Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-15 **Healthy Steps Sustainability**

Dept. Approval By: Melissa Wavelet

OSPB Approval By: Emily N Hahn 10/26/16

___	Supplemental FY 2016-17
X	Change Request FY 2017-18
___	Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17 Initial Appropriation	FY 2016-17 Supplemental Request	FY 2017-18 Base Request	FY 2017-18 Change Request	FY 2018-19 Continuation
Total of All Line Items Impacted by Change Request	Total	$0	$0	$0	$421,360	$571,946
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$421,360	$571,946
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2016-17 Initial Appropriation	FY 2016-17 Supplemental Request	FY 2017-18 Base Request	FY 2017-18 Change Request	FY 2018-19 Continuation
06. Division of Early Childhood, (B) Division of Community and Family Support - Healthy Steps for Young Children	Total	$0	$0	$0	$421,360	$571,946
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$0	$0	$0	$421,360	$571,946
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

CF Letternote Text Revision Required	Yes ___	No X	If Yes, see attached fund source detail.
RF Letternote Text Revision Required	Yes ___	No X	
FF Letternote Text Revision Required	Yes ___	No X	
Requires Legislation?	Yes ___	No X	
Type of Request?	Department of Human Services Prioritized Request		
Interagency Approval or Related Schedule 13s:	None		

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Cost and FTE

- The Department of Human Services requests $421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to $571,946 total funds/ General Fund in FY 2018-19. Local sites will match the State's investment to fully cover costs. No state FTE are requested.

Current Program

- HS is a low-cost gateway to supports and services for at-risk families with children birth to age 3 through pediatric primary care. An evidence-based two-generation strategy, HS aligns policy and practice recommendations of Ascend at Aspen Institute and will be included in an upcoming report.
- Based on a national evaluation, HS improves pediatric quality of care; enhances communication between pediatricians and parents; reduces parental use of harsh punishment; identifies families at risk for depression, violence and substance abuse; and helps children receive appropriate preventive services.
- HS families reside in the highest risk counties as determined by the 2012 Early Childhood Needs Assessment, are low-income, and may be referred by a pediatrician due to an additional risk factor. Client retention is the highest among the Department's evidence-based home visiting programs.
- A Results First Initiative in Colorado conservatively estimated that the return on investment of every $1 invested in a family participating in HS is $2.60. The Tax Payer Benefits to Cost Ratio, calculated at $1.40, is the highest of the evidence-based home visiting programs reviewed.

Problem or Opportunity

- Federal funding for Healthy Steps will end September 2017. Local sites can provide some funds but cannot assume the full costs, and there is no possibility of securing federal MIECHV home visiting funds.
- Alternative funding through Medicaid is promising but a change in reimbursement is several years out, and is not likely to cover the full cost of the program, and will still require a state match.

Consequences of Problem

- If new funding is not provided, 1,300 vulnerable families, many in rural areas with limited support programs, will lose services. These families are at risk for adverse outcomes due to poverty-related stressors, parental depression and substance use, domestic violence and limited parental knowledge of child development and healthy parenting.

Proposed Solution

- The Department requests $421,360 total funds/General Fund to sustain HS as part of the continuum of community prevention programs. By funding this request, the HS program will continue to increase families' capacity to provide a safe, stable and nurturing environment for children and decrease the likelihood that children across the State will experience child abuse or neglect.

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Department Priority: R-15
Request Detail: Healthy Steps Sustainability

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Healthy Steps Sustainability	$421,360	$421,360

Problem or Opportunity:

The Department of Human Services requests $421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to $571,946 total funds in FY 2018-19. Local sites will match the State's investment to fully cover costs. No state FTE are requested.

A new report from the American Enterprise Institute contends that high-quality programs focusing on infants, toddlers and their families do the most to improve child outcomes.[1] According to a 2015 report from the Pritzker Children's Initiative and the Bridgespan Group, investments for infants and toddlers from low-income families during the first three years of life, when 700 new connections between cells in the brain form each second, are most critical in helping more children be ready for kindergarten while also yielding the highest returns.[2] A recommendation of this study was to support integrating evidence-based programs that work through the pediatric system. The great majority of low-income children from birth through age 3 see pediatric care providers regularly.[3]

Healthy Steps (HS) is a voluntary, evidence-based, two-generation home visiting model, HS is delivered through the pediatric care system to provide parent support and education, developmental screening, safe sleep practices, family protective and risk factor screening (including parental depression, domestic violence and substance abuse), and connections to needed services. The model identifies at-risk families in the safe and trusted environment of the child's pediatric office during the very first well-baby visit following birth. HS families reside in the highest risk counties as determined by the 2012 Early Childhood Needs Assessment, are low-income, and have one or more additional risk factors that could compromise their safety, health and well-being, or ability to reach their potential in life.

[1] Stevens, K.B., & English, E. (April 12, 2016). Does Pre-K work? The research on ten early childhood programs – and what it tells us. *American Enterprise Institute.* Retrieved from https://www.aei.org/publication/does-pre-k-work-the-research-on-ten-early-childhood-programs-and-what-it-tells-us/

[2] J.B. and M.K. Pritzker Foundation and The Bridgespan Group. (2015). *Achieving Kindergarten Readiness for All Our Children.* Chicago: Pritzker, J.B., Bradach, J.L., & Kaufmann, K.

