determine FY2008-09 awards. The National Center for Children, Families and Communities (National Center) at the University of Colorado at Denver, or its designee, is responsible for assisting the Colorado State Board of Health (Board of Health) in the selection of the programs to be funded. The Nurse-Family Partnership National Service Office reviewed the applications at the request of the National Center. In addition, one new agency was awarded funding and three of the original grantees were awarded an expansion grant. An estimated 2,640 families will be served in 52 counties in FY2008-09.

All of the Nurse Home Visitor Program grantees provided services in accordance with the training requirements, program protocols, program management information system and program evaluation requirements of the NFP. The NFP is the nurse home visitation intervention model developed and tested by Dr. David Olds and colleagues.

The Nurse-Family Partnership National Service Office completed an evaluation of each local program during FY2007-08, noting those that have been successful in implementing the NFP model. Data were analyzed for the 9,398 participants enrolled in the program from January 2000 through June 30, 2008.

Below are some of the outcome highlights for Colorado NFP sites. The complete evaluation report is attached.

- A statistically significant 20 percent reduction in smoking during pregnancy (15 percent national NFP average).
- A statistically significant reduction of 3.5 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average).
- A statistically significant 64 percent reduction in marijuana use during pregnancy.
- A statistically significant 26 percent reduction in alcohol use during pregnancy.
- A statistically significant 46 percent reduction in the experience of violence during pregnancy.
- 9.1 percent of clients experienced a preterm birth (9.7 percent national NFP average) a rate lower than the Colorado 2006 average of 9.6 percent; rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.7 percent for the national NFP and 9.1 percent for Colorado in 2006); 9.2 percent for non-Hispanic Whites (9.4 percent for the national NFP and 9.5 percent for Colorado in 2006); and 7.3 percent for multi-racial/others (9.7 percent of the national NFP).
- 9.3 percent low birth weight rate (10.1 percent national NFP average); rates for predominant ethnic groups were: 9.1 percent for Hispanics (8.4 percent for the national NFP and 8.5 percent for Colorado in 2006); 8.8 percent for Non-Hispanic Whites (9.3 percent for the national NFP and 8.7 percent for Colorado in 2006).
- 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 (92 percent for national NFP).

- 87 percent of clients initiated breastfeeding (73 percent for national NFP average); 34 percent of clients were breastfeeding at 6 months (27 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (16 percent national NFP average).
- Of those who entered the program without a high school diploma or General Educational Development (GED), 41 percent completed their diploma/GED by program completion (43 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 (21 percent for national NFP).
- 61 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.

**Conclusion:** The Nurse Home Visitor Program enabling legislation declared that new mothers may benefit from receiving professional assistance and information concerning adequate prenatal care and care for their newborns and young children. The Colorado General Assembly recognized that a nurse home visitation program that provides educational, health and other resources for new mothers has proven to significantly reduce detrimental behaviors, such as drug, tobacco and alcohol use. Such a program has also been proven to reduce subsequent births, increase the time between subsequent births, reduce the mother's need for public assistance and increase the learning and functioning of young children. CDPHE and the University of Colorado at Denver administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate.

Since the program's inception in January 2000, the number of mothers annually served increased from 1,150 in FY2000-01 to 2,640 in FY2008-09. The Nurse-Family Partnership National Service Office reported the total participants to date as 9,398. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 13,311 and 14,514 women, according to the 2007 estimate derived from the Prenatal Risk Assessment Monitoring System (PRAMS). While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most high-risk women and children. These mothers and babies have benefited greatly from the care and education provided by the nurse home visitors resulting in healthier pregnancies and better early childhood outcomes.

## **I. ADMINISTRATIVE REPORT**

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

The annual Long Appropriations Bill appropriated \$9,866,610 of Tobacco Master Settlement Agreement (MSA) funds for FY2007-08 for the Nurse Home Visitor Program. HB 07-1359 increased the appropriation by \$861,855. HB 07-1296 increased the appropriation by an additional \$77,830 and \$113,793 was restricted resulting in a final appropriation of \$10,692,502.

