Whole Family Well-Being: Upstream Home Visiting
MEETING IS NOT FOR ATTRIBUTION

During this meeting we hope to generate a frank and open dialogue. For that reason, our discussion today is closed door and not for attribution.

CHAT IS OPEN

Please leverage the chat functionality to share materials, ask questions, provide feedback, etc.

CONTACT FOR TECHNICAL HELP

For technical issues, please chat or email Mackenzi Matthews – mmatthews@nga.org

INCLUDE STATE IN NAME

Please re-name yourself to include your name and state (John, DE)
Agenda

New & Emerging Issues

Oregon

Ohio

Open Discussion: Q&A
New & Emerging Issues

Small Group Discussion on Home Visiting Services in your State
Breakout Room Questions

1. Considering your state’s current home visiting programs, what challenges are you facing and where can Governors provide additional support?

2. What aspects of your program are you looking to develop or improve? Are there peer programs or models that are of particular interest to your state?

3. Humble Brags – Share an accomplishment your state has experienced in the field of home visiting.
Today’s topic:
Whole Family Well-Being: Upstream Home Visiting
Oregon

Cate Wilcox

Maternal & Child Health Manager, Public Health Division, Oregon Health Authority
Oregon Universally Offered Home Visiting (UoHV) Initiative:
Family Connects Oregon

NGA HSPA1
July 20, 2022

Cate Wilcox, MPH
Maternal and Child Health Manager
Public Health Division
<table>
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<th><strong>Vision</strong></th>
<th>An initiative to strengthen families by offering a voluntary home visit by a nurse shortly after the birth of every child.</th>
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<td><strong>Why?</strong></td>
<td>The birth of a child is a big change for any family, and most families welcome and need support of some kind. This creates a universal, non-stigmatized touchpoint with families of newborns, including those adopted or fostered</td>
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| **Who?**   | Champion: Senator Elizabeth Steiner Hayward, MD  
State focus on upstream prevention for children and families |
| **What?**  | SB 526: OHA to develop, implement, sustain universally offered home visiting for all families of newborns; commercial health benefit plans required to cover this service. |
UoHV Initiative Early Adopter Cohort Communities

The Early Adopter Cohort Communities are led by the following agencies:

- Clatsop County Public Health
- Early Learning Hub Linn, Benton, & Lincoln Counties at Linn-Benton College
- Early Learning Hub of Central Oregon (High Desert ESD)
- Eastern Oregon Early Learning Hub
- Four Rivers Early Learning and Parenting Hub
- Lane County Public Health
- Marion and Polk Early Learning Hub, Inc.
- Washington County Public Health Division
**Funding**

- **Vision:** create a sustainability at the local level through reimbursements

- **State General Fund:** supports state level infrastructure (staff), contracts, local start-up funding, and Medicaid match

- **Medicaid:** Currently a carve out FFS, 2-part reimbursement
  - Medical services
  - Case Management (Targeted Case Management)
  - $1056 total case rate

- **Commercial Health Benefit Plans**
  - Bundled case rate inclusive of all costs for implementing the model
  - Costs approximately $1100-$1300 per family served
Partners

State Level
- Medicaid
- Early Learning Division
- Early Learning Council
- Healthy Family Oregon
- MIECHV/Nurse HV
- Commercial Health Plans
- Division of Consumer and Business Services
- Legislature
- Schools of Nursing

Local Level
- Local Public Health
- Early Learning Hubs
- Local Home Visiting
- Health Systems/Hospitals
- Local Systems of Care
- Help Me Grow/Unite Us

National Level
- Family Connects International
- Pritzker Foundation
Challenges and Opportunities

Challenges

• Covid-19

• Lack of a planning period

• Staffing capacity within and across partners

• Working with commercial health plans was new

• Nursing workforce

Opportunities

• Creating a system of care for all home visiting services to use

• Improved coordination among the home visiting models—creating a true HV system

• Elevate reimbursement for upstream prevention and SDoH—both for Medicaid and Commercial payors.
Questions?

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Ohio

Alicia Leatherman

Administrator, Early Childhood Home Visiting and Maternal and Infant Wellness, Bureau of Maternal, Child and Family Health, Ohio Department of Health
Overview of Ohio’s Home Visiting System

National Governors Association
HSPAI
July 20, 2022
Governor’s Advisory Committee

- Created through Executive Order in January 2019
- Recommendations on how best to triple home visiting services
- 3 Subcommittees
  - Evaluation and Efficiency
  - Finance
  - Programming
- Report submitted in March with 20 recommendations
Ohio Models

Counties: 72  
Capacity: 6,295 slots

Counties: 10  
Capacity: 1,174 slots

Counties: 26  
Funding: 2,123 slots

Counties: 21  
Funding: 889 slots
Funding Streams

- $41.2 million
  - HFA, MBF, NFP
  - PAT

- $8.8 million
  - HFA, NFP, PAT

- Funding TBD
  - NFP

- $2.2 million
  - HFA, MBF, NFP
  - PAT

- $3.0 million
  - Expansion

- Funding TBD
  - HFA, PAT
  - $1.0 for expansion

HFA = Healthy Families America
MBF = Moms & Babies First
NFP = Nurse Family Partnership
PAT = Parents As Teachers
Partnerships/Expansion Funding

**Medicaid**
- Leveraging state and federal Medicaid funding for services aligned to Nurse Family Partnership model
- Increased from 6 counties in 2020 to 26 counties

**Families First Prevention**
- Leveraging federal funding for Healthy Families America and Parents as Teachers for prevention services referrals from local public children’s services agencies

**Expansion Grants**
- Leveraging state prevention services in partnership with ODJFS to provide expansion grants
- Awarded $1.26 million to increase by approximately 850 slots
Who’s Funded by Which Funding Stream?

**ODM**
Women must be Medicaid enrolled and meet the following:
- Asthma;
- Diabetes;
- Cardiovascular disease;
- Substance use disorder; or
- History of pre-term birth

The following provider types will be reimbursed:
- Federally Qualified Health Centers/Rural Health Centers;
- Professional Medicaid Groups (including hospital-based groups);
- and Ambulatory Health Care Clinics/Public Health Clinics

Covering services until baby turns 1 or mom loses eligibility, whichever comes later

**ODH**
Women who are not enrolled in Medicaid or do not have one of the conditions identified by Medicaid in rule;

Organizations that are not Medicaid providers identified in rule, including:
- Educational Service Centers; and
- Local Nonprofit Organizations

Services for families after baby turns 1 where mom loses Medicaid eligibility
Cumulative Enrollment: HMGHV Funding

- SFY19
- SFY20
- SFY21
- SFY22
Questions/Resource

Alicia Leatherman
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Recommendations of the Governor's Advisory Committee on Home Visitation

https://governor.ohio.gov/media/news-and-media/030819
Open Discussion: Q&A
Announcements

New Jersey Governor Phil Murphy Elected Chair Of NGA
Utah Governor Spencer Cox Elected Vice Chair

Transition of NGA Leadership & Introduction of the Chair’s Initiative, *Strengthening Youth Mental Health*
First Lady Tammy Snyder Murphy, First Spouses Initiative will focus on *Maternal and Infant Health*
Closing and Next Steps
The Children and Families Team

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