[3] Murphey, D., Cooper, M., & Forry, N. (November 2013). The Youngest Americans: A Statistical Portrait of Infants and Toddlers in the United States. *The McCormick Foundation and Child Trends*. Retrieved from: http://www.childtrends.org/wp-content/uploads/2013/11/MCCORMICK-FINAL.pdf

An analysis by the Governor's Results First Initiative suggests for every $1 invested to support a family to participate in Healthy Steps, there is a $2.60 return.[4] In addition, the Taxpayer Benefits to Cost Ratio for Healthy Steps in Colorado was $1.40 in the Results First analysis, the highest of the evidence based home visiting programs reviewed. By comparison, the ratio for Nurse Family Partnership was $1.30. Healthy Steps is also the least costly of the models in the Department's home visiting program continuum, with an average cost of $900 per family. In addition, client retention is the highest among the Department's evidence-based home visiting programs. The Healthy Steps engagement rate of approximately 90% is substantially higher than is typical for voluntary home visiting programs.

Healthy Steps' presence in Colorado dates back to the mid-1990s with a few locally funded and highly successful programs. In 2011 when Colorado created a home visiting plan as part of the successful application to participate in the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV), the Healthy Steps model was included in the continuum of evidence based home visiting programs. As the only home visiting program with a structural connection to pediatric primary care, its particular value was in ensuring a foundational anchor to the health care system. Successful expansion since 2012 has resulted in a funded caseload of 868 families in federal FY 2015-16, and a planned caseload for federal FY 2016-17 of 1,300.

Research shows that there is broad public support for programs intended to simultaneously empower parents and support the development of young children. A recent bipartisan poll from the First Five Years Fund indicates that 86% of Colorado voters believe the State should "provide voluntary coaching and education for new parents to help them improve their child's health and help ensure they are ready to succeed in school.[5]" Additionally, 68% of Colorado voters recognize the important development that happens for children birth through age five and believe those are the "most critical years for developing a child's capacity to learn." By laying the foundation for early childhood learning and development through parent consultation and education, Healthy Steps plays an integral role in ensuring Colorado's children are healthy, well-supported and ready to succeed.

On October 1, 2017, thirteen hundred vulnerable Colorado families with children birth to age 3 will lose Healthy Steps support services due to a significant change by the federal funder Health Resources and Services Administration (HRSA) in determining model eligibility. The federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV) has supported the expansion of Healthy Steps in Colorado since 2011 as an integral part of a continuum of voluntary, evidence-based, prevention-oriented home visiting programs that benefit families in the State's highest risk counties based on poverty and maternal and child health indicators. The recent changes by HRSA rescinded MIECHV eligibility because services are provided outside the home as opposed to predominantly in the home. Colorado, South Carolina, Massachusetts, and ZERO TO THREE (the national model representative) asked the HRSA to reverse the decision or grandfather these states in due to strong programmatic outcomes, high enrollment and low attrition, success serving rural communities, and the high number of families that will be negatively affected by this decision. HRSA denied the request, stating that the program should not have been approved in 2011 since services are too frequently provided at the pediatric clinic, before or after well-child visits, rather than in the family's home.
Upon being notified that Healthy Steps would no longer be eligible for MIECHV services, Colorado suggested adding home visits or shifting visits from the clinic setting to the home setting to retain eligibility for funding. HRSA's verbal response on September 25, 2015 indicated that the model would not be

[4] Retrieved from https://drive.google.com/a/state.co.us/file/d/0BxVE8p2dzVf3OFRaNjZQVWVQTjA/view
[5] Retrieved from http://ffyf.org/2016-colorado-poll/

eligible, even with increased home visits, because a program information sheet was updated by the model developer to state that Healthy Steps is a pediatric model with a home visiting component. A change to deliver the program primarily in the home would substantially change the evidence-based model, the theoretical basis of which is its integration with pediatric primary care services.

Three affected states, including Colorado, also sent a letter to HRSA requesting guidance around the number of home visits that would make the program eligible for MIECHV funding (see Attachment F). Attachment C is HRSA's official response to concerns raised by the Department through conversation and correspondence, as well as the concerns voiced in the tri-state letter. In their response, HRSA stated simply that Healthy Steps does not align with the updated MIECHV requirement of home visiting being the primary intervention strategy and that it is ineligible for funding in the FY 2015-16 funding opportunity announcement (FOA). A subsequent request to augment Healthy Steps with additional home visits as a promising practice was also denied. ZERO TO THREE, the national office for the Healthy Steps model, solicited support from Colorado's representatives in Congress. Senator Cory Gardner sent a letter to HRSA on behalf of ZERO TO THREE and Colorado's MIECHV program. However, Senator Gardner's letter received the same response as previous correspondence with HRSA – the request was denied.

Attachments A through F provide documentation of HRSA's rescindment of Healthy Steps' MIECHV eligibility, as well as efforts by the Department and state and national partners to appeal this decision.

Proposed Solution:

The Department of Human Services requests $421,360 total funds/General Fund in FY 2017-18 to continue serving 1,300 families in seven high-need communities through the evidence-based Healthy Steps (HS) home visiting program. The requested funds annualize to $571,946 total funds in FY 2018-19 and beyond. Local sites will match the State's investment to fully cover costs. No state FTE are requested.

