

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

NURSE HOME VISITOR PROGRAM ANNUAL REPORT JULY 2010 – JUNE 2011

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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 available nurse home visiting services to first-time pregnant women whose incomes are 200 percent of the Federal Poverty Level or less, 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 visiting services for low-income, first-time mothers, from early in pregnancy through the child's second birthday.¹ 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: For FY2010-11, \$13,444,464 of Tobacco Master Settlement Agreement (MSA) funds was appropriated in the Long Bill for the Nurse Home Visitor Program. The appropriation was reduced by \$230,236 due to collecting less in MSA funds than anticipated, so the final FY 2010-11 spending authority was \$13,214,228. In FY2010-11, the program provided continuation funding to 18 local agencies that received awards in the previous fiscal year and to one new agency. MSA funds were also used to provide the match to draw down Medicaid funds, and for the Colorado Department of Public Health and Environment (CDPHE) and the University of Colorado at Denver for fiscal and programmatic administration respectively.

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 FY2010-11 grantees would collect \$1,262,411 in Medicaid funds. As of July 2011, HCPF reported paying \$1,062,564 in TCM claims to local program grantees between July 1, 2010 and June 30, 2011.

Accomplishments: The grants awarded for FY2010-11 funded services in 53 of the state's 64 counties and maintained the number of families served in FY2009-10 at 2,590. The FY2010-11 awards were given to a total of 19 agencies. Although there was a slight increase in funding from FY2009-10 to FY2010-11, it was not sufficient to provide for program expansion.

A continuation grant application process was conducted to determine FY2010-11 awards. As the agency responsible for programmatic oversight and monitoring, the National Center for Children, Families and Communities (the National Center) at the University of Colorado at Denver designated its subcontractors, the Nurse-Family Partnership National Service Office and Invest in Kids, to review applications and make funding recommendations to the Colorado State Board of Health (Board of Health).

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.

Through the continuation grant application process, the application reviewers recommended discontinuation of funding to one existing grantee, Northeast Colorado Health Department, due to the agency's inability over several years to meet the required standards of the evidence-based program. The recommendation was approved by the Board of Health and funding for this grantee ended on September 30, 2010. Following a competitive request for application (RFA) process for a new agency to provide NHVP services in northeast Colorado, Kit Carson County Health and Human Services was awarded funding by the Board of Health to serve 50 families in Kit Carson, Elbert, Lincoln and Cheyenne counties beginning in January 2011.

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 Nurse-Family Partnership (NFP) model. 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 funded in FY2010-11, noting those that have been successful in implementing the NFP model. Data were analyzed for the 13,553 women enrolled in the program from inception in January 2000 through June 30, 2011.

Below are some of the outcome highlights for Colorado NFP sites. The complete 2011 evaluation report provided by the Nurse-Family Partnership National Service Office is attached.

- A statistically significant reduction of 21 percent in smoking during pregnancy (16 percent national NFP average).
- A 63 percent reduction in marijuana use during pregnancy.
- A 37 percent reduction in alcohol use during pregnancy.
- A 47 percent reduction in experience of violence during pregnancy.
- 8.4 percent preterm birth rate (9.1 percent national NFP average); rates for predominant ethnic groups were: 8.0 percent for Hispanics (8.2 percent for the national NFP); 8.7 percent for Non-Hispanic Whites (8.6 percent for the national NFP); 10.8 percent for multiracial/others (8.0 percent for the national NFP).
- 8.9 percent low birth weight rate (8.8 percent national NFP average); rates for predominant ethnic groups were: 8.7 percent for Hispanics (7.7 percent for the national NFP); 9.3 percent-Hispanic White (7.7 percent national NFP); 10.8 percent multi-racial/others (8.1 percent for the national NFP).
- At 12 months of infant age, 84 percent of infants were fully immunized (85 percent for national NFP). By 24 months of child's age, 90 percent were fully immunized (91 percent for national NFP). Full immunization rates were tracked beginning October 1, 2006.
- 91 percent of clients initiated breastfeeding (national NFP average: 80 percent); 35 percent of clients were breastfeeding at 6 months (28 percent national NFP average); 20 percent of clients were breastfeeding at 12 months of infancy (16 percent national NFP average).

- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average); 31 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (30 percent national NFP average).
- Of those who entered the program without a high school diploma or GED, 38 percent completed their diploma/GED by program completion (40 percent for national NFP) and 25 percent were continuing their education beyond high school (26 percent for national NFP); an additional 19 percent were still working toward their diploma/GED (21 percent for national NFP).
- 44 percent of Colorado NFP clients were 18 years or older at intake (vs. 41 percent for the national NFP sample) and 18 percent of those were 17 years or younger (vs. 16 percent for the national NFP sample) were employed at program completion.
- Clients worked an average of 6.6 months during the first postpartum year (6.4 national NFP average), and 8.8 months during the second postpartum year (8.3 national NFP average).

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 National Center 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 to be served increased from 1,300 in FY2000-01 to 2,590 in FY2010-11. The Nurse-Family Partnership National Service Office reported the total Colorado participants to date as 13,553. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 11,937 and 13,515 women per year, according to the 2009 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 first-time mothers 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.

For FY2010-11, \$13,444,464 of Tobacco Master Settlement Agreement (MSA) funds was appropriated in the Long Bill for the Nurse Home Visitor Program, although \$230,236 was restricted due to collecting less MSA funds than anticipated. The final FY 2010-11 spending authority was \$13,214,228.

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 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.¹ 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 and beginning with a limited number of participants in FY2000-01, the Nurse Home Visitor Program is charged with serving –low-income, first-time mothers in the state who consent to participate. In the history of the program, there has been legislative action to adjust the percentage increase appropriated to the program from the MSA funds, with funding capped at \$19 million. The table below details the fiscal years impacted by legislation.

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.

Legislation	Amount of Funding Appropriated to the NHVP	Fiscal Years Affected
House Bill 04-1421	9% of the MSA funds	FY2005-06
House Bill 04-1421	Increase by 1% each year (unless otherwise appropriated by legislative action)	FY2005-06 through FY2013-14
House Bill 04-1421	19% of the MSA funds not to exceed \$19 million in any fiscal year	FY2014-15 and each year thereafter
24-75-1104.5 (1) (a), C.R.S.	11% of the MSA dollars	FY2006-07
24-75-1104.5 (1) (a), C.R.S.	1 % increase each year from FY2006-07 appropriation	FY2007-08 and FY2008-09
24-75-1104.5 (1) (a), C.R.S.	13% of MSA funds	FY2009-10
24-75-1104.5 (1) (a), C.R.S.	14% of MSA funds	FY2010-11
Senate Bill 11-224	14% of MSA funds or \$12,737,350 (whichever is greater)	FY2011-12 and FY2012-13
Senate Bill 11-224	15% of MSA dollars	FY2013-14
Senate Bill 11-224	Increase by 1% each year	FY2014-15 through FY2017-18
Senate Bill 11-224	19% of the MSA funds not to exceed \$19 million	FY2017-18 and beyond, in perpetuity

Target population

The target population for services from the Nurse Home Visitor Program is first-time pregnant women whose incomes are 200 percent of the Federal Poverty Level or less. 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 11,937 and 13,515 per year. This 2009 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 Colorado Department of Public Health and Environment (CDPHE).

Actual numbers served

Since the inception of the Nurse Home Visitor Program through June 30, 2011, there have been 13,553 participants enrolled in the program and 3,650 clients have graduated from the program. Clients who completed and exited the program upon their child's second birthday are counted as graduates. In FY2010-11, 19 local entities were funded to serve a total of 2,590 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, 48 percent of participants completed high school/General Educational Development (GED), non-high school graduates had a median education of 10 years, 82 percent of mothers were unmarried, 79 percent were unemployed, and 65 percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as non-Hispanic White (46 percent) or Hispanic (44 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 70 to 72 minutes in length. Nurses followed specific visit guidelines that focused on five domains: personal health of the client, environmental health, the client's life course development, maternal role and relationships with 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, in collaboration with the National Center, is responsible evaluating program effectiveness by the local sites and has submitted a detailed program implementation and evaluation report. The 2011 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 grants were 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 (the 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 alternative 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 twelve grant application cycles thus far, no applications have been funded for an alternative nurse home visitor program because the criteria for an alternative program were not met.