### **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. Participants receive educational and health services designed to promote healthier pregnancies and birth outcomes, improve child health and development, and enhance the self-sufficiency of the young families. Services are provided through home visits that occur weekly or biweekly. Topics addressed in the home visits focus on maternal and prenatal health care, including the reduction or cessation 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 to provide for their children's needs and achieve their personal goals.

Research has substantiated that short-term and long-term improvements in the health and the lives of 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 outlined in statute, the Nurse Home Visitor Program is charged with serving – beginning with a limited number of participants in FY2000-01 – all low-income, first-time mothers in the state who consent to participate. House Bill 04-1421 changed the level of funding from the MSA dollars such that for FY2005-06 the Nurse Home Visitor Program was appropriated nine percent of the total amount of MSA funds received by the state. Beginning with FY2005-06 through FY2013-14, the amount appropriated will increase by one percent each year. In FY2014-15 and

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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.

each year thereafter the appropriation will be 19 percent of the MSA funds received by the state, not to exceed \$19 million in any fiscal year.

### ***Target population***

The target population for services from the Nurse Home Visitor Program is first-time pregnant women whose incomes are less than 200 percent of the Federal Poverty Level. Services are provided from the time of enrollment during pregnancy, or within one month postpartum, through the child's second birthday. 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 13,311 and 14,514. This 2007 estimate is based on data from the Prenatal Risk Assessment Monitoring System (PRAMS), an annual survey conducted since 1997 by the Center for Health and Environmental Information and Statistics at the Department of Public Health and Environment (CDPHE).

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

Since the inception of the Nurse Home Visitor Program through June 30, 2008, there have been 9,398 participants enrolled in the program and 2,172 clients have graduated from the program. In FY2007-08, 18 local entities were funded to serve a total of 2,358 families. "Families" refers to the pregnant woman or to the mother, her child and the father of the baby, if present. At the point of enrollment the median age of the women served was 19 years old, 47 percent of participants completed high school/General Educational Development (GED), non-high school graduates had a median education of 10 years, 80 percent of mothers were unmarried, 63 percent were unemployed, and 74 percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as Hispanic (47 percent) or non-Hispanic White (41 percent). The attached Nurse-Family Partnership National Service Office evaluation report includes more complete details of client characteristics.

### ***Services provided***

The nurse visitors conducted home visits at weekly or biweekly 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 length. Nurses followed specific visit guidelines that focused on six domains: personal health, environment health, life course development, maternal role, and family and friends. The nurse home visitors reviewed 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; and 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 FY2007-08. 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 (Board of Health) and a competitive grant application process was established by CDPHE. The first set of grants was awarded for January through June 2001. Subsequent grant application processes have been administered annually in the spring with grants funded for the state fiscal year beginning July 1.

The grant application process enables CDPHE to award funds to entities that provide nurse home visitor services in alignment with the program protocols and requirements established by the Board of Health. All funded entities implement the Nurse-Family Partnership (NFP) model developed by Dr. David Olds and associates of the National Center for Children, Families and Communities (National Center) at the University of Colorado at Denver.

The grant application process, as established in the statute, allows applicants to propose the implementation of other alternate nurse home visitor program models provided they have been in existence in Colorado for a minimum of five years, as of July 1, 1999. Alternate models must also 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 nine grant application cycles thus far, no applications have been funded for alternative nurse home visitor programs.

For each of the grant cycles, CDPHE conducted a technical review of the applications to ensure that all basic 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 Board of Health in selection of the local entities to be funded, for the content review. A three-member panel from the Nurse-Family Partnership National Service Office conducted the review of the applications, including proposals from current grantees requesting continuation and expansion funding. The recommendations for funding were presented to the Board of Health and were subsequently approved during their April meeting.