This funding request is ongoing and represents 45% of the budget required to maintain current service levels. If this request is funded, the Healthy Steps sites (Children's Hospital – Child Health Clinic, Children's Hospital – Teen Clinic, Denver Health Westside Clinic, Kaiser Clinic in Brighton, Northeast Colorado Health Department, Pueblo Catholic Charities, and the San Luis Valley Behavioral Health Group) will absorb the balance of costs for the program to ensure program continuity.

If this program is not funded, the Healthy Steps program in Colorado will most likely end on September 30, 2017, eliminating services to 1,300 vulnerable and low-income families. Many of these families live in rural areas with limited support programs and are at risk for adverse outcomes due to poverty-related stressors, parental depression, substance use, domestic violence, and limited knowledge of child development and healthy parenting.

Alternative funding options are being investigated, the most promising of which is the Colorado Opportunity Project being developed by the Department of Health Care Policy and Financing (HCPF). However, even if Medicaid reimbursement for Healthy Steps is approved this solution will not be viable for several years and will not cover the full cost of the program.

Anticipated Outcomes:

A national evaluation by Johns Hopkins Bloomberg School of Public Health found that Healthy Steps improved pediatric quality of care, enhanced communication between pediatricians and parents, reduced

parental use of harsh punishment, identified families at risk for depression, violence, and substance abuse, and helped children receive appropriate preventive services.[6] A new national evaluation is under way by James Bell Associates in which family and practice-level outcomes will be analyzed.

The Department expects to see similar results in Colorado Healthy Steps programs as implementation continues. Data from the Department's most recent submission to the federal funder on required MIECHV benchmarks reflect positive impacts for children and caregivers. Of the 24 applicable constructs, Colorado Healthy Steps had reporting values of 90% or greater in 17 outcome areas (or 70% of the constructs) and many were at the 95% level. Positive results were documented for:

- Postpartum care
- Screening for pregnancy-related depression
- Well child visits
- Caregivers receiving information on the prevention of child injuries and child learning and development
- Caregivers increased knowledge of child development
- Caregivers increased positive parenting behaviors
- Screening for child's communication
- Language, literacy, and general cognitive skills
- Positive approaches to learning
- Social behavior and emotional well-being
- Physical health and development
- Screening for domestic violence
- Screening for necessary services
- Families receiving necessary referrals to community resources
- Number of completed referrals

Healthy Steps sites will continue to collect data on MIECHV benchmarks, which will allow the Department to continually analyze successful family and child level outcomes. These include breastfeeding, depression screening and referral, well child visits, postpartum care, tobacco cessation, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy, developmental screening and referral, behavioral concerns, intimate partner violence screening and referral, caregiver education, and continuity of insurance coverage.

Healthy Steps has also been included in the Department's C-Stat program. Beginning in July 2016, C-Stat has reported the percentage of Healthy Steps families enrolled in the program who received the suggested six visits in the first year of life, which was the dosage for that period in the national evaluation and is a measure of fidelity in implementation. The Department is currently working with its partners to understand the baseline data and set an appropriate goal for the next fiscal year.

Healthy Steps aligns with the goals of Ascend, a policy program of the Aspen Institute grounded in a two-generation approach to serving families. It will likely be included in an upcoming report on advancing polices and enriching practice at the intersection of health and early childhood development, highlighting approaches that address the needs of children and their parents together.

[6] Minkovitz, C., Hughart, N., Scharfstein, D., Guyer, B., & the Healthy Steps Evaluation Team. (2001). Early effects of the Healthy Steps for Young Children program. *Archives of Pediatrics & Adolescent Medicine, 155,* 470-479, doi: 10.100/archpedi.155.4.470.

Assumptions and Calculations:

Table 1 illustrates the Long Bill appropriation and requested funding for FY 2017-18 and beyond.

Table 1: Long Bill Appropriation and Requested Funding for FY 2017-18 and Beyond						
New Line Item: Healthy Steps for Young Children	**FTE**	**Total Funds**	**General Fund**	**Cash Funds**	**Reapp. Funds**	**Federal Funds**
FY 2016-17 Appropriation (HB 16-1405)	0	$0	$0	$0	$0	$0
FY 2017- 18 Requested Funding	0	$421,360	$421,360	$0	$0	$0
FY 2018-19 and Beyond Total Requested Appropriation	**0**	**$571,946**	**$571,946**	**$0**	**$0**	**$0**

The annual cost per client for the Healthy Steps program is currently $900, which includes FTE and operating expenses. This request supports the FTE portion of program expenses, 45% of total program costs, at each of the seven sites. Local communities will absorb the balance of costs for the program.

Table 2: Healthy Steps Program Cost per Agency shows cost calculations by site. Cost variance is due to disparities in salary costs and staff qualifications in urban verses rural areas, with sites in rural areas generally hiring applicants with less training at lower salaries. Additionally, Children's Hospital serves 325 families through two sites. Attachment G: Healthy Steps Budget Request Table provides detailed information about program expenditures and the number of families served.