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. Four program reviewers and two fiscal reviewers read each application. The nurse consultants from Invest in Kids, another subcontractor of the National Center, provided the reviewers with site-specific summaries of their work with the existing grantees as a supplement to the application review process. The recommendations for funding were presented to the Board of Health and were subsequently approved during the Board's April meeting.

Since the program's inception in 2000, Nurse Home Visitor Program funds have been allocated as follows:

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 2,590 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. As of August 2009, HCPF reported paying \$3,104,604 in Medicaid claims.

FY2009-10 – Awards totaled \$11,668,449 and included funds for the 19 grantees funded in FY2008-09 for services to 2,590 families in 53 of the state’s 64 counties. Medicaid revenue for the sites was reduced from previous years’ estimates to \$1,274,413 as a result of the new, lower Medicaid reimbursement rates effective June 26, 2009. The combined funding amount for FY2009-10 was \$12,942,862. As of September 2010, HCPF reported paying \$766,256 in Medicaid claims during FY2009-10.

FY2010-11– Initial awards totaled \$11,593,603 and included funds for the 19 grantees funded in FY2009-10. Services were provided to 2,590 families in 53 of the state’s 64 counties. Medicaid revenue for the sites was estimated at \$1,262,411 for a combined funding amount of \$12,856,014 for FY2010-11. HCPF reported paying \$1,062,564 in Medicaid claims. As stated earlier, Northeast Colorado Health Department’s funding was discontinued beginning October 2010 due to the agency’s inability to meet the standards of the evidence-based program. A second round of applications resulted in Kit Carson County Health and Human Services receiving an award in the amount of \$212,627 to serve Kit Carson, Lincoln, Elbert and Cheyenne counties beginning in January 2011.

FY2011-12– Initial awards totaled \$11,898,155 and included funds for the 19 grantees funded in FY2010-11 for services to 2,515 families in 50 of the state’s 64 counties. Medicaid revenue for the sites is estimated at \$1,258,410 for a combined funding amount of \$13,156,565 for FY2011-12. Senate Bill 11-224 reduced the FY2011-12 total appropriation, so awards were reduced to \$11,507,896. The combined final award amount (NHVP and Medicaid) for the 19 grantees for FY2011-12 is \$12,766,306.

Please see Attachment A 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; and Attachment B for a map of the FY2010-11 counties served.

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 50 counties in FY2011-12. CDPHE administers the contracts with the local entities and shares oversight duties 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, 2011 the number of participants enrolled in the program has grown to 13,553.

The amount of Nurse Home Visitor Program MSA funds expended by local agencies and the state for the administration of the program in FY2010-11 as reflected in the financial system at the end of the fiscal year was \$13,152,160. \$781,162 was reverted due to overestimated accounts payables for providers and Medicaid match. This resulted in a reconciled amount of expenditures of 12,370,998. Since the inception of the Nurse Home Visitor Program through June 30, 2011, \$91,341,950 was spent as detailed below. The cost to the state per family financed by MSA dollars through June 30, 2011 was \$6,740. This amount is derived by taking the total MSA funds used (\$91,341,950) divided by the number of participants enrolled in the program (13,553).

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
FY2008-09	\$ 12,361,408
FY2009-10	\$ 12,737,350
FY2010-11	\$13,152,160
TOTAL	\$ 91,341,950

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 FY2010-11 grantees would collect \$1,262,411 in Medicaid funds. As of July 2011, HCPF reported paying \$1,062,564 in claims between July 1, 2010 and June 30, 2011.

As noted earlier, the Nurse-Family Partnership National Service Office and Invest in Kids, as subcontractors of the National Center, are responsible for monitoring and evaluating the effectiveness of local program implementation. The Nurse-Family Partnership National Service Office provides training for local nurse home visitors, nurse supervisors and clerical data staff as well as assists in preparing the annual Colorado evaluation report. Invest in Kids offers site development, nurse consultation and ongoing training and technical assistance.

