

# Home Visiting Investment Plan Annual Progress Report

August 2022



Presented to and endorsed by  
the Colorado Early Childhood  
Leadership Commission



# Note to Coloradans

June 15, 2022

Dear Coloradans,

In 2021, parents, home visitation providers, state and local entities, families, and philanthropy came together to create a strategic plan for home visiting in Colorado. Home visiting provides a foundational support system for families with children under the age of 6. This plan moved to implementation in 2022 with the goal of expanding culturally and linguistically-appropriate services to families. Families voluntarily enroll in services at no personal cost as a way to improve outcomes for their children's futures. These programs have demonstrated a positive impact on a variety of child, parent/caregiver, and family outcomes, including: reduction in child maltreatment; improvements in child health; increased maternal health; improved positive parenting practices; increased healthy child development and school readiness; improved family economic self-sufficiency; and reductions in family violence, juvenile delinquency, and crime. Further, home visiting provides a return on investment ranging from \$1.75 to 5.70 for every dollar invested.

The State of Colorado supports a strong network of home visiting, with nine evidence-based home visiting programs operating in Colorado. In addition, there are locally developed programs across the state. Further expanding access and coverage of home visiting services will improve outcomes for families in Colorado, thus improving outcomes. The Early Childhood Leadership Commission (ECLC) formed the Home Visiting Investment Task Force to develop a set of recommendations to expand access and increase quality of home visiting services across the state.

As we implement the recommendations made in the 2021 Home Visiting Investment Plan, the priorities of ensuring that more Colorado families are aware of home visiting services, have access to culturally and linguistically appropriate quality programs, and achieve positive and equitable well-being outcomes is being maintained. This set of recommendations was constructed through collaborative work, and implementation has been driven by a broad coalition of people working in the home visiting ecosystem.

Systemic improvement across Colorado requires partnerships, hard work, and dedication to long-term outcomes. The challenges of making home visiting services more comprehensive and supportive of families is not simple or quick, but they are challenges that are worth overcoming. We hope that you will stay engaged as we implement these recommendations and positively impact the lives of Coloradans.

*"Thank you to the HVI Task Force members for providing a strategic direction for Colorado. Your work has been invaluable for supporting the alignment of policy strategies and resources with the needs of Colorado families. This year, I sponsored SB22-213 which included stimulus funding to increase home visiting services in support of the Home Visiting Investment Plan."*

*- Senator Rhonda Fields*

We would like to thank the ECLC, the task force members who are implementing the recommendations, and Senator Rhonda Fields for her endorsement of the process.

[We would also like to extend a special thanks to the parents who participated as task force members, those who participated as panelists, attended focus groups, and the more than 1,400 families and over 200 staff members who responded to surveys. We appreciate your commitment to improving home visiting services for all families in Colorado and are honored to work with you in this endeavor.](#)

Sincerely,



Kendra Dunn, task force co-chair  
Director, Division of Community and Family Support,  
Office of Early Childhood, Colorado Department of Human Services



Ida Rhodes, task force co-chair  
Special Projects Director of Catholic  
Catholic Charities of Southern Colorado  
and member of the ECLC

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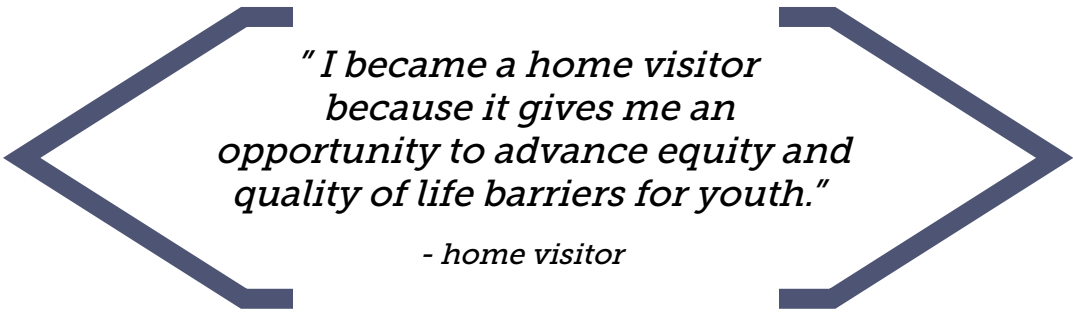
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# Executive Summary

The Home Visiting Investment Task Force has met through the years of 2021 and 2022 to implement the recommendations made in the 2021 Home Visiting Investment Plan. To achieve the goals of the Early Childhood Leadership Commission (ECLC) Home Visiting Investment Task Force charter, this report outlines action steps accomplished with recommendations for ongoing implementation to best meet the needs of families in Colorado. **The work of the task force is underpinned by the bold goal of increasing home visiting service delivery by 20% in Colorado by 2026.**

“Family” is defined as the provider of care - chosen, assigned, or biological - that provides for the child in daily home life. This can include biological parents or family members, kinship and foster care, or any other situation where adult(s) are providing for children. Throughout this report, “home visiting” is used to refer to evidence-based home visiting programs identified as national evidence-based program resources and promising practices under evaluation. More broadly, home visiting is a voluntary program that serves families with children up to age 6 for the purpose of ensuring child and family well-being.



*“I became a home visitor  
because it gives me an  
opportunity to advance equity and  
quality of life barriers for youth.”*

*- home visitor*

Members of the task force were solicited by the Colorado Department of Human Services and the ECLC. The members represented home visiting providers, retired experts in the field, state and county staff members, and a cross section of community members including education, regional care collaboratives, and university-based research experts. Throughout the process, the voices of families and of staff members in the field were encouraged and used to form recommendations. The Colorado Home Visiting Coalition also works to advocate for, and with, providers for additional service expansion and was active throughout the process.

## Executive Summary (cont.)

Through thoughtful investment, the state of Colorado can promote positive outcomes for families while saving money. As referenced in the HVITF plan, “*home visiting provides a return on investment between \$1.75 - 5.70 per dollar invested.*” This is because evidence-based home visiting has been shown to improve outcomes for both parents and children, including: reduction in child maltreatment, improvements in child health, increased maternal health, improved parenting practices, increased knowledge of child development, increased school readiness, improved economic self-sufficiency, reductions in family violence, and reductions in juvenile delinquency and crime.

Home visiting services are available in all Colorado counties, and while evidence-based home visiting services reach over 10,000 families per year, coverage is incomplete due to the lack of resources, eligibility criteria, and due to difficulty in accessing the right services at the right time for the right family. As a result, referral agencies are left with limited choices to best meet the unique needs of each family. This plan will help close these gaps in coverage.

Due to their extensive evidence of positive outcomes, the home visiting programs funded with government funding in the State of Colorado are:

- Child First®
- Early Head Start, Early Head Start-Home Based Option (EHS-HBO)
- Family Connects
- Healthy Families America
- HealthySteps®
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse-Family Partnership (NFP® )
- Parents as Teachers (PAT)
- SafeCare® Colorado



## Executive Summary (cont.)

Although the State of Colorado doesn't use MIECHV funding to fund all of the above programs, they are all (with the exception of HealthySteps®) eligible for federal funding under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) requirements and have demonstrated high levels of outcomes for families in rigorous evaluation efforts. Funding for the programs is through federal allocation, state and local allocations, and private philanthropy. The blending and braiding of private and public dollars is essential to reaching families, and the exact blend of dollars varies for each program.

The task force operated under the following values to produce the recommendations housed within the Home Visiting Investment Plan:



# Executive Summary (cont.)

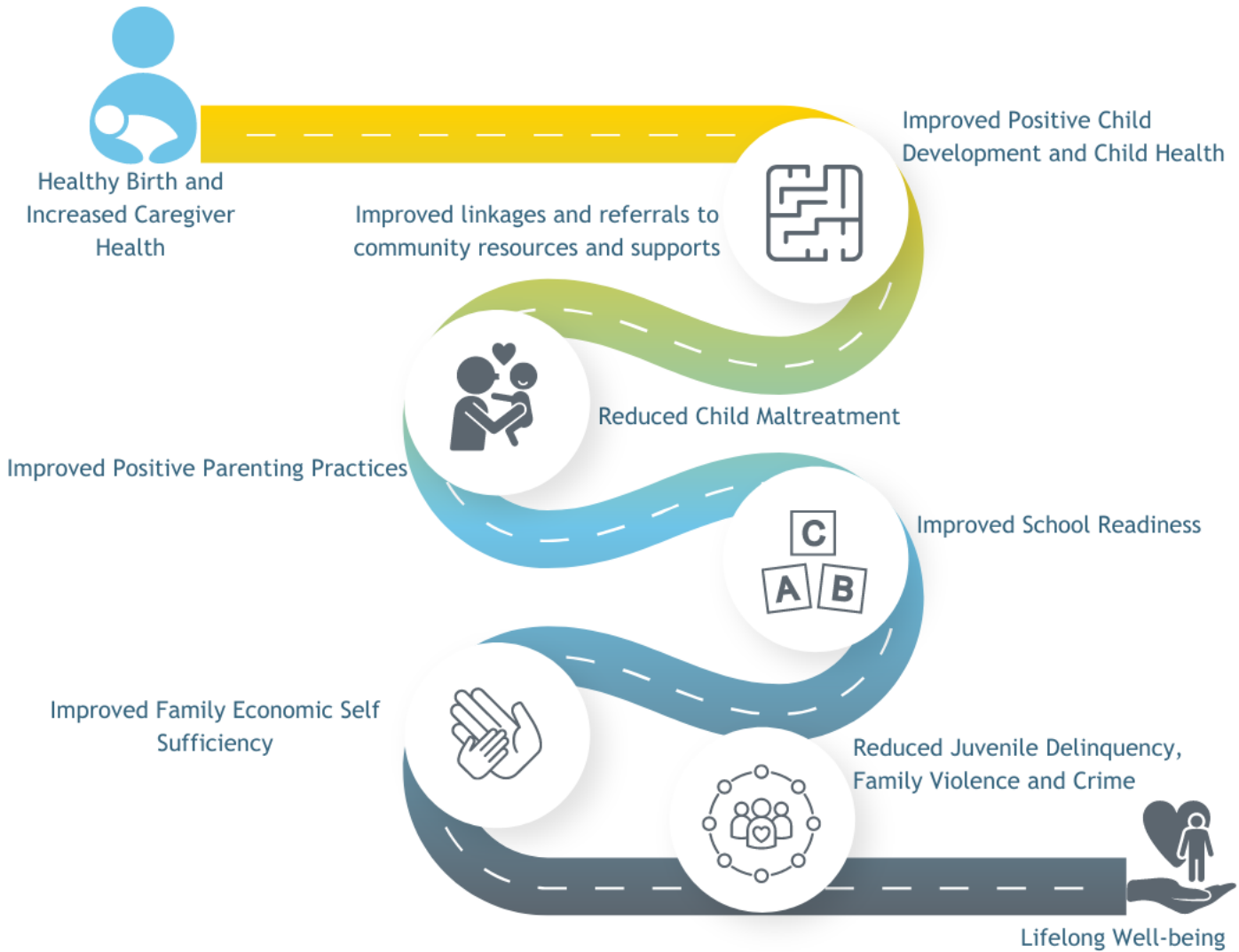
## *Accomplishments to Date:*

- CDHS obtained the support of the Governor's Office on the Investment Plan and the direction the task force envisions for Colorado home visiting.
- Awareness of the HVTF was increased, and its membership was expanded.
- CDHS presented to the Early Childhood and School Readiness Legislative Committee.
- CDHS supported the expansion of virtual service delivery during the pandemic and is working with home visiting program models to figure out what hybrid options will exist in the future.
- Allocated several streams of American Rescue Fund dollars to support home visiting services, infrastructure, and the home visiting workforce.
- Creation of Medicaid Billing Guides and training resources for home visiting programs that meet the criteria to help them maximize claiming.
- Home visiting capacity in Colorado has been increased by 100 slots, with 7 additional counties now receiving services due to expanded MIECHV funds.
- The Availability, Collaboration, and Innovations workgroup identified a set of metrics that will be used to establish a baseline of statewide capacity for home visiting slots and a process for collecting statewide home visiting data in future years.
- OEC utilized underspending to support research on potential federal funding streams that could be used to scale home visiting.
- Created a new Department of Early Childhood including all of the home visiting programs (HB 22-1295).

*"The ECLC is appreciative of the strategic direction provided by the HVTF to expand the continuum of home visiting services in Colorado. Your focused and intentional efforts will ensure that more home visiting services receive robust funding from diverse sources and that families are aware of and have access to the quality home visiting services that best meet their needs."*

*Susan Steele, ECLC Co-Chair, and  
President and CEO of the Buell  
Foundation*

## How Home Visiting Promotes Healthy Outcomes Across Generations





# Executive Summary (cont.)

## *Call to Action*

Collectively and individually, the members of the task force, home visiting program staff, and many families have worked together to prepare recommendations which are in the best interest of families in Colorado. From the investment plan approved in 2021 to today, there has been broad recognition that one state department, one local county, or one EBHV program cannot meet all the needs of Colorado families. This work requires many hands, many minds, and many funders working with families and communities to produce high quality outcomes for parents and children.

*Families in Colorado are waiting for EBHV services, which underscores the urgent nature of expansion. The members of the task force, in conjunction with the ECLC, remain committed to implementation of the important work laid out in this plan. They have demonstrated a desire to work together, learn from families and each other, and to coordinate the expansion of EBHV throughout Colorado. And, with every recommendation made, there was the recognition that more partners are required, including funding partners. When culturally-appropriate services are offered, families respond and children thrive.*

The task force invites you to join in these important efforts through:

- Raising awareness of EBHV services for families;
- Encouraging potential staff members to explore career opportunities in EBHV;
- Financially supporting this project through contributions and establishing contracts;
- Support coordinated messaging, promising practices, innovations, and direct services to families;
- Encouraging your local, state, and national elected and appointed leaders to review these recommendations and consider ways to support EBHV; and
- Educating philanthropic partners to implement the coordinated strategic efforts of this plan.

Members of the task force are ready and willing to work with potential partners through community presentations, providing background information, obtaining and/or sharing family testimonials, and exploring funding strategies to fully implement the recommendations presented throughout the plan. A complete list of task force members can be found in Appendix B.

# Overview of the Process











From the start, listening to and learning from Colorado families has been essential to this project. Implementation of the plan has already strengthened family capacity, maximized children's developmental potential across Colorado, and supported the cohesive development of home visiting services in a thoughtful way across the State. CDHS assessed a baseline investment in home visiting in 2019 of approximately \$40,100,000. Legislation has been passed that will increase the funding available for home visiting, and an increase in this budget is anticipated in the FY23 budget and in subsequent years. These figures are aggregated funding for known evidence-based models and participating programs in the State of Colorado. These funding amounts are aggregated from federal, state, and county government funding alongside foundation and grant funding. Even with these resources in place, only 8% of eligible families in Colorado receive home visiting services. Annually in Colorado an average of 61,000 babies are born, and all of them deserve equitable access to home visiting services. The Home Visiting Investment Plan called for additional funding to support innovation, workforce development, outreach, marketing efforts, and deep partnerships through coalition building in order to support expanded capacity and excellent service delivery. This report reflects on the first year of working together to implement the recommendations.

