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Testimony

To: Senate Health and Welfare

From: Reeva Murphy, Deputy Commissioner

Subject: Transition from Nurse Family Partnership (NFP) model to Maternal and Early Childhood Sustained Home Visiting (MECSH) model as supported Evidence Based Nurse Home Visiting practice in Vermont

Date: April 18, 2018

Cc: Breena Holmes, Luciana DiRoucco, Ken Schatz, Karen Vastine, Tracey Dolan, Ilisa Stahlberg, David Englander, Shayla Livingston

Good morning. Thank you for allowing me to testify on Nurse Home Visiting for pregnant women and infants in Vermont. This work on Home Visiting for Vermont families is a strong partnership between Maternal Child Health in the Department of Health and Children's Integrated Services in the Child Development Division in DCF. If Dr. Breena Holmes were not on a family vacation this week she would be leading off here. As her partner in the work I will provide a frame of reference for our current situation and plan for the future. My colleagues from health will give you more depth with their expertise in this area.

Since 2012, Vermont has successfully implemented the evidence-based home visiting model: Nurse Family Partnership (NFP) with funding from the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program. The work started in 3 counties and was expanded, with competitive federal MIECHV funds, to 12 of 14 Vermont counties. Unfortunately, funding has not been sufficient to expand into Chittenden and Addison counties and federal funds have been reduced over time. Nurse Family Partnership (NFP) has served more than 800 Vermont families since inception. It's a strong model and has produced good outcomes for the families served particularly in the reduction of smoking in pregnancy.

In implementing NFP we've learned a tremendous amount about the importance of nurse home visiting for pregnant women and infants and remain committed to providing this critical support in Vermont communities. We've also had to learn how to meet and balance federal funding requirements and limitations,



program expectations and restrictions, the unique characteristics of local Vermont communities, and most importantly, the needs of Vermont families.

Here's where we are right now. MIECVH funding for Vermont has been reduced from a high of \$2 million to \$1.3 million in the next federal fiscal year. Due to a delay in reauthorization of the MIECVH program and funding, Vermont has had to cover a one-year gap in funding to sustain the program through next September. Right now, we are waiting for the program instructions from Washington that we need to create Vermont's MIECVH plan for October 2018.

Meanwhile, interest in developing and implementing a unified continuum of coordinated evidence-based home visiting services for pregnant women, infants and young children and their families in Vermont has steadily increased. Leadership in the administration and here in the Statehouse have shown strong support. With funding from the Early Learning Challenge Grant (ELCG) we introduced MECSH as an alternative nurse home visiting model able to serve an expanded group of pregnant women and new mothers and Parents As Teachers for families with toddlers and preschoolers. The ELCG has supported training and technical assistance in these models but we are still working hard to provide the additional funding required for fidelity in CIS.

As Breena and I have advocated for increased funding to expand Sustained, Evidence Based Home Visiting programs to every Vermont family that can benefit from them, it has become clear that supporting more than one evidence-based nurse home visiting model creates complexity and potentially competition among models. In order to move forward on expansion, we realized that we had to focus on three priorities: **one evidence-based nurse home visiting model; for families in any pregnancy; that we could implement across Vermont – in every county, in every region.** After a great deal of analysis and debate we realized that NFP could not get us there, and we believe MECSH can. MECSH is an evidence-based model implemented all over the world in integrated systems like ours in Vermont. We are the first United States site but not the last. MECSH is a non-proprietary model, open to allowing adaptations to meet Vermont's goals, rural challenges and community characteristics.

I am going to let Ilisa talk more about Department of Health's clear commitment to retaining the strong Maternal Child Health nursing presence in Vermont's Home Health Agencies that this work has built since 2012. Anne Giombetti can give you details about the comparative models and the work she has done with nurses implementing NFP to understand how we can take what we've learned to create a Vermont evidence-based nurse home visiting brand that achieves the outcomes we want for Vermont families.

Why MECSH? The MECSH model has some benefits related to our priorities compared to NFP

- MECSH can serve families in all pregnancies.



- Families can enroll in MECSH anytime during pregnancy, including up to six weeks postpartum.
- Families and nurse home visitors work together to determine program completion when goals are met.
- MECSH can be adapted to meet the unique needs and priorities of Vermont’s families and our integrated system.

We presented this plan to Home Health Agencies at this time because we wanted to alleviate concerns about the funding situation and ask them to work with us to plan for the transition in October and for that unified continuum of coordinated evidence-based home visiting services for pregnant women, infants and young children and their families that we aspire to. As soon as MIECVH releases guidance we need to be ready to shape the new state plan around MECSH and we want to do this in partnership with community agencies. We have a week of MECSH training coming up in May and we wanted to make sure nurses could take advantage of that with full knowledge of where we are headed.

Department of Health is committed to fund Home Health Agencies that are currently funded to provide NFP programming through September 30, 2018. Between now and October 1st, we want to work in partnership with community agencies to plan for the transition from NFP to MECSH for families and for practitioners, to consult on funding distribution to roll MECSH out statewide – including with new partners in Chittenden and Addison, and to provide input to make MECSH in Vermont the strongest program we can provide for Vermont families.

