

## **Legislative Report - Senate Bill 135 (2017 General Legislative Session)**

### **Introduction**

During the 2017 General Legislative Session, Senate Bill 135 titled “Maternal and Child Health” passed and was signed into law. This bill requires the Utah Department of Health “to study the use of evidence-based home visiting programs in the state and report its findings to the Legislature.” The following is the formal response from the Utah Office of Home Visiting (OHV).

Each requirement specified in Senate Bill 135 is highlighted in a gray box. For the purposes of this report “home visiting” is defined per Utah Code 26-10-12(1):

An evidence-based program designed to meet the needs of pregnant women and families with children under four years of age by improving maternal mental and physical health, supporting positive parenting, preventing child abuse and neglect, and promoting child health, development, and school readiness.



Identify home visiting programs operated by the state, local governments, public education institutions, or other entities operating programs eligible for funding through the federal government's Maternal, Infant, and Early Childhood Home Visiting program.

The OHV identified the following home visiting programs in the State of Utah:

### **LOCAL GOVERNMENTS**

- Bear River Health Department\* (Cache and Box Elder Counties)
- Davis County Health Department\* (Davis County)
- Weber-Morgan Health Department\* (Weber County)
- Salt Lake County Health Department\* (Salt Lake County)
- Utah County Health Department\* (Utah County)
- Central Utah Public Health Department\* (Sanpete, Sevier, Paiute, Wayne, Millard, Juab Counties)
- San Juan County Public Health\* (San Juan County)
- Carbon County Family Support Center (Carbon County)
- Housing Opportunities Inc. (Salt Lake County)

### **NATIVE AMERICAN TRIBAL GOVERNMENT**

- The Paiute Indian Tribe of Utah\* (Cedar City, St George, Koosharem, Kanosh, Richfield)

### **PUBLIC EDUCATION INSTITUTIONS**

- Davis/Morgan/Summit Head Start (Davis, Morgan, and Summit County)
- Salt Lake City School District Early Childhood (Salt Lake City)

### **EARLY HEAD START**

- Bear River Early Head Start (Cache County)
- DDI Vantage Early Head Start (Salt Lake County)
- Rural Utah Child Development (RUCD) Early Head Start (Carbon County)
- Utah Community Action Early Head Start Home Base (Salt Lake County)
- Aneth Community School Early Head Start (San Juan County)

### **OTHER PRIVATE ENTITIES**

- Prevent Child Abuse Utah\* (Weber County)
- Children's Service Society\* (Salt Lake County)
- The Learning Center for Families\* (Washington County)
- Utah Navajo Health Systems\* (Blanding, Monument Valley, Montezuma Creek, and Navajo Mountain)
- Holy Cross Ministries (Summit County)
- Guadalupe School (Salt Lake County)

\*Home visiting programs in Utah that have a funding relationship with the Utah Office of Home Visiting

For each identified home visiting program, compile available information on the number of individuals served, services offered, program outcomes, and coordination with other home visiting programs

The follow table summarizes all identified home visiting programs in the State of Utah as of August 2017:

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<b>Bear River Health Department</b>	Nurse Family Partnership	55	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring Postpartum Depression Screenings Vocation and Education Resources	Increase in maternal employment Increase in father's presence in household Fewer injuries among children Reduction in child abuse and neglect Reduction in child arrests at age 15 Reduction in behavioral and intellectual problems at age 6	Early Head Start
<b>Davis County Health Department</b>	Nurse Family Partnership	137	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring Postpartum Depression Screenings Vocation and Education Resources	Increase in maternal employment Increase in father's presence in household Fewer injuries among children Reduction in child abuse and neglect Reduction in child arrests at age 15 Reduction in behavioral and intellectual problems at age 6	
<b>Weber-Morgan Health Department</b>	Nurse Family Partnership	70	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring Postpartum Depression Screenings Vocation and Education Resources	Increase in maternal employment Increase in father's presence in household Fewer injuries among children Reduction in child abuse and neglect Reduction in child arrests at age 15 Reduction in behavioral and intellectual problems at age 6	Parents As Teachers Programs Welcome Baby