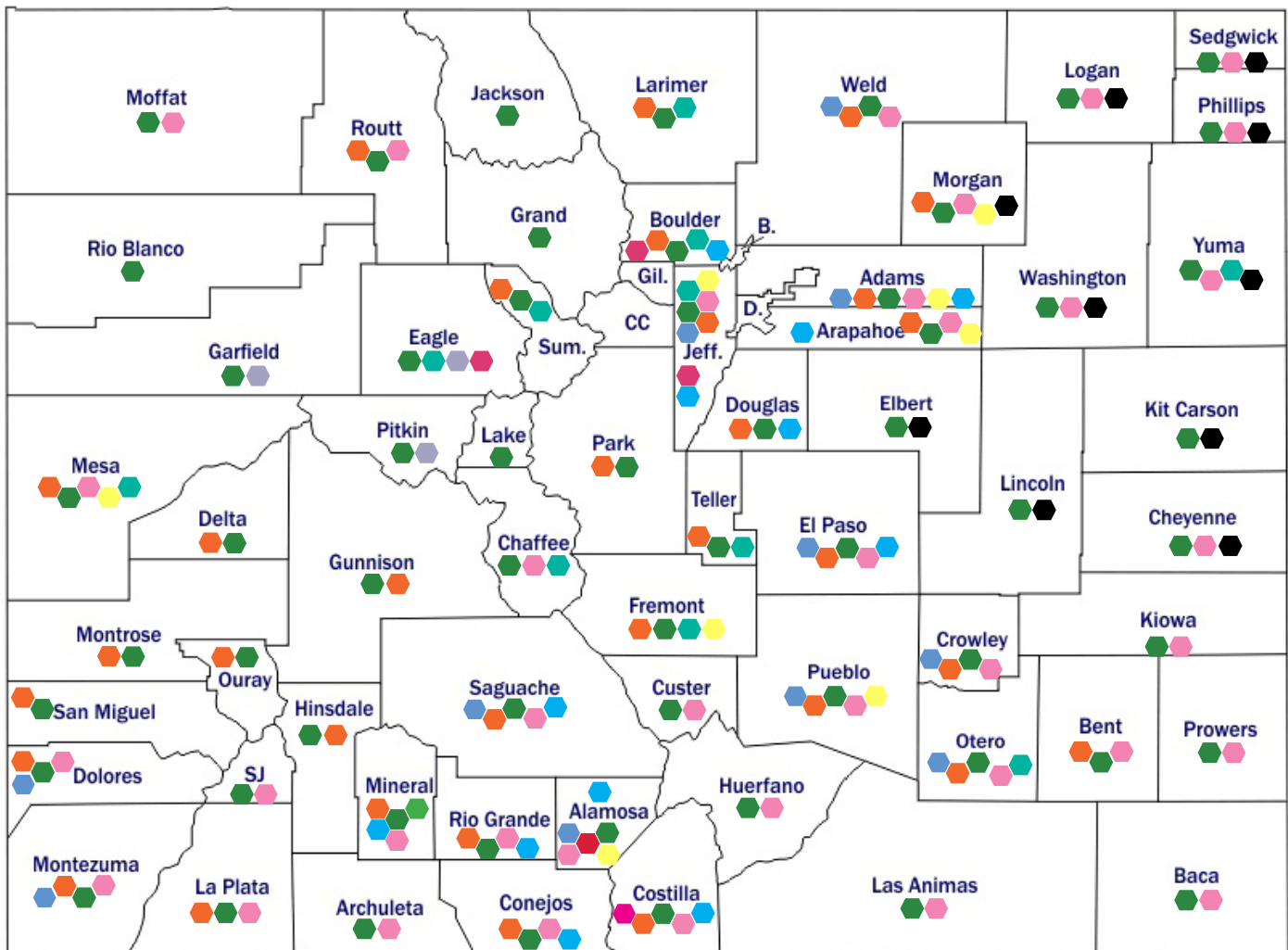
The task force members have worked in their five subgroups (Availability, Collaboration, and Innovations; Advocacy and Coalition; Financing; Outreach, Marketing, and Awareness; and Qualified Workforce) to implement the recommendations of the Home Visiting Investment Plan. The in-depth progress the workgroups have made since the July 2021 approval of the Plan can be found in the Strategies section of this report on pages 19 and 20.


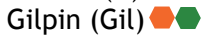
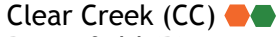
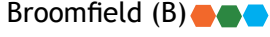
The issue of providing quality Home Visiting services to families is not as simple as expanding program capacity across the State. Through iterative focus groups and surveys, the voice of families helped the Home Visiting Investment Task Force understand that families universally reported deep gratitude and support for their home visitors and felt that more families would and could benefit from home visiting services; however, families consistently reported that they were not aware of home visiting services and were seldom aware of the choices in programming that may exist in their communities. There was not widespread awareness of options, nor an understanding of the various evidence-based home visiting programs available. Rather, referrals were, and are, made based upon availability. A map of home visiting coverage can be seen on the next page.

# Overview of the Process (cont.)

## Home Visitation Coverage in Colorado by County

-  Home Instruction for Parents of Preschool Youngsters (HIPPY) <http://www.parentpossible.org/hippy/>
-  Parents as Teachers (PAT) <https://parentsasteachers.org/>
-  Nurse Family Partnership (NFP®) <https://www.nursefamilypartnership.org/>
-  SafeCare® Colorado <https://co4kids.org/partners/safecare-colorado>
-  HealthySteps® <https://www.coloradoabcd.org/healthysteps>
-  Early Head Start, Early Head Start-Home Based Option (EHS-HBO) [https://www.coloradoofficeofearlychildhood.com/oec/OEC\\_Families?p=Family&s=Head-Start-Early-Head-Start&lang=en](https://www.coloradoofficeofearlychildhood.com/oec/OEC_Families?p=Family&s=Head-Start-Early-Head-Start&lang=en)
-  Healthy Families America <https://www.healthyfamiliesamerica.org/>
-  Baby Bear Hugs
-  Family Connects
-  Child First



County Coverage: Denver (D)   
 Gilpin (Gil)   
 Clear Creek (CC)   
 Broomfield (B) 

# Overview of the Process (cont.)

## Coordination and Collaboration on Home Visiting Service Coverage:

### Colorado Home Visiting Programs

National proven programs that support families and children from birth to age six in their own home.

Child First®	Early Head Start (EHS) & Head Start (HS)	Family Connects
<p><b>Age</b> Prenatal - 5yrs</p>	<p><b>Age</b> EHS: 0 - 3yrs HS: 3 - 5yrs</p>	<p><b>Age</b> 0 - 1yr</p>
<p><b>Description</b> Helps to heal and protect children and families from the effects of trauma and chronic stress by providing a psychotherapeutic intervention that promotes nurturing caregiver-child relationships, enhances adult capacity, and provides care coordination to connect families with services and supports.</p>	<p><b>Description</b> Early Head Start (EHS) &amp; Head Start (HS) promote school readiness of children from birth to 5 years old by enhancing their cognitive, social, and emotional development.</p>	<p><b>Description</b> A program that offers newborn and postpartum health assessments via a registered nurse, who systematically assesses family needs, provides supportive guidance, and links families to community resources, as needed and desired.</p>
<p><b>Good fit</b></p> <p><u>Children experiencing:</u></p> <ul style="list-style-type: none"> <li>- Emotional or behavioral concerns</li> <li>- Developmental delays or disabilities</li> <li>- Abuse, neglect, or other trauma</li> </ul> <p><u>Caregivers experiencing:</u></p> <ul style="list-style-type: none"> <li>- Depression, PTSD, and other mental health concerns</li> <li>- Domestic violence or trauma</li> </ul> <p><u>Families experiencing:</u></p> <ul style="list-style-type: none"> <li>- Low income</li> <li>- Homelessness</li> <li>- History of substance abuse or in need of treatment</li> </ul>	<p><b>Good fit</b></p> <p><u>Children experiencing:</u></p> <ul style="list-style-type: none"> <li>- Developmental delays or disabilities</li> <li>- Special healthcare needs</li> <li>- Foster care</li> </ul> <p><u>Families experiencing:</u></p> <ul style="list-style-type: none"> <li>- Low income</li> <li>- History of substance use or in need of treatment,</li> <li>- History of child abuse or neglect/involvement with child welfare system</li> <li>- Families experiencing homelessness, receiving TANF, Qualify for SNAP, refugees, Migrant and Seasonal workers</li> </ul>	<p><b>Good fit</b></p> <p>All families with newborns</p> <p><i>Family Connects recommends families initiate services before the child is 12 weeks old. Families may enroll until the child is 6 months old.</i></p>

# Overview of the Process (cont.)

## Colorado Home Visiting Programs

National proven programs that support families and children from birth to age six in their own home.

HealthySteps®	Healthy Families America	Home Instruction for Parents of Preschool Youngsters (HIPPY)
<p><b>Age</b> 0 - 3yrs</p>	<p><b>Age</b> Prenatal - 5yrs</p>	<p><b>Age</b> 2 - 5yrs</p>
<p><b>Description</b> All children ages 0 - 3 within the primary care practice receive enhanced well-child care and support to meet their unique needs.</p>	<p><b>Description</b> A program grounded in an infant mental health framework aimed to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.</p>	<p><b>Description</b> A peer-delivered home visiting program that helps parents prepare children ages two to five for school.</p>
<p><b>Good fit</b> All families could benefit from additional education &amp; support.</p>	<p><b>Good fit</b> Eligibility varies among sites.</p>	<p><b>Good fit</b> <u>Families experiencing:</u></p> <ul style="list-style-type: none"> <li>- Low income</li> <li>- Low education</li> <li>- Limited English</li> <li>- Single caregiver</li> <li>- Teen caregiver</li> </ul>

# Overview of the Process (cont.)

## Colorado Home Visiting Programs

National proven programs that support families and children from birth to age six in their own home.

<b>Nurse-Family Partnership® (NFP)</b>	<b>Parents As Teachers (PAT)</b>	<b>SafeCare® Colorado</b>
<p><b>Age</b> Prenatal - 2yrs</p>	<p><b>Age</b> Prenatal - Kindergarten</p>	<p><b>Age</b> 0 - 5yrs</p>
<p><b>Description</b> A relationship-based program that partners highly-trained registered nurses with first-time parents and their babies. Goals of the program include improved pregnancy outcomes, promotion of child health and development, and the encouragement of economic self-sufficiency for families.</p>	<p><b>Description</b> Builds strong communities, thriving families, and children who are healthy, safe, and ready to learn. Through various supports for children and their families to be ready for school and lifelong success.</p>	<p><b>Description</b> Gives parents tools, information, and a trusted parent support partner to help make parenting easier, less stressful, and more fun when it comes to making your home safer, knowing what to do when your child gets sick, and learning ways to create positive child behavior.</p>
<p><b>Good fit</b> <u>Caregivers experiencing:</u></p> <ul style="list-style-type: none"> <li>- First child</li> <li>- Low income (200% FPL)</li> <li>- Young age</li> <li>- Low educational attainment</li> </ul> <p><i>Must be enrolled by 30 days postpartum</i></p>	<p><b>Good fit</b> <u>Children experiencing:</u> developmental delays or disabilities <u>Families experiencing:</u> low income, low education, single caregiver, teen caregiver, need for community resources, any caregiver seeking child development and parenting practices information and support</p>	<p><b>Good fit</b> <u>Children experiencing:</u></p> <ul style="list-style-type: none"> <li>- have difficulty with common daily activities</li> <li>- are not listening</li> <li>- have difficulty with routines</li> <li>- show less positive behaviors</li> </ul> <p><u>Caregivers experiencing:</u></p> <ul style="list-style-type: none"> <li>- need child proofing tools</li> <li>- have questions about common illnesses and child care</li> <li>- have some parenting stress</li> </ul>

## Overview of the Process (cont.)

Additionally, expanding services is not without barriers. While families reflected that home visiting staff worked hard to meet their cultural and linguistic needs, they reported that significant gaps existed in language skills and understanding of cultural differences among home visiting staff. In addition to families identifying this gap, EBHV program representatives reported a number of challenges in meeting the needs of families. EBHV providers reported a desire to expand services and provide choices to families, but lack the financial resources to do so. Furthermore, the lack of awareness of evidence-based home visiting, comparatively low salaries for home visitors, and minimal support for innovation hinders collaboration, workforce recruitment and retention, and capacity building. While the state of Colorado has done work to expand evidence-based home visiting resources, federal funding through the Maternal, Infant, and Early Childhood Home visiting Program (MIECHV) remains a primary funding source in Colorado. The landscape the Home Visiting Investment Task Force is working in is not one that offers simple solutions, but the implementation of the recommendations made in the Home Visiting Investment Plan will support stronger Home Visiting presence in Colorado and stronger positive outcomes for families.

*"I became a home visitor because I have the passion and desire to work with families and children."*

*- home visitor*

*"We've loved having meetings with Emily and all the tips and advice. Especially since our child is a covid baby that was born during the shutdown. We had so many questions in the beginning."* -  
*home visiting recipient*

Home visitor voice was included through a workforce survey conducted in spring 2022. This information is being used by the task force to inform prioritization of recommendation implementation to best meet the needs of the home visiting workforce. A narrative analysis of the survey can be found in Appendix C.

Despite these challenges, the value of home visiting was consistently reported alongside the need to expand services to more families. According to the 2020 Colorado MIECHV Needs Assessment, 22 out of 64 Colorado counties were identified as being high risk. High risk counties have a higher density of premature birth, low birth weight infants, infant mortality, children born into systems that put them at risk of poverty, crime, domestic violence, leaving high school without a degree, substance use disorder, unemployment, and child maltreatment. Home visiting has been shown to reduce the rates of these occurrences and provides a long-term reduction in risk factors as the children served reach adulthood. This underscores the depth of the gap this plan seeks to address and provides an understanding of the Colorado counties that need specific focus on improving children's life outcomes.

Through thoughtful investment, the state of Colorado can promote positive outcomes for families while saving money. As referenced above and in the HVIP, "home visiting provides a return on investment between \$1.75 - 5.70 per dollar invested."

# Overview of the Process (cont.)

## *The Home Visiting Investment Task Force*

Recognizing the need for greater coverage, the ECLC approved the Home Visiting Investment Task Force on April 23, 2020. The Colorado Department of Human Services conducted a competitive request for proposals for facilitation of the process and solicited applicants for task force membership. On November 5, 2020, the Home Visiting Investment Task Force kicked off their work under the following charge: The Home Visiting Investment Task Force will guide the implementation of the HV Strategic Plan. This work will lead to the creation of a further continuum of home visiting services in Colorado and guide the release of the future funding solicitations from the Office of Early Childhood, including federal MIECHV funding. The initial charge of the task force is available on the ECLC website, and the complete reauthorization charge is available in Appendix A.



The task force met as a full group twice monthly from November 2020 through June 2022. Because this work occurred during the COVID-19 pandemic, and because membership was representative of communities throughout Colorado, meetings and input sessions were conducted virtually. Task force members were recruited through outreach to stakeholders, providers and intermediaries, stakeholders, site leaders, Head Start, the Colorado Governor's Office, the Department of Public Health and Environment, the Department of Health Care Policy and Financing, and the Department of Education. Requests for membership were also sent to county human services departments, county public health departments, pediatricians, family resource centers, early childhood councils, philanthropic networks, and families who participate(d) in home visiting programs. Meetings were open to the public for broader engagement and participation throughout the process.



## Overview of the Process (cont.)

The recommendations in the Home Visiting Investment Plan were crafted in six subcommittees, which brought them to the larger task force for refinement, coordination and approval. The task force and subcommittee work culminated in a set of recommendations around six strategic areas in response to the articulated needs. These six areas were condensed to five areas during implementation work to support effective and efficient implementation of the recommendations. The workgroups met to implement recommendations, checking in as the larger task force monthly to remain broadly aligned on goals and progress.

Unprecedented investment has been made in the field in part due to the investment plan. This allowed some recommendations made in the investment plan to move forward more quickly than was initially anticipated.

As established in the Investment Plan, the initial goals of the project are as follows:

### Availability and Collaboration

Expand capacity by 20% to reach additional families based on an analysis of service gaps and opportunities for expansion.

Extend access to culturally and linguistically-appropriate family services by incorporating diverse means of service delivery.

### Innovation

Create systems to provide all new parents opportunities to discuss concerns and learn about resources by capitalizing on formal and informal sources of support.

Expand virtual home visiting service delivery and improve access for families.

Link existing efforts and identify strategies for cross-agency data sharing for families receiving home visiting services.

Bring together existing evidence-based models and emergent home visiting practices to better meet multiple family needs.

### Coalition and Advocacy

Establish a broad coalition of home visiting support across the early childhood system in Colorado.

Advocate for the expansion of MIECHV funding during reauthorization which will be underway in the first two years of the plan.

Develop consistent messaging that stakeholders can use to educate and raise awareness of home visiting needs and services.

Host an annual “Home Visiting Awareness Day” at the Colorado State Capitol to educate Coloradans on the work of home visitors.

## Overview of the Process (cont.)

### Financing and Funding Opportunities

Grow and diversify investments in home visiting utilizing private, local, state and federal resources.

Explore tax and fee structures to support early childhood and family outcomes.

Align COVID-19 stimulus funding with the plan implementation.

Reauthorize the Home Visiting Task Force to oversee implementation of specific action steps within this plan.

### Outreach, Marketing and Awareness

Hire an outreach and engagement coordinator to increase family and partner knowledge about home visiting programs and lessen the burden on home visitors.

Increase the capacity of parents to build social capital through the creation of home visiting family advocates.

Create shared messaging for community use.

### Qualified Workforce

Increase the benefits and compensation of home visitors to recognize them as professionals supporting the early childhood system.

Support efforts to recruit and train a diverse home visiting workforce.

Increase workforce retention by elevating home visitor voices and expanding strategies to promote professional and personal mental health wellness and well-being of home visiting staff.

## Overview of the Process (cont.)

*The major accomplishments made by the workgroups can be seen below:*

### Availability, Collaboration, and Innovation

The joint working group reviewed the 6 recommendations initially proposed by the two committees and realigned them under four revised recommendations;

The committee developed a robust methodology to insure accurate baseline data on current service capacity across the state's evidence based models and method to track service expansion overtime;

The committee gathered initial data from intermediary agencies and direct service providers on their use of virtual home visiting technology and other innovations being implemented to expand home visiting service access to underserved populations and communities.

Working in partnership with other subcommittees and advocates across the state, the committee is able to document that 105 additional MIECHV-funded home visiting slots were made available, and 20 Child First slots were made available to families this year utilizing both public and philanthropic funding streams. This is not wholly encompassing of all slot expansion in Colorado, but does demonstrate the progress made towards serving all Colorado families in need.

### Advocacy and Coalition

The task force members are acutely aware that many people do not understand home visiting, the outcomes, or program options and requirements. As a result, the group spent time thinking deeply about the strategies to develop consistent, shared messaging. This resulted in proposals for communication and messaging support and the desire to achieve philanthropic support for these efforts.

