Home Visiting Investment Plan

May, 2021

COLORADO
Department of Human Services

Note to Coloradans

April 1, 2021

Dear Coloradans,

Home visiting services provide a foundational support system for Colorado families with children under the age of six. Home visiting* has been shown to provide a positive impact on both child and parent/caregiver/family outcomes, including a reduction in child abuse and neglect, improvements in birth outcomes, improved school readiness, and increased high school graduation rates for mothers. Further, home visiting provides a return on investment between $1.75 - 5.70 per dollar invested.

The State of Colorado supports a strong network of home visiting, with seven evidence-based, state-funded home visiting programs operating. Additional, non-state-funded programs exist within Colorado. Further expanding access and coverage of home visiting services will improve outcomes for families in Colorado. Early Childhood Leadership Commission (ECLC) formed the home visiting Investment Task Force to develop a set of recommendations to improve the coverage and quality of Home Visiting services across the State.

When implemented, the strategies in this plan are designed to ensure that more Colorado families know about home visiting services, have access to and choices of culturally and linguistically appropriate quality programs, and achieve more positive and equitable outcomes. This set of recommendations has been constructed through collaborative work led by local, state, and national Home Visiting experts; individuals with lived experience of receiving Home Visiting services; and parents/caregivers.

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 will not be simple, but these are challenges that are worth overcoming. We hope that you will join us in these efforts.

We would like to thank the Early Childhood Leadership Commission and the task force members who helped produce the following recommendations.

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 1,000 families who responded to the survey. This work is for you, with you, and we appreciate your commitment to improving home visiting services in Colorado.

Sincerely,

*See definition of “Home Visitation” including capitalization use, on page 4.

Table of Contents

Introduction

The Home Visiting Investment Task Force has produced the following plan to recommend changes to home visiting services in Colorado in order to improve outcomes for families.

Implementation of this plan will strengthen family capacity and maximize children's developmental potential across Colorado. Through the scaling of a continuum of culturally and linguistically appropriate Evidence-Based Home Visiting services and other family-strengthening supports, Colorado families will have access to the Home Visiting services that most benefit them and their communities. When fully implemented and funded, a minimum of 1,700 additional families will receive Home Visiting services (a 20% increase).

The plan calls for additional funding, innovation, workforce development, outreach, marketing efforts, and deep partnerships through coalition building in order to build this expanded capacity. Implementation of the recommendations that follow will be done in coordination with local, state, and federal government; elected leaders; local communities; families; advocates; funders; researchers; and all other interested partners.

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

Members of the task force built recommendations with and based on input from the families of Colorado. Families were involved through multiple formats, including participation on the task force, panels, surveys (Appendix C), and focus groups (Appendix D). The message from participating families was that great value is gained through the supportive relationship between the family and their home visitor. Families also reported that the support was important to their success as parents, that services were important to their child's healthy development, and that relationships formed with their home visitors were a stabilizing factor in their lives.

> *"My home visitor is very empathetic, helps me through all the milestones, is available all the time, and has connected with me."*
>
> *- focus group participant*

Families universally reported deep gratitude and support for their home visitors and felt that more families would and could benefit from home visiting services. Families consistently reported that they often were not aware of home visiting services and seldom aware of the choices in programming that may exist in their communities. Participants were often referred by a local entity. 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. While families reflected that home visiting staff worked hard to meet their cultural and language needs, they reported that significant gaps existed in language skills and understanding of cultural differences.

Introduction (cont.)

Expanding services is not without barriers. Evidence-Based Home Visiting program representatives reported a number of challenges in meeting the needs of families. Through a Strengths, Weakness, Opportunities and Threats (SWOT) analysis, input was received regarding challenges to implementation. Evidence-based home visiting 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 Early Childhood Home Visitation (MIECHV) remains a primary funding source in Colorado. A desire for stronger advocacy, coalition, and partnership building were also expressed as tools for expanding reach to families through consistent outreach and marketing, innovations, and connecting with potential members of the workforce.

In addition, concerns were raised around greater service coordination and support for families across systems. Funding streams, data collection, and various types of program content delivery from human services to community-based organizations are all areas that need to be examined for efficiency. Families reported that multiple intakes are necessary for home visiting, hospital visits, etc. because data systems do not interact and governmental organizations are often not coordinated in the delivery of support. For providers and funders of Evidence-Based Home Visiting, this landscape is further complicated by local, state, and federal funding, which is not readily aligned, as well as by research and best practices which need coordination of funding and strategies. Furthermore, the voluntary nature of Evidence-Based Home Visiting may result in systems such as child welfare and public health departments providing support to families, but these are not easily coordinated with the home visiting workforce.

Despite these challenges, the value of Evidence-Based Home Visiting was consistently reported alongside the need to expand services to more families. Available home visiting falls far short of need in Colorado. According to the 2020 Colorado MIECHV Needs Assessment, 23 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.

According to the Child Fatality Prevention System's 2020 Annual Legislative Report,

> *"not a single county in Colorado... has Home Visiting programs to meet the overall needs of families in the county."*

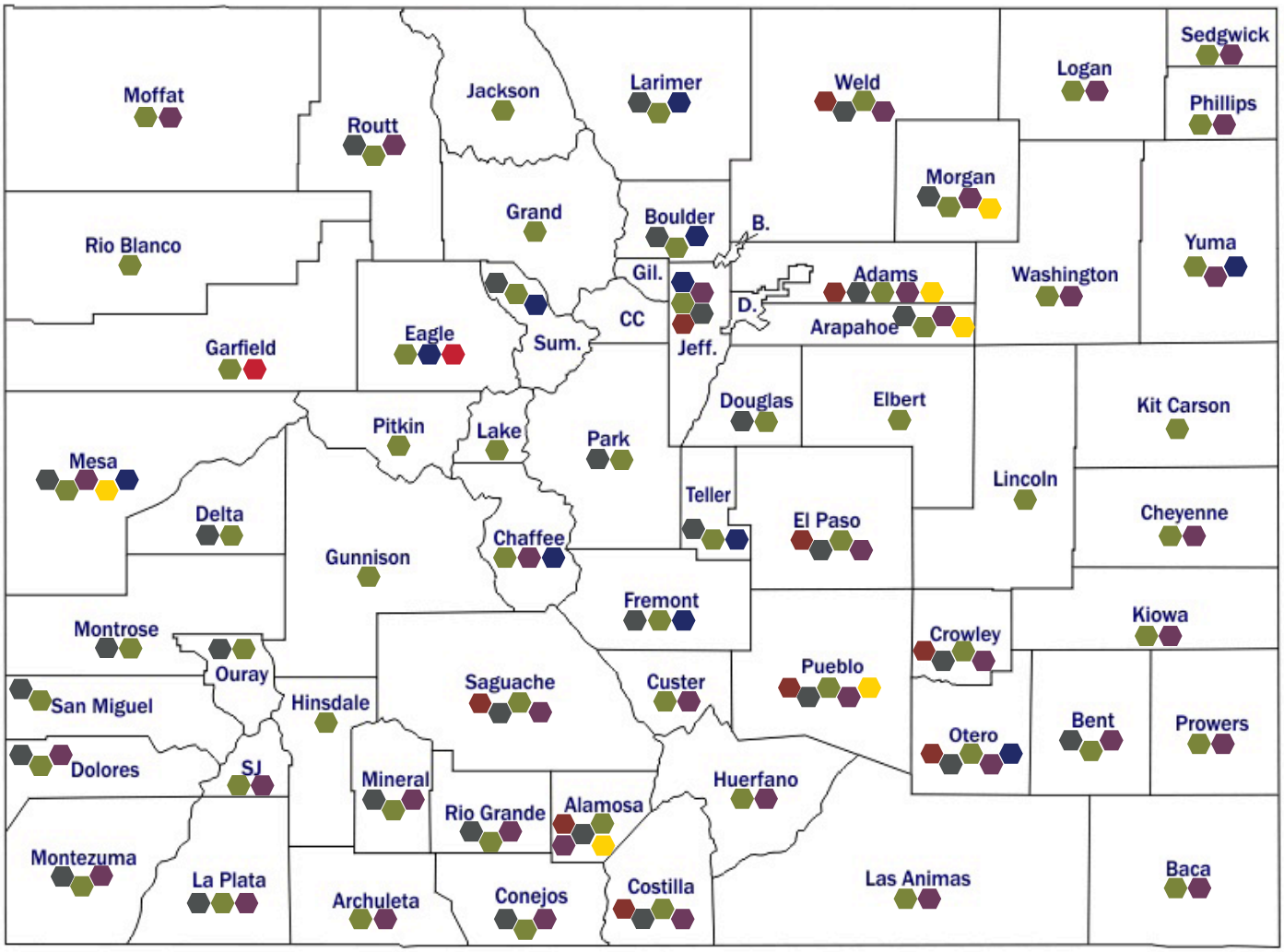
Home Visitation Coverage in Colorado by County

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

The home visitation programs funded by the State of Colorado are:

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

These programs, with the exception of HealthySteps ™, are all eligible for federal funding under the MIECHV requirements and have demonstrated high levels of outcomes for families in rigorous evaluation efforts.



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

Note: Seven metro counties, including Denver County, have been discussing Child First.

"I honestly didn't know what I was doing [when I had my first child]. To have someone to ask questions, and have answers for me, to give me milestones to reach was very important. I honestly don't know what I would if I didn't have [home visiting] programs." -

parent panelist

The Home Visiting Investment Task Force

Recognizing the need for greater coverage, the Early Childhood Leadership Commission (ECLC) approved The Home Visiting Investment Task Force on April 23rd, 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 5th, 2020, the Home Visiting Investment Task Force kicked-off their work under the following charge (full charge is available in Appendix A):

> *The Home Visiting Investment Task Force will develop a strategy to scale a 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.*

The Home Visiting Investment Task Force virtual meeting November 19, 2020

Introduction (cont.)

The Task Force met as a full group, with community participants, twice monthly from November 2020 through April 2021. 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, 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. In addition, there were six subcommittees which met to develop work plans formed from task force members, engaged community members, and staff members from the Colorado Department of Human Services.

The task force operated under the following values to produce the recommendations housed within this plan:

Introduction (cont.)

These recommendations 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:

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.

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

Advocacy and Coalition

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.

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.

Innovation and Learning from COVID-19

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.

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.

Throughout the process, a deliberate effort was made to incorporate family voice. Family members with lived home visiting experience were appointed to the task force. A parent panel, family survey (Appendix C), and focus groups (Appendix D) were held to further gain input from families. The survey was distributed in both English and Spanish, receiving 1,431 total responses. Two focus groups were held, one in English and one in Spanish, that were used to add a qualitative understanding of family's experiences and feedback for home visiting services. The data gained through these rounds of community feedback were used to inform recommendations developed by the task force.

Implementation Plan

Accountability for implementation of the recommendations is essential to the success of this plan. The task force requested that responsibility be given to the ECLC due to the extensive intergovernmental and community coordination experience held by its members. The ECLC will first reauthorize the Home Visiting Task Force, which will be responsible for the specific, day-to-day implementation of the recommendations. This reauthorization will occur annually and will provide the ECLC an opportunity to regularly check-in to ensure that progress is being made towards implementation of the plan. The ECLC program quality and alignment subcommittee will act as the oversight entity for the plan and will receive an annual full report on progress from the task force. The detailed strategies to achieve these goals are thoroughly outlined in the supplementary implementation spreadsheet that accompanies this plan. Staffing and facilitation support will be provided through the State of Colorado Office of Early Childhood.

The annual report is meant to support the plan to be a flexible, living document. The recommendations that follow are meant to be implemented through a lens of reflection, and it is expected that changes will be made along the way as implementation occurs to ensure the best outcomes for Colorado families. The recommendations outline milestones, year-by-year implementation, funding needs, and lead staff to ensure implementation of the recommendations can be easily tracked and completed. The recommendations within this plan will help Colorado achieve the Home Visiting Task Force charge, stated above, while implementing and maintaining comprehensive coverage for home visiting services across the State of Colorado.

Strategies

This plan outlines a set of recommendations in six broad strategic areas to achieve the stated charge over the next five state fiscal years (7/1/2021 - 6/30/2026). This narrative overview is supplemented with the detailed action steps which can be found here.

Availability and Collaboration

The goal of the following recommendations is to strengthen family capacity while maximizing the developmental potential of the child. This can be best achieved when pregnant people and parents of young children have early and consistent access to a coordinated continuum of evidence-based home visiting programs and other familial supports. Through implementation of these recommendations, substantial savings to the State of Colorado will be realized due to reduced costs from response to undetected developmental delays, chronic health conditions, family violence, and child maltreatment.

- **Recommendation 1:** Increase the capacity of existing evidence-based home visiting program models by at least 20% (creating the ability to serve 1,700 additional families). These new investments should be made by both adding capacity to existing program sites and establishing new program sites in areas lacking home visiting program options for pregnant people and families with children under the age of six.
    - Establish an understanding of the impact of virtual service delivery (developed through Innovations recommendation 1) on home visiting, the need for expanded language support, and gaps in service delivery.
    - Conduct a targeted rollout of service delivery to meet the needs of Colorado families as effectively as possible.

- **Recommendation 2:** Extend access to culturally and linguistically-appropriate family services by incorporating diverse means of service delivery.
    - Identify a pool of culturally and linguistically-appropriate service options to support 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.

- **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 state-wide planning team to identify:
        - How local communities currently extend offers of assistance to families;
        - The early parenting concerns and challenges 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.

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 Visitation and explain why it's important to the broader community.
    - Support the convening of outcome-specific workgroups established to pursue goals of this plan.

- **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.

- **Recommendation 3:** Develop consistent, shared messaging to promote the entire continuum of Home Visitation 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 Visitation continuum is supported while not erasing the important programmatic **distinctions between models.**

- **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.

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 Visitation, exploration of existing tax and fee structures, and through aligning COVID-19 stimulus funds with immediate home visiting efforts. Through maximizing available funds for Home Visitation in Colorado, more families will be able to achieve positive outcomes.

- **Recommendation 1:** Grow and diversify investments in family and child outcomes through Home Visitation.
  - Engage all levels of government, and gain public support, to increase the annual sustainable funding base for Home Visitation.
  - Utilize the existing ECLC interagency council to build public will and support for Home Visitation 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 Visiting Task Force.
  - Develop a series of short-term, catalytic investments to support sustainable funding practices.

- **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 out on state and local tax and fee structures, and will make exploratory recommendations to relevant coalitions and governments to streamline tax and fee structures.

- **Recommendation 3:** To the maximum extent possible, COVID-19 stimulus funds will be aligned with the goals of this plan.
  - The Home Visiting Task Force will be convened to make recommendations on how to best utilize stimulus funding to support implementation of the plan.

- **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 sub-committee 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.

Innovation and Learning From COVID-19

The following recommendations are designed to leverage the unique circumstance(s) of the COVID-19 pandemic to support innovative changes to service delivery as a means to maximize positive family outcomes. This will be accomplished through the expansion of virtual service delivery to improve access to services, by improving data sharing between systems, and by bringing together existing models and emergent practices to tailor program content to multiple family needs. These recommendations will allow families to receive the services that most benefit them in a way that works for their schedules and family needs, and will promote equity in outcomes while ensuring access to culturally and linguistically-appropriate services.

