

## Colorado Nurse Home Visitor Program

### Grantee Caseload Guidelines

April 2007

#### **Background:**

As a result of the 2006 Nurse Home Visitor Program audit conducted by the Office of the State Auditor, a recommendation was set forth to the Colorado Department of Public Health and Environment to work with the State Board of Health, the National Center for Children, Families, and Communities, and its subcontractors, the Nurse-Family Partnership National Service Office and Invest in Kids, to address program costs through caseload standards and attrition rates. More specifically, the Department should:

- (a) Determine why local sites are not achieving and maintaining caseload standards and develop strategies to help increase participation.
- (b) Establish guidelines for reducing caseloads and funding when sites do not meet caseload standards.
- (c) Provide attrition analyses to the local sites and develop specific strategies to reduce the level of addressable attrition at each local site.

This document is a response to item (b) as stated above. The Department agreed to work with the Colorado Nurse-Family Partnership Coordination Team to develop a detailed plan for setting forth local funding recommendations to the State Board of Health commensurate with the history of active caseload numbers. Once developed, this plan will be formalized by placing it in the annual contract between the Department and the local funded sites.

#### **Plan:**

The Nurse-Family Partnership (NFP) National Service Office (NSO) is aware that sites will not always reach 100% of their caseload capacity due to factors such as (1) nurse turnover, (2) new nurses learning the NFP model, (3) caseload build-up over 7-9 months, and (4) sites developing adequate referral networks. In light of these factors, the Colorado Coordination Team (CCT), which is the four-agency team that manages the Nurse Home Visitor Program (NHVP), has set a statewide baseline of 85% active caseload of the total number of participants funded to be served in the state within a given fiscal period. Active clients are defined in the NFP Clinical Information System (CIS) as those that have had a nurse visit completed within 180 days.

The CCT convenes monthly as the NHVP management group. Beginning with fiscal year 2007-2008, the NSO will provide the CCT at least quarterly both site-specific and statewide figures of the most current active caseload numbers as a tracking mechanism.

Additionally, at least two times each year the CCT will review site-specific active caseload trends covering a three-year period (current year and two years prior). This time span review should allow for any legitimate caseload size variances attributed to such things as nurse vacancies, caseload build-up, and developing or enhancing referral systems, and allow the CCT to arrive at a reasonable expected active caseload size on a site-by-site basis.

Sites are expected to track their active caseload numbers using CIS reports and will be expected to report any caseload variations in their annual application and year-end reports. Additionally, as a result of the CCT review, sites will be alerted to any issues they need to address between reporting periods to insure they are meeting active caseload expectations.

The NHVP mid-year budget adjustment process will be enhanced to consider year-to-date expenditures based on active caseload size. If a site has cost savings as a result of a lower active caseload, those dollars may be redistributed to another grantee site.

For sites indicating an active caseload deficiency (consistently below baseline over the three-year trend period), a Performance Improvement Plan will be required, including specific strategies and timelines for meeting active caseload expectations.

If a site does not meet the Performance Improvement Plan active caseload size expectation, a recommendation may be made to the State Board of Health to reduce the active caseload number and funding in the site's contract to be commensurate with the site's consistent performance.

The Colorado Department of Public Health and Environment contract will include active caseload size expectations as well as this plan as a means to formalize these requirements and to hold all parties accountable for maximum caseload and funding efficiency.

The CCT will develop a detailed caseload maintenance process and timeline to guide and assist the sites in effectively managing caseload size, including implementation of proven strategies to retain clients or to recruit new participants to the program.