Nurse Home Visitor Program funds have been used to provide:

- **FY2000-01** – Awards totaling \$2,375,744 were granted to 12 local entities to provide services for 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 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 the service area.
- **FY2001-02** – Awards totaled \$4,532,835 and included continuation of funding to the 12 original local entities, plus grants to two new local agencies, bringing the number of counties with available services 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** – Awards totaled \$6,066,055 expanding 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, 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, due to insufficient funds to support services for the full 12-month period.
- **FY2003-04** – Continuation of funding for the 17 grantees selected in FY2002-03 totaled \$6,587,324 expanding 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 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 generated by sites directly billing and receiving Medicaid reimbursements for targeted case management (TCM) services. FY2004-05 MSA awards for the same 17 grantees selected in FY2003-04 totaled \$5,584,965, expanding 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, Department of Health Care Policy and Financing (HCPF) reported paying \$2,469,800 in Medicaid claims.
- **FY2005-06** – Awards totaled \$7,051,543 and included funds for the 17 FY2004-05 grantees plus two expansion grants and one new award 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, HCPF reported paying \$2,721,774 in Medicaid claims.
- **FY2006-07** – Awards totaling \$7,350,203 were granted to the 18 entities funded in FY2006-07, including one expansion grant, 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, HCPF reported paying \$2,735,407 in Medicaid claims.
- **FY2007-08** – Awards totaling \$8,193,180 were granted to the 18 grantees funded in FY2006-07, including three expansion grants, for services to 2,358 families in 52 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. As of August 2008, HCPF reported paying \$2,875,461 in Medicaid claims.
- **FY2008-09** – Awards totaled \$9,895,501 and included funds for the 18 grantees funded in FY2007-08, including three expansion grants and a new grant award, for services to 2,640



families in 53 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$2,838,736, for a combined funding amount of \$12,734,237 for FY2008-09.

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 with available services from 33 counties in the first year to 53 counties for FY2008-09. CDPHE 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, program implementation and quality improvement consultation to the local agencies. From the inception of the Nurse Home Visitor Program through June 30, 2008 the number of participants enrolled in the program has grown to 9,398.

The amount of Nurse Home Visitor Program MSA funds by local agencies and the state for the administration of the program since the inception through June 30, 2007 was \$53,091,032, as detailed below. The cost to the state per family financed by MSA dollars through June 30, 2007 was \$5,649. This amount is derived by taking the total MSA funds used (\$53,091,032) divided by the number of participants enrolled in the program (9,398).

**Total Nurse Home Visitor Program MSA Expended Funds**

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
FY2007-08	\$ 9,995,394
<b>TOTAL</b>	<b>\$53,091,032</b>

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 TCM claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. It was estimated that FY2007-08 grantees would collect \$2,773,430 in Medicaid funds. As of August 2008, HCPF reported paying \$2,875,461 in claims between July 1, 2007 and June 30, 2008.

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 training for local nurse home visitors, nurse supervisors and clerical data

staff as well as prepares the annual Colorado evaluation report. Invest in Kids offers site development and nurse consultation.

In the attached FY2007-08 evaluation report, the Nurse-Family Partnership National Service Office identifies the outcomes achieved by local grantees. They include:

- A statistically significant 20 percent reduction in smoking during pregnancy (15 percent national NFP average).
- A statistically significant reduction of 3.5 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average).
- A statistically significant 64 percent reduction in marijuana use during pregnancy.
- A statistically significant 26 percent reduction in alcohol use during pregnancy.
- A statistically significant 46 percent reduction in the experience of violence during pregnancy.
- 9.1 percent of clients experienced a preterm birth (9.7 percent national NFP average) a rate lower than the Colorado 2006 average of 9.6 percent; rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.7 percent for the national NFP and 9.1 percent for Colorado in 2006); 9.2 percent for Non-Hispanic Whites (9.4 percent for the national NFP and 9.5 percent for Colorado in 2006); and 7.3 percent for multi-racial/others (9.7 percent of the national NFP).
- 9.3 percent low birth weight rate (10.1 percent national NFP average); rates for predominant ethnic groups were: 9.1 percent for Hispanics (8.4 percent for the national NFP and 8.5 percent for Colorado in 2006); 8.8 percent for non-Hispanic Whites (9.3 percent for the national NFP and 8.7 percent for Colorado in 2006).
- 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 (92 percent for national NFP).
- 87 percent of clients initiated breastfeeding (73 percent for national NFP average); 34 percent of clients were breastfeeding at 6 months (27 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (16 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 (43 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 (21 percent for national NFP).
- 61 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.