- **Recommendation 1:** Expand virtual service delivery and improve access for families.
  - Establish an Innovations Community of Practice to identify family needs and opportunities for virtual and hybrid service delivery.
    - Through prioritizing the virtual and hybrid content delivery methods that families want, and supporting those that already exist, Colorado families will have great access to services that meet their unique needs.
  - Develop and invest in the technological infrastructure necessary to scale virtual home visiting while improving access in underserved and under-resourced communities.
  - Develop and monitor implementation of a virtual service delivery action plan to foster real-time impact and learning.

- **Recommendation 2:** Link existing efforts and identify strategies for data integration and sharing.
  - 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 the technological infrastructure necessary to implement data sharing strategies.
  - Champion the uptake and adoption of new data sharing technologies.

- **Recommendation 3:** Bring together existing evidence-based models and emerging practices to better meet multiple family needs.
  - Define the core elements of existing evidence-based models and emerging practices to understand the outcomes that are being achieved currently.
  - Identify which models could be brought together to complement each other and produce better outcomes for families.
  - Pilot newly brought-together models and practices to understand the impact of blending in meeting the multiple needs of diverse families.

Outreach, Marketing, and Awareness

The goal of the following recommendations is to produce a consistent, shared messaging strategy around Home Visitation services across the State of Colorado. Through developing a matrix of home visiting programs to better understand the landscape of services, the development of social capital through family engagement, and the development of shared messaging around home visiting, a cohesive, understandable message around the benefits of Home Visitation will be established. This will reduce confusion from families when accessing services, and will streamline how providers, communities, and health care institutions communicate on the benefits of Home Visitation.

- **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.
    - 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.

- **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.

- **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 Subcommittee to establish a shared messaging strategy.

Qualified Workforce

The goal of the following recommendations are 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.

- **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.
    - Provide adequate compensation and benefits packages to all home visitors to promote workforce retention and reduce burnout.
    - Develop a compensation study with recommendations to support home visitors and the broader early childhood community.

- **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.

- Recommendation 3: Increase workforce retention by elevating home visitor voices, and expanding strategies to promote professional and personal mental health wellness and well-being.
    - 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.

Conclusion

The strategies outlined in this plan 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:

- Expanding coverage of Home Visitation services, to ensure culturally and linguistically-appropriate services, and the streamlining of local community service provision, Colorado families will result in improved access to services that will result in a positive impact on children, while promoting positive outcomes for the parent/caregiver/ family.
- Increasing advocacy and building partnerships will result in more consistent service provision across the state, regardless of the program providing services.
- Streamlining funding and messaging will provide for the maximal utilization of funding while reducing unintended redundancies.
- Embracing innovations explored during the COVID-19 pandemic will allow for further efficiency of service delivery. Virtual service delivery, bringing together Home Visitation models, and cross-agency data sharing are all strategies to maximize efficiency and improve both equity and access.
- Building a matrix of home visiting programs in Colorado and supporting the development of social capital 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 burnout and turnover.

Implementing the recommendations contained in this plan will be a five-year process, and a full implementation timeline can be found here. Through scaling Home Visitation services to reach as many Coloradans as possible, families will be better able to meet the needs of their children and thrive, together. This report serves as an important step in the goal of promoting the best outcomes possible for every Colorado resident.

Appendix and Relevant Links

A. Home Visiting Investment Task Force Charge

The Home Visiting Investment Task Force will develop a strategy to scale a continuum of home visiting services in Colorado and guide the release of the future funding solicitations from the Colorado State 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 six across a continuum of intensity (one visit up to meeting for several years) for the purpose of ensuring child and family well-being.

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 1: Improve access to high quality early care and education for all families.

Area 2: Elevate the early childhood workforce to ensure coordinated career pathways and appropriate compensation.

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 review the MIECHV (Maternal, Infant, and Early Childhood Home Visiting) home visiting needs assessment, created by CDPHE, and discuss gaps to identify priority populations and underserved geographic locations around the state.
- 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.
- The task force will explore funding best practices and investment strategies in other states.
- The task force will explore strategies to align and maximize current home visiting funding streams.
- The task force strongly values family voices and will ensure that family perspective is included throughout the process.
- The final deliverable will be a report to ECLC with recommendations from the task force on sustaining and expanding the Colorado home visiting continuum as well as a long- term investment strategy to ensure that communities throughout the state will have access to the continuum of services through the alignment of multiple funding streams.

Membership Sectors:

Colorado Department of Human Services, Office of Early Childhood (DDHS, OEC)
Colorado Department of Public Health and Environment (CDPHE)
Colorado Department of Education (DOE)
Parent Possible (state intermediary for HIPPY and PAT)
Invest in Kids (state intermediary for NurseFamily Partnership and Child First)
Kempe Center (state intermediary for SafeCare)
ABCD (state intermediary for HealthySteps ™)

Appendix and Relevant Links (cont.)

Membership Sectors (cont.):

Early Intervention
Head Start and Early Head Start
Early childhood funders
County human services departments
County public health departments
Healthcare providers
Local community providers including family resource centers and early childhood councils
Research and evaluation partners
Families
Department of Health Care Policy and Financing (HCPF)
Policy makers
Advocacy organizations

Meetings:

All meetings will be supported through an independent facilitator and have remote participation options. The task force will meet semi-monthly from November 2020 through April 2021.

Home Visiting Investment Strategy Task Force Next Steps

Recruit co-chairs
Hire facilitators
Identify membership
Host a kickoff meeting
Provide routine progress updates to the Program Quality & Alignment Subcommittee and the Early Childhood Leadership Commission

Duration:

The subcommittee membership was designated in June 2020, for one year, until June 2021. Based upon the submission of the work, the group could be reauthorized.

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:

Alexa Chenoweth - Parent representative
Amanda Smith - Parent representative
Senator Rhonda Fields - Chair, Colorado State Senate
Ida Rhodes - Chair, Catholic Charities of Pueblo
Courtney Everson - University of Denver
Deborah Daro - Chapin Hall
Eileen Bennett - Colorado ABCD
Heather Tritten - Parent Possible
Jade Woodward - Illuminate Colorado
Katherine Casillas - University of Colorado Denver
Kellie Teter - Denver Public Health
Laura Knudtson - Colorado Home Visiting Coalition
Jenny Lerner - Colorado Department of Education
Lisa Hill - Invest in Kids
Lesa Nesbit - Buell Foundation
Megan Burch - Eagle County Human Services
Melissa Buchholz - University of Colorado Denver
Olivia Coyne - Head Start
Rebecca Alderfer - ZOMA Lab
Ruth Seedorf - Baby Bear Hugs
Samantha Espinoza - Colorado Children's Campaign
Sherri Valdez - Early Childhood Council
Sandy Swanson - Family Visitor Program
Susanna Snyder - CO HCPF
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C. Survey Results

The Home Visiting Investment Task Force conducted a family survey to determine the strengths and areas for growth across the Home Visitation models in Colorado. The survey was distributed in both English and Spanish and 1,431 respondents completed it. The feedback gained through the survey was used to inform the development of the strategies and recommendations by the task force members.

The survey was distributed to parent/caregivers of children under the age of six who are currently participating in Home Visitation services, or who has received Home Visitation services within the last five years. The final voluntary convenience sample was obtained through snowball sampling, with a wide distribution through email lists, personal connections, programmatic distribution, and informal asks. The survey was offered in both English and Spanish.

Participants for this survey were recruited through email lists, personal connections, and programmatic distribution by members of the task force (N=1,430). Figure 1 shows the total percentages of the sample participating in each existing Home Visitation program. 32.38% (n=463) of respondents participated in one program, 21.33% (n=305) participants participated in two programs, and 33.78% participated in two programs, and 33.78% (n=483) participated in three or more Home Visitation programs. Below are the general demographics for the Home Visitation sample by self-reported race and ethnicity, gender, geographic distribution, and age of parent/caregiver.

Figure 1. Home Visitation participation rates by program

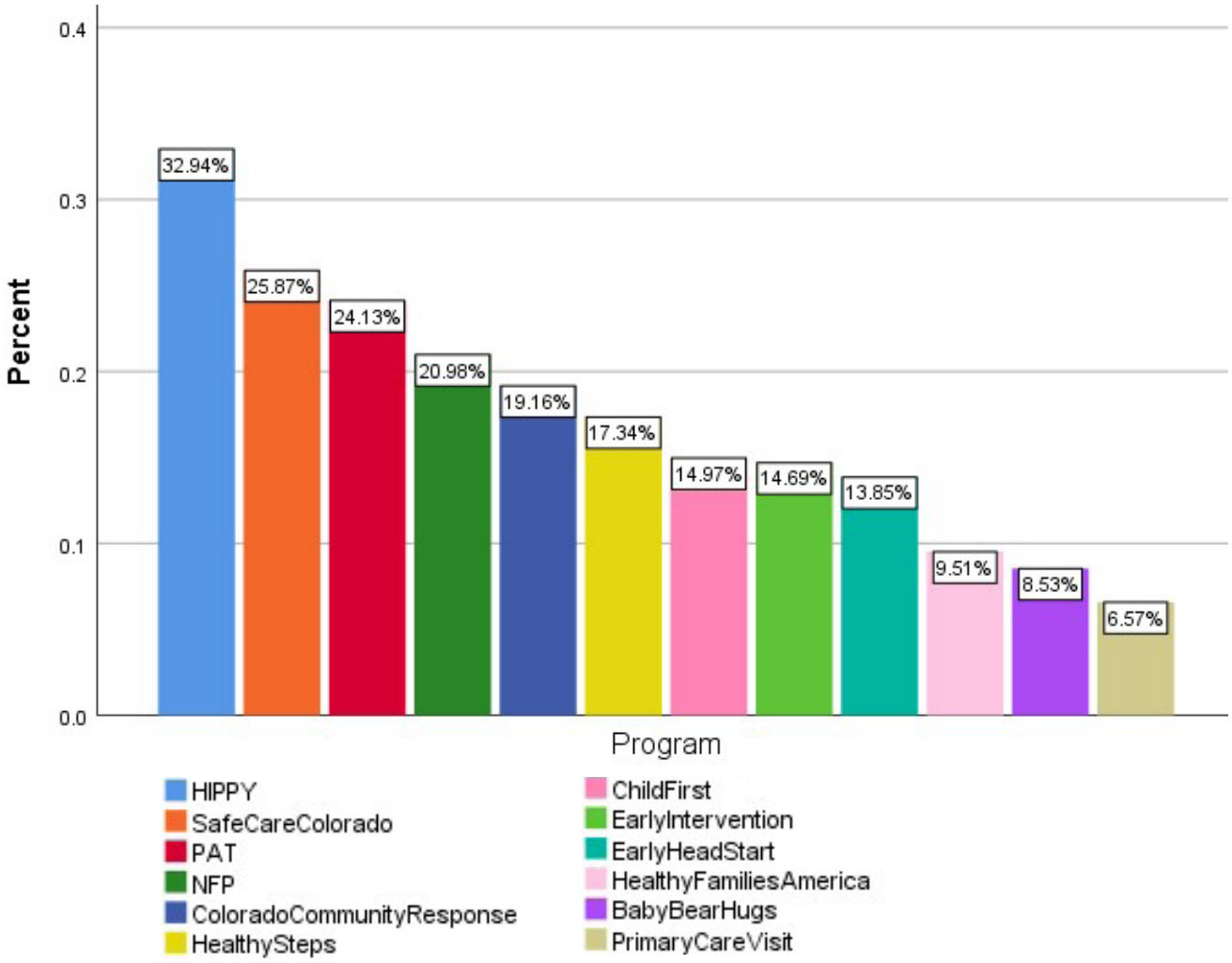
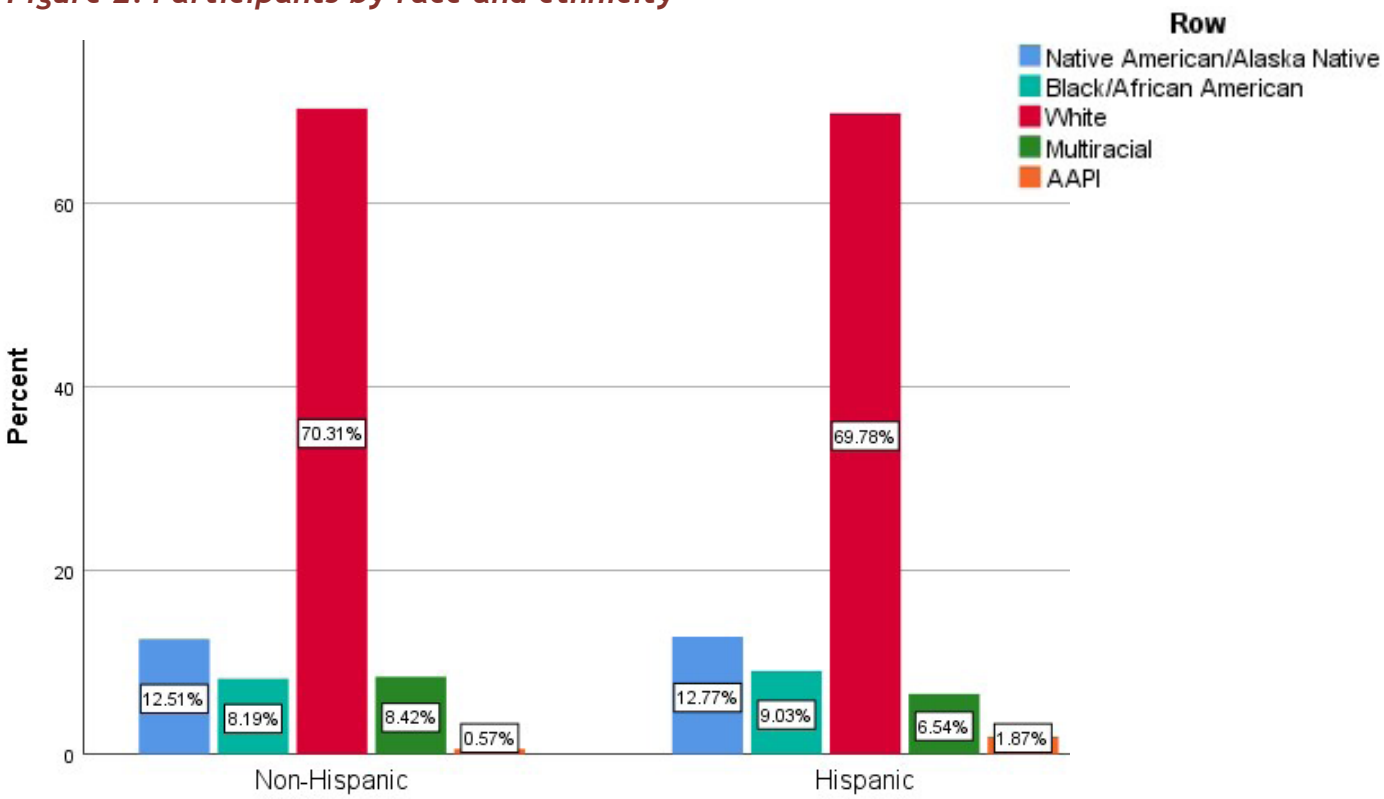


Figure 2. Participants by race and ethnicity



Examining participants' geographic distribution by self-reported race and ethnicity using chi-square tests, participants who identified as Black or African American more frequently lived in urban counties (p = .023), and non-Hispanic White participants lived more evenly throughout the geographic regions than other racial/ethnic groups(p=.007).