In the attached 2011 evaluation report, the Nurse-Family Partnership National Service Office identifies the outcomes achieved by local grantees. They include:

- A statistically significant reduction of 21 percent in smoking during pregnancy (16 percent national NFP average).
- A 63 percent reduction in marijuana use during pregnancy.
- A 37 percent reduction in alcohol use during pregnancy.
- A 47 percent reduction in experience of violence during pregnancy.
- 8.4 percent preterm birth rate (9.1 percent national NFP average); rates for predominant ethnic groups were: 8.0 percent for Hispanics (8.2 percent for the national NFP); 8.7 percent for Non-Hispanic Whites (8.6 percent for the national NFP); 10.8 percent for multiracial/others (8.0 percent for the national NFP).

- 8.9 percent low birth weight rate (8.8 percent national NFP average); rates for predominant ethnic groups were: 8.7 percent for Hispanics (7.7 percent for the national NFP); 9.3 percent-Hispanic White (7.7 percent national NFP); 10.8 percent multi-racial/others (8.1 percent for the national NFP).
- At 12 months of infant age, 84 percent of infants were fully immunized (85 percent for national NFP). By 24 months of child's age, 90 percent were fully immunized (91 percent for national NFP). Full immunization rates were tracked beginning October 1, 2006.
- 91 percent of clients initiated breastfeeding (national NFP average: 80 percent); 35 percent of clients were breastfeeding at 6 months (28 percent national NFP average); 20 percent of clients were breastfeeding at 12 months of infancy (16 percent national NFP average).
- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average); 31 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (30 percent national NFP average).
- Of those who entered the program without a high school diploma or GED, 38 percent completed their diploma/GED by program completion (40 percent for national NFP) and 25 percent were continuing their education beyond high school (26 percent for national NFP); an additional 19 percent were still working toward their diploma/GED (21 percent for national NFP).
- 44 percent of Colorado NFP clients were 18 years or older at intake (vs. 41 percent for the national NFP sample) and 18 percent of those were 17 years or younger (vs. 16 percent for the national NFP sample) were employed at program completion.
- Clients worked an average of 6.6 months during the first postpartum year (6.4 national NFP average), and 8.8 months during the second postpartum year (8.3 national NFP average).
- 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 fiscal and program performance.

The 2011 evaluation report prepared by the National Center and the Nurse-Family Partnership National Service Office is attached.

D. Costs incurred by the program.

The annual Long Appropriations Bill appropriated \$13,444,464 of Tobacco Master Settlement Agreement (MSA) funds for FY2010-11 for the Nurse Home Visitor Program, although \$230,236 was restricted due to collecting less MSA funds than anticipated. The final FY 2010-11 spending authority was \$13,214,228.

Table 1

Description:	FY2010-11 Amount:
FY2010-11 Long Bill, Nurse Home Visitor Program (NHVP) Tobacco Master Settlement Agreement (MSA)	\$13,444,464
FY2010-11 Adjustments to the NHVP: Revenue reduction in the amount of \$230,236	-\$230,236
Total NHVP Spending Authority	\$13,214,228
Less FY2010-11 Expenditures:	
Local Agencies	\$11,276,378
University of Colorado at Denver, the National Center	\$396,427
Colorado Department of Public Health and Environment Administration	\$262,047
Medicaid match to the Department of Health Care Policy and Financing	\$419,547
Medicaid claims processing fee to Department of Health Care Policy & Financing	\$2,347
MSA Oversight	\$3,798
Interest	\$10,454
Total FY2010-11 Expenditures	\$12,370,998
Over Estimated Accounts Payable	\$ 781,162
Total FY2010 -11 Expenditures including Over Estimated Accounts Payable	\$13,152,160
Reverted Spending Authority in FY2010-11	\$ 62,068

The reversion results from a combination of the local grantees requesting less funding than was available, local grantees billing less than budgeted, and a lower Medicaid match expense. The estimated Medicaid match was \$531,282; due to additional funding received by the Department of HealthCare Policy and Financing, total billing for NHVP's match was actually \$419,547.