CDPHE worked with the National Center, the Nurse-Family Partnership National Service Office, and Invest in Kids to develop and implement methods to monitor operational effectiveness and promote improved performance. The program evaluation report prepared by the Nurse-Family Partnership National Service Office is attached.

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

The annual Long Appropriations Bill appropriated \$9,866,610 of MSA funds for FY2007-08 for the Nurse Home Visitor Program. HB 07-1359 increased the appropriation by \$861,855. HB 07-1296 increased the appropriation by an additional \$77,830 and \$113,793 was restricted resulting in a final appropriation of \$10,692,502. Table 1 summarizes the costs incurred by the program.

**Table 1**

<b>Description:</b>	<b>FY2007-08 Amount:</b>
FY2007-08 Long Bill, Nurse Home Visitor Program (NHVP)	\$9,866,610
Tobacco Master Settlement Agreement (MSA)	
FY2007-08 Adjustments to the NHVP:	
Increase:	+ \$861,855
Increase:	+ \$77,830
Restriction:	- \$113,793
<b>Total NHVP Spending Authority</b>	<b>\$10,692,502</b>
<b>Less FY2007-08 Expenditures:</b>	
Local Agencies	\$ 7,945,289
University of Colorado at Denver, National Center	\$355,433
Medicaid match to the Department of Health Care Policy and Financing	\$1,368,392
Medicaid claims processing fee to Department of Health Care Policy & Financing	\$2,347
MSA oversight	\$4,361
Department administration	\$319,572
<b>Total FY2007-08 Expenditures</b>	<b>\$9,995,394</b>
<b>Reverted Spending Authority in FY2007-08</b>	<b>\$697,108</b>

The reversion results from a combination of the following:

- Medicaid reimbursements were less than the appropriation of \$1,505,000.
- Providers billed less than budgeted.
- Although three expansion grants and one new grant were awarded, the start-up for this work can be substantial, so program management was unable to develop the program further during the current fiscal year. Plans for further expansion are in place, should funding be available in FY2008-09.

The statutory allowance for program administrative costs is limited to five percent of the total appropriation. The program administrative costs for FY2007-08 totaled \$499,697 or 4.67 percent of the appropriation. The \$499,697 in program administrative expenses includes a portion of the contract with the University of Colorado at Denver related to administration (\$173,417), MSA oversight (\$4,361), HCPF's processing fee (\$2,347), and CDPHE's administrative costs (\$319,572). A maximum of 4.0 full time equivalent (FTE) positions are approved for administration of the program. The 4.0 FTE is comprised of 1.0 FTE program director, 1.0 FTE for accounting and clerical support, 1.0 FTE for contracts monitoring, and 1.0 FTE for fiscal staff.

CDPHE is directed to expend 95 percent of the total amount appropriated on program-related expenses. Programmatic expenses totaled \$9,495,697 for FY2007-08. As summarized in Table 1, program expenditures included local agency costs (\$7,945,289), a portion of the University of Colorado at Denver contract (\$182,016), and Medicaid match to HCPF (\$1,368,392).