Figure 3. Participants by geographic region

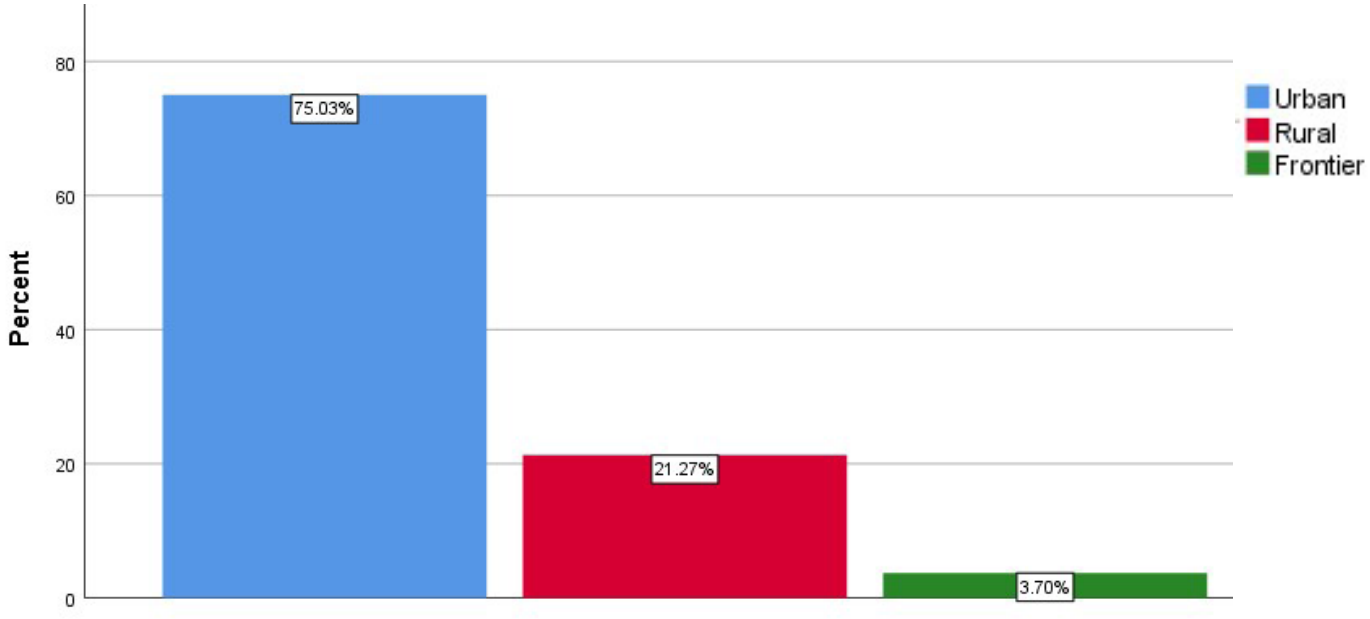


Figure 4. Participants by gender

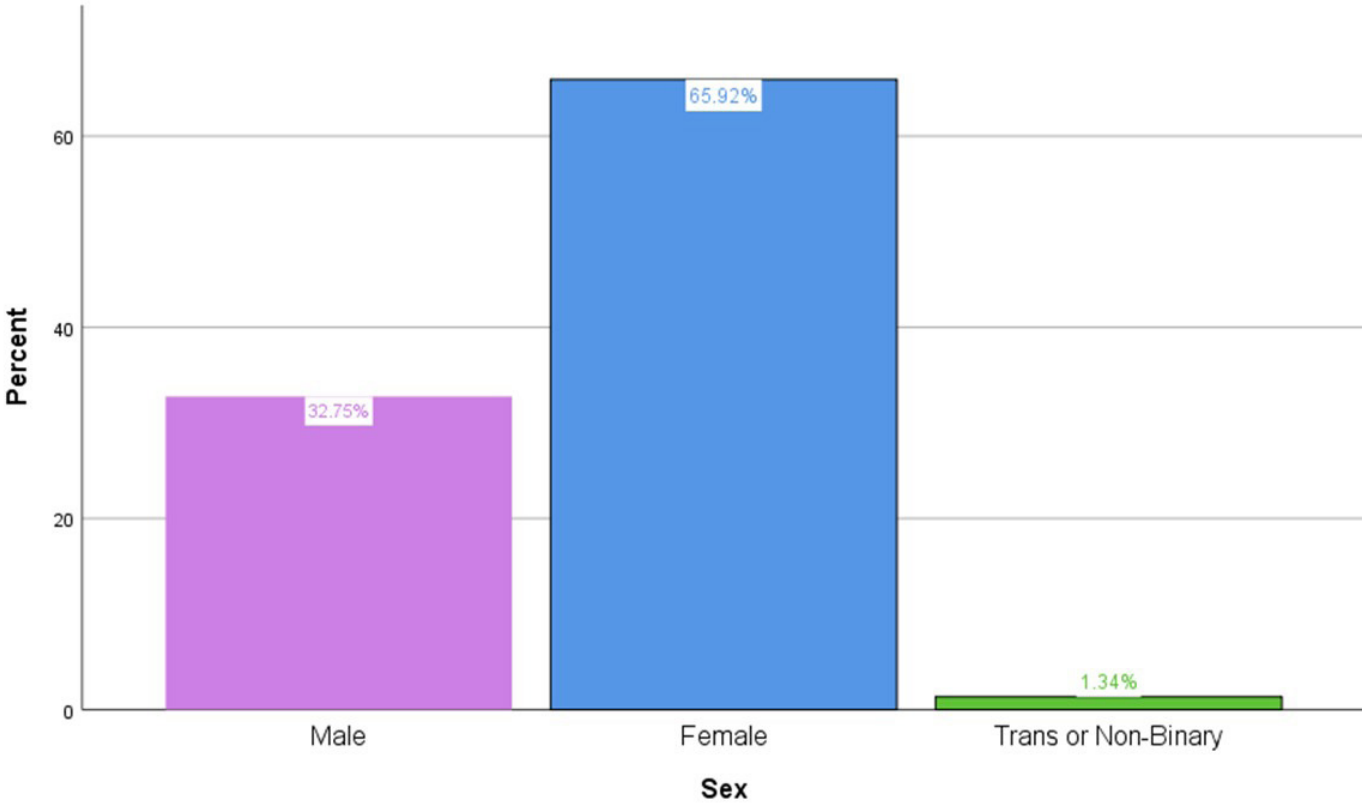
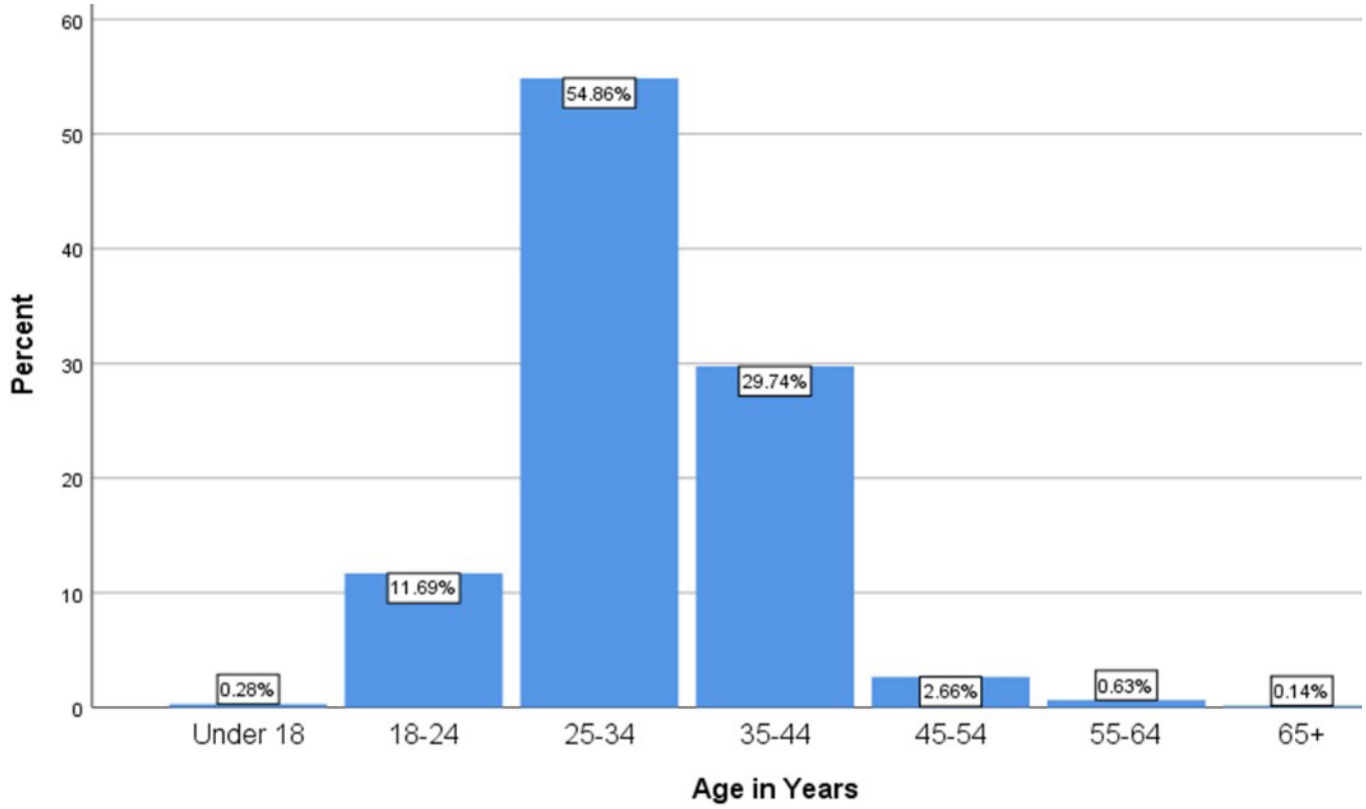


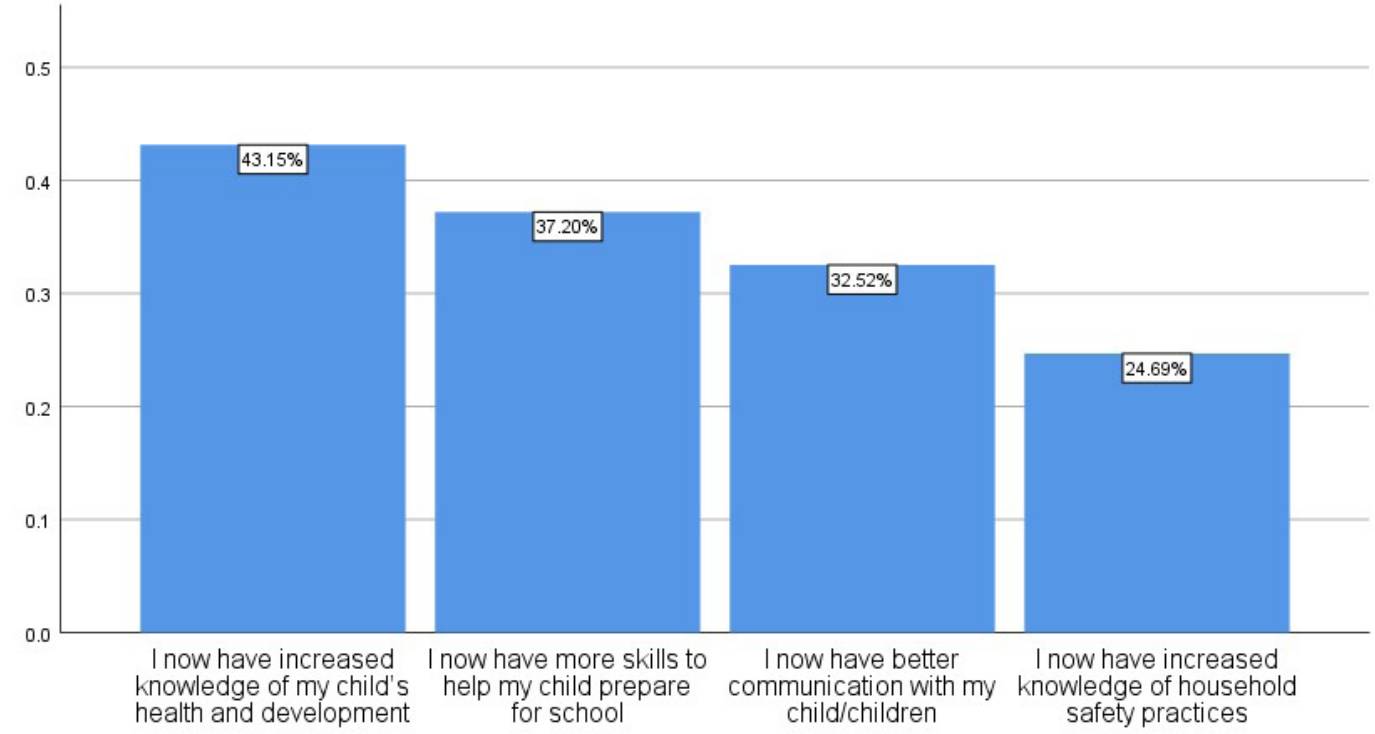
Figure 5. Participants by age



Home Visiting Experiences

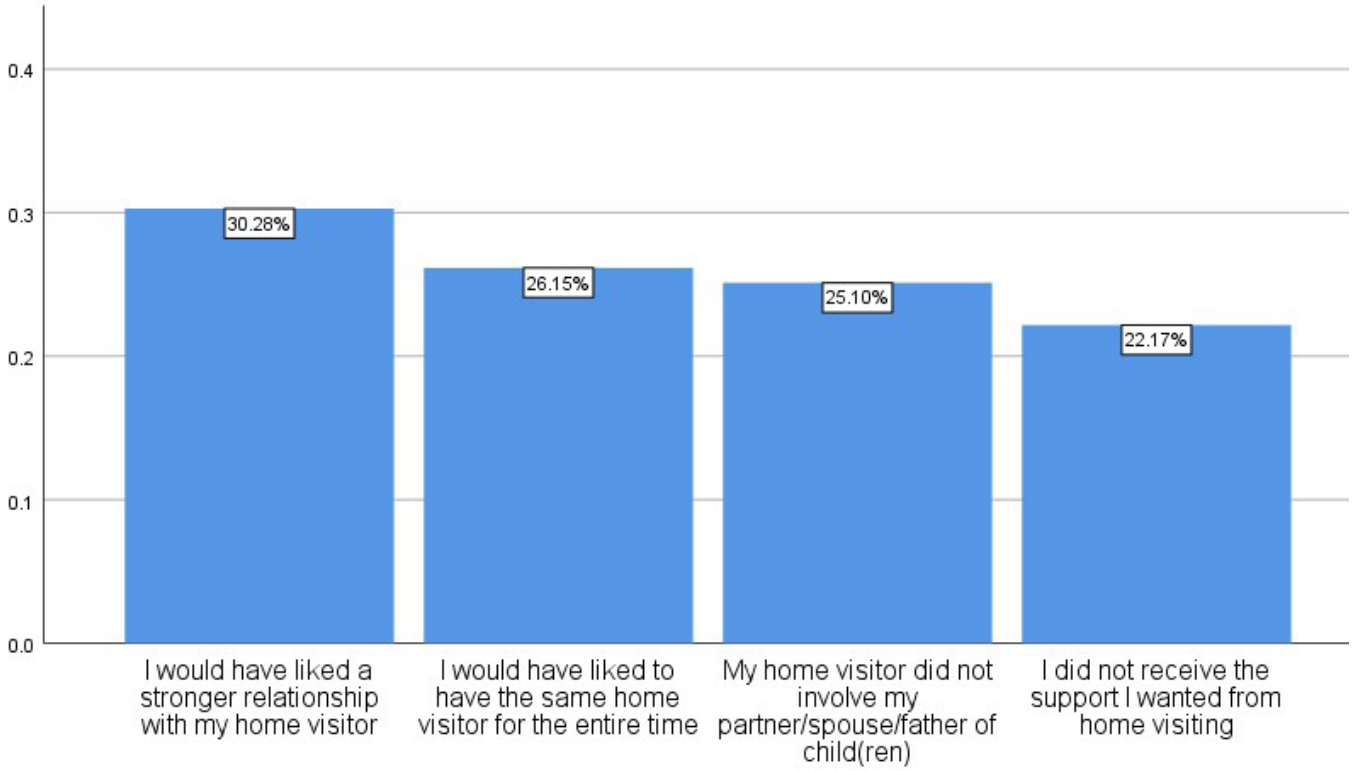
Participants were asked for the three parts of their experiences with HV services that they found most helpful. Figure 6 presents the top 4 reasons participants endorsed. 22% of participants reported "Increased knowledge about healthy relationships," and 22% endorsed "My home visitor helped me improved my parenting skills and confidence"; less than 20% endorsed "Help connecting to community resources" or "Connecting regularly with my home visitor was helpful," and "Increased knowledge of my own health"; and less than 15% of the sample endorsed "Received help enrolling in school and/or gaining/improving employment," "Support with accessing physical and/or mental health resources," or "Increased knowledge of household budgeting."

