2021 Annual Report
Nurse Home Visiting Pay-for-Success Program -
UCA 26-63-501

STATE OF UTAH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
STATE NURSE HOME VISITING PROGRAM

To: Health & Human Services Interim Committee

From: Utah Department of Health

Subject: Nurse Home Visiting Pay-for-Success Program - Statutorily Required Report

Background Information

The Utah Department of Health Office of Home Visiting (OHV) was established in 2008 through the Supporting Evidence-based Home Visiting to Prevent Child Maltreatment grant funding from the federal Department of Health and Human Services Administration for Children and Families. These funds helped launch the Office of Home Visiting and Utah's Home Visiting program that promotes a coordinated service continuum of evidence-based home visiting that supports the positive health, safety, and development of young children and their families.

The Utah Office of Home Visiting resides in the Maternal and Child Health Bureau (MCH) within the Division of Family Health and Preparedness at the Utah Department of Health, alongside other maternal and child health-focused programs. In recent years, OHV has focused its efforts on 1) providing high-quality home visiting in the highest-need areas within the state of Utah, and 2) further developing a continuum of services for children and families across the state of Utah by increasing collaboration with other maternal and child health-focused programs and agencies.

During the 2018 Legislative Session, the Utah State Legislature passed S.B. 161, the Nurse Home Visiting Pay-for-Success Program. This legislation created $500,000 of restricted funding for nurse home visiting in Utah under a pay-for-success model, with an additional $20,000 added to the general fund appropriations in state fiscal year 2019. The Nurse Home Visiting Pay-for-Success Program allowed up to $100,000 and one-year to be spent conducting a feasibility study for a pay-for-success home visiting program in Utah. S.B. 161 also included a reporting requirement to report the terms of a proposed pay-for-success contract, and an annual report "while the program is in operation."

During State Fiscal Year (SFY) 18-19 the Office of Home Visiting explored a pay-for-success program and a feasibility study. The feasibility study was not conducted due to limitations in funding and time. As evidence-based home visiting models rely on longitudinal data, it was not possible for a complete feasibility study to be conducted with the funding and time frame allocated in S.B. 161. As a result, a pay-for-success home visiting program was not created and has not been in operation since the creation of the legislation and funds. As a pay-for-success program was never operationalized, an annual report was not provided previously.

During the 2019 Legislative Session, the Utah State Legislature unrestricted $520,000 and designated these funds "for evidence-based nurse home visiting services for at-risk individuals with a priority focus on first-time mothers" as part of S.B.7, the Social Services Base Budget.

Program Summary

The Utah Office of Home Visiting utilized funds for the SFY 19- 20 (July 1, 2019- June 30, 2020) and SFY 20- 21 (July 1, 2020- June 30, 2021) fiscal years to provide nurse home visiting services to at-risk individuals utilizing the evidence based models Nurse Family Partnership and Parents as Teachers. Both programs are required to enroll families who are at or below 185% of the federal poverty level, have a child under 24 months of age or a pregnant person (or both), and prioritize first time mothers.

In SFY 19-20, the Office of Home Visiting funded four programs: Central Utah Public Health Department (Parents as Teachers), Salt Lake County Health Department (Nurse Family Partnership), San Juan County Health Department (Parents as Teachers), and Utah Navajo Health Systems (Parents as Teachers). San Juan County Health Department (in part) and Utah Navajo Health Systems (in full) were funded utilizing the non lapsing funds from SFY 18-19. Due to the COVID-19 pandemic, services were significantly impacted during this time. While all programs were able to shift to virtual and telecommunication service delivery, the impact of the COVID-19 pandemic, particularly on rural and tribal populations, prevented services from continuing at the originally anticipated caseload capacity. Each program's nurses were pulled into COVID response, and services were altered, minimized, or even halted during the public health emergency. Despite the difficulties of the COVID-19 pandemic, programs were able to provide services to 200 primary caregivers (including pregnant women) and 189 children.

In SFY 20-21, the Office of Home Visiting continued to fund three programs: Central Utah Public Health Department (Parents as Teachers), Salt Lake County Health Department (Nurse Family Partnership), and San Juan County Health Department (Parents as Teachers). COVID-19 continued to significantly impact programs during this time. Home Visitors continued to participate in contact tracing, COVID testing, as well as vaccine administration in their local communities. While staff were pulled into COVID response, they were still able to serve 195 primary caregivers (including pregnant women) and 179 children during this time.

