

# Schedule 13

## Department of Human Services

### Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-09 Expansion of Evidence-Based Home Visiting

Dept. Approval By:

Supplemental FY 2019-20

OSPB Approval By:

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,661,125	\$0	\$24,677,005	\$521,605	\$588,996
	FTE	3.0	0.0	3.0	0.9	1.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$0	\$521,605	\$588,996
	CF	\$22,897,788	\$0	\$22,913,668	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,763,337	\$0	\$1,763,337	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$24,661,125	\$0	\$24,677,005	\$521,605	\$588,996
	FTE	3.0	0.0	3.0	0.9	1.0
06. Division of Early Childhood, (B) Division of Community and Family Support, (1) Division of Community and Family Support - Nurse Home Visitor Program	GF	\$0	\$0	\$0	\$521,605	\$588,996
	CF	\$22,897,788	\$0	\$22,913,668	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,763,337	\$0	\$1,763,337	\$0	\$0

### Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Human Services  
Prioritized Request

Interagency Approval or  
Related Schedule 13s:

No Other Agency Impact

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**Department Priority: R-09**  
**Request Detail: Expansion of Evidence-Based Home Visiting**

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds	\$0	\$521,605	\$588,996
FTE	0.0	0.9	1.0
General Fund	\$0	\$521,605	\$588,996
Cash Funds	\$0	\$0	\$0
Reappropriated Funds	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0

***Summary of Request:***

The Department of Human Services requests an increase of \$521,605 total funds/General Fund and 0.9 FTE in FY 2020-21 to expand evidence-based home visiting services to communities and families with risk factors associated with low kindergarten readiness. This request annualizes to \$588,996 and 1.0 FTE in FY 2021-22 and beyond. In combination, the expansion of Healthy Steps and Home Instruction for Parents of Preschool Youngsters (HIPPY) would provide education and modeling for parents and home-based child care providers so that an additional 360 children each year can begin school ready to learn.

In Colorado, supports for young children are neither universal nor equitable across counties. The Department estimates that Colorado has 315,200 families with children who are under the age of six and not enrolled in kindergarten. Approximately 45% of those families exhibit at least one risk factor that makes them a good candidate for home visiting. Many parts of the State are without access to high-quality early childhood care and education programs. In these areas, the Department's HIPPY home visiting program is one of only options to support school readiness. Even families that have access to quality early childhood care and education can benefit from an expansion of the Department's Healthy Steps home visiting program, which fills a crucial need for families with children exhibiting low social-emotional skills.

This request will add four Healthy Steps sites and expand HIPPY in two locations, which in combination will serve an additional 360 children each year and provide families in more rural and urban areas access to high-quality supports and services that foster improved school readiness. In 2015, the Governor's Office utilized the Results First framework to assess the return on investment of Healthy Steps and HIPPY, which determined the total benefits to cost ratio of Healthy Steps to be \$2.60 per \$1 invested and the total benefits to cost ratio of HIPPY to be \$6.10 per \$1 invested.



### **Current Program:**

The Office of Early Childhood (OEC) is committed to increasing the number of families who receive quality family support programs, in particular those with risk factors associated with low kindergarten readiness. The OEC offers five home visiting programs through the Division of Community and Family Support to advance the goal of preparing children for school and helping families support their children's overall health and well-being. These home visiting programs include Home Instruction for Parents of Preschool Youngsters (HIPPY) and Healthy Steps, both of which are voluntary and free of charge for families.

### **HIPPY**

HIPPY is an evidence-based home visiting program that helps parents prepare their 2, 3, 4 and 5-year old children for success in school and throughout life. Through the use of curriculum, storybooks and other materials, parents strengthen their children's cognitive, literacy, social/emotional and physical development. HIPPY strengthens both communities and families by empowering parents to play an active role in preparing their children for school. The program is currently offered in 14 counties, with 9 HIPPY sites serving a total of 871 children.