Figure 6. Top four parts of Home Visitation found most helpful



Participants were also asked what aspects of Home Visitation could be better. Figure 7 presents the top 4 aspects that families reported could be improved on in Home Visitation services. The next top aspect to improve was "visits did not involve my other family members" (21%). The least endorsed aspect to improve was "topics covered during visits did not meet my needs" (6%).

Figure 7. Top four aspects that could be better



Participants reported on the extent to which they agreed with statements about Home Visitation desire and expectation (wanted Home Visitation services, services met expectations; Figure 8); access of services (easy to access, offered in first language, scheduled according to needs; Figure 9); and the impact of Home Visitation services (resource connection, parenting skills; Figure 10). In general, 88.5% of participants reported that they were happy with their Home Visitation experience.

Figure 8. Participant rated Home Visitation desire and expectations

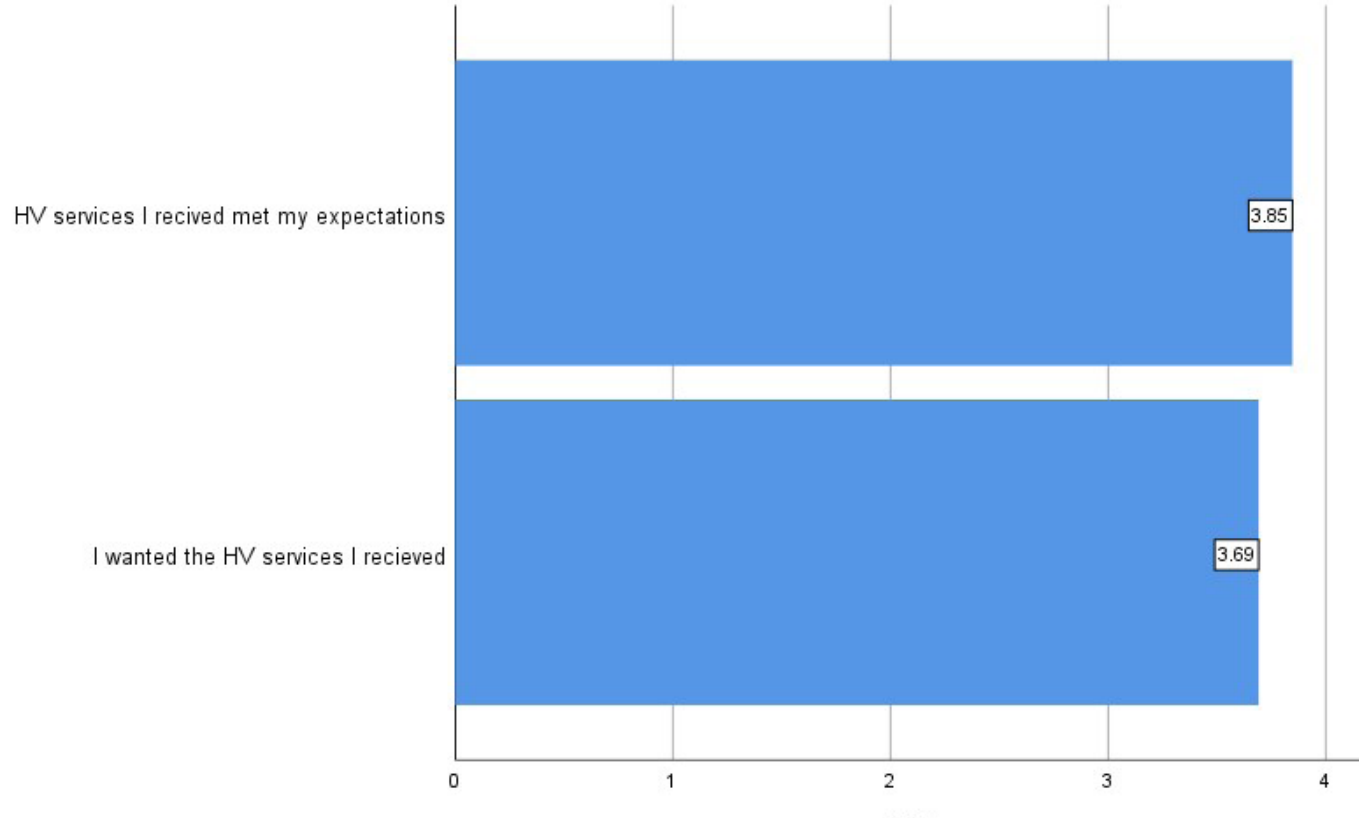


Figure 9. Participant rated Home Visitation access

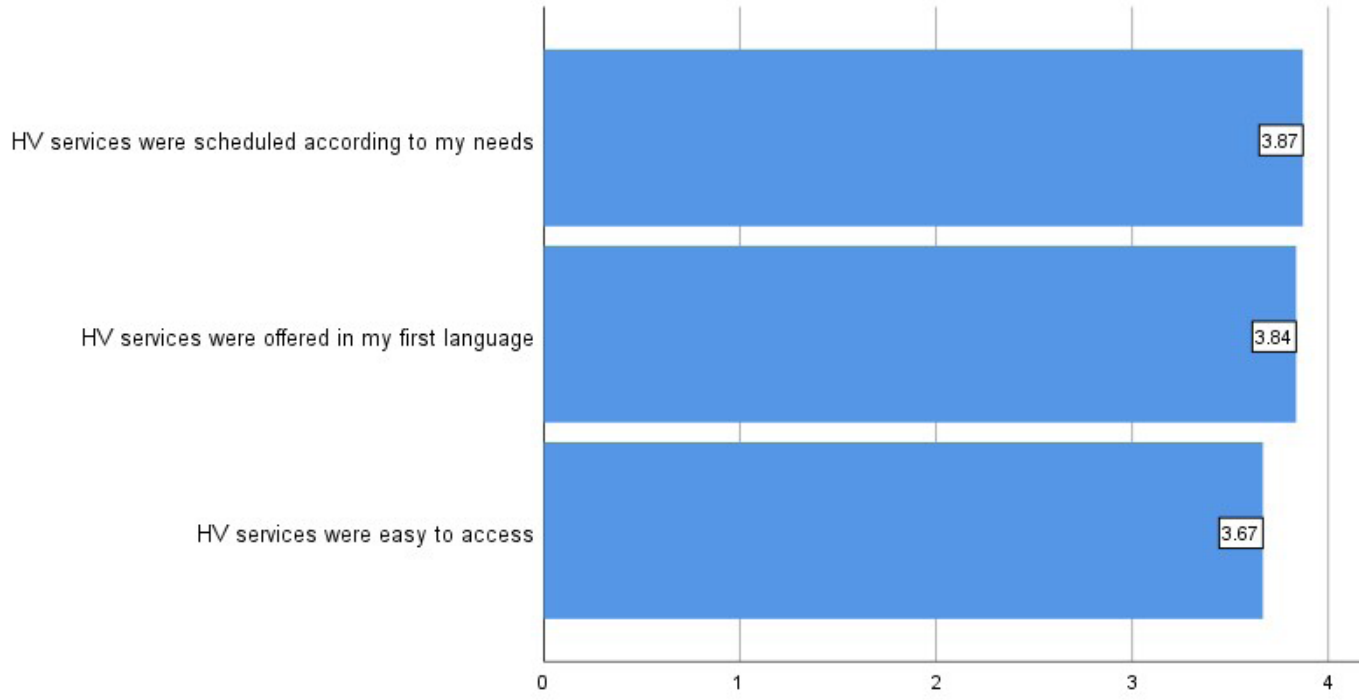
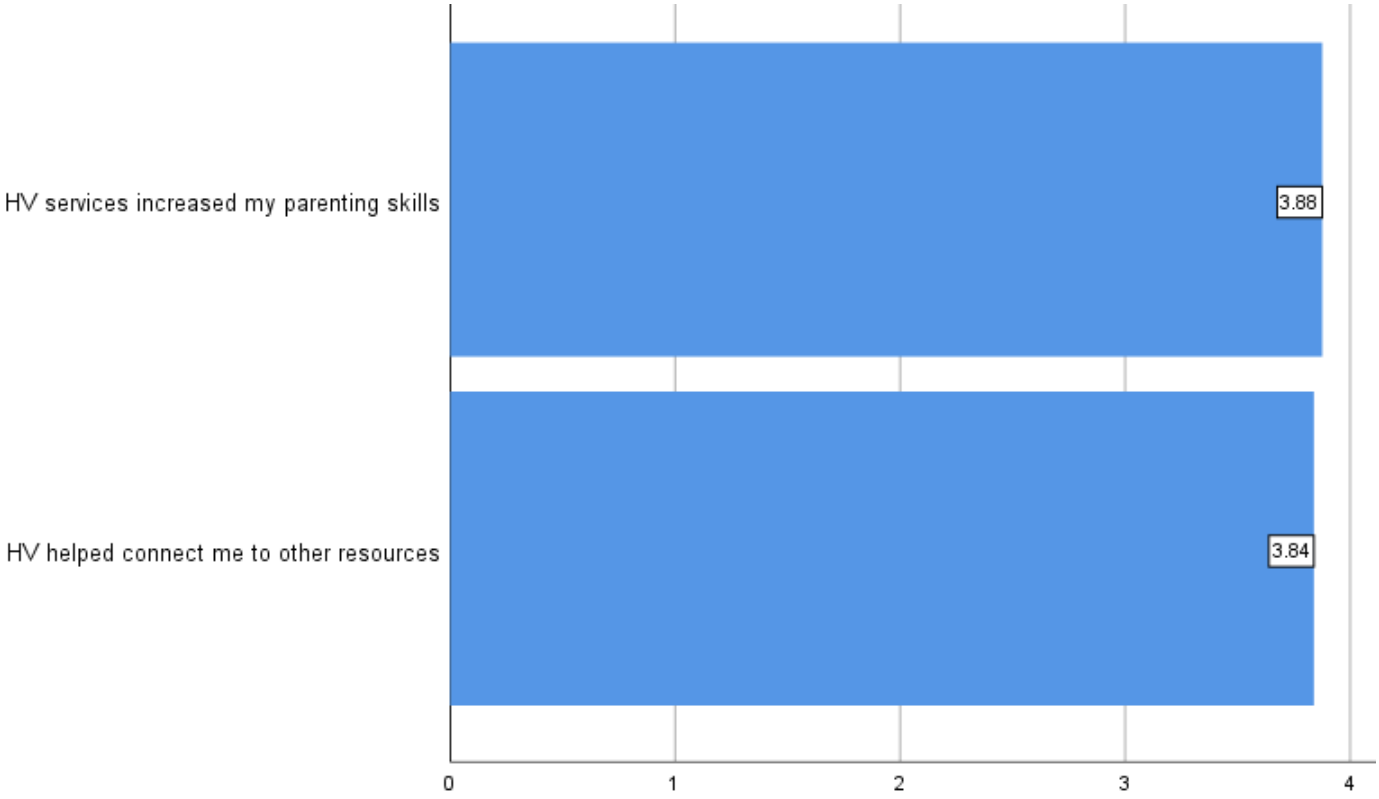
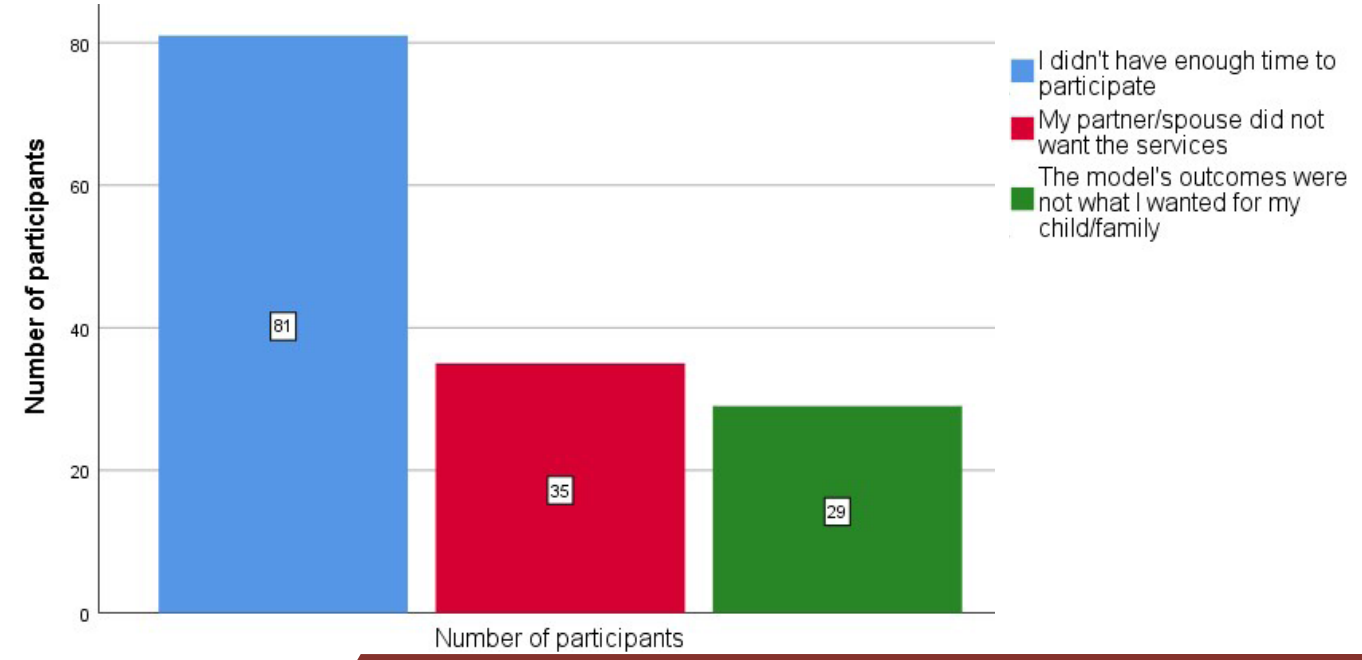


Figure 10. Participant rated impact of Home Visitation services



Those who declined or did not participate in Home Visitation (n=126) were then asked why they did not participate. Figure 11 presents the top three reasons why they chose not to participate. Other reasons participants did not use Home Visitation services included the enrollment process being too complicated (22%); moving away (22%); not wanting welfare or the government involved in their lives (17%); unable to enroll in a model that fit their needs (17%); not wanting virtual services (17%); and not feeling connected to the home visitor (11%).