Each home visiting program provides an average of 2 visits per month to each family, spending approximately 1-1.5 hours with each family per visit. During COVID, with telecommunication and virtual visits, a single model-certified visit implemented to fidelity could be split up into multiple visits. This meant that a home visitor could spread a single home visit across two or more visits to ensure that all model components were met, but those visits cumulatively were only considered as one. Many home visitors engaged in visits in this manner as families had increased needs, experienced virtual and telecommunication fatigue, and were not consistently able to engage in full home visits in this capacity.

Numbers Served & Demographics

The Utah Office of Home Visiting has tracked various demographic and outcome measurements for all participating Nurse Home Visiting sites. Each provider was contracted to provide services for families based on the number of full-time home visiting nurses employed at each location, assuming a full-time caseload of 20 families per 40 hour a week full-time home visiting nurse. Caseload capacity was prorated for staff who did not provide home visiting services full-time. Below (Table 1) is a list of home visiting sites, contracted caseloads, and caseloads as of the end of each fiscal year.

Table 1. Home Visiting Provider Service Capacity				
Site	**Central Utah Public Health Department**	**Salt Lake County Health Department**	**San Juan County Health Department**	**Utah Navajo Health Systems***
Program	**Parents as Teachers**	**Nurse Family Partnership**	**Parents as Teachers**	**Parents as Teachers**

Caseload (SFY 19-20)	21	76	5	11*
Maximum Contracted Caseload Capacity (SFY 19-20)	25	75	5	45
% of Caseload Capacity (SFY 19-20)	84%	101%	100%	24%
Caseload (SFY 20-21)	19	81	5	-
Maximum Contracted Caseload Capacity (SFY 20-21)	25	75	5	-
% of Caseload Capacity (SFY 20-21)	88%	107%	100%	-

*Utah Navajo Health Systems was unable to continue home visiting services in the last few months of the fiscal year, as a result of nursing staff being pulled into COVID response efforts. However, home visiting nurses continued to check in on families and were able to continue to maintain communication and needed support, while model fidelity home visits were not being provided.
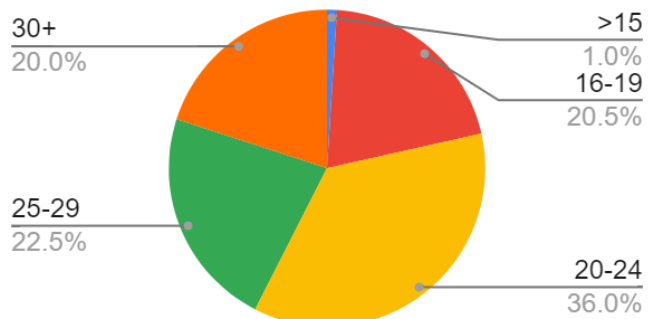
Primary Caregivers by Age

200 primary caregivers were served with state funds in SFY 19-20, and 195 were served in SFY 20-21. Both years, the majority of primary caregivers fell in the 20-24 year old age range, with ages ranging from less than 15 years old to greater than 30 years old. Age was measured upon enrollment in the home visiting program.


SFY 20-21 Primary Caregiver Age
30+ 18.5%
>15 0.5%
16-19 19.5%
25-29 25.1%
20-24 36.4%
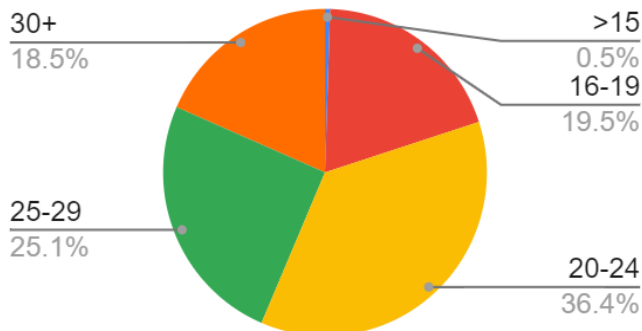
SFY 19-20 Primary Caregiver Age
30+ 20.0%
>15 1.0%
16-19 20.5%
25-29 22.5%
20-24 36.0%

Primary Caregivers by Educational Attainment

Of the 200 primary caregivers served in SFY 19-20, 50% of them had attained a high school diploma or GED, compared to 42.05% of primary caregivers served in SFY 20-21. The percent of primary caregivers who had received a vocational or technical training certification increased significantly over time, from 3% to 11.28%. Primary caregivers have a wide variety of educational backgrounds, outlined below.

