

City of Burlington / 2015 CDBG Application Form

Project Name: Nurse Family Partnership nurse home visiting program

Project Location / Address: Vermont Department of Health

Applicant Organization / Agency: Vermont Department of Health, Division of Maternal and Child Health

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EIN: 03-6000274 DUNS: 8093761550000

CDBG Funding Request: \$ see budget

Check **ONE**: 1 year 2 years
(Equal Access, Health, Development Projects) (Childcare, Early Childhood, Youth)

1. Type of Organization: State government, Vermont Department of Health

Local Government

For-Profit Organization

Faith-Based Organization

Non-Profit Organization (please provide copy of your
IRS 501(c)(3) tax exemption letter)

Institution of Higher Education

2. Conflict of Interest: N/A

3. List of Board of Directors: N/A

Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

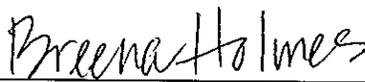
I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2015.



Signature of Authorized Official



Name of Authorized Official



Title Director



Date

(Refer to NOFA for required information for each question.)

I. Demonstrated Need

1. **What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?** The proposed project is to implement Nurse Family Partnership (NFP) nurse home visiting program in the City of Burlington. NFP has been researched on a national level for over thirty years and has been shown to consistently influence measures relating to improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, and increased intervals between births. NFP nationally also has been shown to increase maternal employment of the participating mothers and improve the school readiness of the infants and toddlers who have received the nurse-directed home visits. Nationally, NFP services have led to decreases in the number of families enrolled in the Medicaid and food stamp programs. These outcomes all directly or indirectly influence the Burlington CEDO objectives of improving childcare, early child education, and child health. See more at: <http://www.nursefamilypartnership.org/proven-results#sthash.HbQTmiXb.dpuf>

II. Program/Project Design

1. **Describe the program/project activities.** [UWCC] The Nurse Family Partnership (NFP), a nurse home visiting program for families beginning in pregnancy and continuing through the child's second birthday, focuses on low-income mothers bearing their first children. The nurses work to improve the outcomes of pregnancy, child health and development, and maternal life-course by helping mothers improve their prenatal health, by supporting parents' early care of their children, and by supporting mothers with subsequent pregnancy planning and parenting skills development. This working collaboration with the families has been rigorously evaluated and shown to be successful in nurturing perinatal competence and positive improvements in measures of health and wellness behaviors and child development. The services are delivered by a nurse who has specialized training in maternal child health and early childhood development. Health issues such as fetal/infant growth and development and also breastfeeding and infant care are taught to the mother and her family. The nurse also teaches about child development the education of the toddler. For example, the clinically tested Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) tool is used by the nurses to observe interactions between the mother and the child and to use this information to educate the mother on strengths and challenges as the child's caregiver.

2. **Why is the program/project designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes.** [UWCC] In 2010, Congress established the Maternal Infant Early Childhood Home Visiting program (MIECHV) to provide federal funds to states to support voluntary, evidenced based, home visiting services to at-risk families. The state government recipients of these funds are required to use an evidenced based program that has been reviewed and approved by the federal agency. Refer to the HRSA link for a list of approved models: <http://mchb.hrsa.gov/programs/homevisiting/models.html>. In 2010, the Vermont Department of Health and the Division for Child and Families conducted a statewide needs assessment that researched the capacity and needs of community organizations serving families with young children. After an analysis of the data, it was determined that NFP would be the most appropriate model to adopt in Vermont that would enhance and complement the existing systems of home visiting and center based services for at-risk families with infants and young children.

3. **How will this program/project contribute to the City's anti-poverty strategy?** The NFP nurse home visitors work with low income (Medicaid eligible) at-risk pregnant women and infants on key behaviors and skills designed to influence six key benchmarks as listed in Section III. 1. All these benchmarks are directly or indirectly related to improving health, parenting skills, school readiness, and economic stability – all factors relating to increasing economic stability and improving meaningful employment. See Section I.1. NFP services are delivered to at risk pregnant women whose needs arise from such stressors as poverty, domestic violence, unstable housing, food insecurity, poor parenting skills, behavioral/substance abuse and

physical health needs, or underdeveloped job skills. If granted these funds, the VDH and the VNA can prioritize program implementation of NFP to families who reside in Burlington's highest risk neighborhoods as defined in CEDO's current Consolidated Plan.