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<b>Salt Lake County Health Department</b>	Parents As Teachers and Nurse Family Partnership	282	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring Postpartum Depression Screenings Vocation and Education Resources	Increase in maternal employment Increase in father's presence in household Fewer injuries among children Reduction in child abuse and neglect Reduction in child arrests at age 15 Reduction in behavioral and intellectual problems at age 6	DDI Advantage Kauri Sue Hamilton School Other Parents As Teachers Nurse Family Partnership Programs
<b>Utah County Health Department</b>	Parents As Teachers and Nurse Family Partnership	207	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring Postpartum Depression Screenings Vocation and Education Resources	Increase in maternal employment Increase in father's presence in household Fewer injuries among children Reduction in child abuse and neglect Reduction in child arrests at age 15 Reduction in behavioral and intellectual problems at age 6	Welcome Baby United Way
<b>Central Utah Public Health Department</b>	Parents As Teachers	25	Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	Early Head Start Early Intervention

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<p align="center"><b>San Juan County Public Health</b></p>	<p align="center">Family Spirit</p>	<p align="center">8</p>	<p align="center">Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services</p>	<p>Reduction in Pre-Term Birth School Readiness Developmental Interventions Improved Maternal Health Improved Newborn Health Reduction in Childhood Trauma Increased Coordination of Community Resources Increased Developmental Screening</p>	<p align="center">Early Head Start Early Intervention</p>
<p align="center"><b>Housing Opportunities Inc.</b></p>	<p align="center">Parents As Teachers</p>	<p align="center">60</p>	<p align="center">Child Development Screening Physical Health Screening Referral Services Parent Mentoring</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<p><b>Carbon County Family Support Center</b></p>	<p>Parents As Teachers and Healthy Families America</p>	<p>8</p>	<p>Child Development Screening Referral Services Parent Mentoring Postpartum Depression Screening</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	
<p><b>Guadalupe School</b></p>	<p>Parents As Teachers</p>	<p>44</p>	<p>Developmental Screening Community Referrals Parent Mentoring</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<b>Bear River Head Start</b>	Parents As Teachers	143	Child Development Screening Mental Health Screening Physical Health Screening Community Referrals Parent Mentoring Family Assessment	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	
<b>DDI Vantage Early Head Start</b>	Parents As Teachers	140	Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	Children's Service Society

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<p><b>Davis/Morgan/Summit Head Start</b></p>	<p>Parents As Teachers</p>	<p>53</p>	<p>Child Development Screening Mental Health Screening Physical Health Screening Referral Services Parent Mentoring</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	
<p><b>RUCD Early Head Start</b></p>	<p>Parents As Teachers</p>	<p>102</p>	<p>Child Development Screening Physical Health Screening Referral Services Parent Mentoring</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<p><b>Utah Community Action Early Head Start Home Base</b></p>	<p>Parents As Teachers</p>	<p>10</p>	<p>Physical Health Screening Referral Services Parent Mentoring Mental Health Screening Child Development Screening</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	
<p><b>Salt Lake City School District Early Childhood</b></p>	<p>Parents As Teachers</p>	<p>78</p>	<p>Child Development Screening Physical Health Screening Referral Services Parent Mentoring Eye Screening Family Centered-Assessment</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	<p>Children's Service Society Guadalupe Schools Utah Office of Home Visiting Utah Early Head Start</p>

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<p align="center"><b>Aneth Community School</b></p>	<p align="center">Parents As Teachers</p>	<p align="center">Not provided</p>	<p align="center">Physical Health Screening Referral Services Parent Mentoring Mental Health Screening Child Development Screening</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	
<p align="center"><b>Prevent Child Abuse Utah</b></p>	<p align="center">Parents As Teachers</p>	<p align="center">86</p>	<p align="center">Child Development Screening Mental Health Screening Physical Health Screening Domestic Violence Screening Addiction Screening Referral Services Parent Mentoring</p>	<p>Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education</p>	<p align="center">Nurse-Family Partnership Programs Welcome Baby</p>

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<b>Children's Service Society</b>	Parents As Teachers	147	Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	Early Head Start Early Intervention
<b>The Learning Center for Families</b>	Parents As Teachers	132	Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	Early Head Start Early Intervention

Home Visiting Program	Home Visiting Model	Individual Families Served	Services Offered	Program Outcomes	Coordinating Programs
<b>Utah Navajo Health Systems</b>	Family Spirit	17	Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services	Reduction in Pre-Term Birth School Readiness Developmental Interventions Improved Maternal Health Improved Newborn Health Reduction in Childhood Trauma Increased Coordination of Community Resources Increased Developmental Screening	Early Head Start Early Intervention
<b>The Paiute Indian Tribe of Utah</b>	Family Spirit	Beginning Program, No Families Enrolled	Parent Mentoring Developmental Screening Mental Health Screening Domestic Violence Screening Referral Services	Reduction in Pre-Term Birth School Readiness Developmental Interventions Improved Maternal Health Improved Newborn Health Reduction in Childhood Trauma Increased Coordination of Community Resources	Early Head Start Early Intervention
<b>Holy Cross Ministries</b>	Parents As Teachers	17	Child Development Screening Mental Health Screening Physical Health Screening Referral services Parent Mentoring	Increase in healthy pregnancies and improved birth outcomes Increase in parents' knowledge of their child's emerging development and age-appropriate child development Improved parenting capacity, parenting practices, and parent child relationships Increased identification and referral to services for possible delays and vision/hearing/health issues Improved family health and functioning Improved child health and development Reduction of child abuse and neglect Increased school readiness Increased parent involvement in children's care and education	