The statutory allowance for program administrative costs is limited to five percent of the total appropriation. The program administrative costs for FY2010-11 totaled \$675,073 or five percent of the

appropriation. The \$675,073 in program administrative expenses included the contract with the University of Colorado at Denver (\$396,427), MSA oversight (\$3,798), HCPF Medicaid claims processing fee (\$2,347), an interest charge that was allocated to the program (\$10,454) and CDPHE's administrative costs (\$262,047). A maximum of 3 full time equivalent (FTE) positions are approved to support CDPHE's administration of the program but only 2.8 FTE were utilized. CDPHE is directed to expend 95 percent of the total amount appropriated on program-related expenses. Local agencies underspent their portion of the appropriation resulting in programmatic local agency expenses of \$11,695,925 for FY2010-11.

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 and site development nurse consultation and ongoing training and technical assistance to Invest in Kids. Data collection and reporting processes for program evaluation are managed by the Nurse-Family Partnership National Service Office. 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 directly accessible to local program staff from the web-based data system. 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.

The attached 2011 Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2011. Throughout the report, outcome indicators for Colorado NFP families are compared to the national sample of NFP participants.

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

The 2011 annual evaluation report differs from 2010 evaluation report due primarily to a change in data collection software by the Nurse-Family Partnership National Service Office that occurred in December 2010. In December 2010, Nurse-Family Partnership National Service Office implemented the Efforts to Outcomes (ETO™) software system to capture data collected by the nurse home visitors. ETO™ is a web-based software system that enables the nurse to enter the information directly in the system and provides on-demand reporting capabilities at the agency level. In addition to implementation of ETO™, there were modifications in the data collection forms to respond to requests from nurses in the field, as well as anticipated changes required by the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program. Below is a description of changes found in the 2011 evaluation report, which itself contains additional footnotes or explanations for these changes.

- Changes in race and ethnicity to reflect categories approved by the U.S. Office of Management and Budget to meet the requirements for any program receiving federal funds. There are fewer options in the race category and the choice of Hispanic/Latina is included in the ethnicity category instead of race.

- The data collection questions related to “Intimate Partner Violence” have been modified to include more precise options.
- The question regarding the client’s living arrangements has changed to offer more response options.
- The national NFP data reported in each table does not include Oklahoma data collected after September 2010, which will impact the national totals, because Oklahoma has not fully transferred into the ETO™ system.

The Nurse-Family Partnership National Service Office continues to provide Invest in Kids and local agencies with education, marketing, and advocacy resources. These resources included a Community PowerPoint presentation, fact sheets, brochures, and written client success stories aimed at increased public relations, and public policy initiatives to secure new federal funding and protect existing state and local dollars.

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 11,937 and 13,515 women per year, according to the 2009 estimate derived from PRAMS. The Colorado Medicaid program provides coverage to low-income pregnant women up to 200 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 agencies indicate that a higher percentage of Medicaid-eligible clients are currently being enrolled in the NHVP due largely to effective local referral systems with community agencies and health care providers directing Medicaid-eligible, first-time pregnant women to the program. For FY2010-11, 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 71 percent at intake, 62 percent at 6 months, 53 percent at 12 months, and 47 percent at 24 months. These figures are noteworthy because agencies are permitted to bill for Medicaid services under the Nurse Home Visitor Program 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 includes four core activities:

- Assessment of the first-time pregnant woman and her first child’s needs for health, mental health, social services, education, housing, childcare and related services;
- Development of care plans to obtain the needed services;
- Referral to resources to obtain the needed services, including medical providers who provide care to a first-time pregnant woman and her first child; and
- Routine monitoring and follow-up visits with the women where progress in obtaining the needed services is monitored, problem -solving assistance is provided and the care plans are revised to reflect the woman’s and child’s current needs.

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 how to access services or to meet needs on her own; 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.

D. Areas for future development.

1) Colorado was awarded formula-based funding in 2011 to expand evidence-based home visiting programs in high-risk communities through the Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). The Nurse-Family Partnership model is one of seven evidence-based models approved for funding under the MIECHV. Expansions of Nurse Home Visitor Programs in Adams and Pueblo counties began October 1, 2011, along with expansions of Parents as Teachers (PAT) and Home Instruction for Parents of Preschool Youngsters (HIPPY) programs. In 2012, Alamosa, Saguache, Costilla, Crowley and Otero counties will have the opportunity to expand existing evidence-based models with MIECHV funding. Colorado will apply for a competitive grant in 2012 that, if awarded, will support further program expansion in Adams County and support expansion in Denver and Morgan counties. In order to continue receiving MIECHV funds, states must demonstrate progress in seven legislatively mandated benchmark areas and must maintain state level investments in evidence-based home visiting programs at the March, 2010 level.