Members of the group were actively involved in the creation of the new Department of Early Childhood and actively engaged in ensuring that the home visiting work was included in the new structure and strategies.

The Colorado Home visiting Coalition has taken the lead on all federal advocacy efforts while coordinating with their members who are on the task force.

### Financing and Funding Opportunities

Funding and Financing tools have been developed to support funding requests across existing governmental entities and allocations as well as with new funding sources. In particular, Medicaid billing guides were created to help programs maximize the amount they can bill Medicaid for eligible services. In addition, opportunities were explored to fund home visiting at the local level with TANF and ESSA funds.

Colorado was able to invest several types of Federal stimulus funds in home visiting programs and to support the workforce.

# Overview of the Process (cont.)

## Outreach, Marketing and Awareness

The workgroup has focused on how reach to families can be maximized. Based on input from families, the goal is to develop a robust outreach and marketing campaign upon receiving funding.

The workgroup thought deeply about reaching underserved communities, supporting the goal of equity, and elevating the workforce.

## Qualified Workforce

A workforce survey was conducted to establish a baseline of home visitor and supervisor experience.

A thorough analysis of workforce needs is underway, and this study will be used to develop further recommendations.



# Recommendations and Year One Accomplishments

Unless otherwise noted, recommendations need additional funding to be fully implemented. While funding is being allocated yearly to implement the full plan, additional funds would increase the speed and reach of implementation.

## *Availability, Collaboration, and Innovations*

As noted above, this workgroup combines the efforts of two separate work groups established in the task force’s initial year - “Availability and Collaboration” and “Innovation and Learning from COVID-19.” While each group offered a unique perspective on what was required to advance the reach and quality of the state’s home visiting efforts, it was determined that it would be more efficient and ultimately more effective if the two groups worked together to align their recommendations and set priorities. Work group members reviewed each of their objectives and determined all of the proposed activities could be captured under four recommendations. These recommendations include:

- **Revised Recommendation 1:** Increase the capacity of existing evidence-based home visiting models by at least 20% (Availability and Collaboration Recommendation #1)
- **Revised Recommendation 2:** Extend access to culturally and linguistically appropriate family services in all regions of the state, incorporating virtual service delivery strategies and new partnerships across existing evidence-based models (Availability and Collaboration Recommendation #2 and Innovation Recommendations #1 and #3)
- **Revised Recommendation 3:** Create mechanisms, built on local capacity and interests, to provide all new parents, prenatally or at birth, systematic opportunities to discuss their concerns and learn about parent resources available in their community. (Availability and Collaboration #3)
- **Revised Recommendation 4:** Examine strategies to improve data integration and interoperability across home visiting models, and between home visiting programs and other early intervention efforts. (Expanded Innovation #2)

The overarching goal of these recommendations remains extending the benefits of high quality early home visiting services to more families with the goal of strengthening the capacity of pregnant people and parents of young children to care for and nurture their child’s optimal development. Through implementation of these recommendations, substantial savings to the State of Colorado will be realized due to reduced costs from late detection of developmental delays, chronic health conditions, family violence, and child maltreatment.

### Recommendation 1

Increase the capacity of evidence-based home visiting program models by at least 20% from the state’s 2019 baseline capacity figure. These new investments will be made by both adding capacity to existing program sites and establishing new program sites in areas lacking adequate home visiting program options for pregnant people and families with children under the age of six.

Establish an accurate measure of current program capacity.

Use available data from state needs assessments and population-based surveys to better assess service gaps across the states in terms of underserved populations and communities.

Monitor changes in capacity and program investments to ensure that the needs of underserved populations and communities are better addressed.

## Recommendations and Year One Accomplishments (cont.)

The Availability, Collaboration, and Innovations workgroup placed priority on developing a rigorous and comprehensive method to determine the current capacity of home visiting services as implemented by the state's existing evidence-based models. Without this type of specification it would be difficult to track program expansion over time. To that end, the workgroup identified a set of variables that capture diverse dimensions of program capacity, selecting indicators that were readily available through existing program data systems, that captured the multi-faceted nature of the delivery of home visiting programs, and that were available across models but also captured distinctions across model delivery. Collecting these uniform data on an annual basis across all evidence-based models will allow the HVITF to better understand and measure progress toward its goal of increasing the capacity of the home visiting system by 20%. In addition to providing a rigorous measure of total capacity, this work also will advance efforts to create more systematic and uniform data collaboration across all models, facilitating the ability to describe the aggregate impacts of home visiting across the state.

The capacity index will capture the following variables for each model, based on FY 2019 data:

- Note: for home visiting sites serving multiple counties, site totals were split across counties served to accurately reflect the proportions of eligible families in the counties.
- The number of unique families served during the program year (based on 7 of 8 existing models reporting from the 2019 fiscal year, at least 11,987 unique families/children);
- The total number of home visits during the program year (based on 5 of 8 existing models reporting from the 2019 fiscal year, at least 115,246 total home visits);
- Staff capacity at a specific point in time (the number of full-time home visitors and part time home visitors);
- The total home visiting workforce (a count of all individuals employed as part of home visiting across the program year, based on 5 of 8 existing models reporting from the 2019 fiscal year 414 home visitors); and
- Total funded slots (a calculation by model of the model-prescribed number of families that can be served by a full-time or part-time home visitor multiplied by that model's staffing capacity, also referred to as "ideal caseload", "funded seats", or "target caseload").

The group identified commonalities across all models and selected FY2019 (July 1, 2018 to June 30, 2019) as the benchmark year due to the disruption of the pandemic. **Data collection is underway and an estimated baseline capacity figure will be available by the end of October, 2022.**

The work group also discussed the importance of being more intentional in drawing on a variety of statewide data systems and needs assessments (such as the MIECHV needs assessment) to better articulate those areas of the state with high concentrations of families facing particular challenges in terms of child and maternal health outcomes, child development outcomes, employment opportunities, and service availability. In addition, the state's annual Health eMom's Survey offers an important tool in flagging issues of highest concern to new parents and documenting emerging health challenges. At present, much of these data have not been systematically explored to determine the most common findings across these sources or areas in which findings are less clear. Of particular interest is securing input from organizations working directly with immigrant populations, and other populations, who have not been successfully engaged in home visiting. Both of these tasks are essential to ensuring new investments are indeed directed in a more equitable manner, improving service access to all segments of the population. **While the working group proposed moving on both of these fronts, funding was not available to conduct these analytic tasks. However, they remain a high priority for the work group.**



## Recommendations and Year One Accomplishments (cont.)

Finally, investments have been made during the past year to increase the capacity of existing home visiting models. For example, additional MIECHV funding allowed CDHS to support an additional 105 slots (beyond those funded in 2020) and to extend services to 7 counties not previously eligible, bringing the total number of counties served through MIECHV to 19. This funding was allocated after reviewing the current needs assessments, finding common themes, meetings with senior leadership in home visiting organizations, and identifying key populations in need of specialized programs and staff.

Other community and policy actions have been taken in Colorado over the past year that impacted the slot and county expansion. For example, SafeCare programming will be re-establishing under CDEC funding in State fiscal year 2023. Once providers are fully certified and services are fully operating again, SafeCare will continue to serve approximately 50 families across 6 counties in the San Luis Valley areas of Colorado. In addition to this, Child First launched in August 2021 with four agencies serving 300 families across 13 counties. **These program expansions reflect a collaborative effort, and the workgroup acknowledges that their contribution to the expansions are one aspect of a broader effort across Colorado.**

### Recommendation 2

Extend access to culturally and linguistically appropriate family services in all regions of the state incorporating virtual service delivery strategies and new partnerships across existing evidence-based models.

Survey intermediating organizations and suggested home visiting programs to identify promising strategies in using virtual home visiting and other technology to extend the reach of home visiting programs.

Interview a sample of home visiting program providers and program participants to identify promising strategies for meeting the unique cultural and linguistic needs of diverse populations.

Develop and disseminate a marketing plan highlighting the availability of virtual service delivery to support linguistically-appropriate services when coverage is not available for in-home services.

Extending the reach of home visiting will require a more accurate assessment of how the use of virtual home visiting as a result of the pandemic and other innovative strategies enhance or complicate the ability to reach underserved populations and geographic areas. CDHS has funded a contractor to survey the leadership at all intermediating organizations to identify key issues and promising practices in delivering virtual home visiting services and using other technology to improve service access and consistency. In addition, these interviews will solicit specific examples where programs have successfully engaged and served historically underserved cultural and racial populations. Follow-up interviews are being conducted with a sample of direct service providers and program participants across evidence-based models to obtain more specific information on the strategies used and their effectiveness. **The results of this study will allow the workgroup to better understand how virtual service delivery methods are being integrated into expectations around the delivery of home visiting services and how the two methods can be best integrated and monitored according to program models fidelity standards. In addition, this data will help clarify the programming and staffing needs required to provide culturally and linguistically-inclusive services and identify local resources that may be available to provide assistance in translating materials and/or providing bi-lingual staff support.**

# Recommendations and Year One Accomplishments (cont.)

## Recommendation 3

Create mechanisms, built on local community capacity and interests, that will provide all new parents, prenatally or at birth, systematic opportunities to discuss their concerns and learn about the parent support resources available in their communities.

Commission a statewide planning team to identify:

- How local communities currently extend offers of assistance to families;
- The early parenting concerns and challenges that are frequently experienced by new parents;
- The range of resources currently available in Colorado communities;
- The potential avenues to normalize the process of parents seeking out home visiting services.

Test various community-based methods to support universal early outreach.

A review of local efforts is underway to support or build a universal assessment system, including the Family Connects Demonstration Sites, Family Resource Center efforts, efforts familiar to intermediary organizations, and various state agencies. The workgroup also considered and reviewed data and recommendations from the review above to provide recommendations of additional pilot projects and promising practices. An implementation plan for demonstration site programs across Colorado with evaluation expectations and performance metrics was created. This will allow pilot programs to begin providing services, and will have evaluation metrics that allow for understandable decisions around scaling-up.

**Based on early implementation lessons from the Family Connects Demonstration Sites and ongoing discussions with other locally-based universal outreach strategies, the workgroup is internally articulating a set of next steps to continue implementation.**

## Recommendation 4

Examine strategies to improve data integration and interoperability across home visiting models and between home visiting programs and other early intervention efforts.

Convene existing data sharing groups to link efforts and identify strategies for improving data integration and sharing;

Hold a series of community-driven conversations around data sharing strategies to ensure efforts are having real-world impact;

Develop and invest in technology, staff, and hard infrastructure necessary to implement data sharing strategies; and,

Champion the uptake and adoption of new data sharing strategies.

The workgroup coordinated with the Colorado Home Visiting Coalition (CHVC) to understand the complexities of sharing data across models. This conversation is ongoing, and exploration of funding streams in addition to the CHVC is also underway. The workgroup is collaborating with the CHVC to identify variables which are in alignment across the models as well as further infrastructure for data sharing and collection across programs.



# Recommendations and Year One Accomplishments (cont.)

In October of 2021, the workgroup identified an opportunity to advance this recommendation by leveraging the Linked Information Network of Colorado and onboarding models into later phases of the Early Childhood Data Matching Project. This leverage point is being tracked to activate potentials when the timing is right and resources are available.

## Advocacy and Coalition

The goal of the following recommendations is to establish a cohesive, consistently funded coalition of home visiting supporters across Colorado. This can be best achieved through supporting a broad coalition of home visiting champions across the state and promoting inclusion of diverse perspectives in the mission of ensuring that all families are supported to thrive. Advocacy for increased funding will support all other recommendations in this plan, and consistent messaging across the state will allow for home visiting to be supported and accepted by more Colorado families.

### Recommendation 1

Expand and support a broader coalition for home visiting that elevates the integration of home visiting services in Colorado's early childhood system.

Promote the inclusion of diverse partners while maintaining the grounding that all families are supported to thrive.

Expand and engage the broader coalition through connecting local/regional collaboratives, partnering with all home visiting groups, and drawing all stakeholders into this process.

Cultivate an ongoing network of home visiting site ambassadors to tell the story of home visiting and explain why it's important to the broader community.

Support the convening of outcome-specific workgroups established to pursue goals of this plan.

Outreach and education has occurred over the past year, reaching community groups and decision makers. Task force membership has grown as additional partners are reached, and interest in the investment plan has grown in the community. The workgroup is working to provide a briefing about the Home Visiting Investment Plan to state lawmakers. This is in conjunction with identification of an outreach strategy to present the plan to other groups in collaboration with CDHS and other partners. With the formation of the new Department of Early Childhood, home visiting was moved from CDHS to CDEC.

### Recommendation 2

Actively advocate for the expansion of MIECHV funding during reauthorization

Coordinate with national advocates to support this work.

Coordinate with the Colorado congressional delegation to ensure MIECHV reauthorization is being prioritized

This federal work required support for updates and submission of the Colorado funding plan for MIECHV. The workgroup kept the task force up-to-date on reauthorization and shared the rules regarding advocacy. The Colorado Home Visiting Coalition, as an advocacy organization, engaged with Colorado's elected officials in support of increased public funding. Their engagement and support throughout the process has been invaluable, and an additional \$2,523,611 in MIECHV funding has been secured through the American Rescue Plan Act (ARPA). Work will continue in 2022 regarding MIECHV reauthorization.

# Recommendations and Year One Accomplishments (cont.)

## Recommendation 3

Develop consistent, shared messaging to promote the entire continuum of Home visiting and early childhood systems.

Maintain high-level messaging consistency around service and funding strategies to support advocacy efforts.

Engage an inclusive process to develop these messaging strategies to ensure the entire Home visiting continuum is supported while not erasing the important programmatic distinctions between models.

The workgroup discussed potential audiences and created a budget request for marketing and messaging. Fundraising to hire a communications consultant is the next step. The consultant will help the workgroup to develop a messaging campaign for multiple audiences, dissemination strategy, media buy strategies, and support the workgroup in their outreach efforts.

## Recommendation 4

Host an annual “Home Visiting Awareness Day” at the Colorado State Capitol.

Promote community understanding of the benefits of home visiting through an annual awareness day.

Encourage organizations to implement compensation and benefits packages, through increased awareness, to move towards income parity with other early childhood and service-oriented professions.

The workgroup has prioritized the first three recommendations, and plans that this recommendation will be achieved at a later date.

## Financing and Funding Opportunities

The goal of the following recommendations is to maximize the efficient distribution of funds to support home visiting outcomes across the state of Colorado. This can best be achieved through a commitment from the state to expand and diversify investments in home visiting, exploration of existing tax and fee structures, and alignment of COVID-19 stimulus funds with immediate home visiting efforts. Through maximizing available funds for home visiting in Colorado, more families will be able to achieve positive outcomes.

## Recommendation 1

Grow and diversify investments in family and child outcomes through home visiting.

Engage all levels of government, and gain public support, to increase the annual sustainable funding base for home visiting.

Utilize the existing ECLC interagency council to build public will and support for Home Visiting within Colorado.

Gain input on priority recommendations to focus implementation efforts based on feedback from stakeholders and the State of Colorado via the ECLC and the Home Investment Visiting Task Force.

Develop a series of short-term, catalytic investments to support sustainable funding practices.

## Recommendations and Year One Accomplishments (cont.)

The Financing and Funding Opportunities workgroup assessed gaps in services in collaboration with the Availability, Collaboration, and Innovations workgroup to see how the Financing workgroup could support the Availability workgroup with strategic growth recommendations based on service gaps. This work is being done to coordinate funding requests with potential funding streams. The finance workgroup has been working with the Early Childhood Leadership Commission to share information from the Home Visiting Investment Plan and to increase understanding of how it aligns with established giving priorities. This includes highlighting philanthropic opportunities to invest in home visiting.

### *Pay for Success*

While all the current government funded programs are evidence-based, the workgroup also completed research on pay-for-success opportunities to help identify criteria that could be used in the future to assess when a program might be ripe for an evidence building initiative funded with a pay-for-success strategy. The group conducted three expert interviews and talked to professionals in Utah, Tennessee, South Carolina, and Colorado about what was learned in their pay-for-success projects. It was clear from the research that these efforts require up front seed money and a lot of staff capacity to complete successfully. There were no programs identified at this time that were ready for this approach but the Home Visiting Investment Task Force will continue to keep this option in mind as one tool that could help build the home visiting continuum of services over time.

### *Medicaid*

One promising practice identified is continuing to access medical funding to support services and increase referrals to home visiting. The workgroup will collaborate with Health Care Policy and Financing (HCPF) to identify opportunities to create a pilot program assessing bundled payment for eligible home visiting activities. for home visiting models. Work on this will continue in 2023.

In addition, the Office of Early Childhood used B-5 Preschool Development Grant funding to create Medicaid billing guides for existing evidence-based home visiting models to support the programs ability to maximize reimbursement in the current fee for service system.

The Financing and Funding Opportunities workgroup has been partnering with the Outreach, Marketing, and Awareness workgroup to develop messaging for Regional Accountable Entities on how to meet local objectives through providing home visiting services.