4. How do you use community and/or participant input in planning the program design and activities? [UWCC] A key part of the NFP national model is to routinely seek input from families and to incorporate this information into improving services. Regular client satisfaction surveys of mothers and families about the nursing services received are conducted by the national NFP offices for all geographic areas. These results are shared with the nursing supervisors and staff of the local implementing home health agencies. The information is used to improve client services via a CQI process. In the spring of 2014, a separate evaluation was conducted by a Vermont-based consulting firm that involved obtaining feedback from Vermont clients via surveys and focus groups of the mothers who participate in NFP. In addition, the NFP model requires that each NFP geographic area creates and maintains a Community Advisory Board (CAB) consisting of representatives such as local family serving organizations, the local birth hospital, WIC, and local obstetricians and pediatricians. The CAB advises and guides the implementation and development of NFP in each region. The geographic areas are listed in Section IV. 2.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to better off as a result of participating? [UWCC]

Program outcomes are being measured for the five regions in Vermont that are implementing NFP at present. There are 6 performance benchmarks with a total of 32 outcomes measures. The Benchmarks are as follows: 1) Improved maternal and newborn health, 2) Child injuries, Child abuse/neglect/maltreatment and reduction of emergency dept. visits, 3) Improvement in school readiness and achievement, 4) Domestic violence, 5) Family economic self sufficiency, and 6) Coordination of referrals for community resources. These measures would be tracked for the city of Burlington if the program is implemented in that area.

2. List your goals/objectives, activities to implement and expected outcomes.

Goal: Implement the Nurse Family Partnership model in the city of Burlington to serve eligible low income pregnant women via a contractual relationship between the Vermont Department of Health and the Visiting Nurse Association of Chittenden and Grand Isle Counties.

Activity: Provide nurse home visits for up to 50 pregnant women and their infants (total of 50 families).

Outcome: 50 mothers and their infants will receive the evidenced based model of NFP via nurse home visiting by the nursing staff of the VNA.

NOTE: The birth certificate data for mothers who reside in Burlington indicate the following: 67 Medicaid-eligible women, resident in Burlington, whose first child was born in 2012; 66 women with first birth in 2013; and 55 so far in 2014 (2014 numbers are incomplete as of the writing of this grant application). Not all low income, NFP-eligible women have Medicaid coverage, which means that the eligibility number can be estimated to be approximately 70 women. Statewide, on average, around three quarters of eligible women referred to NFP are enrolled (around one quarter decline). Thus, the target enrollment number in Burlington is estimated to be 45 – 50 (or a target caseload for around 1.8 – 2.0 FTE nurse home visitors). The total number of babies born to all Burlington-resident (all incomes) women in 2012 was 371 (born to 350 women); 378 births in 2013 (born to 364 women); and 332 babies reported *so far* in 2014 (to 320 women).

IV. Impact / Evaluation

1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. [UWCC]

Data is routinely collected to track certain characteristics of clients (demographics, age, educational level, etc.) and service delivery, in addition to reporting to HRSA on the home visiting benchmarks as listed in Section III.1. Collection of self-reported client data and administration of standardized data collection tools such as PHQ-9, ASQ and the IT-HOME Inventory is undertaken by Nurse Home Visitors (NHV) in the home, under the supervision of Nurse Supervisors at the Home Health Agency (Agency) level. Staff of the Family Services Division of the Vermont Department for Children and Families is responsible for collecting, investigating and maintaining information about suspected child abuse and neglect. Information about month of entry into prenatal care is collected by clients' medical providers and reported to VDH as part of the standard birth certificate. Medicaid eligibility information is maintained by the Vermont Department of Health Access. Program administrative data are collected and maintained by the VDH MIECHV Program Coordinator. Agreements for data sharing, in the form of MOUs and contracts with all other agencies involved, are in place to provide access all needed data elements. The state funding includes support for administrative staff at the home health agency to assist with data collection and reporting. Data from the home health agency is reported to the Vermont Department of Health home visiting data manger on a monthly basis. Further information on data collection and analysis procedures is available on request.