## **II. ADDITIONAL INFORMATION REQUESTED OF THE NHVP**

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

The National Center is the agency designated by the University of Colorado at Denver to assist the Board of Health in administering the Nurse Home Visitor Program. The National Center has subcontracted most of these responsibilities, including nurse training, local program evaluation and annual reporting to the Nurse-Family Partnership National Service Office. Data collection and reporting processes for program evaluation were transitioned to the Nurse-Family Partnership National Service Office in January 2008. These data are used to inform the local program evaluation and to produce the annual outcome report. A number of the reports generated from the data are available to local program staff. Nurse supervisors are encouraged to use these reports in the supervision of the nurse home visitors and the management of the local program operations. In addition, the Nurse-Family Partnership National Service Office produces comprehensive reports for all funded sites on a quarterly basis.

In FY2007-08, 18 local entities were funded to serve a total of 2,358 families. "Families" refers to the pregnant woman or to the mother, her child and the father of the baby, if present. At the point of enrollment, the median age of the women served was 19 years old, 47 percent of participants completed high school/GED, non-high school graduates had a median education of 10 years, 80 percent of mothers were unmarried, 63 percent were unemployed, and 74 percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as Hispanic (47 percent) or non-Hispanic White (41 percent). The attached Nurse-

Family Partnership National Service Office evaluation report includes more complete details of client characteristics

The attached 2008 Colorado Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2008. Throughout the report, outcome indicators for Colorado NFP families are compared to the national sample of NFP participants. Additionally, demographics and infant outcomes from PRAMS and other Colorado data sources for non-NFP mothers were used if comparable to the NFP data.

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

The Nurse-Family Partnership National Service Office is developing an improved data management system that will have a single point of entry via the web and is scheduled for completion in late 2009. The new system will continue to be used for data collection of services to clients and outcomes for clients and children in the program, as well as online reporting and access to information. The major improvement is its design to fit with the workflow of a nurse home visitor – both for entering data and for retrieving information about clients.

Efforts are currently underway to update the NFP guidelines with input from nurses in the field. In April 2008, nurse supervisors from across the country came together for a three-day summit in Denver. The summit was an opportunity to provide direct feedback on the services, products and materials provided by the Nurse-Family Partnership National Service Office and to express the successes, concerns, and challenges experienced with implementing the NFP model.

As a part of the Nurse-Family Partnership National Service Office commitment to foster a dramatic expansion of the NFP over the next ten years, expanded support in policy and government affairs, program development, and marketing and communications have been implemented. For example, new marketing and outreach materials were developed and distributed to agencies in 2008, including a referral kit, fact sheets and nurse recruitment packets.

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

The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 13,311 and 14,514 women, according to the 2007 estimate derived from 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 also eligible for Medicaid coverage. Analysis of the most recent PRAMS data suggests that 64 percent of the first-time, pregnant women with incomes under 200 percent of poverty level are Medicaid-eligible. Reports submitted by local programs to the National Center indicate that a higher percentage of Medicaid-eligible clients are currently being enrolled. This is because the agencies 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. For FY2007-08, the Nurse-Family Partnership National Service Office reported the percentages of women using Medicaid between intake and 24 months of their child's age as 74 percent at intake, 68 percent at 6 months, 63 percent at 12

months, and 52 percent at 24 months. These figures are noteworthy because agencies are permitted to bill for Medicaid services until the child's second birthday.

CDPHE, in accordance with the Nurse Home Visitor Program statutory directive, worked with HCPF 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). 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 provide TCM 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 for those families that are Medicaid-eligible. MSA dollars are used to pay 50 percent of the state Medicaid costs and federal funds cover the other 50 percent.

## **II. CHANGES TO THE NHVP TO ENABLE IT TO RECEIVE MEDICAID FUNDING**

As directed by the Colorado Nurse Home Visitor Program Act, CDPHE staff, in conjunction with HCPF, established the necessary infrastructure for local grantees 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. CDPHE estimated that FY2007-08 grantees would collect \$2,773,430 in Medicaid funds. As of August 2008, HCPF reported paying \$2,875,461 in TCM 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 approved in response to new requirements specified in the May 2006 Nurse Home Visitor Program audit conducted by the Office of the State Auditor. The added complexity of incorporating Medicaid reimbursement payments, Medicaid state match, and payment reconciliation with HCPF also necessitated more personnel.