Identify options for increasing the number of individuals served by home visiting

*Option 1 - Obtain new funding sources that would expand services via local implementation agencies*

The ability to increase the number of individuals served by home visiting is in direct proportion to the funding available. The Utah Health Department estimates there are 37,664 children <5 living in poverty in Utah.\*\* All combined Home Visiting Programs in Utah currently serve 1,841 families. Home visiting is currently provided in 19 of Utah's 29 Counties. The Utah Office of Home Visiting provides direct funding to serve 16 of the 19 total counties and 902 of the 1,841 total families being served. With the current level of home visiting in the state an estimated 35,000 children <5 living in poverty are not served by a home visiting program.

*\*\*Information about children <5 living in poverty was obtained from the Utah Department of Health "IBIS database" under "Explore Communities, Community Snapshot Report: Demographic Information." Figures were computed by multiplying persons living in poverty percentage by population estimates also contained in the IBIS database.*

The table below shows a calculated percent of children less than age 5, living in poverty that currently receives home visiting services. The table is organized by Health District:

Health District In Utah	Children <5 Living in Poverty	Count of families served in the Health District	Percent of children <5 in Utah living in poverty that receives home visiting services
Bear River	2,703	198	7.33%
Weber-Morgan	3,651	70	1.92%
Davis	2,968	296	9.97%
Tooele	596	0	0.00%
Salt Lake	13,555	778	5.74%
Summit	234	0	0.00%
Wasatch	256	0	0.00%
Tri-County	822	0	0.00%
Utah	7,925	207	2.61%
Central	1,225	25	2.04%
Southeast	Not Available***	8	N/A
Southwest	3,729	132	3.54%
San Juan	Not Available***	127	N/A
<b>Total</b>	<b>37,664</b>	<b>1,841</b>	<b>4.89%</b>

\*\*\*Data was not available through the Utah Department of Health "IBIS database"

Of the 29 total counties in the State of Utah, 10 counties are totally without a home visiting program (Rich, Wasatch, Duchesne, Tooele, Emery, Garfield, Kane, Daggett, Beaver, and Grand counties). Even where home visiting programs are established in Utah they are not funded adequately to meet the demand for services from the community.

*Option 2 - Implement evidence based home visiting models that are less expensive than the models currently being implemented.*

Evidence based home visiting models have various fee structures that include annual affiliate fees and training expenses for new home visitors. Some home visiting programs require a bachelor degree as a minimum education standard for a home visitor while other programs set a minimum education standard at the high school diploma. The education minimums influence the overall cost of the home visiting program as higher education degrees demand a higher hourly wage. If evidenced based models with lower costs in fees and salary expenses than current models were used, more families would be able to be served.

Identify options for improving the effectiveness of home visiting funded by the state



Each evidence based home visiting model has its own criteria and model elements. The Utah Office of Home Visiting funds two different evidence based models: Parents as Teachers (PAT) and Family Spirit. The Nurse-Family Partnership and Early Head Start home visiting models are the other primary programs currently operated in Utah. Each evidence based model has its particular focus, but all have at their core the health and wellness of the mother and child, as well as family self-reliance.

Improving effectiveness for the programs is primarily centered on fidelity to implementation of the model per the defined curriculum. This is done in the following ways:

- Ensure all home visiting staff receive required model implementation training
- Connect funding to the agency contingent on an approved affiliate status with the model developer
- Provide measurable compliance monitoring through site visits
- Provide on-going professional development training regarding model implementation
- Involve programs in determining quality improvement goals with regard to model implementation
- Monitor quality improvement success

The Utah Office of Home Visiting in the Utah Department of Health, funds local implementation agencies primarily through the federal Health Resource and Service Administration (HRSA) grants or through Temporary Assistance for Needy Families (TANF) grants available through the Department of Workforce Services. Both the HRSA and TANF grant funding sources have a quality improvement component that requires the Utah Office of Home Visiting to have on-going quality improvement projects with local implementation agencies funded. Last year the Office of Home Visiting conducted projects centered on improving the number of expected visits completed each month by home visiting staff and improving the number of women who received mental health services when clients scored being at risk during screenings for maternal depression.