Figure 11. Top 3 reasons participants did not engage in Home Visitation services



Social Capital Existing in Communities across Colorado (Community Strengths)

Participants were asked to rate their communities on a variety of strengths and aspects of the neighborhood. Figure 12 presents the top two highest ratings and the bottom two lowest ratings for how much participants agree with descriptors of the community. Figure 13 presents the top two highest and bottom two lowest ratings for descriptions of the people in their communities.

Figure 12. Top and bottom rated community descriptors

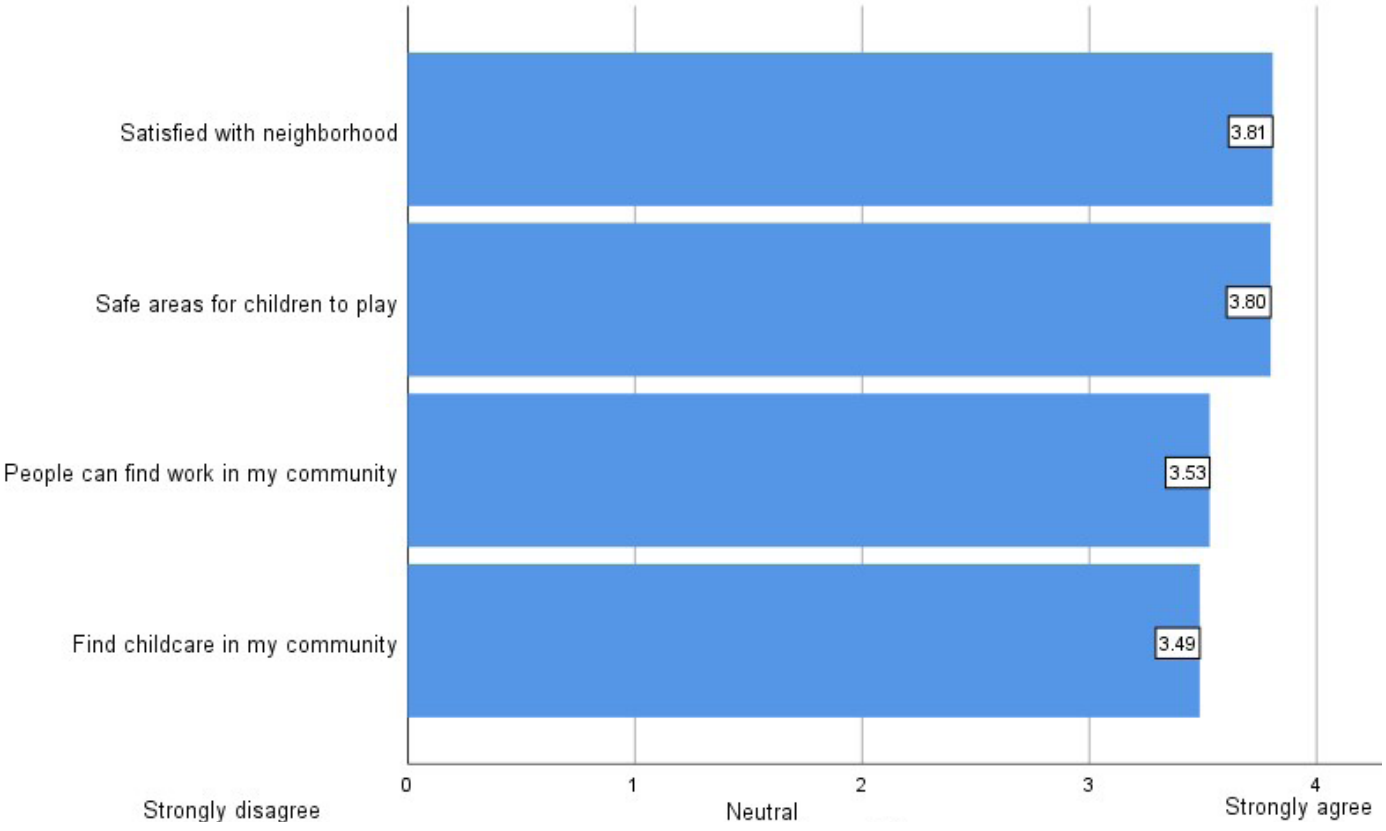
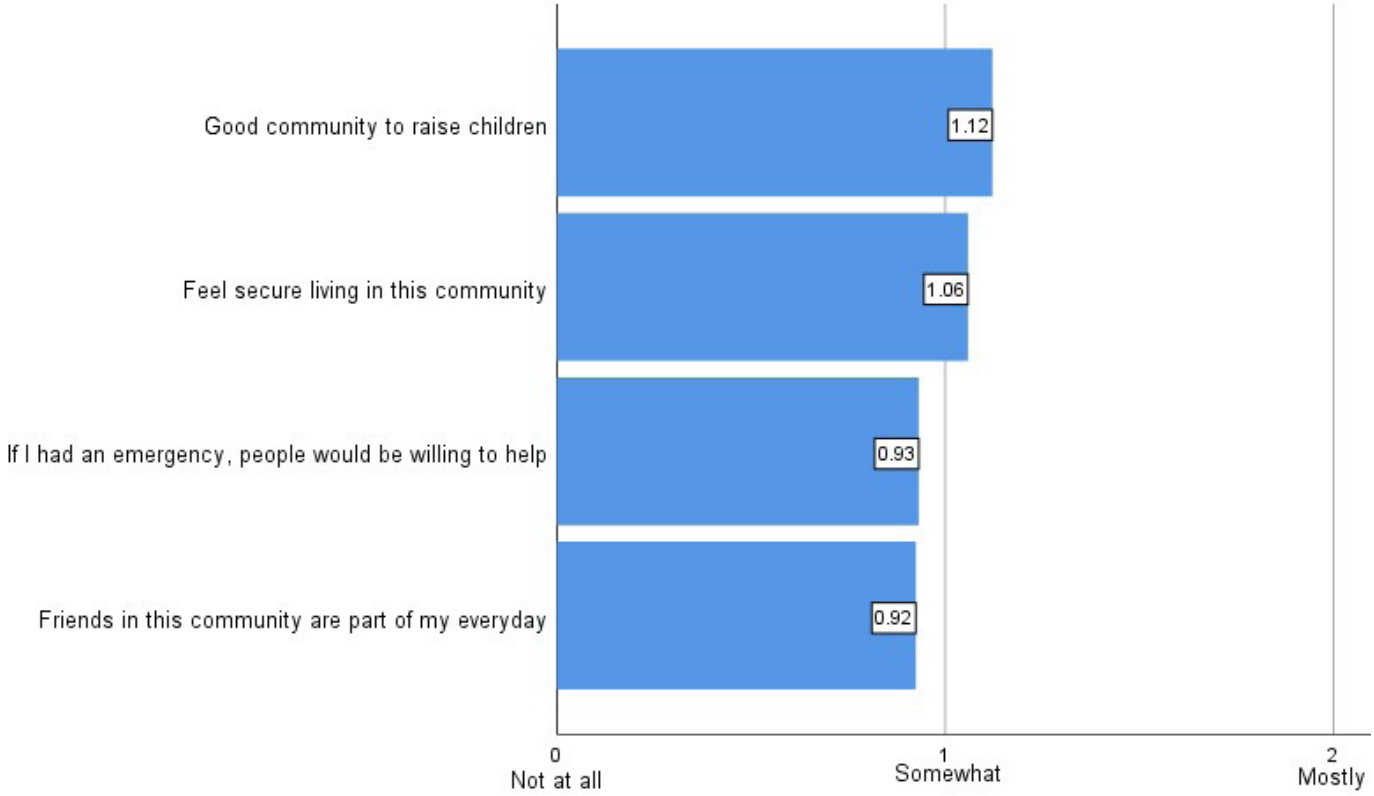


Figure 13. Top and bottom rated descriptions of people in their communities.



This survey used similar questions to a general parent asset survey used across the state to assess the strengths and challenges present in Colorado communities. The HV sample endorsed all questions about instrumental support (questions about assistance received from others that is tangible or things others do for you/things you do for others or supports given) more frequently than the results of the parent asset survey overall. These results indicate that individuals that participate in HV services are more likely to provide assistance to others in their community, and that they are more likely to ask for help from others in their communities.

Taking an Equity Lens: Understanding Variation in Home Visitation Experiences and Community Strengths

For all following graphs, only statistically significant responses across race and ethnicity or geographic variation are presented. Figure 15 presents group differences for what parts of their Home Visitation experience participants found most useful by race and ethnicity. Using chi-square tests, three reasons showed group differences ($p < .05$). There was wide variation across cultural groups, which may improve Home Visitation models for communities served.

Figure 15. Differences in most helpful parts of Home Visitation by race/ethnicity

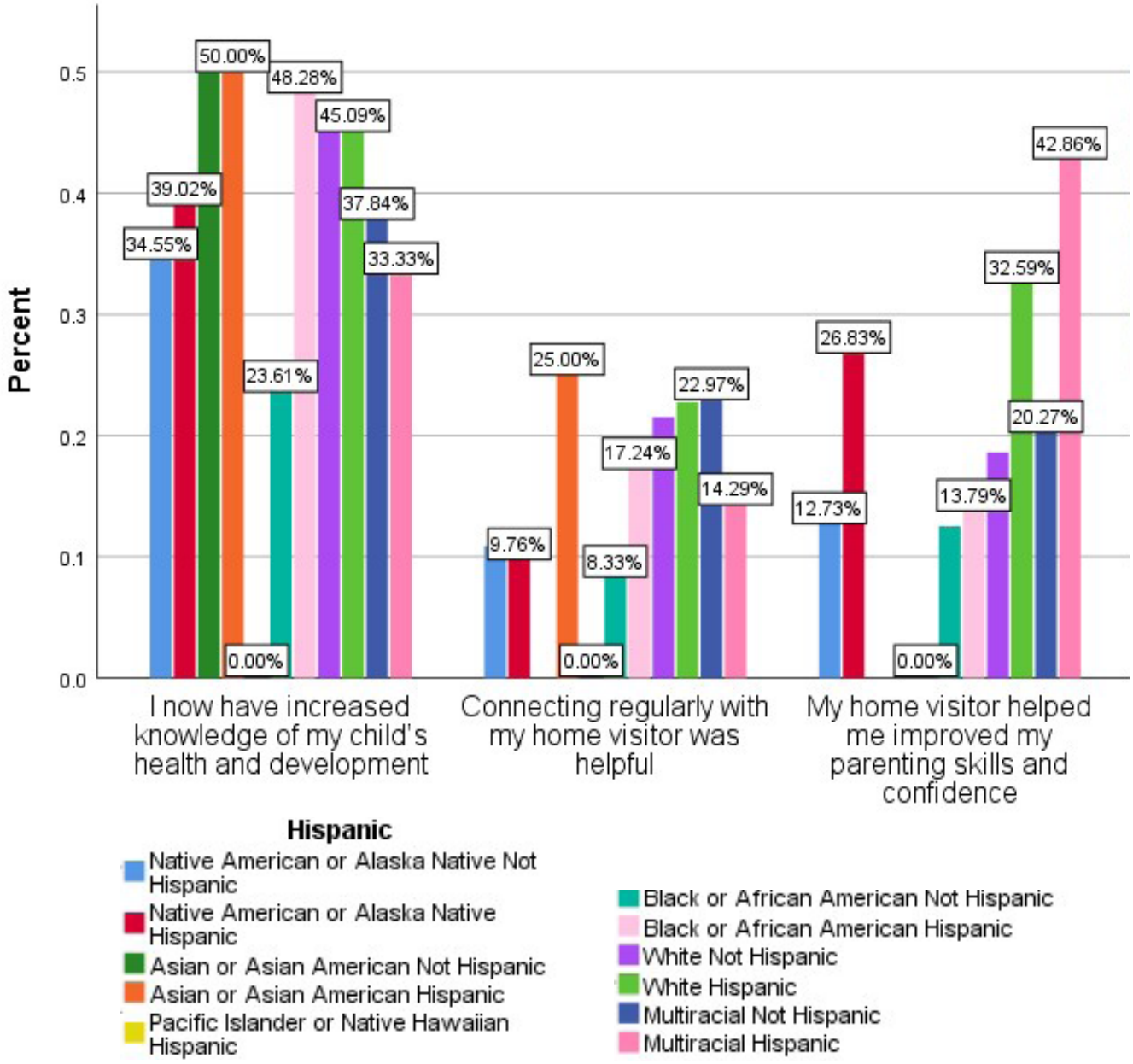
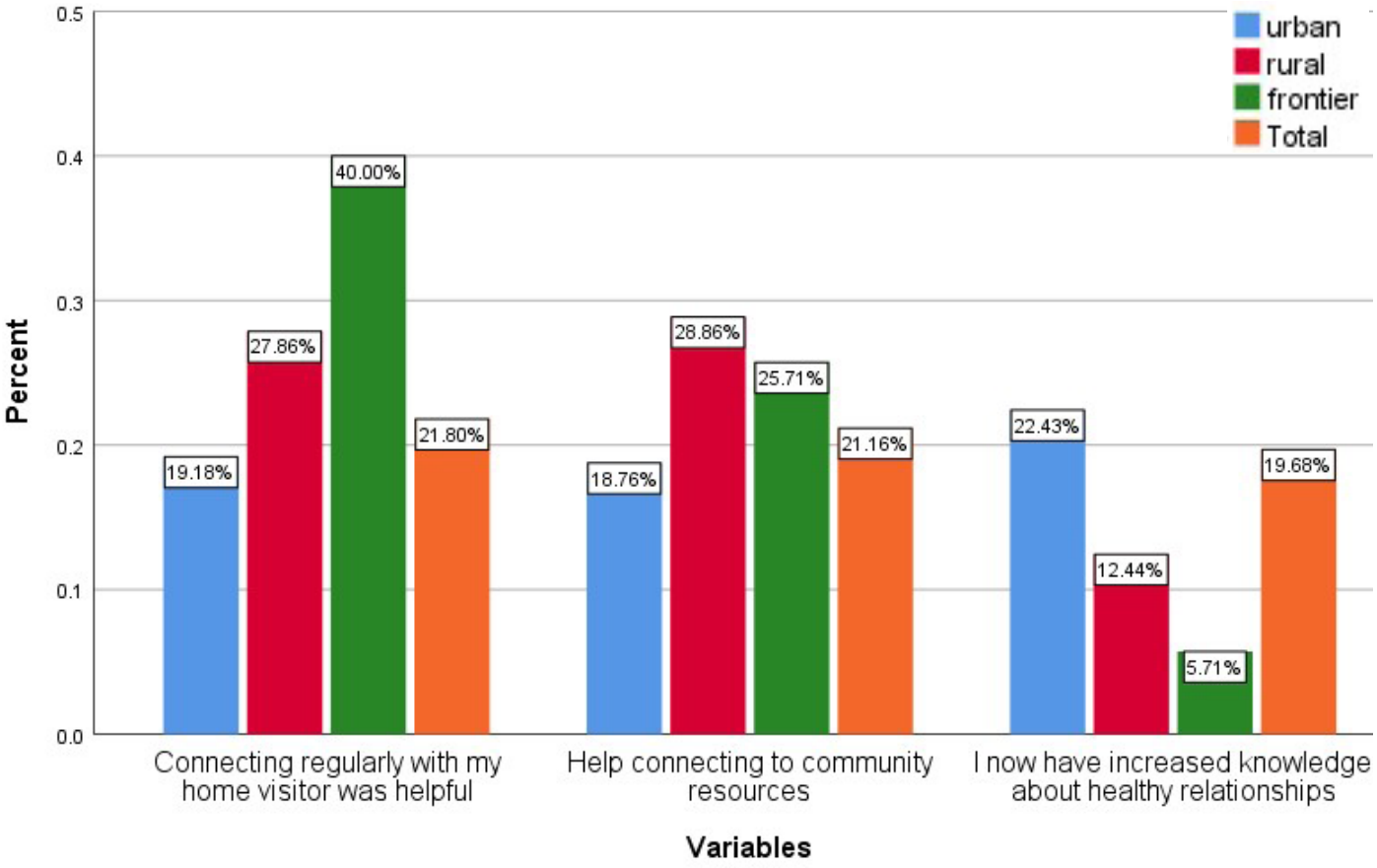


Figure 16 shows significant differences (p <.05) for how participants benefit from Home Visitation services across geographic regions. More isolated communities found it more beneficial to have regular contact and be connected to resources within their specific communities than urban participants.

