FAMILY CONNECTS VOLUNTARY BRIEF NEWBORN HOME VISITING

Washington State Department of CHILDREN, YOUTH & FAMILIES

Original Date: Nov. 22, 2023
Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Asst. Secretary

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Executive Summary

In May 2022, Engrossed Substitute Senate Bill (ESSB) 5187 section 229 provided funding for the Washington State Department of Children, Youth, and Families (DCYF) to collaborate with a nonprofit in Pierce County to provide a brief voluntary newborn home visiting program. The agency was also directed to examine the feasibility of using different funding streams to fund this visitation model. This report should be viewed in conjunction with the earlier reports submitted in October 2022, June 2020, and December 2019. The earlier reports discussed in-depth specific broad funding strategies that are only referenced in this report.

There are as many ways to fund this type of preventive visitation program as there are ways to operate or administer the program. In Washington, it could be feasible to fund a system of newborn home visitation utilizing braided Medicaid, private insurance, block grant dollars, Title IV-E, and MIECHV dollars. In addition, partnerships such as those that include the public health sector, hospital systems, insurance carriers, or other non-traditional community providers that exist outside of the social services and child welfare sector could provide additional support. Some models of brief voluntary newborn home visiting are research-based prevention that integrate approaches from both social services and public health sectors. If a model is to be expanded in Washington, it will be essential that the medical, public health, and social services sectors work together to create a seamless method of providing newborn visits to families across Pierce County, and ultimately, all of Washington State. Doing so would decrease stigma associated with accessing services and supports and increase maternal and infant health and wellbeing.

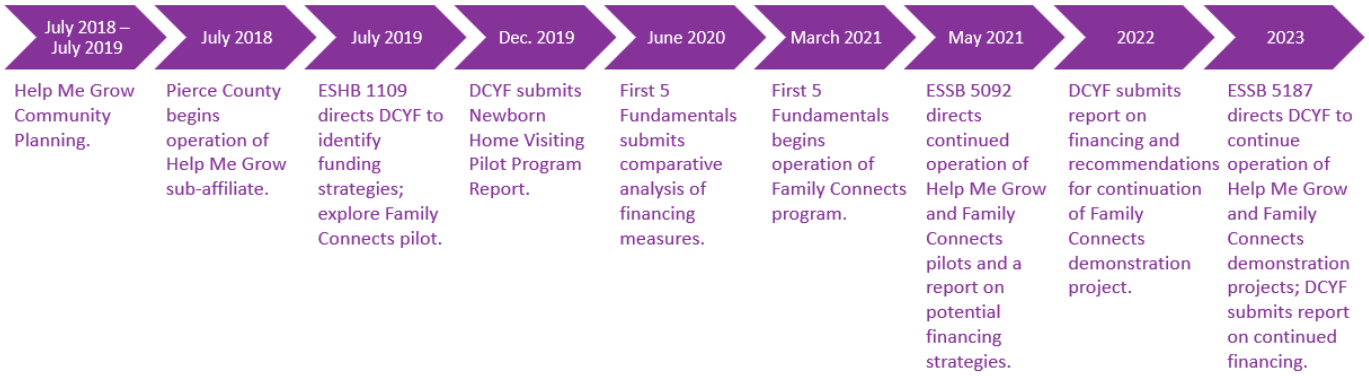
Legislative Context

In 2019, as a part of Engrossed Substitute House Bill (ESHB) 1109, the Washington State Legislature directed DCYF to produce a report identifying different methods of funding a "light-touch,"[1] universally offered, and voluntary newborn home visiting model. DCYF was asked to examine the feasibility of leveraging funding sources other than State General Fund-Budget Proviso dollars, including Medicaid and Title IV-E, to support this model. DCYF chose also to investigate the feasibility of utilizing private, local governmental, and private insurance funding to sustain the only model that explicitly meets the legislative criteria listed above, the nationally recognized and evidence-based model Family Connects (FC). While the 2019 report linked above is now more than three years old, the financing strategies are still valid for the federal and other types of potential public funding sources.