Primary Caregiver Education Attainment at Enrollment

■ SFY 19-20   ■ SFY 20-21

Educational Attainment
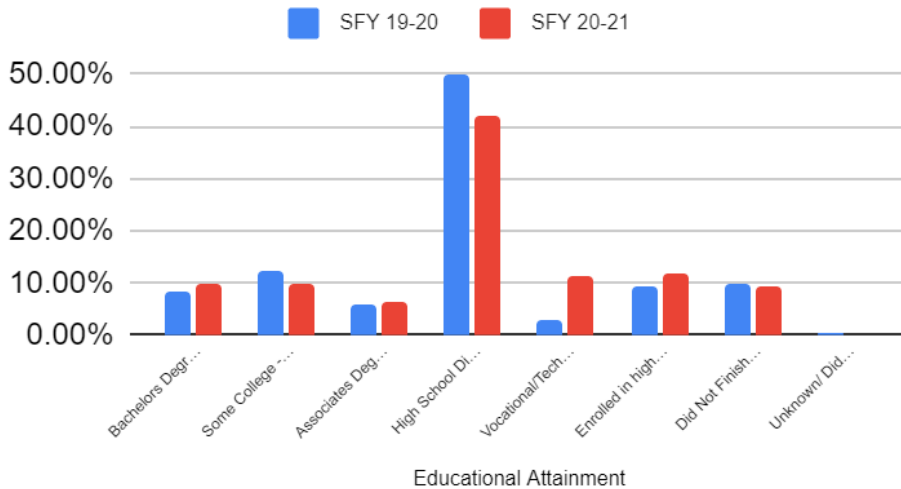
Race and Ethnicity of Primary Caregivers

For both years, the majority of caregivers served were White and Non-Hispanic (71.79% of primary caregivers were White and 57.5% were Non-Hispanic in SFY 19-20 and 76.41% of caregivers were White and 53.33% were Non-Hispanic in SFY 20-21). In SFY 19-20 there were 9.23% American Indian or Alaska Native but in SFY 20-21 only 2.56% of primary caregivers were American Indian or Alaska Native. Also in SFY 19-20 5.13% primary caregivers reported as Black or African American but in SFY 20-21 that percentage increased to 7.18%.
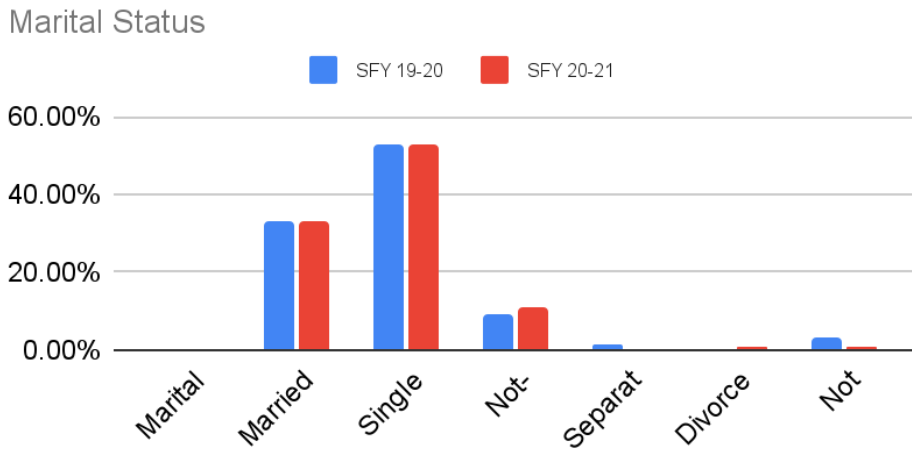
Race of Primary Caregiver