HIPPY was developed specifically for parents who may face various barriers, such as limited education, poverty, language and/or isolation. Through well-defined activities, materials and instruction, the HIPPY model is designed to have the following impact:

1. Parents become active in guiding their children's educational experiences in the home (ex: if a parent is cooking and the child is around, instead of having the child watch TV, parents will ask the child to count beans and describe the item)
2. The home literacy environment improves (parents receive books and build a home library at home; parents learn how to label things, so children related)
3. Children acquire values that display a predisposition to learning (having a weekly home visitor come to the home and the parent works with the child daily so the child is used to learning)
4. Children acquire pre-academic skills and knowledge in key learning areas (based on HIPPY curriculum)
5. Parents assume an active role as their children enter the formal academic environment by communicating with teachers, attending school events, volunteering in the school and advocating for their children (parents learn educational concepts and the language used in school settings)
6. Families increase their involvement in the local community (during group meetings, bring someone from the community to talk about what's going on in the community)
7. Families have stronger parent-child relationships (daily time with the parent to work on activities and/or read books; Piccolo Assessment)
8. Children achieve long-term academic success (Bracken School Readiness Assessment - pre and post demonstrate strong outcomes in kindergarten readiness)

### **Healthy Steps**

Healthy Steps is an evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers, with an emphasis on families living in low-income communities. The entire pediatric practice works together to implement the Healthy Steps model, with leadership from a Physician Champion and a child

development professional, known as a Healthy Steps Specialist. Healthy Steps Specialists connect with and guide families during and between well-child visits. They provide tailored support for common and complex concerns such as: behavior, sleep, feeding, attachment, parental depression, social determinants of health, and adapting to life with a baby or toddler.

Healthy Steps is currently serving 1,411 children in 8 counties. Many of the participating 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.

Healthy Steps includes eight core components organized into three tiers of service that are responsive to each family's needs.

1. Universal services (tier 1) for all children and families in the practice include:
  - a. Child developmental and social-emotional/behavioral screening
  - b. Family needs screening
  - c. Access to a child development support line.
2. Short-term support services (tier 2) for families in need of additional services
  - a. Development and behavior consults with the Healthy Steps Specialist
  - b. Care coordination and systems navigation services
  - c. Positive parenting guidance
  - d. Early learning resources
3. Intensive services (tier 3) for children and families with the greatest needs
  - a. Ongoing, preventive, team-based well-child visits, during which both the Healthy Steps Specialist and primary care provider meet with families.

Outcomes from Healthy Steps include:

1. Children in Healthy Steps are more likely to attend well-child visits on time and to receive timely vaccines and screenings.
2. Parent are more likely to receive information on community resources and services;
3. Parents are more likely to provide infants with age-appropriate nutrition; adhere to child safety guidelines; use positive parenting strategies; and engage in early literacy-enhancing practices with their children; and,
4. Parents are more likely to report higher levels of satisfaction with their pediatric care than non-participating parents.

#### ***Problem or Opportunity:***

In Colorado, supports for young children are neither universal nor equitable across counties. The Department estimates that Colorado has 315,200 families with children who are under the age of six and not enrolled in kindergarten. Approximately 45% of those families exhibit at least one risk factor that makes them a good candidate for home visiting and 16% exhibit two risk factors. Risk factors include poverty, premature birth, low-birth-weight infants, maternal age at conception, low educational achievement, substance abuse, maternal depression, or domestic violence. Yet, only about 11,000 Colorado families – or 3.5% of the population of families with young children – accessed home visiting in 2018.<sup>1</sup>

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<sup>1</sup> Retrieved from <https://www.nhvr.org/yearbook/2018-home-visiting-yearbook/>

Many parts of the State are without access to high-quality early childhood care and education programs. In these areas, home visiting programs offered through the Department's Division of Community and Family Support, such as HIPPY, are some of the only program options to support school readiness. HIPPY is well-positioned for expansion in communities where families with young children might not have access to a high-quality early care and learning environment or for families who choose not to enroll their children in preschool. For these families, HIPPY focuses on helping children ages 3-5 with school readiness skills, such as letter and number recognition, exposure to common cultural knowledge, and positive emotional engagement, such as curiosity and persistence. Two years of Colorado-specific Bracken School Readiness pre- and post-testing shows that over the course of the nine month program, a significant number of children in HIPPY move from testing as delayed to testing on track as compared to their same age peers. Additionally, a significant number of children in this program move from on track into the advanced category. HIPPY also supports early childhood workforce development goals, since the program recruits parents who graduate from the HIPPY program to become HIPPY educators.

Even families that have access to quality early childhood care and education can benefit from an expansion of the Department's home visiting programs, such as Healthy Steps, that fill a crucial need for families with children exhibiting low social-emotional skills. Social-emotional skills have been associated with improved school readiness and include the ability to listen, cooperate, comply with rules, manage emotions, organize tasks, and resolve problems with peers. Research suggests that "by fourth grade, children who entered kindergarten with low social-emotional skills were 80% more likely to be held back a grade and 7 times more likely to have been suspended or expelled at least once in the previous 5 years."<sup>2</sup> Healthy Steps fills a role that is unique from HIPPY as it serves families with young children during their child's wellness visit rather than having a home visitor.