[1] "Light touch" means that there is brief contact with a family. Family Connects meets with families a maximum of three times in comparison to traditional, intensive home visiting models like Nurse Family Partnership or Parents as Teachers, which meet with families regularly for several years.

In June 2020, First 5 Fundamentals, the nonprofit operating the Family Connects model in Pierce County, contracted with Public Leadership Group to complete a comparative

analysis of feasible and sustainable financing measures for the Pierce County Family Connects program. Their scope was to sustain and later expand services within Pierce County and secondarily to provide learnings and best practices that could be applied to expand a newborn home visiting model like Family Connects into other areas of the state. While the First 5 Fundamentals report submitted in 2020 is also more than two years old, the strategies remain valid and align with those suggested in the 2019 legislative report. The timeline below shows the progression of this project over the past 5 years.



Pierce County Family Connects Demonstration Project Overview

ESHB 1109 (2019) provided an initial $56,000 for exploration and implementation in FY 2020 and provided $539,000 for the operation of the program in FY 2021. The same bill provided $656,000 over the biennium to create and implement a Help Me Grow (HMG) resource and referral network. In 2021, ESSB 5092 appropriated $871,000 for FY 2022 and FY 2023. In 2023, ESSB 5187 provided $871,000 each for FY 2024 and FY 2025 to continue operation of the Family Connects program and the resource and referral system in Pierce County. DCYF contracted with First 5 Fundamentals (F5F) to implement this demonstration project.

F5F focused initially on three zip codes: Pierce County (98444), City of Lakewood (98499), City of Tacoma (98408). Recently, seven additional zip codes were added served by Tacoma General Hospital with the support of a Health Care Authority grant and county tax dollars to add Central Tacoma/Hilltop neighborhood (98405), Eastside (98404), Gig Harbor (98329), Longbranch (98351), Lakebay (98349), Vaughn (98394), and Bonney Lake (98391). The original zip codes were chosen based on a report that Office of Innovation and Accountability created to identify locales with the highest risk for negative outcomes.[2] Targeted universalism, a DCYF approach

[2] This information comes from a DCYF Office of Innovation, Alignment and Accountability analysis of the Community Risk Profiles as created by DSHS. (https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles)

of providing services and supports universally to an identified high-need geography, so that all the families in a particular area are eligible for services regardless of actual socio-economic status or perceived need, but rather because they live in an area identified as high risk for (in this case) child maltreatment. The new zip codes were also chosen based on the high number of child welfare removals in those areas from March 2022 to March 2023.

Family Connects Visits by Zip Code, as a Percent of Total Visits, 2021-2023	
98408 (City of Tacoma)	18.8% (201 visits)
98499 (City of Lakewood)	38.5% (412 visits)
98444 (Pierce County)	34.3% (368 visits)
98405 (Central Tacoma/Hilltop Neighborhood)	5.6% (60 visits)
98404 (Eastside)	2% (21 visits)
Others (See above narrative)	~1% (10 visits)
From FC Community Advisory Board Update 6/14/2023	

Since beginning operation in March 2021 and through May 2023, Family Connects Pierce County (FCPC) has completed 854 home visits out of the total eligible population of 1,693 births at Tacoma General and St. Joseph Medical Center hospitals. The visiting nurses also completed an additional 160 visits from births at St. Joseph's and 58 visits from births at Tacoma General that were outside of the eligible zip codes because the families either requested the visits or were referred to the program by the hospital or a doctor. These additional visits do not count toward the fidelity measures of the Family Connects model, because they are not in the original three zip codes; however, the home visiting nurses will not deny any specific requests or referrals. This is one of the reasons that the program has sought out local funding to expand the program; interest and referrals are building within the community.