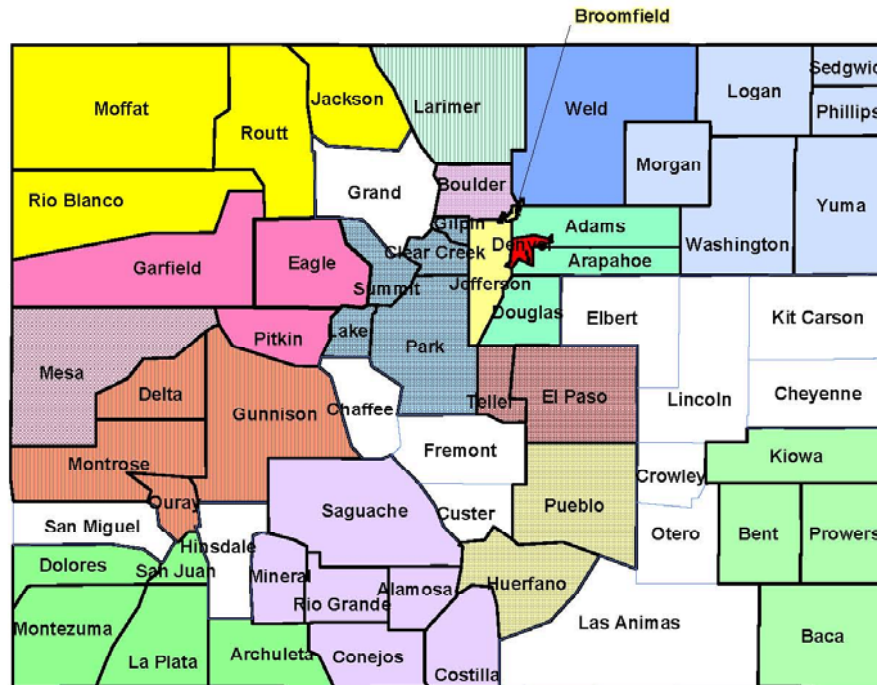
## **III. CONCLUSION**

The Nurse Home Visitor Program enabling legislation declared that new mothers may benefit from receiving professional assistance and information concerning adequate prenatal care and care for their newborns and young children. The Colorado General Assembly recognized that a nurse home visitation program that provides educational, health and other resources for new mothers has proven to significantly reduce detrimental behaviors, such as drug, tobacco and alcohol use. Such a program has also been proven to reduce subsequent births, increase the time between subsequent births, reduce the mother's need for public assistance and increase the learning and functioning of young children. CDPHE and the University of Colorado at Denver

administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate.

Since the program's inception in January 2000, the number of mothers annually served increased from 1,150 in FY2000-01 to 2,640 in FY2008-09. The Nurse-Family Partnership National Service Office reported the total participants to date as 9,398. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 13,311 and 14,514 women, according to the 2007 estimate derived from PRAMS. While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most high-risk women and children. These mothers and babies have benefited greatly from the care and education provided by the nurse home visitors resulting in healthier pregnancies and better early childhood outcomes.