■ SFY 19-20   ■ SFY 20-21
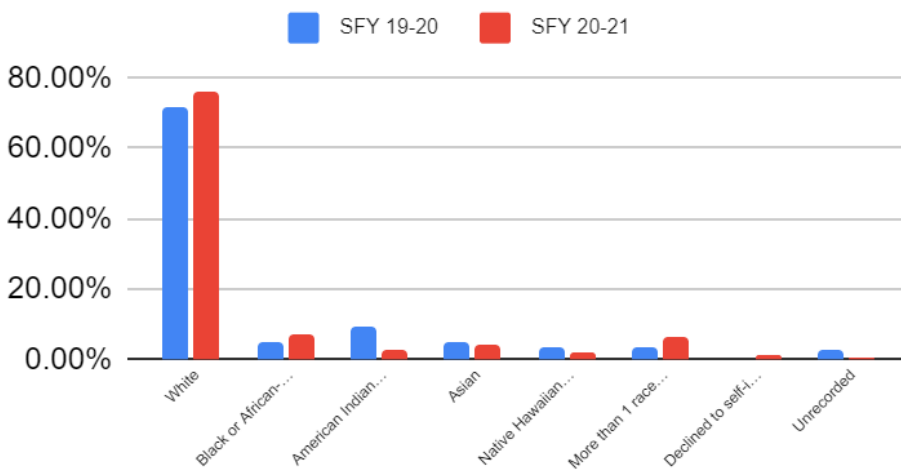
Primary Caregivers by Housing Status

The living arrangements of primary caregivers varied greatly, with the majority of primary caregivers renting their own home or room. Living with family members or friends was the next most common living arrangement (26.67% of primary caregivers in SFY 20-21, and 34.5% of primary caregivers in SFY 19-20). Small percentages of primary caregivers reported their living arrangements as owning a home, living in public housing, or as experiencing homelessness.
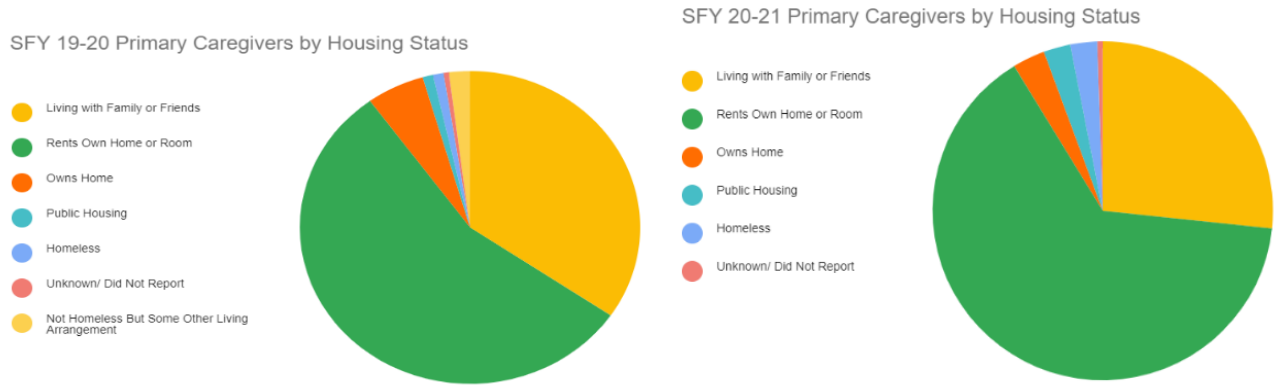
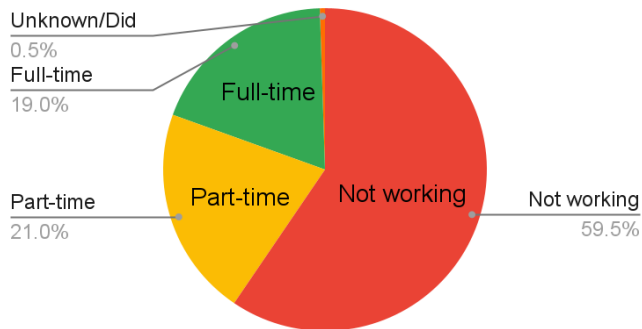
Marital Status for Primary Caregivers

During both program years, the majority of caregivers were single (53% in SFY 19-20 and 52.82% in SFY 20-21), with 33% of primary caregivers who were married.
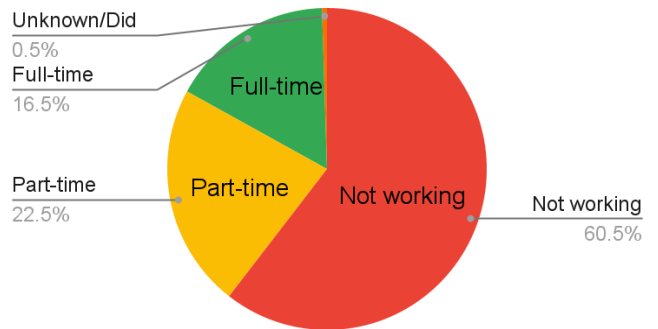
Employment Status for Primary Caregivers.