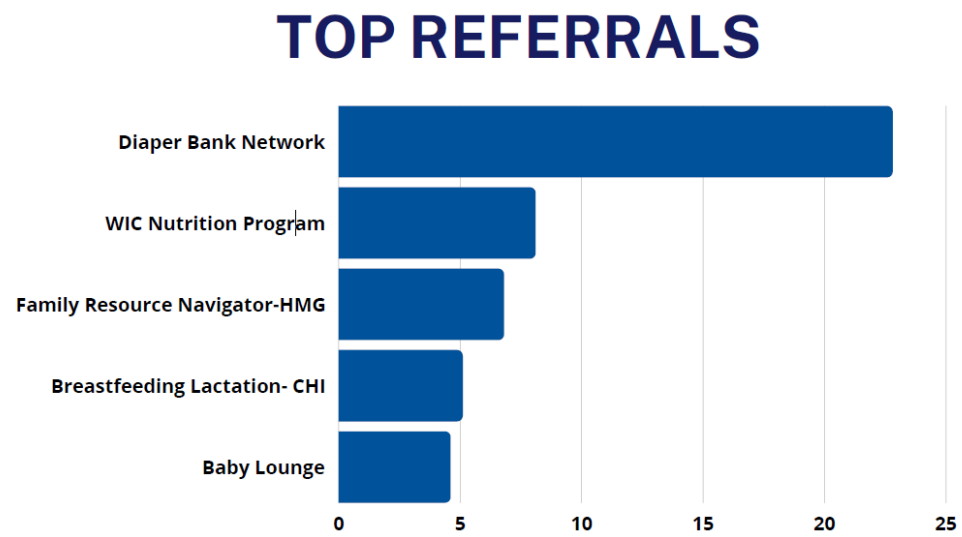
FCPC has subcontracted with two entities in the county, which are also Medicaid Maternity Support Service (MSS) providers. Approximately 50% of families are eligible for MSS services and could potentially be dually served by FC and MSS. The reason FCPC chose to dually serve families with both FC and MSS was to ensure coordination of services, as well as to prepare for

the potential braiding of both Medicaid and state dollars, however that has not yet become a reality, as it has in other states. For one of the providers, they essentially utilize the FC nurse in place of the MSS nurse for their MSS services therefore allowing them to use their MSS units in other specialties like behavioral health, nutrition, or mental health which is not a traditional part of the FC model. The second Pierce County subcontractor operates differently, in that they do not provide all the MSS specialties, nor do they provide dually trained nurses in FC and MSS to eligible families. With the second subcontractor, the FC nurse verifies whether the family is well established with MSS and if they are, the MSS nurse is informed that the FC nurse is available if more services are needed beyond the available units. If the family is not MSS established, a FC visit is offered. MSS and FC should be able to be seamlessly braided behind the scenes for clients, and in some ways, they are in these models. The current approach that the MSS providers are utilizing to integrate FC and MSS is not resulting in expanded financing for FC at this time, however it is providing an integrated approach to service determination and/or access to specialty multi-disciplinary care provided by MSS where both services are available (first subcontractor), as well as access to additional nurse visits (second subcontractor).

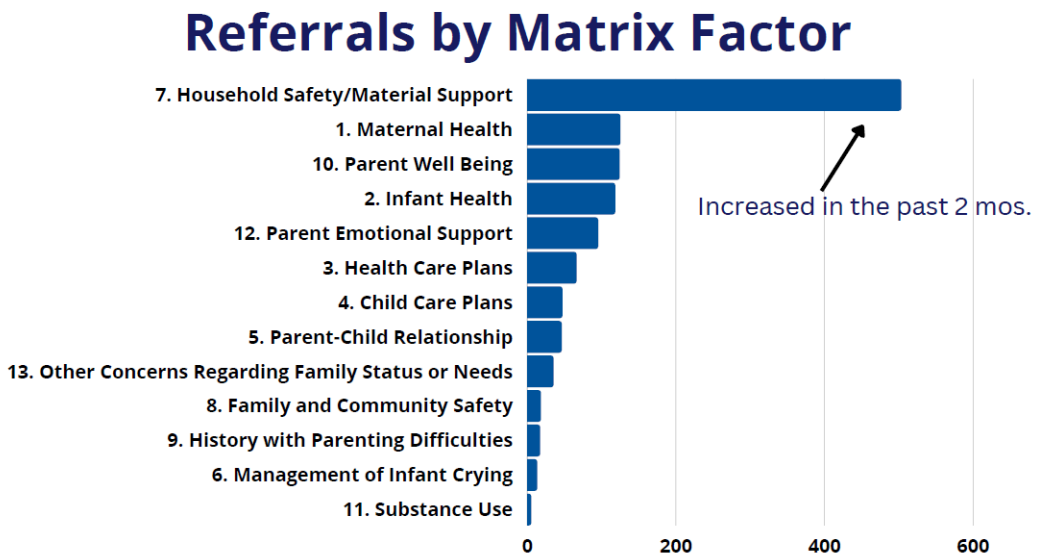
The subcontractors have physical access to both birthing hospitals and are offering virtual and in-person visits at the family's request. FCPC's goal is to offer home visits to all families that live in one of the currently targeted zip codes with a birth at either of the birthing hospitals. Ultimately, their goal is to be able to serve all zip codes across Pierce County.