Early childhood systems building activities at the state and local level are also a priority for the MIECHV program. The Colorado Home Visiting plan calls for investments in local Early Childhood Councils to strengthen infrastructure support for home visiting programs in the identified at-risk communities, including activities that build and strengthen partnerships, develop public/private funding activities, address local policy issues, build public engagement, promote shared accountability, and generate education and leadership opportunities.

2) Staff from CDPHE, HCPF, the National Center and Invest in Kids, with support from the Nurse-Family Partnership National Service Organization's Medicaid Policy Director, have formed a workgroup to investigate additional opportunities for Medicaid reimbursement for home visiting services.

3) Through a collaborative process with leaders from CDPHE, HCPF, the Colorado Department of Human Services (CDHS) and the Colorado Department of Education (CDE), the Early Childhood Leadership Commission has proposed a consolidation of early childhood services and funding streams under a newly created Office of Early Childhood within CDHS. Among the programs to be relocated at CDHS is the Nurse Home Visitor Program. With the incorporation of new services, the CDHS will have the opportunity to realign its mission and more effectively define its role in serving Colorado's early childhood population. This includes a name change to better reflect the department's expanded emphasis on early childhood. The reorganized department will be advised by a governor-appointed public-private advisory board. Legislation is required to implement the early childhood governance proposal, including statutory changes to move the fiscal administration of NHVP (and other programs) from CDPHE to CDHS. A bill will be introduced in the 2012 General Assembly to accomplish the needed changes.

III. CHANGES TO THE NURSE HOME VISITOR PROGRAM 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 FY2010-11 grantees would collect \$1,262,411 in Medicaid funds. As of July 2011, HCPF reported paying \$1,062,564 in claims to local program grantees.

IV. 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, through the National Center for Children, Families and Communities, 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 3,555 in FY2010-11. The Nurse-Family Partnership National Service Office reported the total participants served from January 2000 to June 30, 2011 as 13,553. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 11,937 and 13,515 women per year, according to the 2009 estimate derived from the Prenatal Risk Assessment Monitoring System. While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most vulnerable first-time mothers 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 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)
FY2009-10 Award:	\$491,232 (Plus \$47,839 in estimated Medicaid revenue)
FY2010-11 Award:	\$499,350 (Plus \$47,839 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$513,874 (Plus \$47,839 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$497,019 (Plus \$47,839 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)
FY2009-10 Award:	\$511,375 (Plus \$68,487 in estimated Medicaid revenue)
FY2010-11 Award:	\$527,325 (Plus \$68,487 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$554,821 (Plus \$68,487 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$536,623 (Plus \$68,487 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
FY2009-10 Award:	\$300,200 (Plus \$15,290 in estimated Medicaid revenue)
FY2010-11 Award:	\$305,058 (Plus \$15,290 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$305,044 (Plus \$15,290 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$295,039 (Plus \$15,290 in estimated Medicaid revenue)

El Paso County Department of Health and Environment

Counties to be Served:	El Paso and Teller
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)
FY2009-10 Award:	\$1,335,767 (Plus \$107,917 in estimated Medicaid revenue)
FY2010-11 Award:	\$1,374,996 (Plus \$107,917 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$1,304,774 (Plus \$107,917 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$1,261,977 (Plus \$107,917 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)
FY2009-10 Award:	\$534,058 (Plus \$29,315 in estimated Medicaid revenue)
FY2010-11 Award:	\$562,316 (Plus \$29,315 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$576,780 (Plus \$29,315 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$557,862 (Plus \$29,315 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)
FY2009-10 Award:	\$840,899 (Plus \$89,441 in estimated Medicaid revenue)
FY2010-11 Award:	\$802,432 (Plus \$89,441 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$718,636 (Plus \$89,441 in estimated Medicaid revenue)

FY2011-12 Award (per SB 11-224) \$695,065 (Plus \$89,441 in estimated Medicaid revenue)