Table 2: Healthy Steps Program Cost per Agency (1 FTE Healthy Steps Specialist, salary & fringe, at each site)				
Agency	**Caseload FY2017-18 (9 months)**	**Cost FY2017 -18 (9 months)**	**Caseload FY2018 -19**	**Cost FY2018 -19**
	(Oct 1, 2017- June 30, 2018)	**(Oct 1, 2017- June 30, 2018)**	**(July 1, 2018 - June 30, 2019)**	**(July 1, 2018 - June 30, 2019)**
Catholic Charities Pueblo	80	49,406	80	67,063
Denver Health	275	77,111	275	104,669
Kaiser Research	100	80,608	100	109,416
Northeast Colorado Health Department	250	49,406	250	67,063
San Luis Valley Community Behavioral Health Grou	195	41,732	195	56,645
Two sits at Children's Hospital: Teen Clinic and Child Health Clinic	400	123,097	400	167,090
Total	**1,300**	**421,360**	**1,300**	**571,946**
Notes				
The cost differentials relate to the differences in salary and fringe costs for behavioral health specialists, with large variations between rural and urban areas.				

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration
Maternal and Child Health Bureau
Rockville, MD 20857

September 4, 2015

Dear HRSA Home Visiting Grantee:

This letter is to inform you of recent changes regarding the Healthy Steps program model. As part of a regular update to the website, Healthy Steps revised their HomVEE profile to include several changes the model has undergone in the last few years; including stating that home visiting is not Healthy Steps' primary service delivery strategy. Upon review of these updates, it has been determined that Healthy Steps does not meet the HHS criteria for evidence-based models and is not eligible for future MIECHV funding.

Grantees may continue to use FY14 and FY15 funding to implement the model; however, the model is not eligible for implementation with FY16 funding. The Healthy Steps model will not be included in the list of eligible models for FY16 FOA.

HomVEE reviews the available empirical evidence on early childhood home visiting models. To conduct this work, the team relies on how the published materials describe the model that is evaluated and the available empirical evidence on that model. HomVEE will not review the currently implemented Healthy Steps as it no longer meets the requirement of using home visiting as the primary service delivery strategy.

Home Visiting Project Officers will work with grantees currently implementing Healthy Steps to help with the transitions for the model activities. If you have questions, please contact your project officer. Thank you for your attention.

Sincerely,

David Willis, M.D., FAAP
Director, Division of Home Visiting
and Early Childhood Systems

COLORADO
Office of Early Childhood
Division of Community & Family Support

October 9, 2015

Dr. David Willis, MD, FAAP
Division Director of Home Visiting and
Early Childhood Systems
Maternal and Child Health Bureau Rm. 10-86
Health Resources and Services Administration

Cc: Tammy Brown, Kathleen Kilbane and Lisa King

Dear David,

Thank you for taking the time to talk with the Colorado team on 9/25/2015 regarding changes to the Healthy Steps home visiting model.

To re-cap our concerns, Healthy Steps is a vital part of Colorado's home visiting continuum, with Healthy Steps families currently comprising 20% of the MIECHV caseload. Notably, that percentage will increase to 30% (over 1,000 children) by September 30, 2016, as the expansion of Healthy Steps was a key component of our FY15 competitive grant application. The Healthy Steps program continually serves more families than they are contracted to serve and we are very interested in understanding more about their success, both in the area of engagement and in maintaining such remarkably low attrition rates (less than 15%).

The implementation of Healthy Steps in Colorado has always included a standard of providing a minimum of six home visits to each child, as home visits are an integral part of the model's primary delivery strategy in Colorado. We have worked closely with the model developer and our implementation fidelity has always met or exceeded requirements. We have found no requirement in the legislation or in the FOA regarding a certain number of contacts with families, nor criteria saying that the "home" visit must be in the house in which the family lives. As long as I have been involved with programs that employ a "home visiting" strategy, the term has been considered to be representative of a practice approach in which a visitor accommodates family-specific needs and desires regarding the actual place of the visit, just as the visitor individualizes the service plan (within the model context) to meet the family's needs. It would compromise development of a trusting relationship, a cornerstone of these voluntary programs, to insist on a narrow definition of the construct "home".

The Colorado Healthy Steps model combines visits in the family's medical home and visits in the family's home, which allows the home visitor to build a relationship with hesitant families before going into their homes to assess safety and health concerns and observe the interactions in the home environment. Colorado Healthy Steps Specialists are encouraged to visit where the family lives as soon as possible after the client enrolls. Some families welcome visits where they live immediately while others wait until they feel comfortable with the Healthy Steps Specialist before inviting them to that space. Additionally, Healthy Steps provides a vehicle to reach families that are high risk but have no other contact with early childhood services and systems.

Healthy Steps is a pivotal part of Colorado's strategy to provide home visiting in rural communities, and the discontinuation of Healthy Steps will amplify health disparities in rural Colorado. Forty-three percent of Healthy Steps sites in Colorado serve rural areas and further expansion is planned in two communities that serve both urban and rural populations. This compares to 26% of CO MIECHV PAT sites serving rural areas and 0% of CO MIECHV NFP sites serving rural areas (NFP serves rural areas under their state funding). Forty percent of CO MIECHV HIPPY sites also serve rural areas, but HIPPY does not serve children birth to three and focuses on early literacy.