During both program years, the majority of caregivers were unemployed (60.5% in SFY 19-20and 59.49% in SFY 20-21). The other majority (39% in SFY 19-20 and 40% in SFY 20-21) of caregivers were either working parttime or full-time.


Primary Caregivers by Insurance Type.

During both program years, the majority of caregivers had Medicaid as their insurance coverage (62.5% in SFY 19-20 and 51.79% in SFY 20-21). There was a significant increase in the percent of primary caregivers who reported having no insurance between the two program years (16.0% in SFY 19-20 and 26.15% in SFY 20-21). As the funded programs changed over the two years it is difficult to determine trends, however, insurance coverage is something that the Utah Office of Home Visiting will continue to monitor.
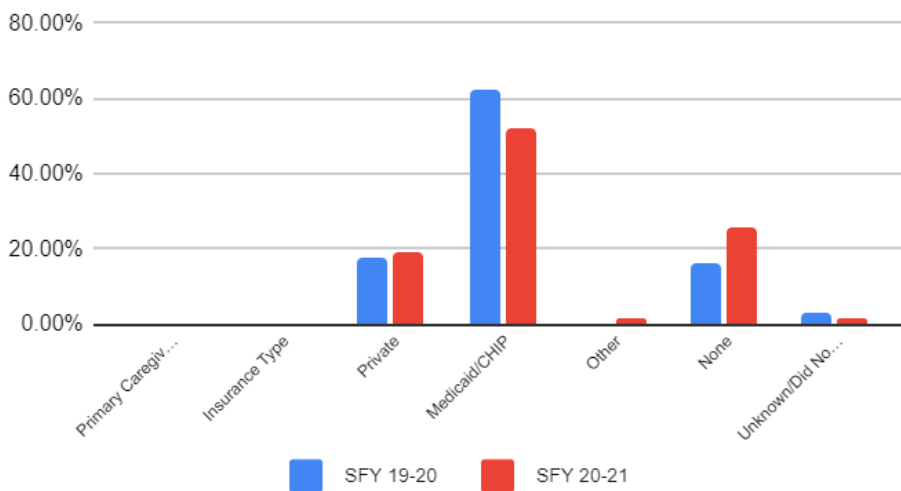
Performance Measures

During the 2019 Legislative session, when the Utah State Legislature designated funds for evidence-based nurse home visiting services as part of S.B.7, they also outlined four performance measures to be collected and reported on by the Utah Office of Home Visiting. These performance measures use the number of enrolled participants as a baseline, and have a target of 95% completion for all four measures. The four performance measures are described below.

1. ***Complete depression scales for postpartum depression (Patient Health Questionnaire-9 [PHQ-9] or Edinburgh Postnatal Depression Scale[EPDS]).***

   Depending on the program, depression screenings are completed either within 90 days of enrollment or birth or at intake, 36 weeks pregnancy, 1-8 weeks postpartum, 4-6 months postpartum, 12 months postpartum, and as needed. A total of 208 depression screenings were completed by primary caregivers in SFY 19-20, and 259 screenings were completed in SFY 20-21. Some primary caregivers may have received multiple screenings, while others may not have received a screening during the program year depending on eligibility.

2. ***Refer those scoring as depressed to appropriate mental health services.***

   Of the depression screenings conducted in SFY 19-20, 27 primary caregivers screened positive for depressive symptoms, and all 27 received a referral to appropriate mental health services. In SFY 20-21, 10 primary caregivers screened positive for depressive symptoms and all received a referral to appropriate mental health services. During both program years, multiple referrals were provided to some primary caregivers, resulting in a total of 65 referrals the first program year and 25 referrals the second program year.

3. ***Complete Ages and Stages Questionnaires (ASQ-3) on children in the program.***

   The ASQ-3 is conducted within 30 days of enrollment and annually thereafter, or at 4 months, 9 months, 18 months, and 24 or 30 months of age for every enrolled child, in accordance with the American Academy of Pediatrics (AAP) Periodicity Schedule. In SFY 19-20, 150 developmental screenings were completed for children in state nurse home visiting programs. In SFY 20-21, 176 developmental screenings were completed for children in the program.