# Nurse-Family Partnership Colorado Nurse Home Visitor Program FY08/09



- Southwest Colorado NFP Serves: 108 families (San Juan Basin Health Dept.)
- Region 10 NFP Serves: 75 families (Montrose County Health & Human Services)
- Non-Funded
- Mesa County NFP Serves: 200 families (Mesa County Health Dept.)
- Northwest Colorado NFP Serves: 50 families (Northwest Colorado Visiting Nurse Assn.)
- Family Visitor NFP Serves: 100 families (only Basalt/EI Jebel area of Eagle County served)
- San Luis Valley NFP Serves: 125 families (Valley-Wide Health Services, Inc.)
- Eagle County NFP Serves: 50 families (Eagle County Health & Human Services)
- Intermountain NFP Serves: 157 families (Summit County Public Health Nursing)
- Boulder County NFP Serves: 100 families (Boulder County Health Dept.)
- Larimer County NFP Serves: 200 families (Larimer County DOPHE)
- Jefferson County NFP Serves: 200 families (Jefferson County Dept. of Health and Environment)
- El Paso County NFP Serves: 300 families (El Paso County Health Dept.)
- Pueblo County NFP Serves: 125 families (Pueblo Community Health Center)
- Tri-County NFP Serves: 300 families (Tri-County Health Dept.)
- Denver County NFP Serves: 100 families (Denver Health through Best Babies Initiative)
- Weld County NFP Serves: 150 families (Weld County DOPHE)
- Northeast Colorado NFP Serves: 50 families (Northeast Colorado Health Dept.)
- Southeast Colorado NFP Serves: 50 families (Prowers County Public Health Nursing Service)

\*St. Anthony's Health Foundation serves 200 in Adams, Denver and Jefferson Counties



## Nurse Home Visitor Program Grant Recipients

### **Boulder County Health Department**

Counties to be Served:	Boulder
Families to be Served:	100
FY2002-03 Award:	\$395,614
FY2002-03 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)
FY2008-09 Award:	\$358,045 (Plus \$155,734 in estimated Medicaid revenue)

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

Counties to be Served:	Denver
Families to be Served:	100
January-June 2001 Award:	\$231,558
FY2001-02 Award:	\$448,774
FY2002-03 Award:	\$408,662
FY2002-03 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)
FY2008-09 Award:	\$417,740 (Plus \$168,018 in estimated Medicaid revenue)

### **Eagle County Health and Human Services**

Counties to be Served:	Eagle
Families to be Served:	50
FY2008-09 Award:	\$304,116 (Plus \$168,018 in estimated Medicaid revenue)

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

Counties to be Served:	El Paso
Families to be Served:	300
January-June 2001 Award:	\$167,694
FY2001-02 Award:	\$273,844
FY2002-03 Award:	\$391,723
FY2002-03 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
FY2008-09 Award:	\$1,068,323 (Plus \$322,603 in estimated Medicaid revenue)

**Family Visitor Program**

Counties to be Served:	Eagle, Garfield, and Pitkin
Families to be Served:	100
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)
FY2008-09 Award:	\$466,337 (Plus \$71,530 in estimated Medicaid revenue)

**Jefferson County Department of Health and Environment**

Counties to be Served:	Broomfield and Jefferson
Families to be Served:	200
January-June 2001 Award:	\$194,097
FY2001-02 Award:	\$383,297
FY2002-03 Award:	\$398,567
FY2002-03 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
FY2008-09 Award:	\$738,753 (Plus \$334,175 in estimated Medicaid revenue)

**Larimer County Department of Health and Environment**

Counties to be Served:	Larimer
Families to be Served:	200
FY2001-02 Partial Award:	\$ 42,250 (Total program costs \$332,450)
FY2002-03 Partial Award:	\$177,729 (Total program costs \$371,203)
FY2002-03 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)
FY2008-09 Award:	\$731,447 (Plus \$164,914 in estimated Medicaid revenue)

**Mesa County Health Department**

Counties to be Served:	Mesa
Families to be Served:	200
January-June 2001 Award:	\$172,105
FY2001-02 Award:	\$348,036
FY2002-03 Award:	\$395,205
FY2002-03 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
FY2008-09 Award:	\$737,357 (Plus \$142,476 in estimated Medicaid revenue)