Figure 16. Geographic differences in benefits of Home Visitation services



There were no differences by race/ethnicity service ratings regarding Home Visitation access to services, impact, and quality of services. We explored differences in how participants rated their communities by race/ethnicity and by geographic differences. Figure 17 shows that the only significant difference by race/ethnicity ($p < .05$) was how strongly people felt they would get help within their communities. This may reflect feelings of trust in systems or local resources and could be a leverage point to improve Home Visitation services by facilitating more community connectedness.

Figure 17. Community ratings by race/ethnicity

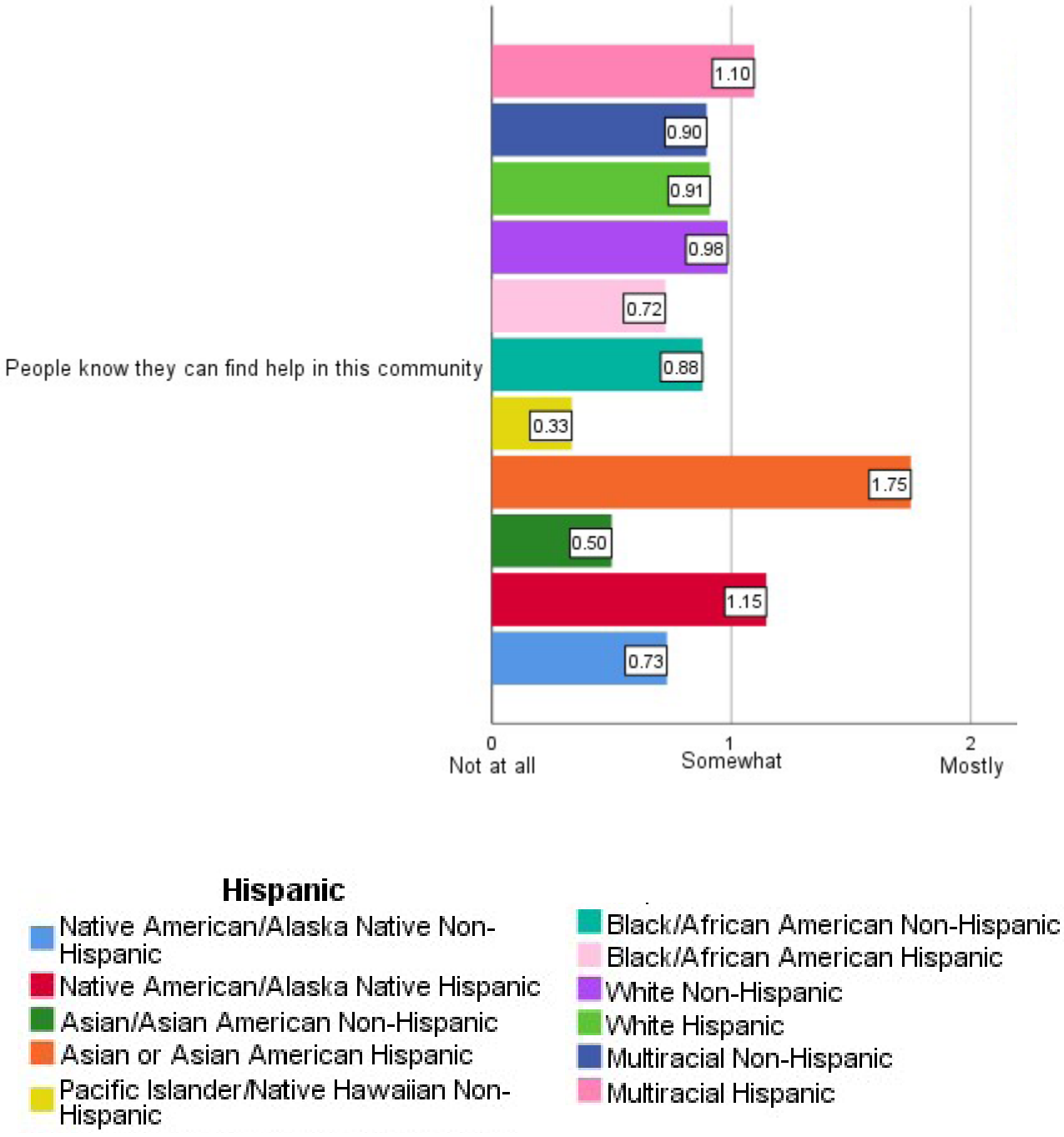
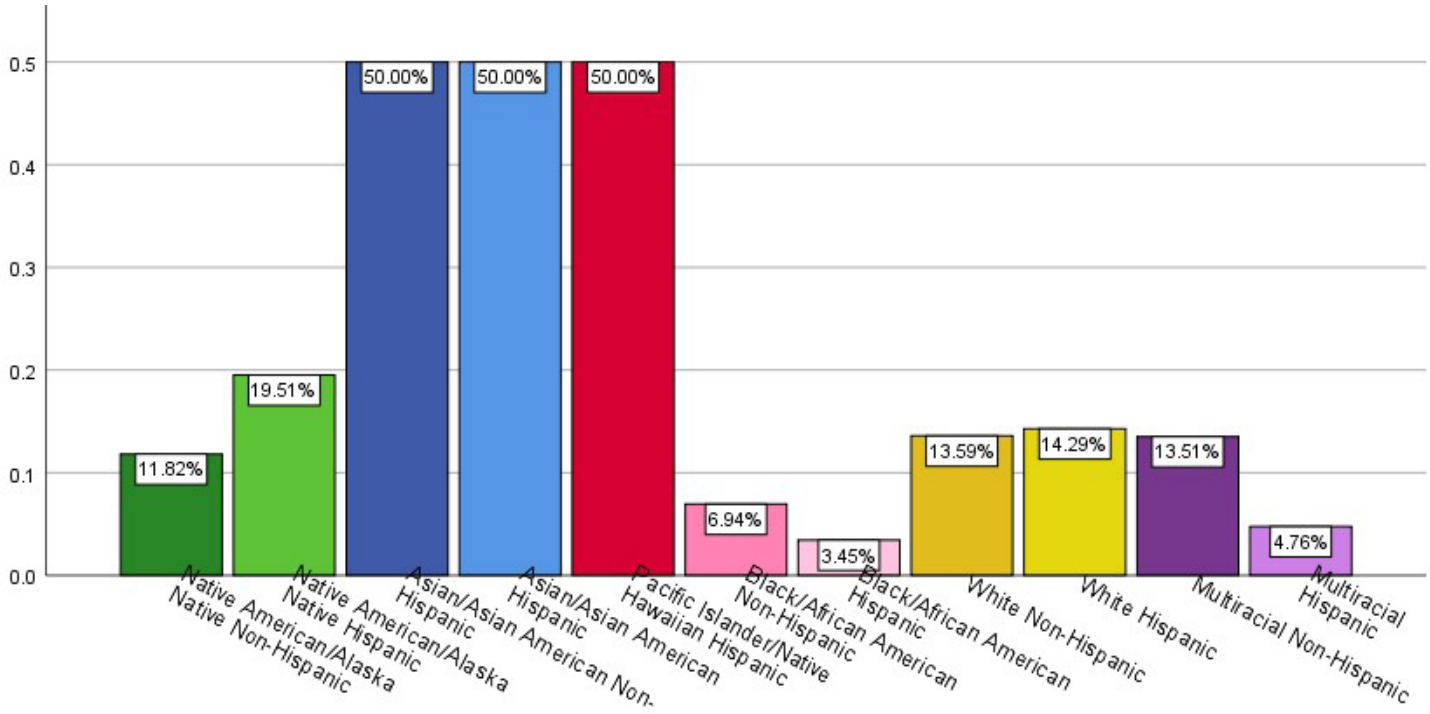


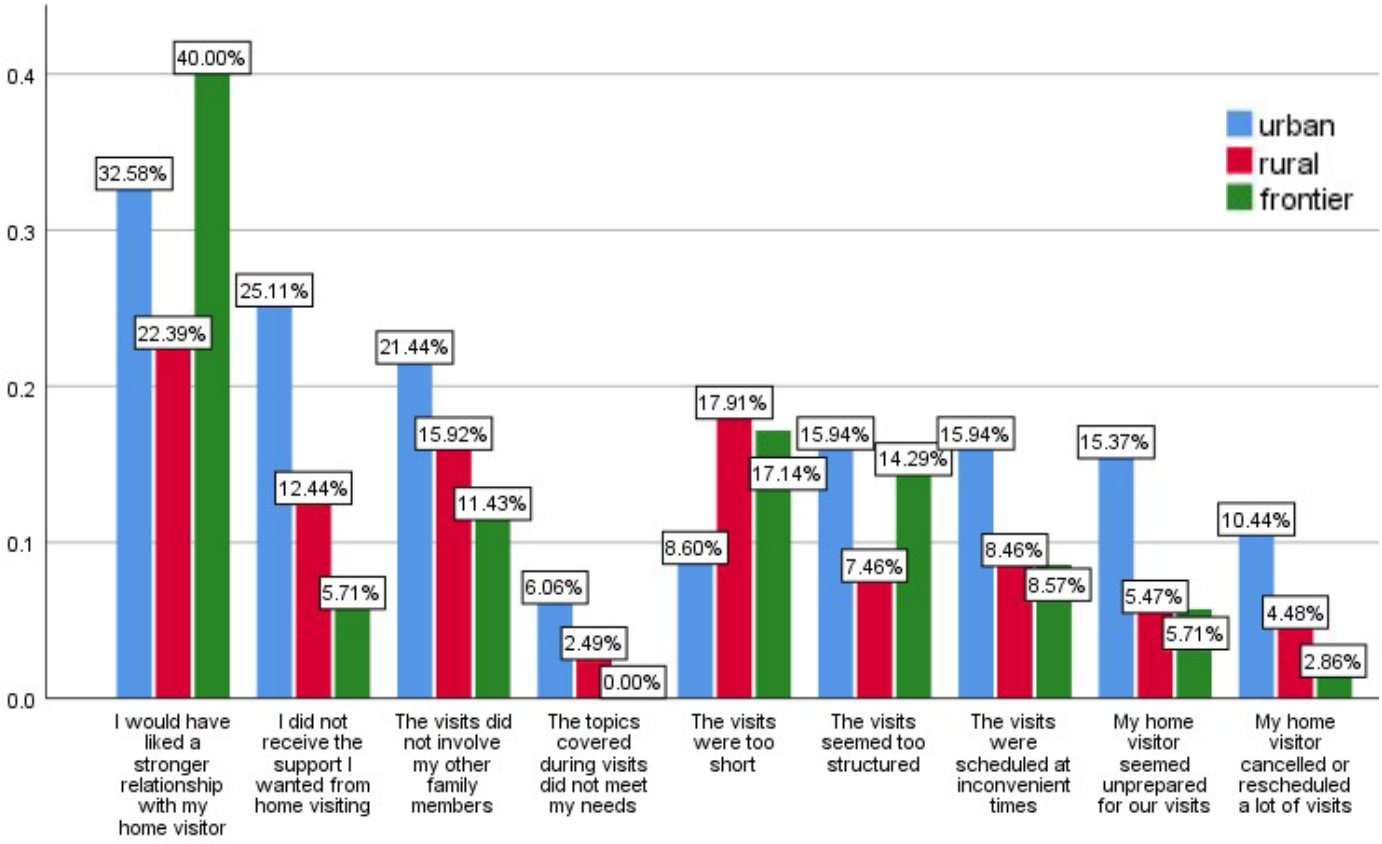
Figure 18. Differences in race/ethnicity ratings for Home Visitation parts that could be better