2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in Attachment A) and your final outcomes (as noted on Attachment C) from June 2014 (or June 2013). For non-CDBG participants – report on achievements from the previous year.

Since 2012, NFP has been implemented in five regions of Vermont: Region 1: Lamoille/Franklin Counties, Region 2: Orleans/Essex/Caledonia Counties, Region 3: Rutland/Bennington Counties, Region 4: Washington/Orange Counties, Region 5: Windsor/Windham Counties. The leadership of VDH and DCF is seeking various types of funding so as to expand NFP into Region 6: Addison/Chittenden/Grand Isle Counties. As of October, 2014, NFP has enrolled 331 mothers and provided 4,600 home visits.

3. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]

Nationally, Nurse Family Partnership has been shown to influence outcomes such as the following: 1) Improved prenatal health, 2) Fewer childhood injuries, 3) Fewer subsequent pregnancies, 4) Increased intervals between births, 5) Increased maternal employment 6) Improved school readiness. See more at: <http://www.nursefamilypartnership.org/proven-results#sthash.foorVrOS.dpuf>. In the first two years of the program, Vermont specific analyses of the benchmarks and performance measures for NFP are beginning to show statistically significant positive outcomes for such measures as perinatal tobacco use and breastfeeding.

V. Experience / Organizational Capacity

1. What is your agency's mission, and how do the proposed activities fit with your mission?

The mission of the Vermont Department of Health is to protect and promote optimal health for all Vermonters. The NFP program of nurse home visiting works with at risk mothers and families to deliver support to first-time mothers to achieve optimal health by supporting a healthy pregnancy, assisting in becoming knowledgeable and responsible parents, and teaching parents how to provide their babies with the best possible start in life.

2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc. The nurse home visitors are required to be registered nurses with a minimum of a Bachelors of Science in Nursing, Masters level preferred. The program model contains research based quality elements that are tested for relevance on an ongoing basis with key university and research

The Vermont Department of Health employs a staff person who specializes in cultural competency and advises staff and program managers on its use in service delivery. This person is employed at the VDH Burlington District Office and can offer assistance in the implementation of NFP in Burlington. In addition the NFP national model values effective culturally and linguistically relevant services. The model is founded on the nursing practice's ecological framework for human development which recognizes that mothers and families have unique histories, perspectives and values that are intrinsically linked to their culture, ethnicity, language communities, geographical identities and historical experiences. NFP provides cultural competency training to all Nurse Home Visitors during their training sessions in Denver, Colorado that teaches cultural and ethnic awareness and by ensuring that materials are culturally and socially relevant to the families served.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the program. How will you spend the money? Give specific details. [UWCC]

The Vermont Department of Health presently has funding to support NFP services in Vermont's Regions 1 – 5 via federal HRSA MIECHV funds (See Section IV. 2). Efforts are being made to access further funds for long term sustainability and also to bring NFP to Burlington and Region 6 (Chittenden, Addison, and Grand Isle Counties). Statewide, HRSA MIECHV funds are granted to VDH who in turn contracts the monies to local non-profit home health agencies (HHA). The HHA hire and employ the nurse supervisors and nurse home visitors who implement the program in their catchment areas. At the state level, the salaries for a full time nurse program manager and a data analyst are paid for via MIECHV funds. Other centrally located VDH staff time is considered in-kind. All efforts are directed to funneling as much of the funds as possible to the local home health agencies and to HHA staff salaries, so as to enhance capacity for nursing time and the maximum possible client services.

The NFP model requires a minimum of 50 families to be served per geographic area and that each full time nurse home visitor serve 25 families. There must be at least one 0.5 FTE nurse supervisor per two FTE nurse home visitors per designated geographic area, as reflected in the budget below. Funding also supports a 0.25 FTE administrative staff person.