### *Additional Federal Funding Streams*

The workgroup engaged Start Early to research potential federal funding streams that could be invested in home visiting. Start Early also looked to other states to learn how they have used resources to expand home visiting services for families. In addition to talking to other states, Start Early interviewed experts that administer funds in Colorado to look for alignment in desired outcomes and opportunities to request support for home visiting. That research identified TANF and ESSA funding as having the highest potential. See Appendix K on page 59.

The recommendations of the Home Visiting Investment Task Force were used to help secure a new Federal grant called Family Support through Primary Prevention that included \$1.25 million to launch Family Connects in Boulder, Denver, and Jefferson Counties through the Colorado Partnership for Thriving Families. Eagle County raised local funds to lift the program in the same timeframe.

## Recommendations and Year One Accomplishments (cont.)

### Recommendation 2

Formally explore tax and fee structures currently in place that support early childhood and family outcomes to maximize available funding.

The ECLC will determine the top five priority areas for exploration of streamlining tax and fee structures to direct tax and fee efforts over the next five years.

A multi-year plan will be defined to guide state action beyond the initial five priority areas.

The ECLC will report on state and local tax and fee structures, and will make exploratory recommendations to relevant coalitions and governments to streamline tax and fee structures.

The workgroup defined the scope of work through iterative meetings and interviews with key stakeholders. A draft scope of work has been completed and can be shared with foundations that may be interested in supporting this research. **The workgroup would like to see this research begin in 2023 to complete this phase of the recommendation.**

### Recommendation 3

To the maximum extent possible, COVID-19 stimulus funds will be aligned with the goals of this plan.

The Home Visiting Investment Task Force had a listening session with The Office of Early Childhood to make recommendations on how to best utilize stimulus funding to support implementation of the plan. This helped inform the funding priorities and state legislation which resulted in increased funding over the next several years.

The Home Visiting Investment Task Force had several big accomplishments related to this recommendation in this past year. The workgroup coordinated listening sessions for the Office of Early Childhood and other home visiting stakeholders. This feedback was aggregated to inform disbursement of Federal stimulus funds including the American Recovery Plan Act (ARPA) funding. Feedback was incorporated in conjunction with other stakeholder feedback in the OEC decision-making process for stimulus funding disbursement. The workgroup held conversations around educating communities about funding streams that can be used to support home visiting programs.

The Maternal, Infant, Early Childhood Home (MIECHV) Visiting program was awarded two rounds of stimulus funding. The Office of Early Childhood was able to disburse the additional \$2.4 million to support existing sites in designated high risk counties with increased needs and help expand Child First.

During the COVID-19 Pandemic, several rounds of stimulus funding came into Colorado to support home visiting. Between two rounds of funding, a total of \$2,523,611 was provided to support the maintenance and innovative expansion of home visiting services in Colorado.

There were three additional types of ARPA stimulus funding that have been designated to support expansion of home visiting for the next several years. Community Based Child Abuse Prevention (CBCAP) funds went to support Healthy Steps (\$500,000) in expanding to new rural pediatric clinics and launching Family Connects (\$300,000) in three denver metro counties. CBCAP formula funds matched an additional \$100,000 for Healthy Steps. Child Care Development Fund discretionary funding went to support consumer education about quality child care, child development, and referrals to additional support services for families through Family Connects (\$225,000). State stimulus funding was awarded through legislation to increase school readiness through HIPPPY (\$1 million) and support children's mental health through Child First (\$2 million).

# Recommendations and Year One Accomplishments (cont.)

All told more than \$5.8 million ARP stimulus funds were invested in expanding home visiting services over the next three years.

## Recommendation 4

Reauthorize the Home Visiting Task Force to oversee implementation of specific action steps within this plan.

The Home Visiting Task Force will act as a multi-sectoral exploratory subcommittee to support the implementation of the plan.

The Home Visiting Task Force will be reauthorized as a working group under the Program Quality and Alignment Subcommittee of the ECLC.

The Early Childhood Leadership Commission reauthorized the Home Visiting Investment Task Force in June 2021 and is expected to do so again in August of 2022. The workgroup and ECLC collaborated to create a process to annually collect investment data through the Office of Early Childhood in the new Department. This will help the task force look at how Colorado data collection aligns with the development of new data systems made by DEC data systems.

## Outreach, Marketing, and Awareness

The goal of the following recommendations is to produce a consistent, shared messaging strategy around home visiting services across Colorado and support outreach and engagement efforts on behalf of all models. This will support providers, communities, and health care institutions to communicate the benefits of home visiting to families.

## Recommendation 1

Hire an outreach and engagement coordinator to increase family and partner knowledge about the full spectrum of home visiting programs, and lessen the burden of this work on home visitors. (Partners may include other service providers and referral sources ranging from health care and human services to early childhood educators for example).

Develop the position of outreach and engagement coordinator, which will be hosted by a nonprofit, to assist with the implementation of this recommendation.

Develop a tracking matrix to provide the following information.

Current resources or efforts around outreach, marketing, and awareness, and their successes.

Gaps in outreach, marketing, and awareness;

Individual program's strongest sources of referrals; and

Gaps in referral sources.

Develop a training toolkit that can be utilized by providers and referral partners across Colorado to strengthen and increase referrals to home visiting programs.

Create and execute a plan to increase home visiting referrals across Colorado, utilizing the gaps found in the matrix.

The workgroup created a draft job description for the position of Outreach and Engagement Manager with position requirements (language, skill set, social media expertise, grasstops and grassroots engagement, etc.) and a salary range which was approved by the full task force. When funded, this work will be

## Recommendations and Year One Accomplishments (cont.)

housed with the Colorado Home Visiting Coalition, who will be the fiscal sponsor for the position. **This recommendation is ready to be implemented, with funding needs identified. Funding is needed to realize the recommendation.**

### Recommendation 2

Build the capacity of families to engage their peers, inform ongoing efforts, and advocate for home visiting programs.

Create a regional/local home visiting family advocate program.

Expand this program to cover the State of Colorado after initial piloting.

This recommendation has been folded into the scope of work for the Outreach and Engagement Manager (recommendation 1) for implementation after staffing has been secured.

### Recommendation 3

Build off the shared messaging strategy developed in Advocacy and Coalition Recommendation 3 to create shared messaging for all audiences around home visiting.

Leverage the matrix to identify gaps in shared messaging.

Collaborate with the Advocacy and Coalition Workgroup to establish a shared messaging strategy.

The Outreach, Marketing, and Awareness workgroup is partnering with the Advocacy and Coalition workgroup on their recommendation (3) of creating consistent shared messaging to promote the continuum of home visiting services in Colorado. This will be expanded by the Outreach, Marketing, and Awareness workgroup to be a communications tool kit with comprehensive recruitment plans, advocacy campaigns, and other ways to raise awareness around home visiting. Further work on these efforts will occur once funding is received.

## Qualified Workforce

The goal of the following recommendations is to support home visiting professionals to have the personal and professional capacity to provide the best support possible to families. Through recognizing home visitors as essential parts of the early childhood system, adequately compensating home visitors, prioritizing the hiring of a diverse home visiting workforce, and increasing workforce retention through promotion of professional and personal self-care, the workforce of home visitors in Colorado will have the ability to provide support to families in a comprehensive, long-term sense without becoming overwhelmed or burned out.

# Recommendations and Year One Accomplishments (cont.)

## Recommendation 1

Recognize home visitors as professionals who contribute to the overall health and well-being of Colorado children and families, and as an essential component of the broader early childhood system.

Develop a compensation study with recommendations to support home visitors and the broader early childhood community.

Provide adequate compensation and benefits packages, moving toward income parity with other early childhood and service-oriented professions, to all home visitors to promote workforce retention and reduce burnout.

The workgroup collaborated with the consulting firm Strategy With Rox and the task force to develop, distribute, and analyze a Home Visitor Workforce Compensation Survey. The survey received a total of 200 responses in English and Spanish. A narrative overview of the survey results can be viewed in Appendix C.

As the results of the Home Visitor Workforce Compensation Survey are analyzed, the workgroup will create a plan for addressing the identified concerns that are impacting home visiting workforce recruitment and retention.

## Recommendation 2

Support efforts to recruit and train a diverse, well-qualified home visiting workforce to ensure consistent, high-quality program implementation and service delivery to families.

Compile home visitor qualifications and competencies across the various models and intermediaries.

Identify opportunities for shared, ongoing professional development and training opportunities to support the endorsement and credentialing of home visitors.

Develop recommendations for training modules to support home visiting competencies.

Identify and share career advancement opportunities with home visiting staff.

Identify opportunities to support providers with their recruitment including at schools, universities and other career development arenas.

The workgroup reviewed professional development sources, such as PDIS, conferences, and national data sources to determine how improved access to professional development services can be achieved. After the analysis of resources available, the workgroup will move to making recommendations on new professional development opportunities for home visitors, request that funding be made available to support infrastructure buildout, and raise awareness about new opportunities. **This phase of the recommendation will begin in fall of 2022. This work is ongoing, and has no barriers to full implementation.**

# Recommendations and Year One Accomplishments (cont.)

## Recommendation 3

Increase workforce retention by elevating home visitor voices, and expanding strategies to promote mental health well-being of home visiting staff.

Develop a Community of Practice to provide home visiting stakeholders and frontline staff an opportunity to gather and develop recommendations on effective retention and well-being strategies.

Identify opportunities to expand and share retention strategies between providers.

Explore mental health and wellness activities currently happening within home visiting programs.

Support home visiting staff to go to early childhood conferences to provide professional development opportunities.

The workgroup has assessed the recruitment and retention structure that the home visiting models in Colorado currently use. The model used by Enhanced Home Visiting provides resources and mindfulness practices for home visitors which have been found useful. This pilot project has shown that morale is increased through these self-care practices, and has informed the next steps of this recommendation. [It has also been found that providing home visiting models to family child care providers has increased the quality of their child care services.](#)

The Home Visitor Workforce Compensation Survey (Appendix C), when fully analyzed, will also inform the actions of the workgroup on this recommendation. The feedback gained from home visitors, supervisors, and administrators in the survey will inform the workgroup's thinking on wellness, professional development, and employee compensation.

As the Office of Early Childhood is transitioning to the new Department of Early Childhood, they will be creating a Workforce Plan, building off the work done in the previous Early Childhood Workforce 2020 Plan. The next iteration of the Early Childhood Workforce Plan will be broadened from focusing on the early childhood teaching workforce to include home visiting recommendations as a result of the Home Visitor Workforce Compensation Study and professional development analysis conducted as parts of Qualified Workforce Recommendations 1, 2, and 3.





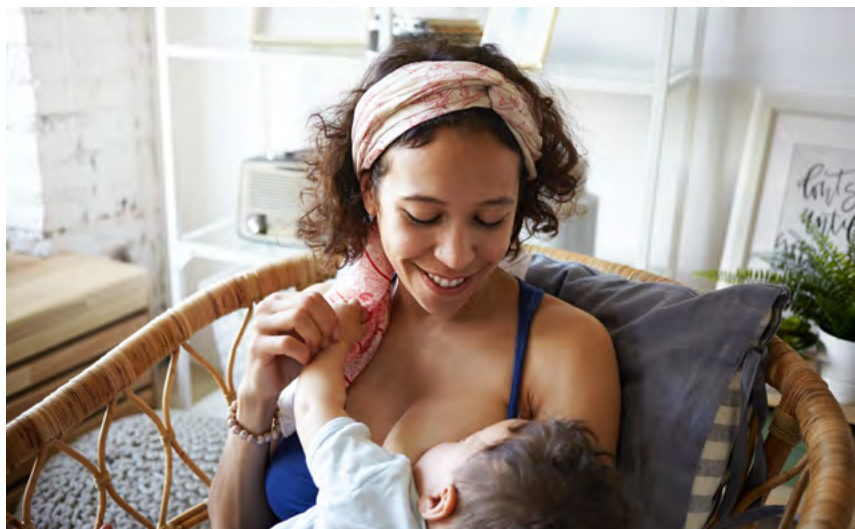
# Conclusion

The recommendations outlined in this report, and the progress towards implementation will support Colorado families in achieving the best possible outcomes for their children. Through implementation of these strategies and recommendations, the following outcomes will be met:

- Expanded home visiting services, culturally and linguistically-appropriate services, and streamlined local community service provision will result in improved access to services, promote positive impacts on children, and increase positive family outcomes.
- Increased advocacy and partnerships will result in more consistent service provision across the state, regardless of the program providing services.
- Streamline funding and messaging will provide the maximum utilization of funding while reducing unintended redundancies.
- Embracing innovations from the home visiting and early childhood fields, including lessons learned from the COVID-19 pandemic, will allow further reach and impact.
  - Virtual service delivery, bringing together home visitation models in new and unique ways, and creative cross-agency data sharing approaches are all strategies to maximize service efficiency and advance equity and access for families.
- Building a consistent, shared messaging strategy around home visitation services across Colorado and supporting outreach and engagement efforts will provide Colorado families access to the right supports at the right time.
- Recognizing home visitors as professionals who contribute to the overall health of Colorado families, expanding the diversity of home visiting professionals, and providing self-care and mental health well-being to home visitors will increase the impact of home visitation services while reducing employee burnout and turnover.

The recommendations in the investment plan were anticipated to take five years to fully implement, and that timeline is still anticipated. The progress made in year one has impacted the lives of Colorado families, and the unprecedented funding that was received in light of the COVID-19 pandemic allowed for quicker implementation of some aspects of the plan than was anticipated. Over the coming four years, scaling of home visiting services will result in reaching as many Coloradans as possible and families being better able to meet the needs of their children.

Thank you for reading the first of five annual progress reports for the Home Visiting Investment Plan implementation. If you would like to get involved, please contact Aaron Miller at [aaronc.miller@state.co.us](mailto:aaronc.miller@state.co.us) or at 720-618-4317.



# Appendix and Relevant Links

## A - HVITF Charge

The Home Visiting Investment Task Force will guide the implementation of the HV Strategic Plan. This work will lead to the creation of a further continuum of home visiting services in Colorado and guide the release of the future funding solicitations from the Office of Early Childhood, including Federal MIECHV funding. The strategy will support planning for state budget requests, the solicitation of new federal funding opportunities, and alignment with philanthropic funding for home visiting. The Home Visiting Investment Task Force is defining the scope of home visiting to include any voluntary program touchpoint with parents/caregivers that have children up to age 6 across a continuum of intensity (one visit up to meeting for several years) for the purpose of ensuring child and family well-being.

Workgroups will be formed for each of the strategies in the plan and these work groups are open for public participation. Members of the task force serve as voting members with all participants encouraged to actively participate in the important efforts.

### *ECLC Areas of Opportunity*

After engaging with stakeholders to understand the history and progress of early childhood in Colorado as well as the wide array of policy strategies and opportunities that exist to ensure the state continues to move forward, the Commission has identified three Areas of Opportunity that are most critical to continue the advancement of work in early childhood across the state.

Area 3: Support improved family health and economic security through a Two Generation approach.

### *Goals of Home Visiting Investment Strategy Task Force*

- The task force will develop implementation plans to guide the work to implement the strategic planning work.
- The annual deliverable will be a written report of progress made in relation to the strategic plan and recommendations for ongoing implementation to best serve the needs of families in Colorado.
- The task force will determine promising and evidence-based home visiting programs that support priority populations in the underserved geographic locations.
- The task force will explore the continuum of home visiting in Colorado and determine how to sustain/expand existing models and implement new home visiting programs to address gaps in alignment with the goals of the strategic plan.
- The task force will explore funding best practices and investment strategies.
- The task force strongly values family voices and will ensure that family perspective is included throughout the process.

### *Membership Sectors*

Colorado Department of Human Services, Office of Early Childhood  
Colorado Department of Public Health and Environment  
Colorado Department of Education  
Invest in Kids (state intermediary for Nurse Family Partnership and Child First)  
Kempe Center (state intermediary for SafeCare)  
Assuring Better Child Health and Development (state intermediary for HealthySteps)  
Early Intervention  
Head Start and Early Head Start  
Early Childhood Funders  
County human services departments County public health departments  
Health Care  
Local community providers including family resource centers and early childhood councils  
Research and evaluation partners  
Families

## Appendix and Relevant Links (cont.)

Department of Health Care Policy and Financing  
Policymakers  
Advocacy organizations  
Parent Possible (state intermediary for HIPPY and PAT)  
Child Welfare  
Early Childhood Council Leadership Alliance  
Family Resource Center Association  
Higher education  
Illuminate Colorado (state intermediary for Family Connects International and Healthy Families America)  
Local Regional Accountability Entities (RAEs)  
School districts (including Colorado Preschool Program)

All meetings will be supported through an independent facilitator and have remote participation options.

### *Home Visiting Investment Strategy Task Force Next Steps*

- Implementation teams formed and meetings to work on implementation strategies and efforts with monthly reports to the full task force of progress and challenges for insights support, and coordination.
- Implementation Chairs monthly coordination meetings to ensure that work activities are aligned and that synergies are occurring throughout the teams.
- Convening of monthly task force meetings for coordination, reporting, and further understanding and engagement of families.
- Plan for annual family voice survey and application of information learned.
- Provide input into opportunities for federal and state stimulus funding to support implementation of the strategic plan.
- Request opportunities to educate community members and elected officials regarding the strategic plan and implementation efforts, and further gather input.