The visits were scheduled at inconvenient times

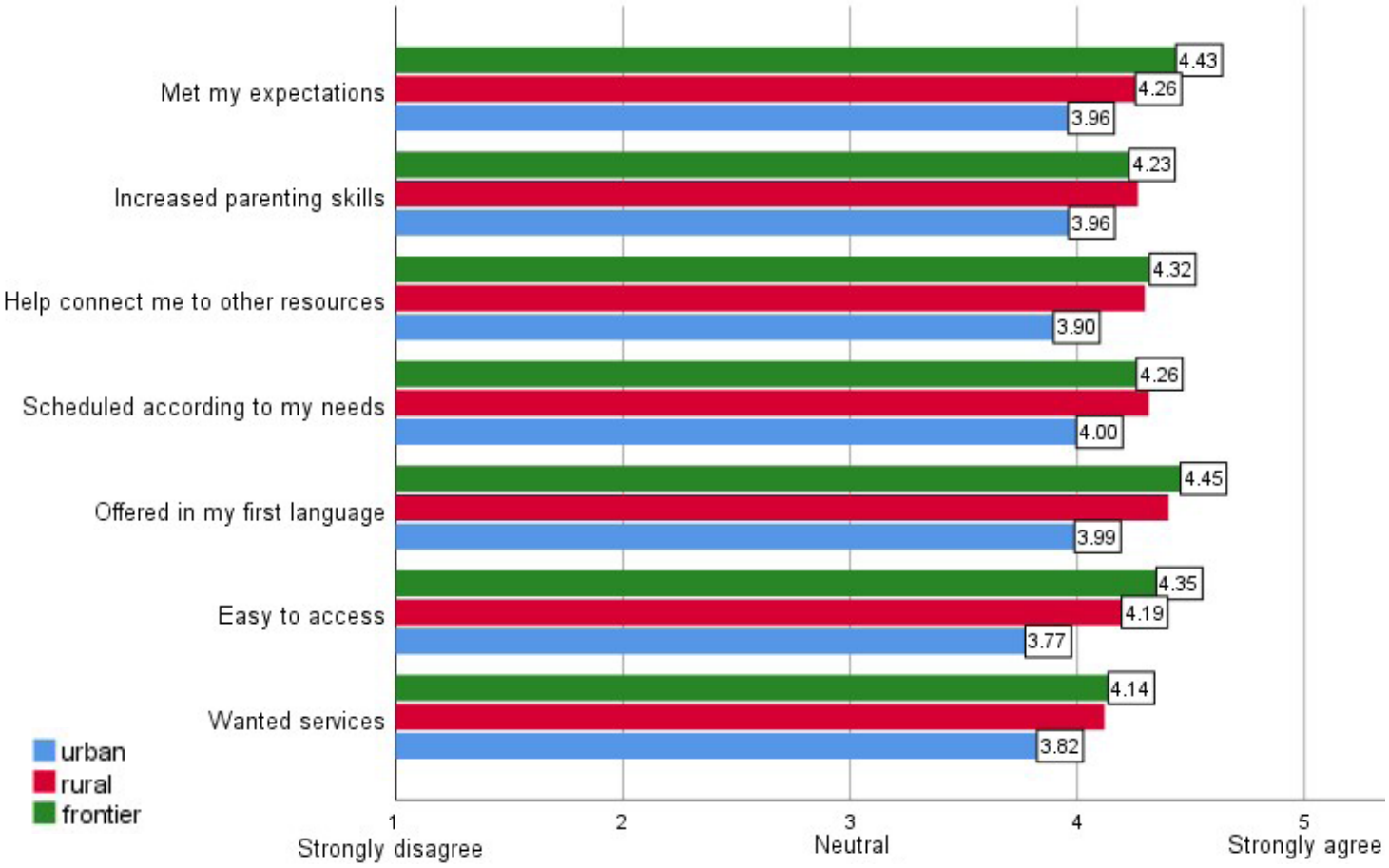
When examining differences in what could be improved in Home Visitation services with an eye towards equity and group differences by race/ethnicity, group differences emerged for ratings of the visits being scheduled at inconvenient times ($p<.05$). It will be important while developing new strategies and improvements for Home Visitation programs to consider what times may be best for families that home visitors are working with.

Figure 19. Differences in ratings of what could be improved for Home Visitation service by geographic region



Similarly, when examining regional differences in what could be improved in Home Visitation services, a large array of significant differences emerged ($p <.05$). Given the large number of differences, it is important to examine how effectively Home Visitation services are being implemented across geographic regions. All communities reported having a stronger relationship with their home visitor was important to them. Rural communities appear to desire longer visits that have time to address other concerns or develop skills.

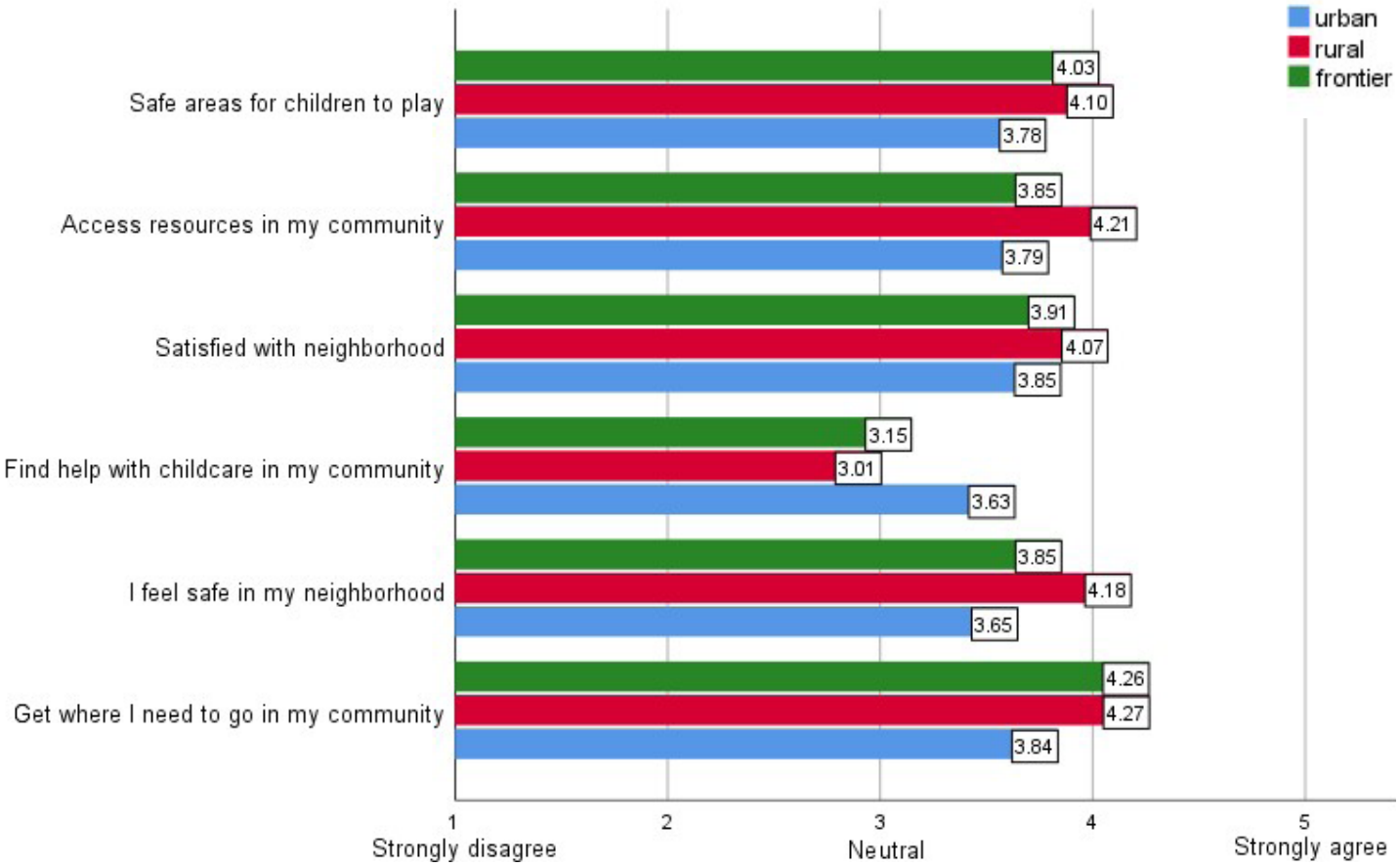
Figure 20. Differences in service ratings participant rating Home Visitation access, services, and impact by geographic region.



All ratings for accessibility, quality of services, and impact of services were significantly different by region ($p<.01$ for all). Participants from frontier regions were significantly more satisfied and rated Home Visitation services as more accessible, having more impact, and convenient than urban participants across all ratings.

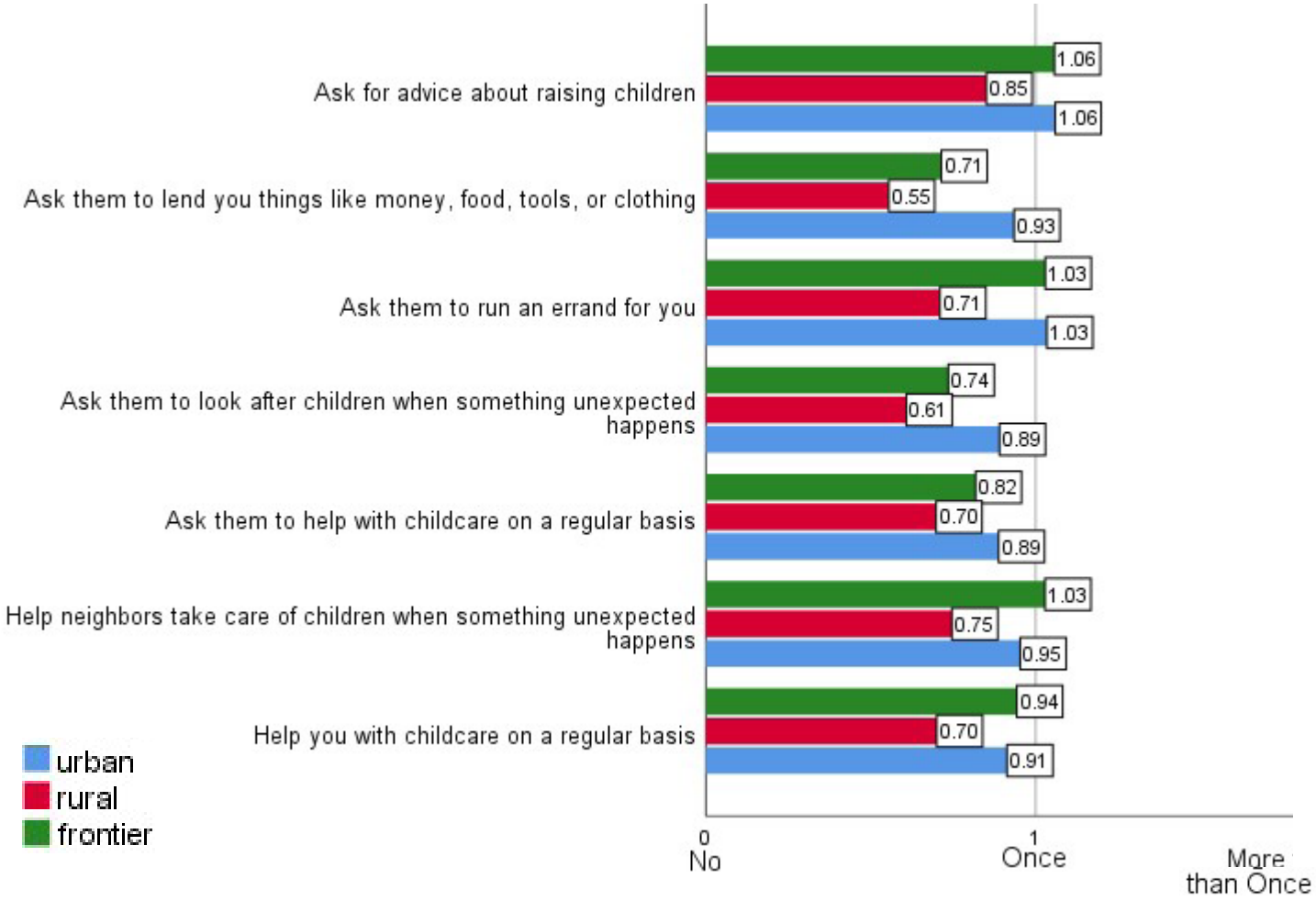
There were no regional differences in how participants rated the people in their communities by geographic region. When examining the community ratings by geographic region, all community ratings were statistically significantly different by region ($p <.05$). Participants in urban areas reported that they could find help with childcare more than rural or frontier regions. On all other ratings, rural and frontier participants rated their communities higher than participants in urban regions. This may indicate a lack of childcare access ("childcare deserts") in rural or frontier counties, which could be a support or additional resource Home Visitation services could help families connect with.

Figure 21. Community descriptor ratings by geographic region



There were no differences in giving or receiving instrumental support by race/ethnicity. Figure 22 presents significant differences in instrumental support by region ($p < .01$ for all presented questions). Participants in rural areas reported giving and receiving less instrumental support than participants in urban or frontier regions. Instrumental support may be a leverage point to improve the quality of life for families receiving Home Visitation services.

Figure 22. Differences in instrumental support by geographic region



The data from the present survey results will be used to inform recommendations and plans to improve Home Visitation services across Colorado, including financing, quality improvement, access to services, and increasing equitable access across communities. Overall, the data indicates that families that participate in Home Visitation services are broadly satisfied with their services, and in general, are more satisfied than unsatisfied with their communities. There are numerous aspects of Home Visitation services that could be improved to increase access and the quality of services among racial/ethnic groups and across geographic regions with an eye towards equity.

Respondents: 1,680 total

- English: 1,556 (91%) (1,323 complete)
- Spanish: 144 (9%) (108 complete)

D. Focus Group Results

Two focus groups were held with Home Visitation program participants. 13 parents who were either actively involved in home visiting programs, or who had previously engaged in services, joined the Strategy With Rox team to discuss their experiences as mothers participating in home visiting. Two separate focus groups were held, one in English and one in Spanish. The feedback gained through the focus groups was used to inform the development of the strategies and recommendations by the task force members.

Tell us about your children and your parenting journey?

Received an initial visit from CPS, which led to visits from Catholic Charities, SafeCare and Parents as Teachers.
Denver Health offered the program.
Enrolled in the two year program.
Still has contact with nurse.
Referred by her sister.
PAT in person and transitioned to online.
Now doing HIPPY.
Nurse Family Partnership reached out during an OBGYN visit.
First time mom.
Met with visitor on outdoor hikes.
HealthySteps ™ at the pediatrician's office. (x2)
I enrolled in Nurse Family Partnership in 2018.
Was able to meet in person for one year until COVID hit.
Now meetings are virtual or over the phone.
Great experience.
HIPPY has helped me keep my child engaged and occupied.
I was first contacted at my pediatrician's office.
Home visiting has been helpful with child development and parenting skills.
Home visiting services have been beneficial, both prior to giving birth and after birth.

How did you start your involvement with home visiting? If you didn't enroll, tell us why not?
How were you contacted and did that work for you?

I began meeting my home visiting provider weekly at the hospital.
I live one block from Focus Points, was at PAT, then to HIPPY.
I learned about them at fairs at Focus Points.
Through a co-worker referral and from information at the OBGYN.
My mother-in-law worked with human resources and told me about the program.
I started with weekly visits, but moved to monthly visits due to time issues.
I appreciate that I was given the skills to know how to better help my kids and now I know how to educate them and keep them engaged.
My experience has been very positive.
I feel supportive and like I can navigate better, not just with my child but in this country.

What was your experience with your home visitor?
Did they change often, work well with you, etc.?

Visitors have all been very accessible. (x4)
I had the same visitor throughout my time with home visiting, and they were timely. (x2)
I like that I got to pick when my visits happen.
I liked the flexibility to change my appointments.
Weekly visits NFP then bi-weekly.
I feel connected to my visitor.
Nurse is knowledgeable of resources
I benefited most from NFP during the pregnancy.
Was skeptical because my visitor did not have kids, but they were helpful.
Family Partners helped with my employment and going back to school.
We had so much fun.

They included my family and played with my kids.
I did HealthySteps ™ for five years with different children.
I had a great experience.
Lots of advice around breastfeeding and sleep.
Lots of resources on navigating day care and sibling rivalry.
Inclusive of family, supportive and compassionate.

Or did you not connect with the person assigned?
Three visitors: two from SafeCare and one from Parents as Teachers.
I don't know what I don't know. Visitors have been prepared.
I had a different person each time she logged in.
Liked the program and resources, but wanted an authentic experience with home visitor.