Identify options for leveraging private and government funding, including Medicaid funding, to increase the use and effectiveness of home visiting in the state

#### *Option 1 - Private Funding*

Currently, there are no state, county, or local government sponsored home visiting programs in the State using private funds. There are however 6 private agencies currently offering home visiting services in Utah (4 of the 6 private agencies use some governmental funding for their home visiting program). The Office of Home Visiting is researching the possibility of a private “pay-for-success” partner that would be willing to make an investment in home visiting with a potential financial return based on measurable cost savings realized as the child served reaches set milestones 5-20 years down the road.

#### *Option 2 - Government Funding*

As a way to leverage existing government funding, The Utah Office of Home Visiting secured a TANF grant from the Utah Department of Workforce Services in State FY2017 to serve Central Utah Public Health catchment area and Native American Tribes in Utah. This \$3M TANF grant will expire June 30, 2019.

The Office of Home Visiting intends to continue its annual application to the federal Health Resources and Service Administration (HRSA) to obtain Utah’s set percentage of Maternal Infant Early Childhood Home Visiting (MIECHV) funding. Currently, the Office of Home Visiting has \$3.14M in MIECHV funding that will be dispersed to local home visiting agencies during FFY2018/2019. The US Congress has yet to approve any MIECHV funding beyond the FFY2018/2019 grant period but is expected to authorize future MIECHV “Formula Funding” sometime during the fall of calendar year 2017.

While the current MIECHV formula funding for Utah allows for hundreds of families to be served, the Utah Office of Home Visiting has experienced an overall reduction in federal funding as the MIECHV competitive grant for \$7M came to an end September 30, 2016. In addition, an earlier MIECHV grant for \$1M will come to an end September 30, 2017. This translates to an overall reduction of approximately 500 families cut from home visiting services during the fall of calendar year 2017 as 5 Nurse-Family Partnership and 1 Parents as Teacher home visiting program lose funding through the Utah Office of Home Visiting.

#### *Options 3 - Medicaid Funding*

The Office of Home Visiting has explored the possibility of using Medicaid as a supplemental funding resource for home visiting programs that contain a medical component in the model. This remains an option under consideration by the OHV, but

depends on the status of the medically centered home visiting programs in the State. The challenges with Medicaid include the narrow scope of the home visiting services that meet Medicaid billing requirements and the match that would be required at the local level to access the Medicaid funding, if expansion was allowed via a Medicaid waiver.

On March 2, 2016 the Center for Medicaid and CHIP Services (CMS) along with the Health Resources and Services Administration (HRSA) issued a “Joint Information Bulletin” that outlines the following four options states could select to potentially cover some home visiting expenses through Medicaid reimbursement:

***Managed Care under sections 1903(m) and 1932 of the Act***

Consistent with sections 1903(m) and 1932 of the Act, states may deliver Medicaid-covered services through managed care plans. States must continue to assure access to the full set of state plan services, including EPSDT and generally must provide beneficiaries with a choice of at least two managed care plans. Contracts providing for capitation rates are subject to CMS approval, capitation rates must be actuarially sound, and network adequacy is reviewed.

***Section 1915(b) of the Act - Freedom of Choice Waiver***

Under section 1915(b) of the Act (1915(b) waiver), CMS may grant a waiver to permit states to restrict beneficiary free choice of provider, to create defined provider networks, which could be part of a managed care service delivery system. When using this authority, states may use the savings accrued through the use of a managed care delivery system to provide additional services or restrict the number of providers who can provide specific Medicaid services.

South Carolina received approval under this authority to implement a five year home visiting pilot to target pregnant women and children. Effective January 1, 2016, the South Carolina Enhanced Prenatal and Postpartum Home Visitation Pilot Project provides enhanced prenatal, postpartum, and infant care services using the Nurse-Family Partnership model. Due to the scope and design of the program, waivers of the following were required: Statewideness, Comparability of Services, and Freedom of Choice. The pilot is expected to generate Medicaid savings through improved birth outcomes, create long-term social and economic benefits resulting from increased birth spacing, and improved health outcomes for mother and child.

***Section 1915(c) of the Act - Home and Community-Based Waiver Services***

States may request a waiver to provide beneficiaries who would otherwise need to receive care in an institution, long-term care services and supports in

community settings. States may not restrict freedom of choice under this waiver but may request waivers such as comparability and state-wideness, enabling them to limit the services to subgroups of Medicaid beneficiaries and to an area within the state. They may also limit participation to a specific number of beneficiaries. States may combine this type of waiver with a section 1915(b) waiver to waive freedom of choice.