From a workforce perspective, other CO MIECHV and state-funded models continually struggle to recruit and retain qualified home visitors in rural areas. In a large state like Colorado, traveling several hours traversing snowy mountain passes to meet a family can make traditional home visiting impractical and expensive. Fortunately, finding qualified Healthy Steps staff is generally not a problem in rural areas, as one Healthy Steps specialist can serve a caseload of 100 families. Since Healthy Steps in Colorado augments home visits with visits completed at the family's medical home, the impact of traveling long distances is mitigated. This advantage also makes Healthy Steps a very cost-effective intervention, as the current cost of serving a child is $800 - $1,000 per year.

The Maternal, Infant, and Early Childhood Home Visiting legislation and the SIR do not specify the location where a home visit may occur. Many MIECHV programs serve homeless families, transient families, and incarcerated mothers. In each of those circumstances, home visitors are required to provide a home visit at a safe location of the family's choosing (e.g., park, the local library, a friend's home, a WIC or health clinic, or the prison visiting room). Many Healthy Steps families prefer to schedule visits at their medical home. Just last May during the PEW Home Visiting conference the presentation *Language to Engage Families* included a recommendation that home visiting programs use the following language to recruit families, "We will meet you at your house or at a place you choose." Additionally, Deb Daro's recent MIECHV TA call, *Participant Engagement and Recruitment: Practice Improvements and Challenges*, recommended increasing the flexibility of where home visits are conducted for all models. Further, literature around best practices in home visiting strategy generally promotes the following tenants:

- Develop strong relationships with families and become a trusted resource that delivers education, promotes healthy parent-child relationships, connects families to services, etc.
- Deliver family-centered services, meeting clients in their home or another location that the family chooses, in order to remove barriers to families receiving these services.

Healthy Steps is a family-centered, relationship based model that engages with families with new babies where they are – in the primary care office. Data indicate families place a high degree of trust in their pediatric provider, and we find that their trust easily extends to the Healthy Steps Specialist. Unfortunately for some high risk-families, the barrier to receiving support services is the family's concern about having providers in their home. Some mothers live with a parent, spouse, boyfriend, etc. who will not allow a provider in their home, and some Native American populations do not believe it is appropriate to have "strangers" in the home for 6 months after the birth of a baby. Others families are embarrassed at their lack of stable housing or have concerns about the conditions of their homes, such as not being up to code or having multiple families sharing space designed for one family.

Colorado's implementation of Healthy Steps complies with the requirements and intent of MIECHV legislation as well as the definition in the SIR, which states that: *For the purpose of the MIECHV, home visiting models have been defined as programs or initiatives in which home visiting is a primary service delivery strategy.* Removing Healthy Steps from the continuum of Home Visiting Programs is a disservice to families and adds

barriers to at-risk families who may lose access to high quality home visiting services. More than 1,000 families with young children across the state will be negatively impacted by this decision.

Additionally, including Healthy Steps as a MIECHV model in Colorado has improved the integration of all home visiting models within healthcare settings. Colorado was recently invited to present information about all home visiting models at a large multi-state pediatric conference at Children's Hospital Colorado. As a result of Healthy Steps, CO MIECHV has access to some of Colorado's top pediatricians and infant mental health faculty and researchers. Partnerships with academic medical settings and universities have similarly been strengthened. And, our relationship with the Colorado AAP is stronger as a result of our expansion of this integrated model. Colorado continually draws on these resources when contemplating improvements to home visiting and the early childhood system. Recent examples include recommendations for developmental screening protocols, teaching home visitors about child development and motivational interviewing, and integrating mental health consultation into home visiting.

Colorado, along with South Carolina and Massachusetts, will be sending a joint letter requesting clarification around details of the recent HOMVEE decision and posing specific questions about the decision. We will be collectively requesting reevaluation of the decision to remove Healthy Steps from the list of HOMVEE evidence-based home visiting models, based on our individual concerns (Colorado's are documented in this letter) and our collective concerns that the decision was not data driven, no data was reviewed from the programs impacted, and there was no fact checking with the model developers or with the implementing states regarding perceived changes to the model and/or our implementation of it.

In the interim, Colorado requests that HRSA delay implementation of this decision to provide sufficient time to reevaluate the process and information upon which it was based, particularly in light of the adverse impact on high-risk families MIECHV is intended to serve. Since the Healthy Steps research outcomes for children and families are not in dispute, we propose using this relief period to implement an evaluation of the Colorado program to examine the same outcomes that qualified the program as an approved evidence based model over the past five years. Your approval of this request would allow us to include Healthy Steps in our FY16 funding application, the FOA for which we expect soon. Most importantly, it will allow us to continue offering our successful continuum of home visiting programs in high-need communities that we have developed over five years with MIECHV investments.

Thank you for allowing Colorado to share additional information about how Healthy Steps is currently being implemented and for your consideration of our request for relief from the decision to eliminate Healthy Steps from eligibility for FY16 funding. We are most grateful for all the work you do to support vulnerable children in Colorado and across the nation and we are proud to be your partner in the Maternal, Infant and Early Childhood Home Visiting program.