### *Duration*

The Subcommittee membership was designated in June 2021, for one year, until June 2022 subject to annual review and reauthorization.



# Appendix and Relevant Links (cont.)

## *B - Acknowledgements*

The Colorado Department of Human Services would like to thank the members of the Home Visiting Investment Task Force for their time and dedication to making home visitation the strongest, most comprehensive service possible in Colorado. The task force members are:

### *Voting members:*

Amy Call - Parent representative  
Alexa Chenoweth - Parent representative  
Brooke Greenky - Colorado Department of Health Care Policy and Financing  
Carsten Baumann - Colorado Department of Public Health and Environment (research and evaluation)  
Christina Walker- Clayton Educare  
Christy Scott - Colorado Department of Human Services, Early Intervention  
Collinus Newsome - Colorado Health Foundation  
Courtney Everson- University of Denver (Colorado Evaluation and Action Lab)  
Deborah Daro - Chapin Hall at University of Chicago (research and evaluation)  
Heather Craiglow - Colorado Department of Human Services, Head Start State Collaboration Office  
Heather Tritten - Parent Possible (state intermediary for Parents as Teachers and Home Instruction for Parents of Preschool Youngsters)  
Ida Rhodes - Co-Chair, ECLC Commissioner, Catholic Charities Pueblo (family resource center)  
Jade Woodard - State intermediary for Family Connects and Healthy Families America  
Jenny Lerner - Colorado Department of Education, Migrant Education  
Katherine Casillas - Kempe Center (state intermediary for SafeCare Colorado)  
Kellie Teeter - MCH Program Manager Denver Health (county public health)  
Kelly Dougherty - Colorado Department of Public Health and Environment, Mental Health Promotion Branch  
Kendra Dunn - Co-Chair, Colorado Department of Human Services, Office of Early Childhood  
Kim Mauthe - Teller County Human Services Director  
Kristina Heyl - Early Childhood Leadership Commission - non-voting  
Lesla Nesbit - Temple Hoyne Buell Foundation  
Lisa Hill - Invest in Kids (state intermediary for Nurse-Family Partnership and Child First)  
Lisa Mayer - Child Welfare  
Lisa Schell - Jefferson County Public Schools  
Lynne Bakalyan - Beacon Health Options  
Maegan Lokteff - Early Childhood Council Leadership Alliance  
Melissa Buchholz- Assuring Better Child Health and Development (state intermediary for HealthySteps)  
Patty Velasquez - Family Resource Center's Association  
Ruth Seedorf - Baby Bear Hugs  
Samantha Espinoza - Colorado Children's Campaign and RAISE Colorado  
Senator Rhonda Fields - Co-Chair, Senate District 29  
Sherri Valdez - Early Childhood Council of the San Luis Valley

### *Participants:*

Aaron Leavy	Mary Heffernan
Aaron Miller	Holley Murphy
Adey Dimalanta	Jackie Cordova
Amanda Fixsen	Janice Knepe
Angelica Fox	Jennifer Deam
Amber Settles	Jamara Knight
Amelia Ritchhart	Kayla Frawley
Allison Mosqueda	Kimberly Hirst
Andy True	Kristina Heyl
Angela Ben-Zekry	Kyra Montgomery
Eileen Auer Bennett	Laura Knudtson

# Appendix and Relevant Links (cont.)

Lauren Showers  
 Leah Mencin  
 Laurel Henry  
 Lynlee Espeseth  
 Marion Batayte  
 Marisa Gullicksrud  
 Michele Provost  
 Mark Kling  
 Rebecca Dunn  
 Sherry Price

Susanna Snyder  
 Tammy Hiler  
 Trent LaLonde  
 Tanya Weinberg  
 Khatira Amn  
 Gretchen Brogdon  
 Michelle Neal  
 Adella Arredondo  
 Maria Contreras

*We would also like to thank the following organizations for participating:*



**COLORADO**  
 Department of Human Services



**COLORADO**  
 Department of Education



**COLORADO**  
 Department of Early Childhood



Family Resource Center Association



## Appendix and Relevant Links (cont.)

### C - Workforce Survey Results

The Home Visiting Investment Task Force conducted a workforce survey to determine the strengths and opportunities for growth to ensure a long-term robust home visiting workforce is available. The survey was distributed in English, Spanish, and Arabic with 200 responses; however, only responses in English and Spanish were obtained. The feedback gained through the survey was used to inform the prioritization of implementation of the recommendations in the Home Visiting Investment Plan. The results were also shared with leadership across home visiting models in Colorado to maintain transparency and data sharing.

The survey was conducted to understand the needs of home visitors, supervisors, and administrators. It was widely distributed through home visiting organizations, email lists, personal connections, and through informal asks to task force members. The survey only captured the responses of people directly involved in home visiting in either a programmatic or administrative role.

In this report, several significant findings are highlighted. The included results are not exhaustive of all questions asked in the survey, nor do they reflect all analyses possible to understand differences in experience home visitors, supervisors, and administrators may have. The survey dataset will continue to be analyzed and used to amplify data-informed action as the Home Visiting Investment Task Force recommendations are implemented. Select results to inform the content of this report are presented here.



# Appendix and Relevant Links (cont.)

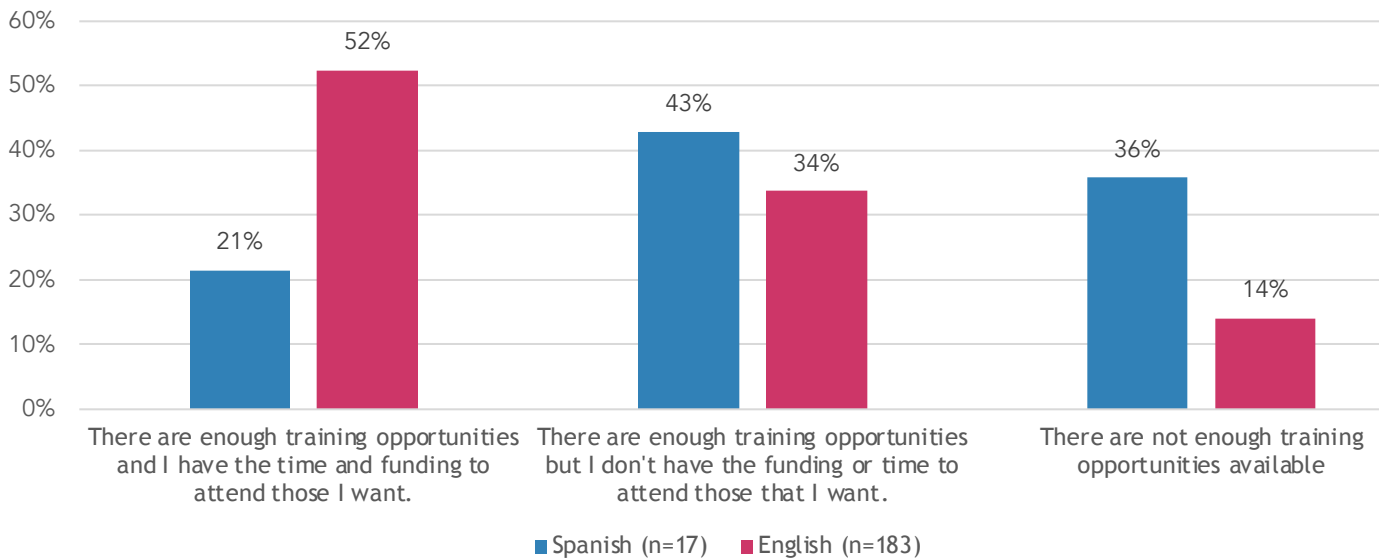
## Supplementary Analysis of Workforce Survey

### Training and Training Opportunities

#### Availability of Training

While it is a limited sample size, those taking the survey in Spanish are considerably more likely than their English-speaking peers to say “there are not enough training opportunities available” (36% vs 14%). Again, this is a small sample but it may be an indication that the language in which trainings are available is a key barrier for a good number of home visitors.

**Availability of training by language**

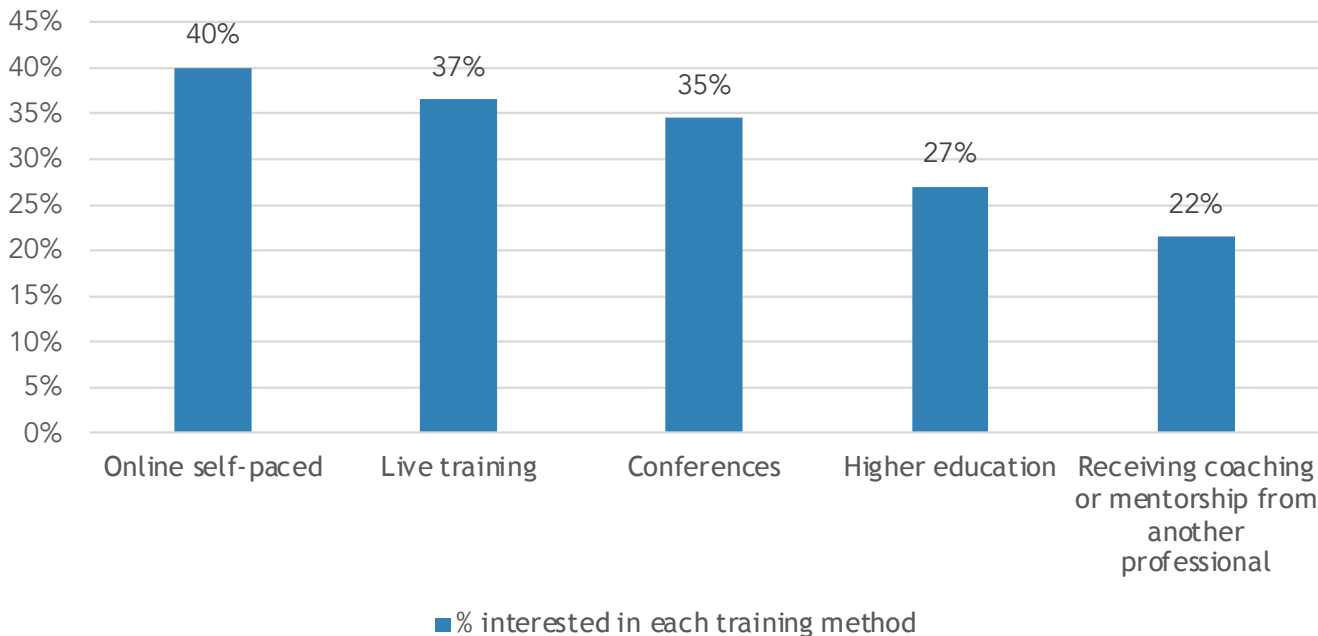


## Appendix and Relevant Links (cont.)

### What training approaches most appeal to home visitors?

There is no clear consensus across the home visiting workforce as to the preferred training format. None of the options presented earned majority support. The highest rated format is online self-paced, which by 40% of respondents. “Live trainings” and “conferences” each found support from more than 1 in 3 respondents (37% and 35% respectively). Home visitors were less interested in “higher education” and “receiving coaching or mentorship from another professional,” though these also received 27% and 22% respectively.

### % interested in each training method

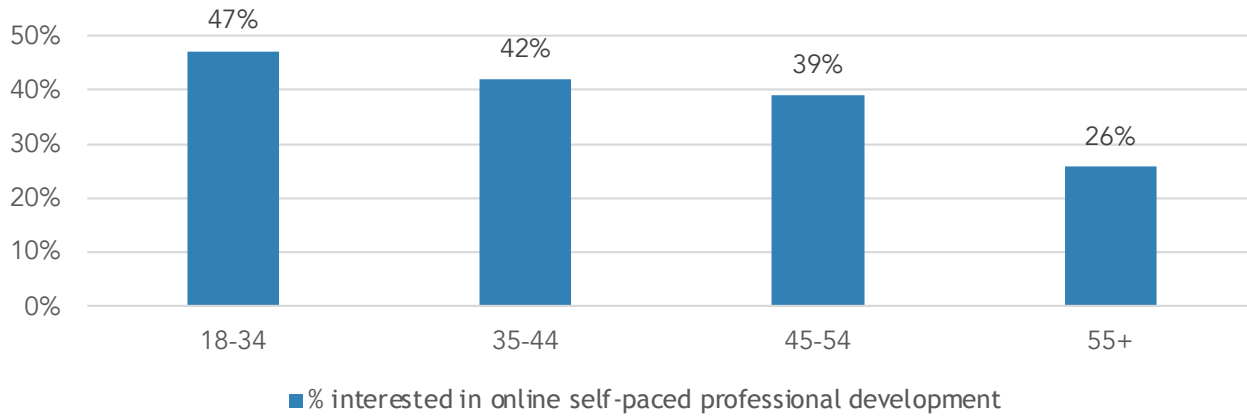


Interest in the training methods vary with age. In looking at training methods by age we collapsed the 55-64 and 64+ categories to get to an n of 31, and we collapsed 18-24 and 25-34 to get to an n of 53. Younger home visitors are more interested in online self-paced professional development than their older peers. Younger home visitors are also more interested in higher education as a method for professional development with 36% of 18-34 year olds selecting this as compared with 24% for those 45-54 and only 13% for those 55+.

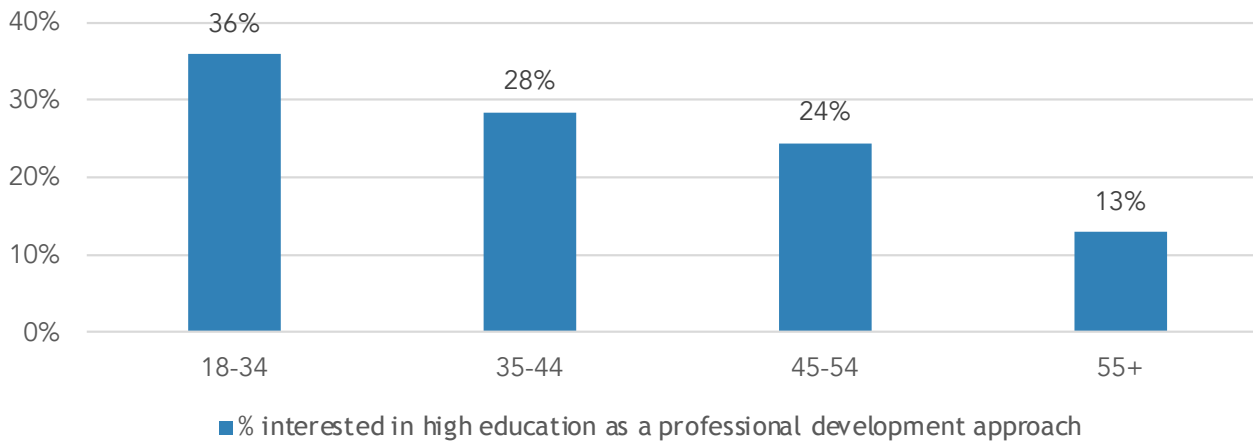
Interest in conferences rose considerably as respondents aged - peaking at 49% for those 45-54, before dropping significantly among those older than 55 (29%).