***Section 1115 of the Act - Research and Demonstration Waiver (section 1115 demonstrations)***

Section 1115 of the Act gives the Secretary of HHS authority to approve experimental, pilot, or demonstration projects that further the objectives of the Medicaid and Children's Health Insurance Program (CHIP). These demonstrations give states additional flexibility to design and improve their programs and to demonstrate and evaluate policy approaches to further the objectives of the Medicaid Program. Many section 1115 demonstrations include services for children and youth.

On April 21, 2017 the Utah Office of Home Visiting hosted a coordination meeting with local Health Department Nursing Directors, Home Visiting Supervisors, and State Medicaid Administrators to discuss the four options referred above. Currently, the Utah Office of Medicaid is reviewing options where Medicaid reimbursement could be used as a supplemental funding resource for home visiting programs in Utah.

Identify options for coordinating the identification of individuals who could benefit from home visiting

The Help Me Grow Utah (HMGU) program offers a primary statewide coordination of individuals who could benefit from home visiting. The HMGU information and referral helpline provides parents, physicians and providers with the knowledge and resources they need to make a difference in the lives of children. HMGU also provides personal care coordination, child development and perinatal screenings, answers to pregnancy, parenting and child development questions, and connection to community resources. The partnership between local home visiting programs and HMGU provides a referral pipeline for the home visiting programs in the State, from families that learn about benefits of a home visiting program during phone conversations on the HMGU helpline.



Home visiting programs in the State often recruit potential clients from other governmental agencies serving the family. For example, local health departments often approach families utilizing services from the Women, Infant, Children (WIC) program, to explain the home visiting program during in-person visits to the local health department clinics. Most home visiting programs in the State are also contacting local OB/GYN, pediatricians, family physicians or hospitals to coordinate the identification of individuals who could benefit from home visiting services.

In the State of Utah, current home visiting services are not sufficient to meet the needs of the families living in poverty and most programs are at caseload capacity. Some home visiting agencies have developed waiting lists that prioritize service to the neediest families when a caseload slot opens up. While it is possible in a few areas of the state where multiple home visiting programs serve the same geographical area, it is rare for families to be approached by two different home visiting programs. Where multiple programs recruit and work in the same geographical area, the OHV is working with the agencies to coordinate services and waiting list priorities.

A statewide waiting list developed by the Utah Office of Home Visiting could assist with the overall coordinating of individuals who could benefit from home visiting based on available resources in a community.

Identify options for coordinating the delivery of services provided through multiple home visiting programs, where appropriate

Programs currently funded by the Utah Office of Home Visiting are required to screen new potential clients to the program. An important element of the screening process is to ensure that potential client is not being served by any other home visiting program. This screening process ensures each program is not providing a duplicate service to the family receiving the home visits.

The Utah Office of Home Visiting would like to explore the development of a Collaboration Committee consisting of representatives from each home visiting program participating in a meeting twice a year. The purpose of this committee would be to:

- Establish state wide home visiting goals
- Determine barriers to home visiting
- Coordinate strategies for overcoming barriers
- Coordinate the delivery of services

The Utah Office of Home Visiting believes that a Collaboration Committee would provide networking and understanding of the home visiting issues throughout the state. It would also allow the coordination of resources such that dollars used for home visiting would be maximized.

Identify options for funding home visiting programs if funding through the federal government's Maternal, Infant, and Early Childhood program is eliminated or reduced

The following represent funding sources if the federal MIECHV program was eliminated or reduced:

- State TANF Funding
  - The Utah Office of Home Visiting received a one-time TANF grant of \$3M to serve the Central Utah Health Department catchment area and Native American Tribes in Utah (funding expires June 30, 2019). The OHV would welcome new opportunities to apply for TANF funding through the Department of Workforce Services.
  
- County Funding
  - Some county governments have invested in home visiting services by providing financial resources from county funds in a supplemental percentage above the current federal MIECHV allocation.
  
- Private Funding
  - The OHV is exploring a private “pay for success” approach as a possible funding replacement resource. This approach would be accomplished through a partnership between private business and the State of Utah. The private business wishing to make a philanthropic investment in a home visiting program would provide funding with an expectation that future government savings will provide a return on the investment made. For example, the State of Utah may expect to see a reduction in traditional welfare benefits or Medicaid claims based on the health and wellness benefits to the family and children served by home visiting. The investor would recoup the savings realized by the State.