Respectfully,

Mary W Martin, LCSW
Division Director
Community and Family Support

1575 Sherman Street, Denver, CO 80203 P 303.866.5948 www.ColoradoOfficeofEarlyChildhood.com
John W. Hickenlooper, Governor | Reggie Bicha, Executive Director

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration
Maternal and Child Health Bureau
Rockville, MD 20857

December 16, 2015

Mary W. Martin, LCSW
Division Director
Community and Family Support
Colorado Office of Early Childhood
1575 Sherman Street
Denver, CO 80203

Dear Ms. Martin:

Thank you for your letters dated October 9 and 15, 2015 regarding the recent decision by the Health Resources and Services Administration (HRSA) on the ineligibility of the Healthy Steps model for Fiscal Year (FY) 2016 funding under the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

The MIECHV program was authorized by the Affordable Care Act to provide federal grant funding to support the delivery of services to eligible families through home visiting programs. Services are delivered to these families through home visiting programs that use service delivery models that are either evidence-based or constitute promising approaches. By law, evidence-based home visiting models eligible for implementation under MIECHV must "conform to a clear consistent home visitation model" among other criteria (42 U.S.C. 711(d)). Following this standard, the FY 2016 MIECHV funding opportunity announcement (FOA) requires grantees to implement home visiting services through evidence-based home visiting models or promising approaches that include voluntary home visiting as the "primary service delivery strategy (excluding programs with infrequent or supplemental home visiting)."

The U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE) review conducts a thorough and transparent review of the home visiting research literature, which includes descriptions of the models that are evaluated and the available empirical evidence on those models. A recent program update submitted by Healthy Steps disclosed that the Healthy Steps model is a pediatric model with a home visiting component that is made available to participants, but that home visiting is used as a supplement, rather than a clear consistent home visiting model for which home visits are the primary method of delivering services. As such, the model does not align with the updated MIECHV program requirements.

These conclusions were communicated to the Executive Director of Zero-to-Three, the model's national program office, on August 31, 2015. Subsequently, on September 4, 2015, all current

grantees were sent a letter by listserv indicating that Healthy Steps would not be included on the list of evidence-based models eligible for MIECHV funding in the FY 2016 FOA.

We appreciate your concerns for the needs of families participating in Healthy Steps. As this decision is reflected only in the FY 2016 FOA, grantees may continue to use previously approved FY 2014 and FY 2015 grant funding to implement the Healthy Steps model. As you know, FY 2015 funds may be used by grantees through September 30, 2017, allowing an opportunity for many current participants to successfully complete the program. HRSA MIECHV Project Officers will support grantees currently implementing Healthy Steps to transition to other, approved model(s) with the goal of minimizing disruption to currently served families. HRSA will also help grantees develop transition plans that address model selection, transition of staff and families, natural attrition of families, and, as needed, referral of currently served families to other local high-quality early childhood programs.

Thank you for your continued hard work and commitment to the families served by your programs. Please contact your HRSA MIECHV Project Officer, Tammy Brown at 303-844-7861, if you have further questions.

Sincerely,

David Willis, M.D., FAAP
Director, Division of Home Visiting
and Early Childhood Systems

CORY GARDNER
COLORADO

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United States Senate

COMMITTEES
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NATURAL RESOURCES
FOREIGN RELATIONS
SMALL BUSINESS AND ENTREPRENEURSHIP

April 7, 2016

The Honorable Sylvia Matthews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell:

I write today to request that the Health Resources and Services Administration (HRSA) clarify the definition of home visiting and the home visit requirements for an organization to be eligible for funding through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Several sites in Colorado have partnered with MIECHV funded programs to provide much needed help and assistance for at-risk mothers and fathers to learn how to care for their children. It is critical that HRSA provide MIECHV-funded programs with direct instruction regarding what constitutes home visiting so qualifying organizations are able to provide services to families who need them the most.

In addition to clarifying the definition of home visiting and the home visit requirements, I ask that the HRSA reconsider its decision to eliminate funding for programs in the state of Colorado until the definition of home visiting has been clarified and those programs are given the opportunity to comply. Without continued funds, many sites will not be able to coordinate with their neediest patients to ensure these families receive the attention they need and deserve.

It is deeply concerning that this lack of clarification is putting the services assisting Colorado's most vulnerable families in jeopardy. The MIECHV program has been instrumental in providing support to families residing in communities identified to have poor infant health and fewer resources for young children. It is through this program that state intermediaries in rural and urban communities provide young parents with the tools they need to better care for their children. In addition, many of these programs provide crucial assistance to mothers who have been victims of domestic violence.

I am concerned about the sudden reversal of funding eligibility for several entities in Colorado, and thank you in advance to your time and attention to this matter. I ask that you respond to this inquiry within one month of receiving this letter.

Sincerely,

Cory Gardner
United States Senator

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 23 2016

The Honorable Cory Gardner
United States Senate
Washington, DC 20510

Dear Senator Gardner:

Thank you for your letter regarding funding and program requirements for the Colorado Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, also known as the Federal Home Visiting Program.

Colorado's MIECHV Program receives funding from the Health Resources and Services Administration (HRSA) through the Federal Home Visiting Program, which was authorized by section 2951 of the Patient Protection and Affordable Care Act, P.L. 111-148. The Federal Home Visiting Program provides federal grant funding to eligible entities for the delivery of services to eligible families through home visiting programs. Services are delivered to these families through state-administered voluntary home visiting programs that use one or more service delivery models that are either evidence-based or constitute promising approaches.