Kit Carson County Health and Human Services

Counties to be Served: Cheyenne, Elbert, Kit Carson and Lincoln
Families to be Served: 50
January-June 2011 Award \$212,627
FY2011-12 Initial Award: \$329,206
FY2011-12 Award (after SB 11-224) \$318,408

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)
FY2009-10 Award: \$819,185 (Plus \$108,391 in estimated Medicaid revenue)
FY2010-11 Award: \$859,936 (Plus \$108,391 in estimated Medicaid revenue)
FY2011-12 Initial Award: \$863,000 (Plus \$108,391 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224) \$834,694 (Plus \$108,391 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)
FY2009-10 Award: \$821,426 (Plus \$102,398 in estimated Medicaid revenue)
FY2010-11 Award: \$867,230 (Plus \$102,398 in estimated Medicaid revenue)
FY2011-12 Initial Award: \$862,568 (Plus \$102,398 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224) \$834,276 (Plus \$102,398 in estimated Medicaid revenue)

Montrose County Public Health Nursing

Counties to be Served: Delta, Gunnison, Montrose and Ouray
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)
FY2009-10 Award:	\$293,499 (Plus \$51,322 in estimated Medicaid revenue)
FY2010-11 Award:	\$306,603 (Plus \$51,322 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$301,344 (Plus \$51,322 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$291,460 (Plus \$51,322 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)
FY2009-10 Award:	\$236,703 (Plus \$16,004 in estimated Medicaid revenue)
July-September 2010 Award:	\$62,354 (Plus \$4,001 in estimated Medicaid revenue)
FY2011-12 Award	<i>Funding Discontinued</i>

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)
FY2009-10 Award:	\$301,830 (Plus \$31,249 in estimated Medicaid revenue)
FY2010-11 Award:	\$302,079 (Plus \$31,249 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$310,921 (Plus \$31,249 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$300,723 (Plus \$31,249 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)
FY2009-10 Award:	\$295,209 (Plus \$45,779 in estimated Medicaid revenue)
FY2010-11 Award:	\$312,245 (Plus \$45,779 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$329,701 (Plus \$45,779 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$318,887 (Plus \$45,779 in estimated Medicaid revenue)

Pueblo Community Health Center

Counties to be Served:	Huerfano and 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)
FY2009-10 Award:	\$513,265 (Plus \$51,358 in estimated Medicaid revenue)
FY2010-11 Award:	\$530,488 (Plus \$51,358 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$537,305 (Plus \$51,358 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$519,681 (Plus \$51,358 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)
FY2009-10 Award:	\$409,269 (Plus \$67,850 in estimated Medicaid revenue)
FY2010-11 Initial Award:	\$431,650 (Plus \$67,850 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$417,492 (Plus \$67,850 in estimated Medicaid revenue)

St. Anthony Health Foundation

Counties to be Served:	Adams, Denver and Jefferson
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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
FY2009-10 Award:	\$911,213 (Plus \$86,284 in estimated Medicaid revenue)
FY2010-11 Award:	\$950,338 (Plus \$86,284 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$989,848 (Plus \$86,284 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$957,381 (Plus \$86,284 in estimated Medicaid revenue)

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
FY2009-10 Award:	\$840,791 (Plus \$66,474 in estimated Medicaid revenue)
FY2010-11 Award:	\$832,090 (Plus \$64,474 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$859,521 (Plus \$66,474 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$831,329 (Plus \$66,474 in estimated Medicaid revenue)

Tri-County Health Department

Counties to be Served:	Adams, Arapahoe and Douglas
Families to be Served:	250
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
FY2009-10 Award:	\$1,053,243 (Plus \$121,284 in estimated Medicaid revenue)
FY2010-11 Award:	\$904,693 (Plus \$121,284 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$923,161 (Plus \$121,284 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$892,881 (Plus \$121,284 in estimated Medicaid revenue)