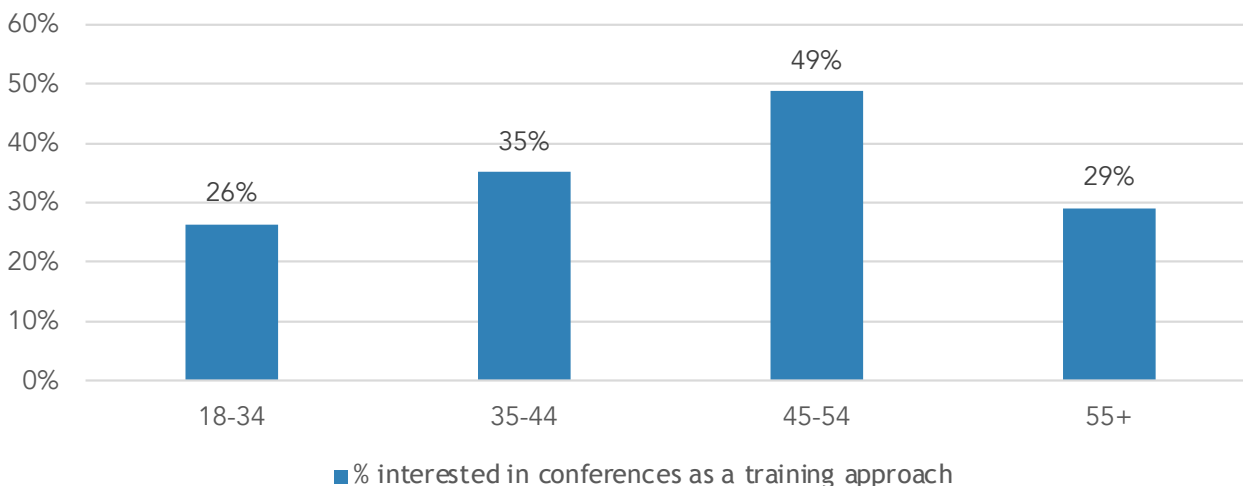
## % interested in online self-paced professional development



## % interested in higher education as a professional development approach



## % interested in conferences as a training approach



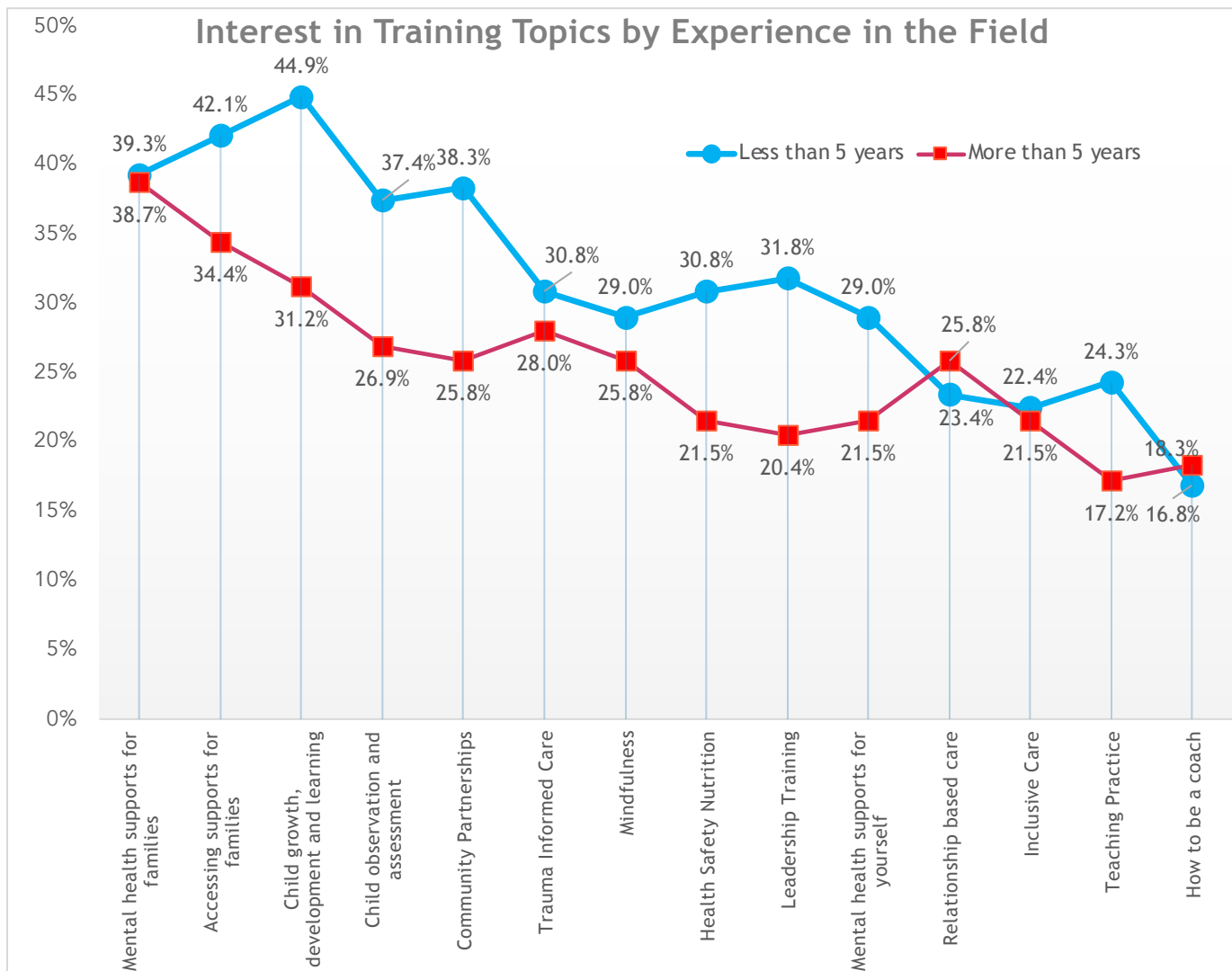
# Appendix and Relevant Links (cont.)

## Training Topics

### Training topics by experience

Looking at interest in training topics by experience with home visiting, we see that those earlier in their home visiting careers (less than 5 years) are more interested in almost every topic. The only topics where more experienced respondents (more than 5-years experience) express greater interest than their peers are “relationship based care” and “how to be a coach.” Those newer to home visiting are more interested in nearly all topics, however the gap is particularly pronounced for:

- Child growth, development and learning (13.7-point gap)
- Community partnerships (12.5-point gap)
- Leadership training (11.3-point gap)
- Child observation and assessment (10.5-point gap)



## Appendix and Relevant Links (cont.)

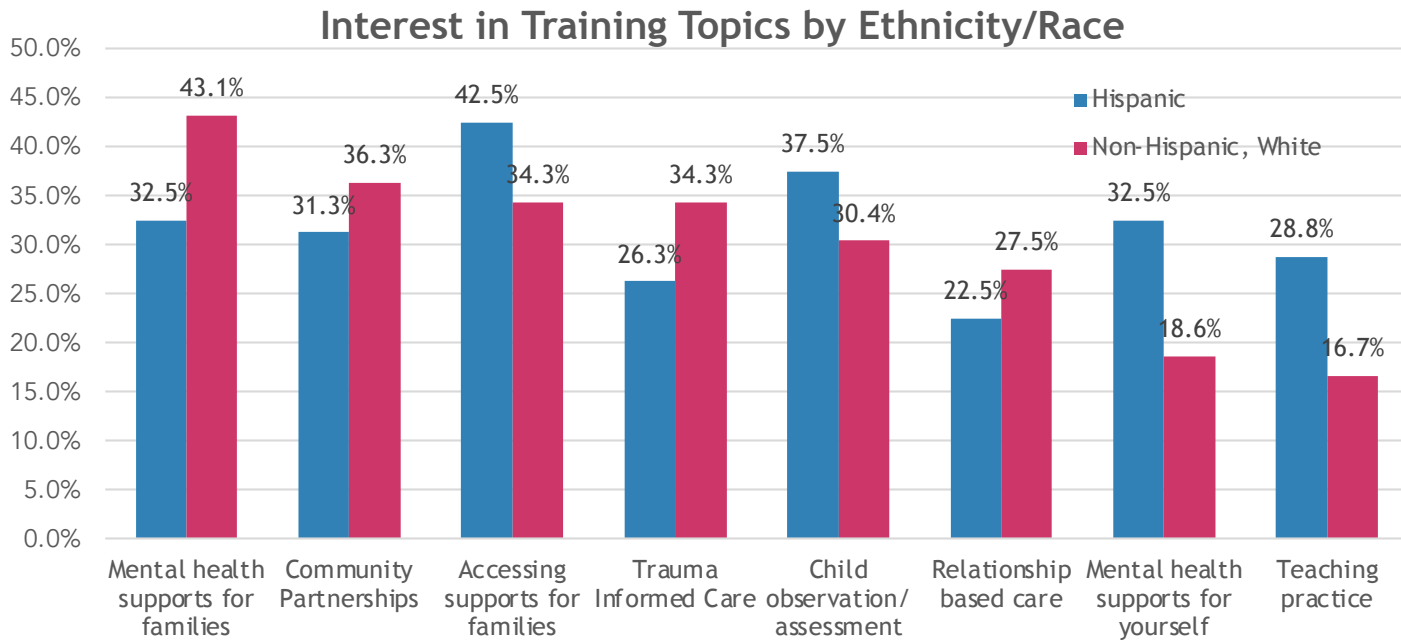
### *Training topics by race and language*

Given the small sample size of non-Hispanic, non-White respondents, for this chart we only examine the differences between Hispanic respondents (n=80) and non-Hispanic whites (n=102).

Interest in Training Topics by Ethnicity/Race				
	Non-Hispanic White (n=102)	Hispanic (n=80)	Non-Hispanic Non-white (n=14)	Total
Mental health supports for families	43%	33%	43%	39%
Child growth and development	38%	41%	29%	39%
Accessing supports for families	34%	43%	43%	38%
Child observation/ assessment	30%	38%	21%	33%
Community Partnerships	36%	31%	14%	33%
Trauma Informed Care	34%	26%	7%	29%
Mindfulness	26%	30%	21%	28%
Health Safety Nutrition	28%	26%	21%	27%
Leadership Training	25%	30%	14%	27%
Mental health supports for yourself	19%	33%	29%	25%
Relationship based care	27%	23%	14%	24%
Inclusive Care	24%	20%	29%	22%
Teaching Practices	17%	29%	14%	21%
How to be a coach	17%	19%	14%	17%

When we isolated the topics with at least a 5-point difference in the interest level between Hispanic and non-Hispanic whites we can see that mental health is an area with a fairly pronounced different in interest. For white respondents, “mental health supports for families” is the most interesting topic (43%), by 5 points (child growth and development is second at 38%). However, for Hispanic respondents only one-in-three (33%) find this topic interesting. On the other hand, when it comes to “mental health supports for yourself,” white respondents are far less interested (19%) while Hispanic respondents find trainings on mental help support for themselves (33%) and families (33%) equally interesting.

## Appendix and Relevant Links (cont.)



The difference in interest between trainings related to mental health support for families versus trainings for one's own mental health is most pronounced when we consider English-language respondents and Spanish-language respondents. While all of the Spanish-language respondents identify as Hispanic there are far more Hispanic home visitors who took the survey in English than Spanish. So language and ethnicity, while related we must be careful to avoid treating them as synonymous.

## Appendix and Relevant Links (cont.)

Overall Spanish speakers are more interested in training than their English-speaking peers. No topic appealed to more than 40% of English-speakers; while 8 of the 14 topics appealed to more than 40% of Spanish speakers.

	% Interested Overall	English-speakers interested (n=183)	Spanish-speakers interested (n=17)	How many times more interested are Sp vs En speakers	Rank Among English Speakers	Rank Among Spanish Speakers	Overall Rank
Mental health supports for families (maternal mental health, postpartum depression)	39.0%	39.3%	35.3%	0.90	1	9	1
Accessing supports for families	38.5%	35.5%	70.6%	1.99	3	1	2
Child growth, development and learning	38.5%	36.1%	64.7%	1.79	2	2	2
Child observation and assessment	32.5%	29.5%	64.7%	2.19	5	2	4
Community partnerships	32.5%	31.7%	41.2%	1.30	4	7	4
Trauma-Informed Care	29.5%	29.5%	29.4%	1.00	5	12	6
Mindfulness	27.5%	26.8%	35.3%	1.32	7	9	7
Health, Safety and Nutrition	26.5%	24.6%	47.1%	1.91	8	6	8
Leadership training	26.5%	24.0%	52.9%	2.20	9	5	8
Mental health supports for yourself	25.5%	22.4%	58.8%	2.63	11	4	10
Relationship-Based Care	24.5%	24.0%	29.4%	1.22	9	12	11
Inclusive Care	22.0%	20.8%	35.3%	1.70	12	9	12
Teaching practice	21.0%	19.1%	41.2%	2.15	13	7	13
Training on how to be a coach	17.5%	16.4%	29.4%	1.79	14	12	14

## Appendix and Relevant Links (cont.)

Across all home visitors, training focused on “Mental health supports for families (maternal mental health, postpartum depression)” was the most interesting appealing to 39%. Looking more closely at the language breakdowns reveals considerable difference between English and Spanish speaking home visitors. For English-speakers, mental health supports for families was the most interesting topic, while for Spanish speakers it ranked 9th. This is one of only two topics where English speakers were more excited than Spanish speakers (“trauma-informed care” is the other).

While Spanish-speaking home visitors are less interested than English-speakers in trainings related to “mental health supports for families” they are far more interested than their English-speaking peers when it comes to “mental health supports for [themselves.” Spanish-speakers are 2.6 times more likely (58.8% vs 22.4%) to say that they would be interested in trainings on “mental health supports for yourself.”

We cannot be sure without further investigation what is behind the differences when it comes to interest in mental health supports for families. It could be that Spanish-speakers have already been trained extensively in these areas and therefore find it less compelling. The wording around maternal mental health and postpartum depression might suggest this is less relevant for those working with older children (as in HIPPY). It could be that English-speakers and Spanish-speakers simply value this training in a different way. Whatever the explanation, this suggests that topics which appeal to the “total” workforce, may be of considerably less interest to key subsets.

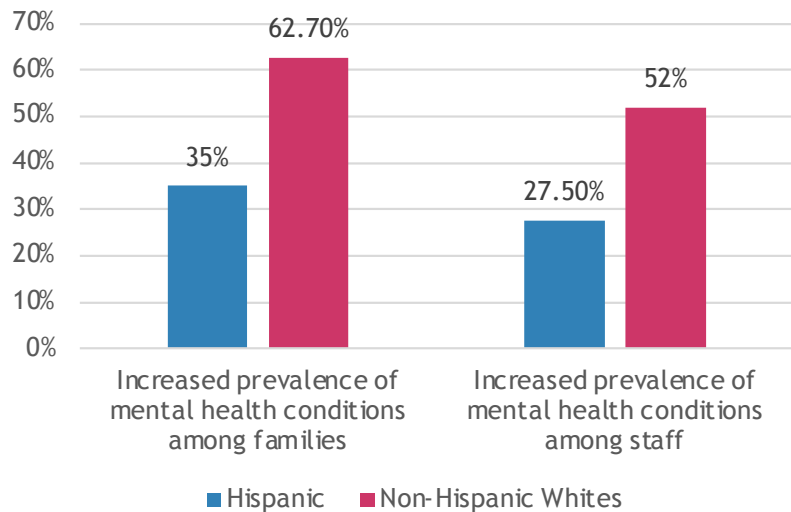
It is interesting to note that while there is still a gap between Hispanic respondents (32.5%) - many of whom are also Spanish speakers - and whites (18.6%) when it comes to the desirability of mental health trainings for individuals, it is less pronounced. This may suggest that those answering the survey in Spanish - indicating that they are less comfortable with English - may find that there are insufficient mental health trainings for themselves. As with most potential insights, this will require deeper conversation and investigation before anything definitive can be asserted. But it seems as though additional mental health support trainings delivered Spanish could appeal to a good number of home visitors.

# Appendix and Relevant Links (cont.)

## Mental Health Impacts of COVID

When asked to reflect on the changes wrought by COVID, nearly half (49.5%) of all home visitors saw an increase in the “prevalence of mental health conditions among families,” and 41% saw an increase in the prevalence “among staff.” More than 62% (62.7%) of white respondents saw an increase in mental health conditions among the families they served, while only 35% of Hispanic respondents saw an increase. A similarly large gap between the observations of white home visitors and Hispanic home visitors appeared when considering the impact of COVID on the mental health of staffers. More than half (51.9%) of whites saw an increase in mental health conditions among their peers (staff), while only 27.5% of Hispanics saw an increase.

### Impact of COVID on mental health for families and staff

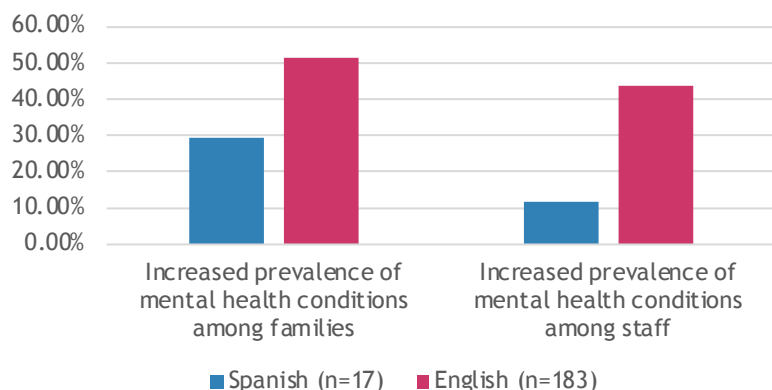


Taken together with findings related to the trainings that are most interesting to different home visitors, we see that white home visitors are 1.8 times (52% vs 28%) more likely to believe that COVID led to an increase in mental health conditions among staff, but it is Hispanic home visitors who are 1.7 times more likely to say that they are interested in mental health training to support themselves.

When we again compare Spanish-speaking respondents to their English-peers the gap is more pronounced than Hispanic vs non-Hispanic. Only two of the 17, Spanish language respondents - or 11.8% - saw an increase in mental health conditions among staff, compared to 43% of those filling out the survey in English. The gap between those filling out the survey in English and Spanish persists when reflecting on changes to the prevalence of mental health conditions for families - but it shrinks quite a bit. For those filling out the survey in English 51% saw an increase in families facing mental health conditions compared to only 30% (29.4%) of those filling out the survey in Spanish.

Those filling out the survey in Spanish are dramatically less likely to have seen an increased in mental health conditions among staff, but considerably more likely to find value in trainings focused on mental health support for themselves (as stated earlier).