In planning for NFP implementation in Burlington and Chittenden County, the VNA of Chittenden/Grand Isle Counties will receive the funds from the VDH via a contractual agreement. All nursing staff will be located at the VNA, who has expressed a strong interest in hosting NFP. The VNA is an excellent partner for this program, as the agency has long worked with at risk pregnant women and families in its home visiting, early education and child care, and parent child center services. The VDH is interested in working with the City of Burlington on a plan for use of funds from the CDBG and other sources for implementing NFP in Burlington. It is recognized that the CDBG cannot fully fund NFP in Burlington. The budget below reflects implementation of staffing that can serve 50 families, with support by the CDBG of funding for the salary/fringe of one FTE nurse home visitor.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

Specific Service / Activity: For implementation of NFP for 50 families	Position/Title	Work Related to CDBG-Funded Activity	# of Hr/Week spent on this Specific Service / Activity	% of Hr/Week spent on this Specific Service / Activity to be paid with CDBG
Nurse home visits to NFP participants	NFP Nurse Home Visitor employed by VNA	Implement NFP model in Burlington and possibly Chittenden Co.	Two FTE 80 hours weekly	One FTE nurse home visitor

Supervision of nurse home visitors	NFP Nurse Supervisor employed by VNA	Implement NFP model in Burlington	One 0.5 FTE, 20 hours weekly	10 hrs/wk of supervision time
Administrative and data support	Administrative Support employed by VNA	Admin support for VNA program management	One 0.25 FTE 10 hours weekly	5 hr/wk admin time for Burlington services

3. Program/Project Budget: Note these are estimates for one year of program implementation

Line Item	CDBG Funds	Other	Total: \$289,880
One FTE Nurse Home Visitor at \$29.00/hr	\$	\$	\$ 60,320
One FTE Nurse Home Visitor at \$29.00/hr	\$	\$	\$ 60,320
One 0.5 FTE Nurse Supervisor at \$33.00/hr	\$	\$	\$ 68,640
Administrative support 0.25 at \$16.00/hr	\$	\$	\$ 8,320
Fringe for salaries at 30%			\$ 59,280
Travel for two NHV and one Nurse Supervisor to required training in Colorado			\$ 5,000
Office supplies including two computer, three cell phone and usage fees.			\$ 8,000
NFP Service Fees, tuition, and family education materials			\$ 20,000

4. Funding Sources

	Project		Agency	
	Current: 7/2015	Projected	Current: 7/2015	Projected
CDBG	\$ 78,416	\$	\$ 78,416	\$
State (specify)	No funds from state		No funds from state	
Federal (specify)	\$211,464 to be accessed via future funding		\$190,464 to be accessed via future funding	
United Way	No funds from UW presently		No funds from UW presently	
Private (specify)	No private funding at present		No private funding at present	
Program Income	N/A		N/A	

Other (specify) SOURCE To Be Determined	Total Costs: Year 1: \$289,880		Total Costs: Yr 2: \$268,880 (Minus Yr 1 start-up costs)	
Total	\$289,880	\$	\$268,880	\$

5. Of the total project cost, what percentage will be financed with CDBG?

It is proposed that CDBG fund one FTE nurse home visitor position and VDH seeks funding for the remainder of the program costs. The goal is to fund a core NFP team of two FTE nurses and one 0.5 FTE nursing supervisor to serve Burlington (and possibly Chittenden Co) as funding allows.

$$\begin{array}{rclcl}
 \$ 78,416 & + & \$ 289,880 & = & 27\% \\
 \text{CDBG Funding} & & \text{Total Program/Project Costs} & & \text{Percentage}
 \end{array}$$

6. Of the total project cost, what would be the total cost per person?

$$\begin{array}{rclcl}
 \$268,880 & \div & 100 \text{ mothers/infants} & = & \$2,688 \\
 \text{Total Program/Project Cost} & & \# \text{ Proposed Beneficiaries} & & \text{Cost Per Person}
 \end{array}$$

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

As described in in this application, the Vermont Department of Health is striving to access complete and sustainable funding so as to be able to offer NFP to all eligible families statewide. The existing funding supports NFP in Regions 1 – 5 until September, 2016. VDH has applied for further HRSA grant funding and is waiting to hear about the awarded amounts. VDH would welcome planning with CEDO as to available resources and potential partnership in the use of CDBG funds for partial support of NFP in Burlington and also to investigate other sources of funds for the startup of NFP in Burlington.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?