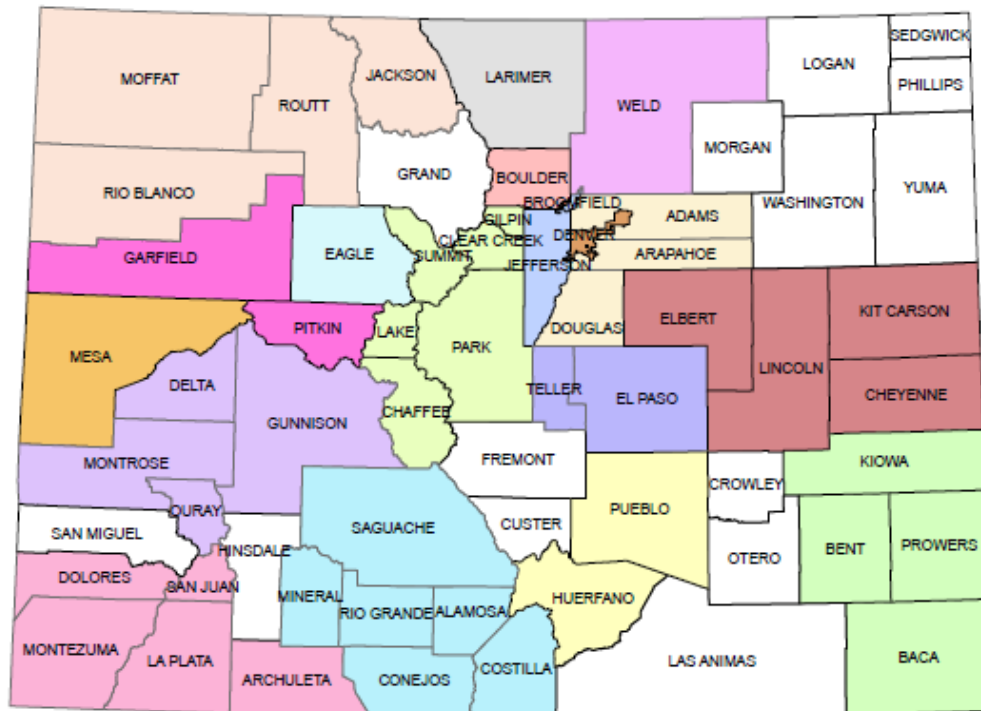
Valley-Wide Health Services, Inc.

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)
FY2009-10 Award:	\$521,393 (Plus \$89,935 in estimated Medicaid revenue)
FY2010-11 Award:	\$552,053 (Plus \$89,935 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$565,047 (Plus \$89,935 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$546,513 (Plus \$89,935 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)
FY2009-10 Award:	\$637,892 (Plus \$77,797 in estimated Medicaid revenue)
FY2010-11 Award:	\$630,921 (Plus \$77,797 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$620,954 (Plus \$77,797 in estimated Medicaid revenue)
FY2011-12 Award (after SB 11-224)	\$600,587 (Plus \$77,797 in estimated Medicaid revenue)

Colorado Nurse-Family Partnership Sites FY10-11



- No NFP
- Adams/Arapahoe NFP (Tri-County Health Department)
- Boulder County NFP (Boulder County Health Department)
- Denver County NFP sites (Denver Health through Best Babies Initiative and St. Anthony's through Shared Beginnings*)
- Eagle County NFP (Eagle County Health and Human Services)
- El Paso County NFP (El Paso County Department of Public Health and Environment)
- Family Visitor NFP (only Basalt/EI Jebel area of Eagle County is served)
- Intermountain NFP (Summit County Nursing Service)
- Jefferson/Broomfield Counties NFP (Jefferson County Health Department through Partners for Healthy Families)
- Kit Carson NFP (Kit Carson County Health and Human Services)
- Larimer County NFP (Larimer County Department of Public Health and Environment)
- Mesa County NFP (Mesa County Department of Public Health and Environment)
- Northwest Colorado NFP (Northwest Colorado Visiting Nurse Association)
- Pueblo/Huerfano Counties NFP (Pueblo Community Health Center)
- Region 10 NFP (Montrose County Department of Health and Human Services)
- San Luis Valley NFP (Valley-Wide Health Services, Inc.)
- Southeast Colorado NFP (Prowers County Nursing Service)
- Southwest Colorado NFP (San Juan Basin Health Department through Healthy Kids)
- Weld County NFP (Weld County Department of Public Health and Environment)

* St. Anthony's primarily serves Denver, although there are some families served in Jefferson and Adams Counties.