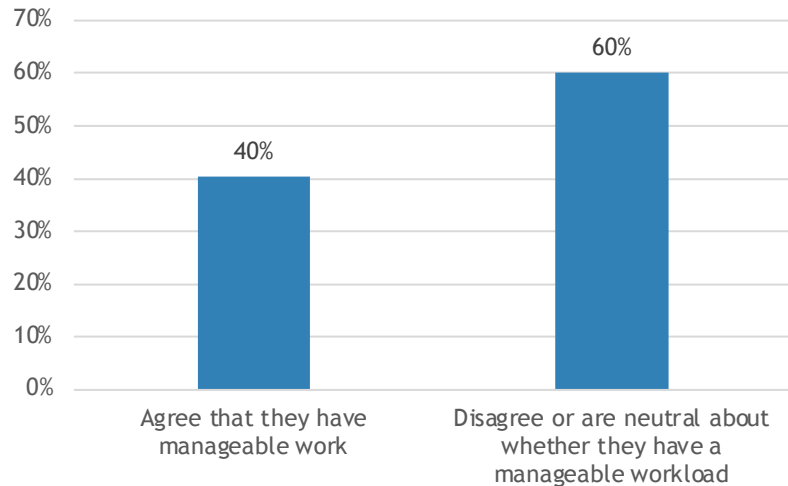
### Increased prevalence of mental health conditions among families and staff - by language



## Appendix and Relevant Links (cont.)

One potential area of exploration around the increased prevalence of mental health conditions among staff comes from looking at the factors of satisfaction questions. Those who didn't "agree" or "strongly agree" that they have a manageable workload were more considerably likely to note an increased prevalence of mental health conditions among staff. Only 40% (n=144) of those who "agree" or "strongly agree" that they have a manageable workload noted an increase in mental health compared with 60% (n=40) for those without someone to talk to. This is a 20 point difference in believing that mental health conditions increased during COVID, between those who feel they have a manageable workload ("strongly agree" and "agree") and those who disagree or are neutral. It may be worth exploring whether an increase in mental health conditions among staff is connected to work places where people feel their workload is unmanageable. With such a relatively low number of home visitors saying they are neutral or disagree with the assertion that they have a manageable workload it is important to consider this with caution. But it may prove an area worthy of further investigation.

### Increased prevalence of mental health conditions among staff by perception of workload manageability



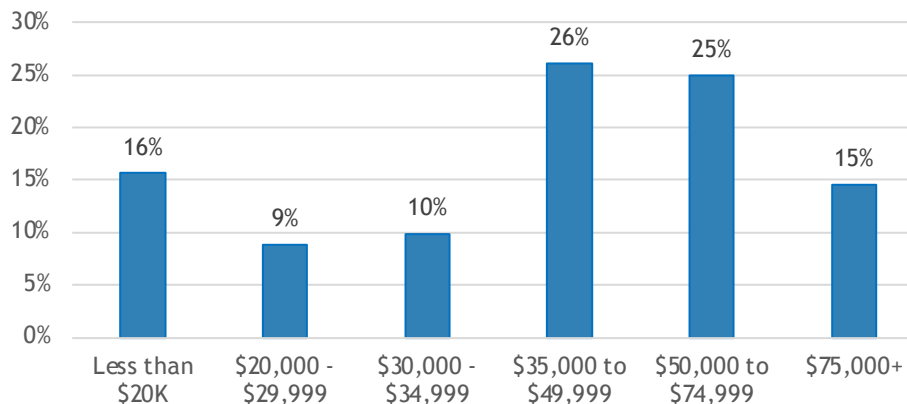


# Appendix and Relevant Links (cont.)

## Home visitor salaries

Looking at home visitor salaries overall can be misleading, as the models pay significantly different amounts. A topline view of salary ranges reveals that 16% of home visitors earn less than \$20,000 and a similar 15% earn more than \$75,000.

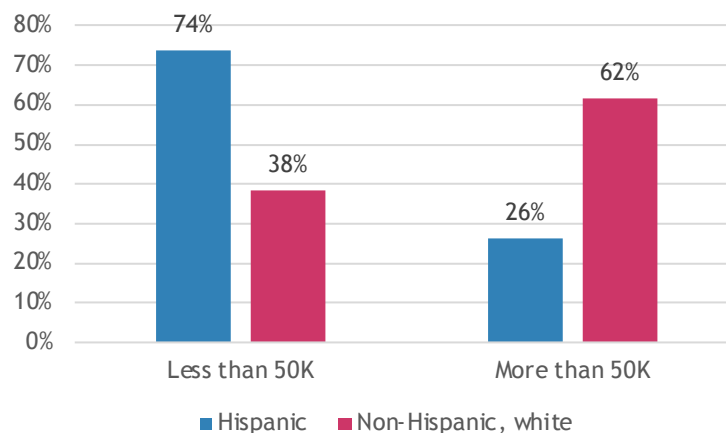
### Home Visitors by Salary Range



As different programs require different levels of education and have staff working different hours per week we would expect to see a large variance in salaries. For instance, more than half (15 of 28) of the respondents earning \$75,000 come from Nurse-Family Partnership - as these positions require high levels of education. On the other hand, more than half (18 out of 29) of those earning less than \$20,000 are home visitors for HIPPY, who - because of their status as AmeriCorps members - have limits on the number of hours they can work per week. It is important to recognize that the different educational requirements, delivery settings and delivery models shape the overall workforce salary profile, making it difficult to simply aggregate across models.

The intersection of race/ethnicity, education and income can be difficult to disentangle and without sufficient data we cannot make sweeping claims. Overall, half of the home visitors with a BA or BS earn above \$50,000 while half earn below \$50,000. Among white home visitors with a BA/BS 62% earn more than \$50,000 while only 26% of Hispanic home visitors with the same degree earn that much.

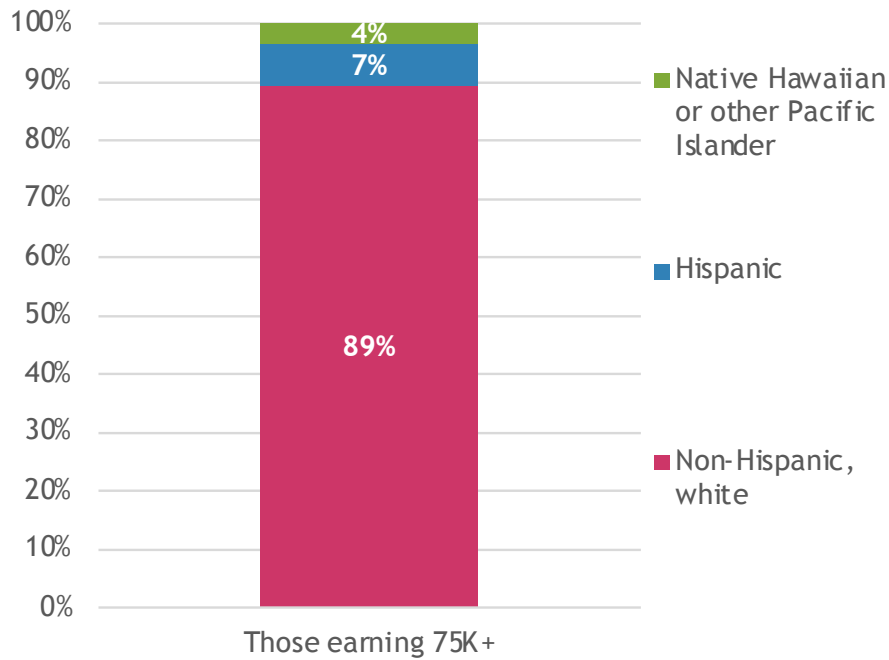
### Salaries for those with BA/BS by Race/Ethnicity



## Appendix and Relevant Links (cont.)

While white home visitors represent 98 of the 192 respondents who indicated their salary (51%), they account for 89.3% of those making more than \$75,000. By contrast, while Hispanic home visitors make up 41% of the sample, they account for 7% of those earning more than \$75,000 (two of the 28 home visitors who earn \$75k+).

### Racial Composition of those earning 75K+



# Appendix and Relevant Links (cont.)

## D - References

### Home Visiting Investment Plan

Administration for Children & Families. (2020). Home Visiting Implementation Research. Retrieved December 1, 2020, from <https://homvee.acf.hhs.gov/implementation>

Bauer, T. & White, R. (2019). Scaling Programs That Work By Paying For Success. What matters: Investing in Results to Build Strong, Vibrant Communities.

Fudge, K., Ballard, K., & Brown, M. (2019). Funding Home Visiting with a Pay for Outcomes Approach.

OPRE report #2019-70. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services.

Herzfeldt-Kamprath, R., Calsyn, M. & Huelskoetter, T. (2017). Medicaid and Home Visiting. Center for American Progress.

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LeBlanc, M. & Block, L. (2020). State and Territory Policy Strategies Supporting Maternal and Child Health During COVID-19. Washington, DC: National Governors Association Center for Best Practices.

Maternal and Child Health Bureau, Health Resources & Services Administration. (2020). Home Visiting. Retrieved December 1, 2020, from <https://mchb.hrsa.gov/maternal-child-health-initiatives/homevisiting-overview>

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Schlitt, J. & Barcliff, N. (2010). Federal Home Visiting Funding: Implications for State Home Visiting Investments and Initiatives. Pew Charitable Trusts.

Schochet, L. (2017). Home Visiting: A Common-Sense Investment. Center for American Progress.



## Appendix and Relevant Links (cont.)

### *E - Colorado Home Visiting Coalition*

The Colorado Home Visiting Coalition (CHVC) collaborates to strengthen and advance effective home visiting services across Colorado. Working to ensure that all families in Colorado are supported to thrive, the CHVC is a coalition of leadership organizations representing the statewide and local level needs of early childhood home visiting programs. CHVC includes “voting members” and “resource partners.” Voting members are organizations that represent complimentary, evidence-based home visiting models for pregnant families and families with children through kindergarten. Resource partners include organizations, groups and individuals whose passion and work intersect with home visiting and our collective goals.

Colorado has a long track record of collaboration between home visiting models dating back to the 1990s. The initial collaboration and structure of the coalition existed under Healthy Families Colorado and was renamed the Colorado Home Visiting Coalition in 2005. The CHVC mirrors similar collaborative work at the national and state level across the country that supports collaboration between models in order to further the development of a complimentary home visiting system and to support coordinated efforts across home visiting programs. CHVC operated with volunteer co-chairs until 2018 when funding through the Colorado Health Foundation, Gary Community Investments, and the Zoma Foundation enabled staffing to pursue collective research, data, coordination, and other policy/advocacy efforts. The CHVC is currently housed under Parent Possible as its fiscal sponsor and is not its own nonprofit organization.

The primary goals of the CHVC are to:

- Strengthen and facilitate ongoing collaboration and coalition building to ensure the coordination and growth of home visiting services in Colorado

- Increase opportunities to strengthen the home visiting system and the families served through engagement in public policy efforts

- Inform the public regarding importance of home visiting system through shared educational outreach, research, and communications strategy

Contact: Laura Knudtson - [laura@cohomevisiting.org](mailto:laura@cohomevisiting.org)

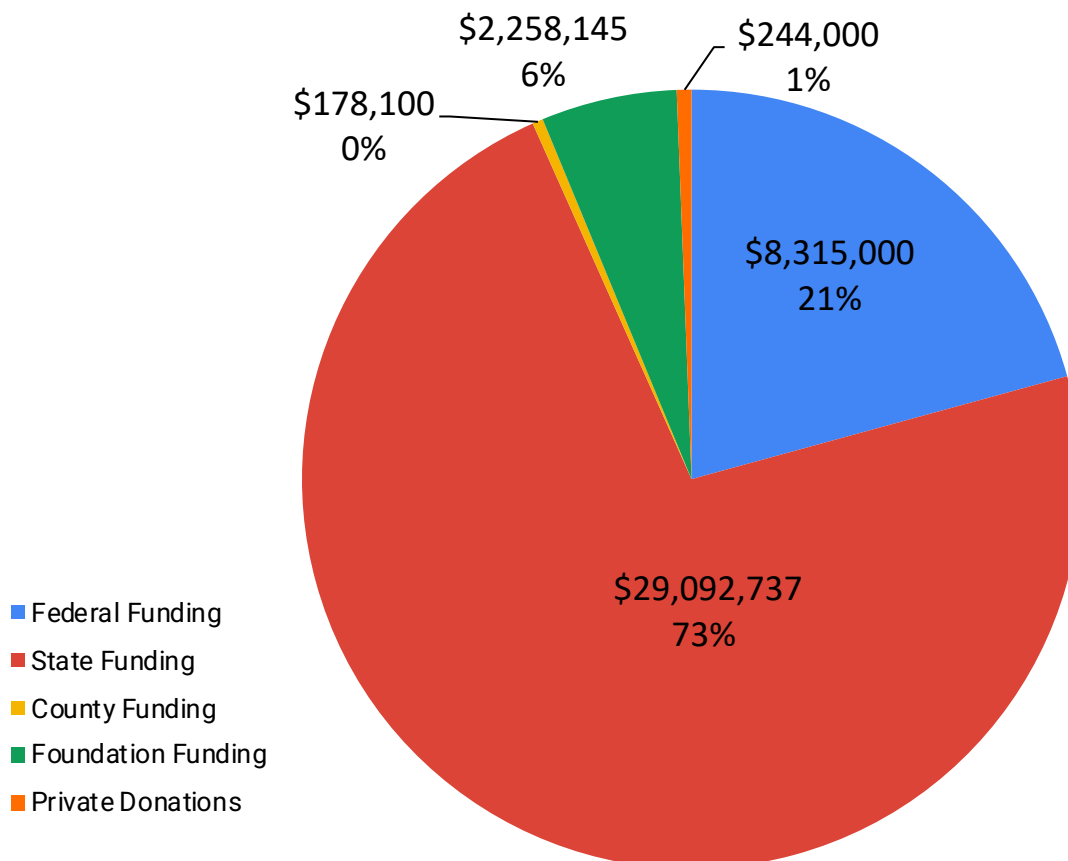


## Appendix and Relevant Links (cont.)

### F - Funding for Home Visiting in Colorado

Models implemented in Colorado included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare® Augmented. Statewide, 87 local agencies operated at least one of these models (National Home Visiting Resource Center, 2020). Colorado has four active home visiting programs that receive MIECHV funding, but only the state's NFP® program is supported partially through Medicaid funding (Herzfeldt-Kamprath et al., 2017; National Home Visiting Resource Center, 2020). Only about 75% of cases qualify for Medicaid reimbursement as some women will be eligible for Colorado's NFP® program but not Medicaid (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). However, Colorado uses tobacco settlement funding to cover most of the program's expenses. During a typical NFP® visit, many services could be billable to Medicaid if referred to an outside provider but do not qualify for Medicaid reimbursement since the nurse home visitor provides the intervention (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). As a result, Colorado expects Medicaid to cover less than 1% of home visiting costs (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). All Colorado state-funded home visiting program sites are required to maximize Medicaid billing, which then reimburses services monthly to service providers for each family receiving visits (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018).

The Financing Work Group of the Task Force aggregated the investment in home visiting services across Colorado during 2019 to serve as a baseline. Increases in investment will be measured annually.



The baseline aggregated funding for known evidence-based models and participating programs from Federal Government, State Government, County Government, and Foundations. It is comprehensive but not exhaustive. The estimate did not include all Medicaid reimbursements for all programs or county investment in locally developed home visiting programs.

## Appendix and Relevant Links (cont.)

### *Limitations or barriers*

Utilizing funding streams such as Medicaid can place administrative burdens for home visitors and state staff (Bauer & White, 2019; Sandstrom & White, 2018), and staff must carefully allocate the time spent on different parts of a home visit to make sure that they only bill Medicaid for allowed services (Bauer & White, 2019; Sandstrom & White, 2018). Regulatory barriers, such as state statutes or appropriations regulations, are common to home visiting. For example, states may anticipate a small impact following the feasibility stage, leading to a low likelihood of a meaningful investment return (Bauer & White, 2019; Sandstrom & White, 2018). Service providers may struggle to meet data requirements or enrollment targets specified in the PFO contract (Bauer & White, 2019; Sandstrom & White, 2018), and siloing of information or resources may prevent different agencies and organizations from aligning interests (Bauer & White, 2019; Sandstrom & White, 2018).

### *References*

- Administration for Children & Families. (2020). Home Visiting Implementation Research. Retrieved December 1, 2020, from <https://homvee.acf.hhs.gov/implementation>
- Bauer, T. & White, R. (2019). Scaling Programs That Work By Paying For Success. What matters: Investing in Results to Build Strong, Vibrant Communities.
- Fudge, K., Ballard, K., & Brown, M. (2019). Funding Home Visiting with a Pay for Outcomes Approach. OPRE report #2019-70. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services.
- Herzfeldt-Kamprath, R., Calsyn, M. & Huelskoetter, T. (2017). Medicaid and Home Visiting. Center for American Progress.
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- LeBlanc, M. & Block, L. (2020). State and Territory Policy Strategies Supporting Maternal and Child Health During COVID-19. Washington, DC: National Governors Association Center for Best Practices.
- Maternal and Child Health Bureau, Health Resources & Services Administration. (2020). Home Visiting. Retrieved December 1, 2020, from <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
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- Schlitt, J. & Barcliff, N. (2010). Federal Home Visiting Funding: Implications for State Home Visiting Investments and Initiatives. Pew Charitable Trusts.
- Schochet, L. (2017). Home Visiting: A Common-Sense Investment. Center for American Progress.