#### ***Proposed Solution:***

The Department proposes a General Fund increase of \$521,605 and 0.9 FTE to expand Healthy Steps and HIPPY home visiting programs and ensure that more families have access to programs that increase children's school readiness across the State. The Department will use the requested funding and FTE to add four Healthy Steps sites and expand HIPPY in two locations, which in combination will serve an additional 360 children each year and provide families in more rural and urban areas access to high-quality supports and services that foster improved school readiness. The expansion could target communities with high rates of poverty, low 3<sup>rd</sup> grade test scores, high rates of children without access to high quality preschool programs, and factors that can contribute to lower school readiness. Decades of research have shown Healthy Steps and the HIPPY model to be effective in improving school, parent, and community readiness

#### ***Anticipated Outcomes:***

Colorado has the opportunity to systematically expand Healthy Steps and HIPPY to improve the health, safety, social emotional competence, and school readiness of young children. The HIPPY portion of the expansion will serve 40 more children, and the Healthy Steps portion of the

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<sup>2</sup> Retrieved from <http://info.teachstone.com/blog/the-abcs-of-social-emotional-development>

expansion will serve an estimated 320 more children in the first year, with up to 900 more children served in the third year of operations. In 2015, the Governor’s Office utilized the Results First framework to assess the return on investment of Healthy Steps and HIPPY, which determined the total benefits to cost ratio of Healthy Steps to be \$2.60 per \$1 invested and the total benefits to cost ratio of HIPPY to be \$6.10 per \$1 invested. Each program has been evaluated and proven to be effective across a number of key indicators, as outlined in detail below in Table 1.

**Table 1: Healthy Steps and HIPPY Outcome Details**

	<b>Healthy Steps</b>	<b>Home Instruction for Parents of Preschool Youngsters (HIPPY)</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Families received more anticipatory guidance that matched their needs.</li> <li>Parents demonstrated a better understanding of infant development</li> <li>Mothers were 22% more likely to show picture books to their infants every day.</li> <li>Parents were 2x more likely to report that someone at the practice went out of the way for them, and they were 1.5x more likely to rely on someone in the practice for advice (rather than friend or relative).</li> <li>Children were 1.4 times more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention.</li> <li>Mothers with depressive symptoms reported fewer symptoms after 3 months in the program.</li> <li>Parents were 22% less likely to rely on harsh punishment (yelling, spanking with hand).</li> <li>Parents were less likely to use severe discipline (face slap, spanking with objects).</li> <li>Children whose mothers reported childhood trauma scored better on a social-emotional screening after receiving Healthy Steps than comparable children who did not receive the program.</li> <li>Children were 23% less likely to visit the emergency room for</li> </ul>	<ul style="list-style-type: none"> <li>Home literacy environments improve and parent involvement in children’s academic learning increase for families enrolled in HIPPY.</li> <li>Parents participating in the HIPPY program report spending more time reading to their children; teaching them letters, words and numbers; visiting the library and monitoring their child’s TV use</li> <li>Children participating in HIPPY have demonstrated statistically significant higher achievement scores in reading, math and social studies in third, fifth and sixth grades based on multiple measures used in Arkansas, Texas, Florida and Colorado.</li> </ul>

	injuries in a 1-year period.	
<b>Research</b>	National Healthy Steps data comes from evaluation from Zero to Three, a national organization dedicated to advancing the healthy development of young children.	National HIPPY data comes from a series of studies including 2 randomized control trials, 4 quasi experimental designs, and 7 evaluation studies.

#### ***Assumptions and Calculations:***

The Department considered three primary cost drivers when determining the total request amount of \$521,605 and 0.9 FTE needed to expand Healthy Steps and HIPPY, specifically contracting, supplies and travel, and FTE costs. Table 2 shows the assumptions and calculations for expansion of the two home visiting models.