FCPC has made more than 1,000 referrals to community resources. FCPC has reported:

- Approximately 54% of families are eligible/enrolled in Maternity Support Services through Medicaid.
- 94 of the families had self-reported current or past CPS involvement.
- Nurses referred 7 families to their medical providers for high maternal depression scores.
- DCYF completed 1 Plan of Safe Care Plan (for pregnant substance-using moms) out of 7 referrals.
- Nurses referred 6 mothers to Emergency Rooms or 911 (ex. high blood pressure, appendicitis, bowel obstruction.



From Family Connects Community Advisory Board Update 6/14/2023



From Family Connects Community Advisory Board Update 6/14/2023

Funding Options

If Washington is to expand Family Connects beyond the demonstration project, it will be essential to address sustainable funding. Oregon and New Jersey are working directly through their legislatures to ensure Medicaid funding and encourage private insurance to create a

sustainable funding base. Connecticut, Colorado, Texas, and North Carolina are looking at how to tie several regional systems into one coordinated statewide system. In many locations across the country the Family Connects model is operated out of traditionally medical or public health systems, where nurses are dispatched from public health departments or hospitals. This model has been shown to be both financially sustainable and accepted by many communities. There are often already connections to traditional home visiting models and nursing populations in these settings, such as the Nurse-Family Partnership program. The amount of trust that families place in a hospital or health department nurse is very high, and easily transferred to Family Connects nurses. A second very common variation is to be based in a non-profit setting that then either contracts with or hires nurses to complete the visits. This can also be very successful in communities. Many non-profit, community-based organizations, like the one operating the demonstration site in Pierce County, have deep connections in the community. Although the program is not managed through the clinical or public health sector, the work of the non-profit has been welcomed and trusted by the community.

Family Connects International did a small, updated cost analysis in April 2022 and found that for programs that have reached maintenance level operation,[3] the cost per birth is like what our partners in Oregon have found and was reported in the previous report, approximately $900-$1,300 per family served. Pierce County Family Connects reached maintenance level in December 2023. The variation in costs comes from model type, urban vs rural geography, cost of living differences, and absolute size of the program. The larger the program, the more the overhead costs can be shared, and an economy of scale is observed and the lower the price per family goes, the more rural the program the higher the cost, as well as what type of home agency the program lives in.[4] Pierce County and Oregon both believe that the per family cost is about $1,300 due mostly to the higher cost of living in the Pacific Northwest in comparison to North Carolina.

In Pierce County, over the long term, the current method of funding based on the completion of appointments is unsustainable. (The nurses are paid based on the completion of each individual home visit.) The implementing agencies are using independent contractor nurses, which has worked for the program while they have been in implementation phases. This has allowed them to ebb and flow with the changing sizes of caseloads and seasonal birthrates. When serving only a portion of the population, this has been an important cost savings