# Appendix and Relevant Links (cont.)

## G - Background and Resources

- <https://www.illuminatecolorado.org/project/HFA®/>
- <https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/CombinedPenetration9-19-19/Penetration>
- <http://www.earlychildhoodcolorado.org/ec-workforce-2020-plan>
- 2021 Colorado Home Visiting Coalition Annual Report
- Colorado's home visiting system plays an essential role in the lives of thousands of families across the state and is a critical part of Colorado's early childhood system. The [2021 Annual Report](#) visualizes Colorado's home visiting landscape and shares the collective work of many of our home visiting models this past year. For more information, contact Laura Knudtson at [laura@cohomevisiting.org](mailto:laura@cohomevisiting.org)

## H: HVITF Legislative Landscape - Updated 5/12/2022

### Colorado State Assembly Legislative Session

This legislative session included a number of bills that will provide investments to Colorado's home visiting continuum, strengthen the home visiting workforce, and offer stability to sites implementing home visiting programs.

A major accomplishment of the session was the passage of HB22-1295 - The Department of Early Childhood and Universal Preschool bill (Sponsors: Representative Sirota, Speaker Garnett, Senate President Fenberg, Senator Buckner) which unifies Colorado's high quality early childhood system under one Department. The establishment of this new integrated Department will work to ensure that voluntary early childhood programs are accessible to all kids and families. Although only a portion of this nearly 500 page bill was devoted to home visiting, Family Strengthening Home Visiting programs were established in statute, providing shared language for this service-delivery strategy as well as the opportunity to provide future grants for home visiting programs as we continue to invest in Colorado's continuum of programs.

Additionally, as stakeholders worked to utilize pandemic stimulus funds to support the early learning/childcare workforce, home visitors and other non-educator professionals were also highlighted as integral to Colorado's pandemic recovery. SB22-213 - Child Care Support Programs (Sponsors: Senator Fields, Senator Sonnenberg, Representative Valdez, Representative Tipper) works to provide significant support for Colorado's entire early childhood workforce through loan forgiveness and scholarships for educators, home visitors, Early Intervention providers, and Early Childhood Mental Health Consultants. Additionally, this bill provides the opportunity for the new Department of Early Childhood to continue to strengthen workforce recruitment, retention, and professional career pathways. Finally, this bill provides support for an evidence-based, two-generation home visiting program that supports school readiness and social-emotional growth outcomes clearly in alignment with the HIPPPY model.

### HB22-1369

HB22-1369 aims to support children and families by addressing families' mental health needs through a \$2 million grant program.

#### *How is this transformational?*

Children and families face a myriad of challenges in accessing care for behavioral health. When access to care is so delayed, children, youth, and families become involved in our juvenile justice and/or child welfare systems. There are far too many children who could be cared for at home or in their community if there was an adequate system of respite and therapeutic foster care to support them. Funding in HB22-1369 goes to expand this provider network around Colorado specifically for these families.

#### *Who does this bill benefit?*

Potential recipient programs will primarily target families with high poverty rates and low access to resources, including families with Medicaid and children at risk of foster home placement.

## Appendix and Relevant Links (cont.)

Continuing the trend of investing in critical Colorado organizations in order to support our communities to successfully emerge from the pandemic, HB22-1356 (Sponsors: Rep. Herod, Rep. Hooton, Senator Gonzales, Senator Rankin) created a small community-based nonprofit grant program to allow organizations to apply for grants for professional development, data technology, program expansion, and evaluation. Home visiting programs across the state are delivered through many small, non-profit organizations that have strong connections to their community. We expect that these grants will be an additional way Colorado can support the site's abilities to maintain strong organizational foundations and allow for the continued administration of evidence-based home visiting programs.

Another important bill that will largely support children and families this session was HB22-1289 - Health Benefits for Colorado Children and Pregnant Persons (Sponsors: Rep. Gonzales-Guitierrez, Rep. McCluskie, Sen. Moreno & Sen. Fields). This bill provides full health insurance coverage for Colorado pregnant people who would be eligible for Medicaid and the Children's Health Insurance Program (CHIP) if not for their immigration status, makes comprehensive lactation support available, and reinstates the Health-eMoms (Parents) survey that is a helpful data source for Colorado in learning about the experiences of parents that have recently given birth.

### *Maternal Infant and Early Childhood Home Visiting (MIECHV) Reauthorization*

The Maternal Infant and Early Childhood Home Visiting program (MIECHV) is the largest direct federal source of funding for home visiting for states. MIECHV was originally authorized in the Affordable Care Act in 2010 and was last reauthorized for 5 years after a 5 month lapse in 2018. MIECHV will expire again if it is not reauthorized by September of 2022. The National Home Visiting Coalition united around a number of priorities for this reauthorization period including an on-time reauthorization, an increase in funding from \$400 million per year to \$1.4 billion (over a 5 year period), and an ability to continue virtual visits when congruent with the fidelity of the model. The Colorado Home Visiting Coalition and other advocates met with all nine of Colorado's congressional offices to educate staff about the importance of MIECHV funding for the state as well as advocating for additional funding in order to address workforce retention and recruitment issues as well as expand home visiting services to more families. MIECHV remains a bipartisan and highly supported program in Congress and there is hope that not only will MIECHV be reauthorized this year on-time but that it will also provide for additional opportunities to bring home visiting to more of Colorado's communities.

### *I - Home Visiting Totals by County*

Total number of Unique Families / Children / Parents, Total visits, by county, between July 1, 2018 and June 30, 2019. Of the 8 active Home Visiting models from 2018-2019, 7 reported unique families by county, 5 reported total visits by county. The true totals are at least as large as the values in the table.

County	Unique Families / Children	Total Visits
Adams	1467	15813
Alamosa	272	2207
Arapahoe	930	6387
Archuleta	25	204
Baca	16	154
Bent	8	78
Boulder	295	2913
Broomfield	24	210
Chaffee	56	316
Cheyenne	4	47
Clear Creek	31	256
Conejos	53	296



## Appendix and Relevant Links (cont.)

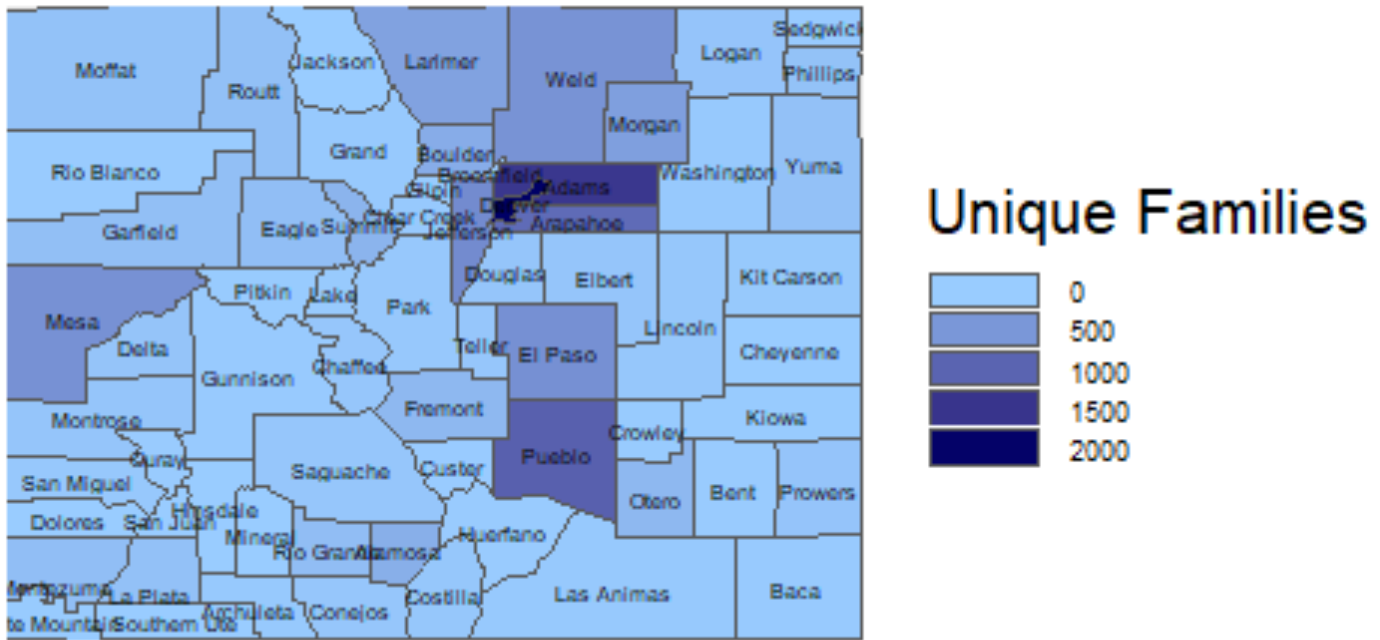
County	Unique Families / Children	Total Visits
Costilla	48	755
Crowley	9	129
Custer	5	43
Delta	72	702
Denver	2022	18298
Dolores	2	14
Douglas	67	640
Eagle	127	800
El Paso	565	5459
Elbert	68	748
Fremont	183	1153
Garfield	122	1521
Gilpin	10	95
Grand	26	248
Gunnison	16	165
Hinsdale	0	0
Huerfano	8	71
Jackson	2	18
Jefferson	609	7035
Kiowa	10	141
Kit Carson	32	372
La Plata	105	894
Lake	22	217
Larimer	395	3515
Las Animas	27	237
Lincoln	50	279
Logan	69	576
Mesa	549	6159
Mineral	2	4
Moffat	94	1043
Montezuma	130	1164
Montrose	67	614
Morgan	419	2052
Otero	186	1137
Ouray	7	58
Park	37	342
Phillips	95	419
Pitkin	13	156
Prowers	69	736
Pueblo	1040	13040

## Appendix and Relevant Links (cont.)

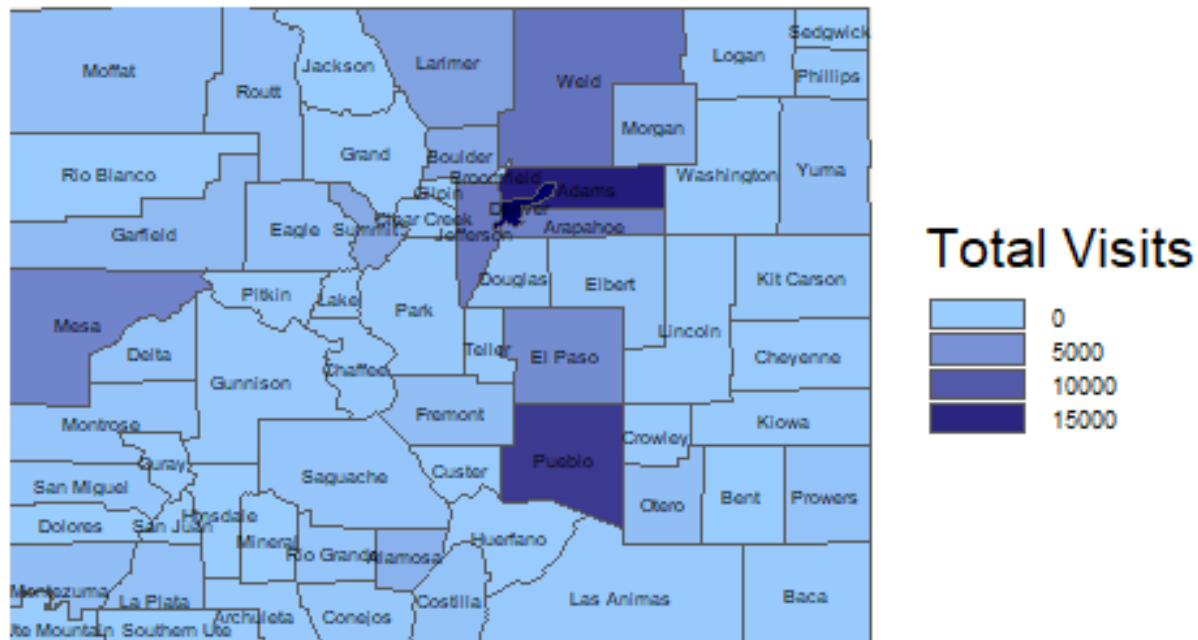
County	Unique Families / Children	Total Visits
Rio Blanco	7	62
Rio Grande	139	613
Routt	108	942
Saguache	54	596
San Juan	2	22
San Miguel	36	397
Sedgwick	14	118
Summit	222	2831
Teller	55	372
Washington	27	203
Weld	535	7637
Yuma	102	1183

# Appendix and Relevant Links (cont.)

Map of Unique Families by County, State Fiscal Year 2018-2019



Map of Total Visits by County, State Fiscal Year 2018-2019



### *J - Colorado Home Visiting Best Practices Inventory Synopsis*

The purpose of this project is to create an inventory that identified local expertise and resources available in Colorado. The inventory will help carry best practices through to Colorado home visiting to ensure it is impactful and high quality. This project was conducted at the request of the Office of Early Childhood Home Visiting Investment Taskforce. A recommendation of the task force is to create an inventory of best practices in home visiting in three areas:

1. Virtual home visiting
2. Serving racially and ethnically diverse families and
3. Rural home visiting services.

A review of home visiting literature in these areas, and of professional websites, was conducted to inform the inventory. Further, interviews with home visiting intermediary organizations, home visiting program developers, home visiting service providers, and parents who participated in home visiting were conducted. The literature review and interview data was then synthesized to create the inventory. This project supports efforts to increase virtual service delivery and cultural competency of home visitors across the State. There are detailed recommendations for each area in the appendices. Some overarching recommendations include:

#### *Recommendations for Serving Rural Communities*

1. Provide necessary technology for parents to participate virtually including things like a tablet and internet access. This is a common theme throughout all three categories.

#### *Recommendations for Serving Racially and Ethnically Diverse Families*

1. Employ diverse, local community-based workers who share similar identities to the families served, and lower educational requirements for hiring if necessary. Create an environment where community members have the ability to apply for and maintain positions in the workforce. Provide augmented training and support when providers are drawn from the local community, and may not have professional/clinical training.
2. =Workers speak the home language/work with partners, consultants, or interpreters. Provide materials and training in languages other than English and Spanish.

#### *Recommendations for Virtual Home Visiting*

1. Create a repository of best practices in Virtual Home Visiting that organizations can access (Webpage). There is no process for sharing out best practices and this would allow organizations to share information collected.
2. Be flexible on model elements, adjusting materials as needed and depending on access to transportation and/or technology and time limits (e.g. frequency, telephone or virtual delivery).

View the complete Project Report:

<http://www.earlychildhoodcolorado.org/working-groups>

### *K - Colorado Home Visiting Financing Options Policy Memo Synopsis*

The Financing Work Group of the Home Visiting Investment Task Force contracted the services of Start Early Consulting to research potential Federal funding streams that could fund home visiting. The work group brainstormed an initial list of potential sources for exploration. Start Early examined the current landscape of federal and state funding streams that could be leveraged for home visiting services, conducting a literature review of existing funding analyses, creating a set of criteria to evaluate the viability of funding streams, interviewed subject matter experts across the country on how to blend and braid funding streams, and interviewed state agency leaders across Colorado to assess the viability of funding home visiting through their agencies.

In the initial information gathering process described above, it was determined that the policy memo would deeply focus on two opportunities - Temporary Assistance for Needy Families (TANF) and Every Student Succeeds Act (ESSA) funding streams - as they showed the most immediate promise to increase available funding at the local level for home visiting expansion.

The TANF program is a block grant which grants funds and flexibility to states and territories to provide temporary financial assistance to low-income families with children to help pay for food, shelter, child care, and other non-medical expenses. It also provides adults with job readiness training, job skills training, vocational training, and other educational training programs to help low-income adults prepare for employment. TANF funding flows from the Federal Government to Colorado and then to County Departments of Human Services. The counties have the discretion to direct underfunding for appropriate uses meeting local needs.

ESSA is a federal grant that provides funding through both formula and competitive grants. The U.S. Department of Education allocates core Title I funds to State Educational Agencies (SEAs) through four statutory formulas based primarily on annual census poverty data. SEAs in turn distribute ESSA funds to their local educational agencies (LEAs) in accordance with ESSA requirements. States must submit ESSA plans to the U.S. Department of Education describing their state's priorities using Title I funding to support LEAs in providing high quality education, including the support of early childhood programming. LEAs then have the ability to decide how these funds will be used locally to meet those priorities.

The strategies recommended in the policy memo include:

- Consider a formal cost study of home visiting in Colorado. As expansion occurs, administrative costs such as salaries are the major cost burden. Ensuring those costs are distributed equitably across the state is essential to comprehensive service delivery.
- Consider a landscape analysis to understand the current home visiting capacity by county, considering future population growth.
- Home visiting thought leaders should be leveraged to provide education to local TANF and ESSA decision makers on the benefits of expanding home visiting services.

View the full copy of the Start Early Policy Memo:

<http://www.earlychildhoodcolorado.org/working-groups>