4. ***Refer those scoring with low development to Early Intervention (EI).***

   All children whose developmental screenings indicate a concern or a delay continue to receive timely and individualized support based on developmental needs from home visitors. Eight children were referred to Early Intervention, and three more continued to receive individualized support from their home visitor in SFY 19-20. In SFY 20-21, 12 children were referred to EI, and four more continue to receive support from their home visitor.

Suggestions for Increased Home Visiting

Evidence-based home visiting has been proven to improve outcomes for families and children. The reporting requirements for the Nurse Home Visiting Program includes "suggestions for legislation that would make a home visiting program or a pay-for-success contract more efficient or widely available throughout the state." To better provide services to families and children in Utah, the Office of Home Visiting has worked with home visiting stakeholders to identify the following priorities:

Expanded Programming and Flexibility in Legislation

Currently, legislation for the Nurse Home Visiting program restricts services to persons "early in the participant's pregnancy to up to two years after the participant's child is born." The restriction of service provision for children

up to 24 months restricts the number of families and children who are able to enroll in the home visiting program. In many services areas, particularly in rural and frontier communities, families receive significant benefits from continued services beyond 24 months of a child's age. Multiple evidence-based models currently implemented in Utah are already designed to provide services for children prenatally through kindergarten entry. Adjusting legislation to increase provision of services to children above the age of 24 months would significantly increase services for children and families.

Increased Funding

Home Visiting is considered an expensive social service program, with cost per family often ranging from between $3,000 and $10,000 per family per year. While home visiting can be expensive, the outcomes associated with evidence-based home visiting programs are significant, showing increases in maternal and child health outcomes, decreases in child maltreatment, and improvements in poverty and socioeconomic status for families receiving services. Universal or expanded home visiting can be utilized as a primary prevention strategy for families, which ultimately provide cost savings and increased wellbeing for parents and children throughout the state by providing support and resources prior to the need for other, (often more intensive), interventions such as DCFS involvement.

The Office of Home Visiting currently receives federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding and is working with the Division and Child and Family Services (DCFS) to identify methods of braiding other federal funds for home visiting, such as the Community-Based Child Abuse Prevention (CB-CAP) and Family First Prevention Services Act (FFPSA) funding, which is a non-capitated federal entitlement that requires state match. While braiding of federal funds is explored, increased state funding to support expanded home visiting programming, particularly to support any state-required match for utilization of Medicaid or FFPSA dollars, is essential in ensuring home visiting services are widely available in Utah.

Maximize Efficiencies within Medicaid

S.B. 161 provided the Department of Health with the flexibility to apply for a Medicaid waiver or state plan amendment under a pay-for-success structure. While a pay-for-success program was not implemented, the Office of Home Visiting will continue to explore the potential for a Medicaid waiver or state plan amendment, outside of the pay-for-success structure, to increase home visiting services throughout Utah.

In addition, the Office of Home Visiting is currently in conversations with Medicaid staff to identify ways to better utilize Medicaid dollars and to identify flexibilities within the current state plan that would allow for increased home visiting capacity for families enrolled in Medicaid. Currently, evidence-based home visiting services are not offered statewide, and are funded through a combination of state, local, federal, and private funds. Maximizing efficiencies within Medicaid for home visiting services would allow Medicaid funds to be utilized more effectively to provide home visiting as a prevention strategy for families statewide.

Updated Performance Measures

Performance measures for the Nurse Home Visiting program were established at the inception of the program, prior to implementation. These performance measures were designed utilizing an old database and were structured under a pay-for-success model for home visiting outcomes. To better understand the outcomes of home visiting, amended and updated performance measures would help identify the impacts of home visiting on maternal and child health outcomes and would increase efficiency in data entry and reporting across providers. For example:

- Providing parameters for "on-time" depression and developmental screenings would ensure that children and caregivers are being screened at critical timepoints, furthering the impact of screenings;

- Identifying and tracking referrals for all children scoring low as on developmental screenings, including but not limiting data to early intervention would provide a broader and more accurate picture of developmental supports for children;

- Expanding the depth and breadth of postpartum depression to include perinatal depression to ensure that the measure addresses the primary caregiver's needs during and post-pregnancy; and

- Updating target metrics by establishing and utilizing baseline numbers to identify more appropriate target metrics for each measure.