Did you feel that your culture was respected by your home visitor?
Did your home visitor speak your language?
My visitor isn't Hispanic/Latin@ but speaks Spanish and I appreciate it. (x2)
Did your home visitor understand your culture?
Yes! (x4)
My visitor has a relationship with me, my child, and the rest of my family. (x4)
I always felt respected, and received no unsolicited advice. (x2)
My visitor had no judgement around developing my birth plan.
I experienced slight judgement from my home visitor upon initial contact.
He said was contacting her because she had a criminal history, which does not build trust.
My visitor does not speak Spanish, but they use an interpreter and we learn from each other.
My visitor has been very helpful and knowledgeable in kosher resources since I am Jewish.

What parts of your experience went well?
What lessons/services benefited you the most?
Breastfeeding.
Employment.
Home visiting helped me through all phases of pregnancy and life stages.
My home visitor provides a lot of resources through text/in sessions.
I have a personal assistant to navigate the system and assimilate.
It's so personal.
My relationship with my visitor is very close and they always ask and offer things to me and my family that are not part of their job description
My husband is autistic and I am Jewish.
My visitor has been very helpful in navigating a crying baby and acknowledging my husband's medical concerns.
When I migrated here I was alone in the US with my husband. I had no family or friends or community to help me during my pregnancy.
My visitor really helped me not feel alone or isolated and involved my husband to help us be better parents.
NFP.
My visitor is very accessible.
I can text them at any time although I try not to.
When they find new resources they text them to me.
We have texted more during the pandemic.
I don't want my program to end!
Flexibility has been key.
Local knowledge has been a great secondary asset.
Were there times you wanted to stop or did you stop? In the moment and over time?
I doubted doing this weekly (HIPPY).
It was a lot of work, but it has been worth it.

What parts of your experience could have been better?

My visitor didn't have any lived experience of motherhood/pregnancy.
More structure would be beneficial.
More resources to read would be nice.
More prep time - I often got materials one day before our visit.
Tools/equipment required for the day's work cannot be obtained on a quick time frame.
There is a desire to explain activities in depth.
Video tutorials - HIPPY has this for their weekly activities in their app.
What lessons/services did you wish were better?
Does NFP have a hebrew visitor?
More outdoor activities pre/post pandemic and weather permitting.
More mental health resources.
Were you disappointed in any services?
My child was older when we started, but the visitor didn't adjust to my needs.
She had me start from day one, page one.

How has Home Visiting been during COVID?

I appreciated hiking with my visitor during the meeting. Plus it encouraged activity and being outdoors. (x4)
Those that developed a relationship with their visitors were saddened by not having in-person meetings.
More paperwork = more stress on parents.
Maybe explore esigning
Only if the online portal works well and is user friendly. (x2)
Kids are unable to play with other kids, which is hard.
Leave it up to the discretion of the parents if they want social distancing during COVID.

Should more families enroll in home visiting and if so, what do we need to do to reach them?

Yes! (x5)
Hospital/clinic/pediatrician is the best way to reach. (x4)
Flyers in hospitals. (x2)
Social Media! (x3)
Increase the marketing and awareness pushes for home visiting services.
Include fliers/outreach materials in prenatal/birth packets in initial tours.
People can fall through the cracks and not be made aware of home visiting services if it's not included in the prenatal/birth packets.
Follow-up outreach is good and should be capitalized on.
Supermarkets.
Word of mouth.

What other ideas do you have for improving home visiting services in Colorado?

Clothing/resource exchanges, and other monthly recurring events. (x4)
Group activities/Mom groups. (x3)
More social capital development, in person or on zoom.
Collaborate with groups that maintain long-term mother groups, or build the confidence in the mothers to keep it going after the program.
Keep one home visitor throughout the experience.
Appreciate the professionalism, but wish the visitor could also focus on community building and be more relaxed.

Is there anything else you want us to know?

People don't know these programs exist.
More comprehensive communication is needed.
Developmental milestones are completed at hospitals and are also required for each home visiting program.
Redundancy is really difficult.
More diversity in visitors- Hebrew, Arab, etc.

E. Funding

Background

In evidence-based home visiting programs, families receive help from health, social service, and child development professionals, helping parents understand child development and behavior, promoting the use of positive parenting techniques, setting goals, and finding solutions to barriers (Sandstrom & White, 2018; Schochet, 2017). Home visiting reduces the likelihood of costly outcomes and leads to significant cost savings to society, such as fewer E.R. visits, better school readiness, and reduced risk of juvenile delinquency and substance abuse (Sandstrom & White, 2018; Schochet, 2017). However, of nearly 18 million pregnant people and families (including more than 23 million children) who could benefit from home visiting, only 300,000 received services in 2019 (National Home Visiting Resource Center, 2020), highlighting the need to scale and fund more early childhood home visiting models.

As of 2019, Colorado served 8,198 families in 95,058 home visits (National Home Visiting Resource Center, 2020). 51% of families identified as Hispanic or Latinx, and 23% of caregivers did not have a high school diploma (National Home Visiting Resource Center, 2020). In Colorado, there were 310,900 pregnant people and families with children under six years old not yet in kindergarten who could benefit from home visiting (National Home Visiting Resource Center, 2020).

The U.S. Department of Health & Human Services (HHS) and Home Visiting Evidence of Effectiveness (HomVEE) provide assessments for home visiting models that target pregnant women and families with children from birth to kindergarten entry (ACF, 2020). HomVee has reviewed 50 home visiting programs so far (see https://homvee.acf.hhs.gov/implementation for more details; ACF, 2020). 11 interventions meet HHS criteria for implementation for use with pregnant women (ACF, 2020). Several models also meet the specific needs of tribal populations implemented in Native communities across 17 states (ACF, 2020).

Funding overview

Each dollar invested in evidence-based home visiting programs can return a net benefit of $3-5, with the majority coming from savings on social programs (ACF, 2020; Sandstrom & White, 2018). As of 2017, only 10% of eligible families are served by federal home visiting, the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program (Fudge et al., 2019; Schochet, 2017), which provides federal support to communities to provide home visiting (ACF, 2020; Sandstrom & White, 2018; Schochet, 2017). Currently, 17 home visiting models are MIECHV eligible (ACF, 2020): MIECHV grantees must ensure their program can (1) meet the needs of identified at-risk communities and/or any specific target populations; (2) provide the opportunity to achieve meaningful outcomes in benchmark areas; and (3) be implemented with fidelity to the model based on available resources (ACF, 2020; Fudge et al., 2019; Sandstrom & White, 2018; Schochet, 2017).

In September 2019, HHS awarded $351 million in funding to 56 states, territories, and nonprofit organizations to support communities in providing evidence-based home visiting services through MIECHV (Fudge et al., 2019; MCHB, 2019), and the Colorado Department of Human Services received $7.97 million. Up to 25% of this funding is available to implement promising approaches that undergo rigorous evaluation (MCHB, 2019). In some states, MIECHV is the most significant or only source of investment in home visiting. While the MIECHV program is a critical federal investment, additional funds are needed to reach all the families who would benefit from these services. In many states, a patchwork of funding from various federal, state, local, and private sources is braided together as the total investment in home visiting efforts.

Pay for outcomes/Pay for success

The Bipartisan Budget Act of 2018 provides the MIECHV program new authority to fund evidence-based home visiting on a pay for outcomes (PFO) basis (Bauer & White, 2019; Fudge et al., 2019). PFO refers to a range of strategies and financing methods that link government payments to improved outcomes and reduced costs (Bauer & White, 2019; Fudge et al., 2019). The Nurse-Family Partnership (NFP) is

a prime example of a PFO program, a national program serving first-time, low-income mothers with home visits by certified nurses (Bauer & White, 2019). Implementing agencies in 26 states receive funding for NFP through Medicaid (Bauer & White, 2019). In these states, NFP programs receive financing as a targeted case management model (Bauer & White, 2019). PFO programs typically require providers to develop and adhere to enrollment schedules tied to project budgets - current efforts suggest that enrollment should be tracked more frequently, such as daily (Bauer & White, 2019; Fudge et al., 2019). However, dedicated staff is needed for this purpose, creating additional costs (Bauer & White, 2019; Fudge et al., 2019). Enabling legislation for outcome payments is useful, but PFO funds should be captured in an immutable trust where they cannot be swept away in the future. For example, the Children's Trust of South Carolina is a separate fund that cannot be re-appropriated by a new administration (Fudge et al., 2019). It is important to note that policymakers should not use PFO to replace existing funding streams but instead supplement them (Bauer & White, 2019). For example, a state or local government entity might fund a PFO project on its own, or projects might braid government funding streams, such as MIECHV or Medicaid, with private funding sources, such as foundation grants (Bauer & White, 2019; Fudge et al., 2019).

Federal funding options

Home visiting programs' success ultimately saves money for states and the federal government by reducing costs for programs such as Medicaid (Herzfeldt-Kamprath et al., 2017; Schlitt & Barcliff, 2010). A wide variety of federal funding options are available, including Title V, IDEA Part C, TANF, CBCAP, Title IV-B, Medicaid, Title, IV-E, and the Elementary and Secondary Education Act (ESEA) Title 1. Many states are uncertain about how funding sources can interact and whether they can be used together in the same way as Medicaid and Title V Maternal and Child Health Block Grant (MCHBG) funds. Medicaid is typically considered a payer of last resort when other sources of funding are available to cover costs. States must utilize federal resources to create user-friendly early care and education systems that direct parents and families to state and federal programs to create choice, transparency, and a seamless early learning experience. Federal policy should champion coordination and collaboration across funding options. The full range of these funding options is outside the scope of this brief. However, we will provide short reviews of a select few of these federal funding options: Medicaid, Title IV-E, and Title I of the ESEA.

Medicaid

While the federal government has invested in expanding programs through the MIECHV grant program, states struggle to reach all eligible children and families. Leveraging Medicaid funds is currently an underutilized strategy (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). For example, more than 90% of mothers participating in Kentucky's statewide model were determined to be Medicaid eligible, thus encouraging the state's public health department and Medicaid agency to develop a collaborative agreement to cover costs (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). To streamline efforts around accessing Medicaid for home visiting, states should:

(i) Integrate payment for home visiting services into managed care financing;
(ii) explore gaps in funding and opportunities to use Medicaid support for home visiting;
(iii) improve the accuracy of reimbursement rates by rebasing rates more frequently and by providing training and technical assistance to home visitors; and
(iv) issue home visiting-specific waivers for states wishing to expand services.

Waivers allow states to adopt Medicaid policies that differ from the usual federal Medicaid requirements (Sandstrom & White, 2018). States need to appoint a specific individual or team to champion the effort to obtain waivers, as the process is labor-intensive. States applying for waivers must show that their proposal is cost-effective or budget-neutral, and waivers are approved for limited periods (Sandstrom & White, 2018). Three categories of Medicaid waivers exist: Section 1915(b)

waivers, or Freedom of Choice waivers, allow states to waive Medicaid provisions that guarantee beneficiaries the right to choose their providers and require states to provide the same benefit package to all beneficiaries throughout the state. Section 1915(c) waivers, or Home and Community-Based Services waivers, allow states to provide these services instead of institutional care for specific groups of Medicaid enrollees. Section 1115 demonstration projects offer states the greatest level of flexibility. They are generally statewide and allow states to waive a wide range of federal requirements to test a wide variety of payment and delivery system reforms and offer a broader set of services to enrollees.

Title IV-E

Title IV-E of the Social Security Act authorizes the Federal Foster Care Program, which helps provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families, or placed in other planned arrangements for permanency. Counties wanting to increase home visiting should know that Title IV-E reimbursement requires state/county/local investment of dollars and then a request to the federal government to reimburse 50%. It is important to note that reimbursement cannot be asked for against other Federal funding streams (Child & Family Services, 2019). The Family First Prevention Services Act allows federal Title IV-E matching funds to be used for evidence-based practices in home visiting, which are considered "prevention services" because they aim to prevent children's placement in foster care (Child & Family Services, 2019). Many of the services that are already included or being reviewed within the Family First Prevention Services Act are covered by Medicaid or paid for by other programs in many states. For example, in Washington DC, the only program able to use Title IV-E funds not funded through other federal sources is Parents as Teachers (PAT; Child & Family Services, 2019).

ESEA Title One

Title I, Part A, of the Elementary and Secondary Education Act (ESEA) requires that local agencies ensure that all children meet challenging state academic standards. Federal funds are currently allocated through formulas based primarily on census poverty estimates and education costs in each state. As of 2018, the federal government dispersed 52 new awards amounting to $15.8 billion across the U.S. (U.S. Department of Education, 2020).

State funding options

State funding options include using the state general revenue fund, tobacco taxation, and the Tobacco Settle fund- all solutions currently utilized by Colorado (Schlitt & Barcliff, 2010). States can also mobilize strategic partnerships with external stakeholders and funding organizations within their states (Sandstrom & White, 2018; Schlitt & Barcliff, 2010). State agencies could allow Medicaid to cover home visiting costs. State and federal agencies can use value-based health care financing reforms, which focus on the quality of care instead of quantity, to explore new funding streams for home visiting services (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018). Finally, by establishing career pathways and professional development opportunities, state government can help build the home visiting workforce (Herzfeldt-Kamprath et al., 2017; Sandstrom & White, 2018).

Considerations of COVID-19

As of July 2020, 32 states allowed virtual home visiting and covered Maternal and Child Health (MCH) telehealth services through Medicaid, and 2 others were planning this. These policies help support social distancing guidelines and recommendations and increase access to home visiting for isolated or underserved populations (LeBlanc & Block, 2020).

Recommendations for private partners

Philanthropy can support efforts to identify communities that would benefit most from expanded home visiting access (Sandstrom & White, 2018; Schlitt & Barcliff, 2010). Once communities are identified, home visiting programs and stakeholders can develop comprehensive approaches to implement and test communitywide approaches so all families can experience the benefits, fund research, and help identify new funding strategies by convening key stakeholders (Sandstrom & White, 2018). These approaches should include supplemental funding from private partners so all families can experience home visiting benefits (Sandstrom & White, 2018). For example, The Duke Endowment, George Kaiser Family Foundation, and Blue Meridian Partners help Family Connects and NFP implement universal home visiting in North Carolina (Sandstrom & White, 2018). Additional funding solutions can include:

(i) identifying and promoting funding strategies beyond MIECHV;
(ii) exploring options for complementary funding streams, such as coordinating resources from the Departments of Health and Human Services, Education, Defense, and Justice;
(iii) establishing permanent, sustainable funding streams that leverage these strategies to expand the state's home visiting's reach further, and
(iv) Legislation to establish permanent funding streams that establish home visiting as a priority.

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).

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 silo-ing of information or resources may prevent different agencies and organizations from aligning interests (Bauer & White, 2019; Sandstrom & White, 2018).

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F. Coalition Documents

The 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 is comprised of voting members - organizations that represent complimentary, evidence-based home visitation models for pregnant families and families with children through kindergarten as well as resource partners – 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. The Colorado Home Visiting Coalition 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 Colorado Home Visiting Coalition 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 we serve through engagement in public policy efforts
- Inform the public regarding importance of home visiting system through shared educational outreach, research, and communications strategy

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G. Home Visiting Programs Represented on the Task Force

- Baby Bear Hugs
- Child First
- Early Head Start
- Early Intervention
- HealthySteps ™
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents As Teachers
- SafeCare CO

H. Background and Resources

- MIECHV Needs Assessment
- 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
- https://ecpd.costartstrong.org/ets/home