VDH will contract with the Visiting Nurse Association of Chittenden/Grand Isle County to deliver direct nurse home visiting services. Both the VDH and the VNA rely extensively on community resources to offer a full range of services for their clients. Outreach to medical providers, WIC, Parent Child Centers, and schools will be employed to obtain referrals to the program. In working with the NFP mothers and their families, the full range of community resources will be offered according to need, so as to effectively offer support in achieving family goals. Examples of these resources are employment and job training, education, parenting support, child care, clinical medical services, and behavioral health and substance abuse treatment. The NFP model in itself does not use volunteers in its service delivery. There are no plans to use the CDBG to directly leverage other funds; however, the VDH is open to any discussions on this possibility.

9. If your organization has experienced any significant changes in funding levels during the past year, please explain.

The NFP program is funded by HRSA's Maternal Infant Early Child Home Visiting (MIECHV) program. MIECHV supports pregnant women and families and helps parents of children from birth to age 5 tap the resources and develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. MIECHV funds can be used to support pre-approved evidenced based home visiting programs, such as NFP. The funds that support the NFP program in Regions 1 – 5 come to the Department of Health via two HRSA grants. VDH is seeking additional funding from a variety of sources to expand NFP programming to Region 6, thus enabling NFP to be offered to families throughout the state.

10. What cost-cutting measures has your organization implemented?

In implementing NFP statewide, VDH has intentionally made best use of in-kind resources and minimized the hiring of management staff at the state level so as to direct to maximum amount of federal funds to local home health agencies. In this way, the majority of the funds are able to be granted to support home health staff salaries, enabling the hiring of the maximum possible nurse home visitors so as to create capacity for serving the maximum number of families according to the NFP nurse:patient ratio.

VIII. Collaboration/Efficiency

- 1. Share specific examples of how your agency collaborates with other programs or agencies to address the needs of the people you serve. Do not just list organizations with whom you collaborate. [UWCC]** NFP and VDH can be successful only via key collaborations with other state and local agencies. For example, in order to assist their families, the NFP nurses refer the mothers to services such as child care, medical services, parenting classes, educational services, and job training. NFP relies on community services such as WIC, school nurses, and medical providers for referrals of eligible women to the program. In addition, the VDH contractual relationship with the VNA to provide NFP nursing services represents a significant collaboration between two agencies who have a long standing and close relationship.
- 2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.** The NFP model has a required ratio of one nurse per 25 families and one nursing supervisor per four nurses. In many rural areas of Vermont, there are not enough eligible families to warrant this full contingent of staff per each home health agency. VDH negotiated with the NFP national office to combine home health agency "catchment areas" into larger geographic regions so as to allow a wider coverage for serving families and avoiding the expense of paying for unneeded nursing staff time. For Burlington, VDH plans to work with the VNA to use CDBG funds in addition to other funds to implement NFP in Burlington and also county wide, thus enabling full coverage with staffing that fits an affordable budget.
- 3. What other agencies provide similar services or programs? [UWCC]** No other agencies in Burlington provide NFP. The VNA has long provided nurse home visiting services to pregnant women and families. See Section IV.2 for NFP regions statewide.

IX. Sustainability

- 1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?**

National research shows that the initial investments of NFP nurse home visits have a long term lasting positive effect on families in the areas such as reducing juvenile delinquency and increasing school achievement. See <http://www.nursefamilypartnership.org/proven-results> for this research.

- 2. If CDBG funding ends, will the project be able to continue?** As described in Section VII, the VDH is seeking long term funding via such sources as ongoing federal "formula" grants, Medicaid, and private foundations.