<b>Table 2: Breakdown of Request (FY 2020-21 and FY 2021-22)</b>		
<b>Component</b>	<b>Cost (FY 2020-21)</b>	<b>Cost (FY 2021-22)</b>
Contracts	\$406,000	\$473,500
Travel and Meeting Costs	\$9,602	\$2,972
FTE Costs	\$106,003	\$112,524
<b>Total</b>	<b>\$521,605</b>	<b>\$588,996</b>

**Contracting:** The Department contracts with community agencies to implement the HIPPY and Healthy Steps programs, and with state program model intermediaries to train staff and monitor fidelity. Contracting expenses related to HIPPY include salary for the peer home visitors, mileage for home visitors, curriculum and supplies. Contracting expenses related to Healthy Steps include salary for Healthy Step Specialists, mileage for home visits outside of the pediatric office, curriculum, early learning resources, and supplies. These amounts were estimated based on costs incurred to implement the program for FY 2019-2020. Table 3 shows more detail regarding the anticipated contracting costs for this request in FY 2020-21.

<b>Table 3: Contracting Costs Detail (FY 2020-21)</b>	
<b>Component</b>	<b>Cost</b>
Healthy Steps Expansion (4 new sites serving up to 320 children in FY 2020-21)	\$280,000
Healthy Steps Site Development and Training	\$40,000
HIPPY Expansion (Serving 40 more children in FY 2020-21)	\$80,000
HIPPY Site Development and Training	\$6,000
<b>Contracting Total</b>	<b>\$406,000</b>



Travel and Meeting Costs:

This category includes mileage for site visits to monitor programs and attend meetings with sites and program model intermediaries, travel and meeting costs related to community advisory board development, and grantee meeting costs. The year one costs are broken down as follows: Mileage/travel for meetings, site visits, and monitoring (\$1,972, which assumes at least 4 visits to sites outside of the Denver metro area), \$1,000 for travel and meeting expenses for grantee meetings, and \$6,620 for mileage, travel, meeting and facilitation costs related to community advisory board development (assumes sites outside of Denver metro area). Costs related to community advisory board development will only occur during year one.

FTE Costs:

The responsibilities of the FTE include procurement (e.g., writing the RFP and choosing vendors), contracting duties, fiscal and program oversight. The FTE also provides technical assistance to vendors and would submit regular reporting and progress updates. The Project Manager I was determined to be the needed FTE level based on the comparable duties for other home visiting programs' FTE classifications. This FTE will split their time across the two expanding programs evenly; however, the time will fluctuate according to the needs of vendors. Existing staff are primarily funded through federal funds which cannot be used to manage state contracts. Due to staff capacity and funding streams, OEC would not be able to implement this pilot without additional funding for this FTE.

Table 4 below provides more detail regarding the anticipated costs for state FTE. The calculations for the FTE assume the position will start in August or later. This request also represents 0.9% of the OEC Administrative Distribution and 3.7% of the DCFS Administrative Distribution. These administrative costs are distributed to programs based on FTE, in accordance with the CDHS federally approved Cost Allocation Plan (PACAP).

**Table 4: FTE Calculations**

**FTE Calculation Assumptions:**

**Operating Expenses** -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

**Standard Capital Purchases** -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

**General Fund FTE** -- Beginning July 1, 2019, new employees will be paid on a bi-weekly pay schedule; therefore **new full-time General Fund positions are reflected in Year 1 as 0.9615 FTE** to account for the pay-date shift (25/26 weeks of pay). **This applies to personal services costs only; operating costs are not subject to the pay-date shift.**

Expenditure Detail			FY 2020-21	FY 2021-22
<b>Personal Services:</b>				
Classification Title	Biweekly Salary	FTE		FTE
Project Manager I	\$2,456	0.9	\$56,682	1.0
PERA			\$6,178	
AED			\$2,834	
SAED			\$2,834	
Medicare			\$822	
STD			\$96	
Health-Life-Dental			\$10,042	
<b>Subtotal Position 1, ## FTE</b>		<b>0.9</b>	<b>\$79,488</b>	<b>1.0</b>
<b>Operating Expenses:</b>				
		FTE		FTE
Regular FTE Operating	\$500	0.9	\$450	1.0
Telephone Expenses	\$450	0.9	\$405	1.0
PC, One-Time	\$1,230	1.0	\$1,230	-
Office Furniture, One-Time	\$3,473	1.0	\$3,473	-
OEC & DCFS Administrative	\$ 23,286	0.9	\$20,957	1.0
<b>Subtotal Operating Expenses</b>			<b>\$26,515</b>	<b>\$24,236</b>
<b>TOTAL REQUEST</b>		<b>0.9</b>	<b>\$106,003</b>	<b>\$112,524</b>