Under the Federal Home Visiting Program's authorizing statute, evidence-based home visiting models eligible for implementation must:

> *"conform to a clear consistent home visitation model that is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant ... positive outcomes..."* (42 U.S.C. 711(d)(1)(3)).

The authorizing statute also requires the Secretary to establish criteria for evidence of effectiveness of the service delivery models and ensure that the process for establishing the criteria is transparent and provides the opportunity for public comment (42 U.S.C. 711(d)(3)(A)(iii).

Accordingly, on July 23, 2010, the Department of Health and Human Services (HHS) published in the Federal Register the criteria it proposed to use to assess whether home visiting models have evidence of effectiveness, described the methodology for a systematic review of evidence applying these criteria, and solicited comments on both items. 75 FR 43172 (July 23, 2010). The July 2010 request for public comment also explained that the only studies relevant to assessing evidence of effectiveness were those in which home visitation was a primary service delivery strategy. Further, to qualify as a home visiting model, a program must offer home visiting services to most or all participants and these services must be integral to programmatic goals, with visits occurring solely or primarily where participating families reside, although visits

occasionally may occur elsewhere if the families are homeless or uncomfortable conducting visits in the home. The notice received over 150 comments with multiple points within each response. HHS considered the feedback received, incorporated feedback as appropriate, and provided a summary of the comments and responses to the field.

We are implementing requirements for the Federal Home Visiting Program through the funding opportunity announcement to require grantees to implement home visiting services through evidence-based home visiting models or promising approaches that meet the statutory standard and that include voluntary home visiting as the "primary service delivery strategy (excluding programs with infrequent or supplemental home visiting)."

For Fiscal Year 2016, Federal Home Visiting Program grantees were able to choose from 17 approved evidence-based models and could also implement promising approaches to the extent permitted under the authorizing statute. A recent program update submitted by the Healthy Steps Network disclosed that the Healthy Steps model, which is one of the models that has previously been utilized in Colorado, is a pediatric model with a home visiting component that is made available to participants, but in which home visiting is used as a supplement, rather than a clear consistent home visiting model for which home visits are the primary method of delivering services. As such, based on the updated information provided by the Healthy Steps Network, the model does not conform with the Federal Home Visiting Program requirements.

Grantees implementing a model no longer eligible for funding in Fiscal Year 2016 may continue to use previously approved Fiscal Year 2014 and 2015 grant funding for such a model. However, grantees are also provided supportive technical assistance from the Federal Home Visiting Program's Project Officers to transition to one or more of the models that meet program requirements.

The Colorado Department of Human Services applied for and received a Fiscal Year 2016 formula Federal Home Visiting Program award of $7,836,086. Colorado is using those funds to implement programs using three of the seventeen evidence-based home visiting models: Nurse-Family Partnership, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters. Colorado has 24 local implementing agencies serving at-risk families in 13 counties.

I appreciate your concerns for the needs of Colorado families with young children. Colorado has a long history of providing evidence-based home visiting and establishing a strong infrastructure to support quality implementation, long-term sustainability, and integration into a comprehensive early childhood system. A Federal Home Visiting Program Project Officer continues to provide ongoing technical assistance to the Colorado Department of Human Services in support of these efforts to serve children and families. If you or your staff have any questions, please feel free to contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627.

Sincerely,

Sylvia M. Burwell

October 15, 2015

David Willis, MD, FAAP
Director, Division of Home Visiting and Early Childhood Systems
Health Resources and Services Administration
US Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Willis,

We are writing to inquire about and express our concern regarding a recent communication from the Health Resources and Services Administration (HRSA) to Home Visiting Healthy Steps Grantee sites in Colorado, Massachusetts, and South Carolina, the states most immediately impacted by the information, and to sites across the country who might have been considering implementing Healthy Steps.

The communication, dated September 4, 2015, states that Healthy Steps "revised their HomVEE profile to include several changes the model has undergone in the last few years; including stating that home visiting is not Healthy Steps' primary service delivery strategy." The conclusion presented is that the Healthy Steps model does not meet the Health and Human Services criteria for evidence-based models and is not eligible for future MIECHV funding. HRSA also states that the Healthy Steps model will not be included in the list of eligible models for FY 2016 FOA. HRSA further states that HomVEE will not review the currently implemented Healthy Steps as it no longer meets the requirement of using home visiting as the primary service delivery strategy.

We are concerned about this decision. The Healthy Steps model has not changed over the past five years. With guidance from the national model developer and, where applicable, state intermediaries for the model, we have continued to maintain model fidelity including offering visits to participants either in their homes or at another site outside of the medical home. In addition, all families are seen by a Healthy Steps Specialist in conjunction with well-child visits at the clinic.

Furthermore, expansions of Healthy Steps sites across Colorado, Massachusetts and South Carolina **rely solely** on MIECHV dollars and represent data driven decisions to substantially invest in the model as critical components of our home visiting continuums. In total, Healthy Steps is currently serving approximately 2,627 families, with additional expansions scheduled during the current fiscal year. Without this continued funding, those families who rely on Healthy Steps to provide supports to infants, toddlers and parents will lose critical support in managing their children's healthy growth and development in a comprehensive manner. The

decision is also disturbing from an ethical perspective, as families were engaged to participate in a three-year program and we do not have the capacity to absorb all of these families with other funding or through other models when funding for Healthy Steps ends. Colorado and South Carolina are particularly concerned for the many families we are able to successfully serve in rural areas of our states as a result of this integrated program.