**Montrose County Public Health Nursing**

Counties to be Served:	Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel
Families to be Served:	75
January-June 2001 Award:	\$182,659
FY2001-02 Award:	\$337,531
FY2002-03 Award:	\$292,935
FY2002-03 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)
FY2008-09 Award:	\$270,025 (Plus \$58,376 in estimated Medicaid revenue)

**Northeast Colorado Health Department**

Counties to be Served:	Logan, Morgan, Phillips, Sedgwick, Washington and Yuma
Families to be Served:	50
FY2002-03 Award:	\$202,360
FY2002-03 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)
FY2008-09 Award:	\$200,739 (Plus \$54,624 in estimated Medicaid revenue)

**Northwest Colorado Visiting Nurse Association**

Counties to be Served:	Jackson, Moffat, Rio Blanco and Routt
Families to be Served:	50
January-June 2001 Award:	\$120,745
FY2001-02 Award:	\$195,974
FY2002-03 Award:	\$229,388
FY2002-03 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)
FY2008-09 Award:	\$224,967 (Plus \$92,251 in estimated Medicaid revenue)

**Prowers County Public Health Nursing Service**

Counties to be Served:	Baca, Bent, Kiowa and Prowers
Families to be Served:	50
FY2001-02 Award:	\$238,797
FY2002-03 Award:	\$255,172
FY2002-03 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)
FY2008-09 Award:	\$215,474 (Plus \$109,136 in estimated Medicaid revenue)

**Pueblo Community Health Center**

Counties to be Served:	Huerfano, Pueblo
Families to be Served:	125
January-June 2001 Award:	\$154,191
FY2001-02 Award:	\$420,271
FY2002-03 Award:	\$383,137
FY2002-03 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)
FY2008-09 Award:	\$400,511 (Plus \$137,225 in estimated Medicaid revenue)

**San Juan Basin Health Department**

Counties to be Served:	Archuleta, Dolores, La Plata, Montezuma and San Juan
Families to be Served:	108
January-June 2001 Award:	\$195,913
FY2001-02 Award:	\$358,936
FY2002-03 Award:	\$395,726
FY2002-03 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)
FY2008-09 Award:	\$291,119 (Plus \$188,914 in estimated Medicaid revenue)

**St. Anthony's Health Foundation**

Counties to be Served:	Adams, Denver and Jefferson
Families to be Served:	200
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)
FY2008-09 Award:	\$363,498 (Plus \$126,763 in estimated Medicaid revenue)
FY2008-09 Expansion Award:	\$477,213

**Summit County Public Health Nursing**

Counties to be Served:	Chafee, Clear Creek, Gilpin, Lake, Park, and Summit
Families to be Served:	157
January-June 2001 Award:	\$202,875
FY2001-2002 Award:	\$404,367
FY2002-2003 Award:	\$403,471
FY2002-03 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)
FY2008-09 Award:	\$584,071 (Plus \$155,038 in estimated Medicaid revenue)
FY2008-09 Expansion Award:	\$158,066

### **Tri-County Health Department**

Counties to be Served:	Adams, Arapahoe and Douglas
Families to be Served:	300
January-June 2001 Award:	\$195,276
FY2001-02 Award:	\$360,929
FY2002-03 Award:	\$365,980
FY2002-03 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)
FY2008-09 Award:	\$656,428 (Plus \$240,100 in estimated Medicaid revenue)
FY2008-09 Expansion Award:	\$272,526

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

Counties to be Served:	Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache
Families to be Served:	125
January-June 2001 Award:	\$176,731
FY2001-02 Award:	\$398,895
FY2002-03 Award:	\$410,157
FY2002-03 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)
FY2008-09 Award:	\$428,197 (Plus \$160,671 in estimated Medicaid revenue)

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

Counties to be Served:	Weld
Families to be Served:	150
January-June 2001 Award:	\$175,831
FY2001-02 Award:	\$320,933
FY2002-03 Award:	\$342,758
FY2002-03 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)
FY2008-09 Award:	\$530,549 (Plus \$159,188 in estimated Medicaid revenue)