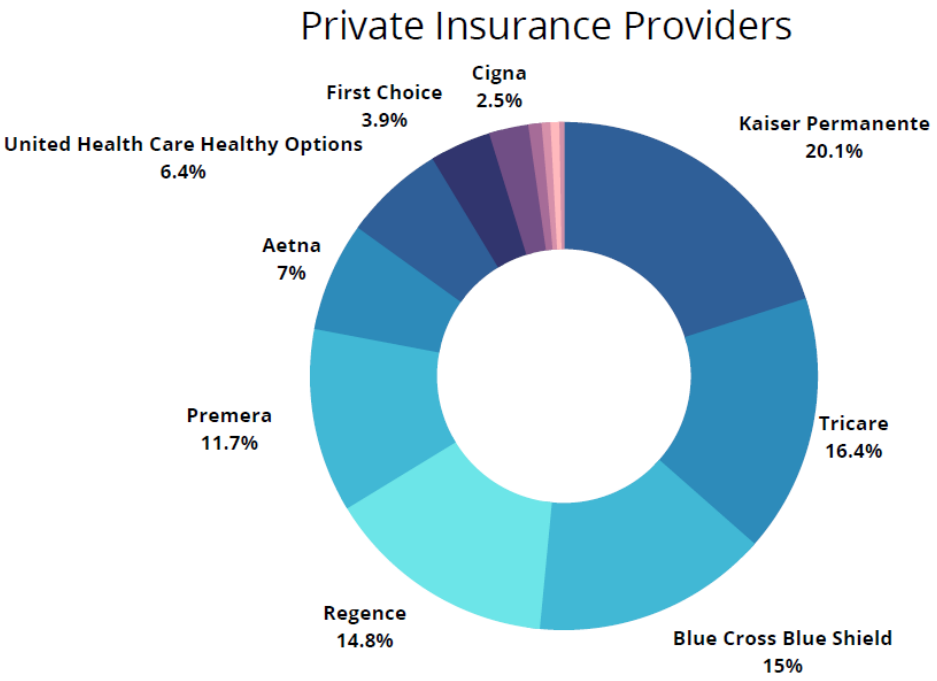
[3] The FC model includes four phases of implementation. Each phase has specific benchmarks that must be reached to move to the next phase; culminating in maintenance, where partners stay in fidelity after 6 initial months of meeting population metrics.

[4] Family Connects International Cost-Analysis, April 2022.

mechanism, but will likely not be adequate when the program scales up to a population level. Using independent contractors and paying only for completed visits has allowed nurses flexibility to set their own schedules and to support their own work-life balance as parents and retirees, however at the current time it does not provide a living wage nor benefits and would not entice a younger fulltime workforce. FCI recommends that nurses carry 6-8 cases per week, FCPC has found that about 6 is most manageable to allow for adequate follow up calls and visits for existing clients and the two hours of required case conference time. One of the reasons that the use of independent contractors has been challenging is that the FC nurses are not paid if the family does not participate, nor for any time spent on following up with the family after their visit. Currently the program has about a 10% no-show rate, which means that the nurses are not paid for 10% of their scheduled visits, even though there is still preparation and transportation time involved in that visit. There has been almost no turnover in nurse-staff at either of the two Pierce County sub-contractors. The six nurses who have been conducting visits during the pilot report that they enjoy the work that they are doing and have appreciated the flexibility that the schedules have allowed them. However, they stated that they were able to work the FC visiting positions because they have supportive second salaries at home that allow them the unpredictability of pay. They stated that this volatility would not have worked for them at other points in their own lives or in the lives of other nurses in their professional worlds who might be interested in working in FC visiting type jobs moving forward. This will need to be addressed with a more consistent and ongoing funding source that covers the full cost of the visits so that the programs can pay for the nurse time, support staff, and overhead out of the reimbursement. A scaled and sustainable program will integrate key nurse recruitment and retention considerations in the development of strong finance and sustainability plans. In addition, a program will need to identify and incorporate the staff costs for the FC nurses, management and support staff, travel, training, and agency administrate costs into the overall cost of the program.