We encourage HRSA and HomVEE to re-evaluate the decision and thoughtfully consider the significant adverse impacts on families and existing relationships established over many years if funding for this important component of our home visiting continuums is discontinued. Our Healthy Steps state program administrators in Colorado, Massachusetts, and South Carolina have spoken with their respective Regional Project Officers and remain perplexed as to why Healthy Steps is being disqualified from MIECHV funding five years into the program when there have been no changes in the service delivery model. Our understanding is that the model developers of Healthy Steps have not been engaged in a dialogue with HRSA or HomVEE about this decision, and we remain uncertain as to why the decision was made.

We respectfully request that HRSA provide responses to us on the following points related to the decision to discontinue MIECHV funding for Healthy Steps as soon as possible so our state plans related to our continuum of home visiting services can be completed:

- ***Clarification on the changes made to the Healthy Steps HomVEE profile, including a copy of the revised language submitted in addition to a comparison of the previous and revised language highlighting the critical changes that led HRSA's decision to defund the program.***

- ***Information to help us understand the process HomVEE and HRSA followed in making the determination that Healthy Steps does not meet the HHS criteria for evidence-based models and therefore is not eligible for future MIECHV funding.***

- ***Documentation of the specific definition of "home visits or visitation" as required by evidenced-based models to be approved for MIECHV funding.*** Neither **"**home" nor the number and frequency of visits are defined within the Social Security Act language authorizing MIECHV funding. These definitions were not found in the FOA either. It is unclear if a visiting threshold exists outside of this statutory language that would require a model to have a specified number of home visits for home visiting to be deemed a primary service delivery strategy. There is also no published evidence as to the exact number of home visits, or dosage, necessary to meet the goals of MIECHV funding directives.

- ***Clarification on follow-up that was taken to evaluate the decision to terminate future funding for Healthy Steps***. This clarification includes: the process for final HRSA review and sign-off; **impact analyses to determine how many families the decision would adversely impact**; evidence-based outcomes data reviewed from Healthy Steps sites including the number of home visits conducted within a given timeframe; documented outreach to impacted sites to determine alternative means for funding and family transitions to other programs; and documented attempts to inform national Healthy Steps staff of decisions to terminate future funding.

We also request that HRSA outline the steps for a formal appeal process, including: definitive timeframes; distinctive roles and involvement of HomVEE and HRSA; required outcomes and data submissions from sites to assist with re-evaluation and informed impact analyses; and how states are expected to maintain continuity for clients during an appeal process.

Given the quickly approaching November release of the new FOA for FY 2016 MIECHV funding, we respectfully request that HRSA respond in writing to this letter by Friday, October 23.

Having successfully served thousands of families in both rural and urban areas through this evidence-based model, we strongly desire the opportunity to work quickly and effectively with HomVEE and HRSA to address our questions to ensure that our families can continue to receive the intensive and coordinated services they rely upon from Healthy Steps.

On behalf of our current and past Healthy Steps children and families, we thank you for your attention to this important matter.

Respectfully,

Sue Williams
Chief Executive Officer
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Children's Trust
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Attachment G: Healthy Steps Budget Request Table				
	FY 2015-2016	FY 2016-2017	FY 2017-2018 *	FY 2018-2019
Total	**Caseload 868**	**Caseload 1305**	**Caseload 1,300**	**Caseload 1,300**
Catholic Charities Pueblo	**60**	**80**	**80**	**80**
Denver Health	**175**	**275**	**275**	**275**
Kaiser Research	**73**	**105**	**105**	**105**
Northeast Colorado Health Department	**115**	**250**	**250**	**250**
San Luis Valley Community Mental Health	**120**	**195**	**195**	**195**
Two sites at Children's Hospital: Teen Clinic and Child Health Clinic	**325**	**400**	**400**	**400**
CDHS Costs Associated with Managing Healthy Steps Program				
CDHS Personnel and Cost Pool	**$ 13,152**	**$ 13,152**	**0**	**0**
CDPHE	**$ 10,686**	**$ 10,686**	**0**	**0**
CDHS Indirect	**$ 3,027**	**$ 3,027**	**0**	**0**
Sub Total CDHS Costs Associated with Managing Healthy Steps	**$26,865**	**$26,865**	**$0**	**$0**
Contractor Personnel				
Healthy Steps Specialists & Supervisors	**$ 501,435**	**$ 534,794**	**$ 421,360**	**$ 571,946**
State Coordinator and Project Coordinator	**$ 54,450**	**$ 54,450**	**$ -**	**$ -**
Total Contractor Personnel	**$555,885**	**$589,244**	**$421,360**	**$571,946**
Contractor Operating, Training, Travel, Contractual	**$169,064**	**$169,064**	**$0**	**$0**
Contractor Indirect	**$87,687**	**$102,687**	**$0**	**$0**
Sub Total Contractor Expenses	**$812,636**	**$860,995**	**$421,360**	**$571,946**
Total Project Costs (CDHS & Contractors)	**$839,501**	**$887,860**	**$421,360**	**$571,946**

* The budget period for FY 17- 18 includes October 1, 2017 - June 30, 2018, as July 2017 - September 20, 2017 will be funded by federal funds.