In addition to a structure that allows the program to recruit and retain highly qualified nurses and all associated program costs, implementers will need to continue exploring the potential for braided funding. This would include billing Medicaid for eligible clients, a partnership with private insurers for their clients, and then using state and philanthropy dollars to cover the balance. In Oregon, the Family Connects program bills approximately $1000 per visit for clients who are Medicaid-eligible. This does not cover the full cost of the visit, but it covers much of

the cost for eligible families. In Pierce County, 42.5% of the births are paid for by Medicaid.[5] A partnership with Kaiser Permanente, which is a not-for-profit health plan that currently serves 20.1% of the privately insured birthing families visited by FCPC, and Tricare which is the insurance carrier that serves the military population at Joint Base Lewis-McCord-JBLM (an additional 16.4% of the births) would reach about 65% of the births in the county. The estimates are that with these partnerships (especially with a partnership with the birthing center at Madigan Hospital), the percentage of births offered Family Connects could be higher; there is a young population of soldiers and their dependents at JBLM. The chart below delineates the non-Medicaid insurance providers that cover clients seen by Family Connects nurses in Pierce County.



From Family Connects Community Advisory Board Update 6/14/2023

Creating a partnership with Medicaid, Tricare, and Kaiser would reach a majority of the birthing population in Washington, and while two are federal programs and one private, it can be argued that all three have a prevention focus that may reduce other health related costs for the

[5] "Managed Care Enrollment Status: Washington Individuals with Deliveries in 2021 by Accountable Communities of Health". Prepared by the Health Care Authority First Steps Database Team. 3/14/23. https://www.hca.wa.gov/assets/program/managed-care-enrollment-status-ach.pdf

insurer. In randomized trials, Family Connects International found that for every $1 invested in the program, $3 is saved in reduced healthcare costs via reduced emergency room visits for infants for the first 24-months of life.[6] This could and should be of most interest to the health care system and insurance companies as they would be the payer for both the FC visit and the potential emergency room visits. In many cases, return-on-investment discussions are hard to make because the payer and beneficiaries are in different systems. In this case, the payer and beneficiary are the same. For instance, when making this argument to a hospital system, they save money on emergency room costs for uninsured patients, but not for the insured. The insurance companies save on their own populations.

Implementing agencies in Washington should continue a targeted universalism approach by focusing on high-need communities, as research to date on this model has shown the greatest benefits accrue for these communities. This focus will ensure that all families in high-need communities, regardless of socio-economic status, will receive a touchpoint with a trusted health care professional without any stigma attached to programs that are associated with programs that target specific populations. Such an approach increases the likelihood of engagement in the intervention. This voluntary program was initially started to help safely decreasing the number of young children in out of home placement in Pierce County. Upstream community-based secondary prevention approaches such as Family Connects can take time to scale and see population impact. If the program is sustained and continues to expand its reach it is reasonable to think that these early connections and support could safely reduce out of home placements of infants, as suggested in the national literature on program effectiveness.[7]

"I'm glad she came, because she was so thorough and helped me way more than my own doctor's checkup. The just kinda told me I was fine and she actually spent time with me and answered all my questions. I needed someone to show support and she did that."

[6] Goodman, W. Benjamin. Et Al. "Randomized controlled trial of Family Connects: Effects on child emergency medical care from birth to 24 months." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7061922/

[7] "Effect of a universal postpartum nurse home visiting program on child maltreatment and emergency medical care at 5 years of age," W.B. Goodman, K A. Dodge, Y Bai, R.A. Murphy and K. O'Donnell. JAMA Network Open, July 7, 2021.

"She was great and gave me really good breastfeeding advice and my son finally latched! I loved that she took his weight and measured him too."

Reiterating the financing solutions put forth in the 2019 reports and the conclusions put forth in the 2022 report, if Family Connects is to continue in Washington, the three regulating state agencies (DOH, DCYF, and HCA) will need to work together along with community agencies and local health departments to sustain and expand Family Connects in Pierce County and, ultimately, across Washington State.

In the meantime, Pierce County Family Connects staff will ensure that parents have a warm connection, postpartum assessment, newborn assessment, and a process to offer and match families to longer-term traditional home visiting services, childcare placements, along with any other needed services.