

Missouri Children's Trust Fund Rate Card

June 26, 2024



Children's Trust Fund

Missouri's Foundation For Child Abuse Prevention

THE CHILDREN'S TRUST FUND: OVERVIEW

The Children's Trust Fund (CTF) is a 501(c)(3) agency dedicated to supporting child abuse and neglect prevention in programming throughout Missouri

MISSION AND IMPACT

Our Mission – Strengthening Families and Preventing Child Abuse and neglect through grant distribution, education, awareness and partnerships

The Missouri Children's Trust Fund envisions children and families in a safe, nurturing, and healthy environment, free from child abuse and neglect.

- Allocated ~\$68 million in funding to community organizations across the state
- Served more than 3,800 families across Missouri
- Serves as a hub for data, referrals, and resources to maximize outcomes for children and families
- Advocates for policy and systems change that support Missouri's families and prevent child abuse and neglect
- Helped increase funding for home visiting by \$4 million a year



Read more [here](#)

The Children's Trust Fund



Focuses on achieving positive outcomes for children and families across the state of Missouri



Provides funding to over 52 community-based prevention programs



Provides public education and awareness to strengthen efforts in preventing child abuse

1. MO Statewide Home Visiting Initiative Vision



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WHERE WE STARTED: ENHANCING HOME VISITING IN MISSOURI

CTF's 2019 home visiting (HV) report identified areas of improvement in the HV system to more effectively reach families and improve the health and safety of Missouri children

At a Glance:
Missouri Home Visiting State and Federal Funding Fiscal Year 2019

Department of Social Services (DSS):
\$543,108
- Home Visiting to Community Partnerships
- Temporary Assistance to Needy Families (TANF) & General Revenue (GR)

\$3,682,038
- Competitive Funds
- Temporary Assistance to Needy Families (TANF) & General Revenue (GR)

Department of Health & Senior Services (DHSS):
\$1,244,225
- Competitive Funds
- Maternal & Child Health Block Grant, Title V

\$2,686,928
- Competitive Funds
- Maternal, Infant & Early Childhood Home Visiting (MIECHV)

Department of Elementary & Secondary Education (DESE):
\$18,000,000
- Parents As Teachers (PAT) Program
- Early Childhood Development, Education & Care (ECDEC) & General Revenue (GR)

Children's Trust Fund (CTF):
\$375,000
- Competitive Funds
- Federal Community-Based Child Abuse Prevention (CBCAP) & CTF Funds

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Strong Families, Safe Kids

What is Home Visiting?
Home visiting is an intervention by social and/or health professionals that involves regular and frequent parent guidance and educational programs, in the homes of at risk families with young children. Significant evidence demonstrates home visiting improves outcomes in maternal and child health, positive parenting practices, child development, school readiness, family economic self-sufficiency, linkages and referrals to community resources and supports; and reductions in child abuse and neglect, juvenile delinquency, family violence and crime.

Expanding and Enhancing Home Visiting in Missouri
An analysis by the Missouri Children's Trust Fund (CTF)
- March 2019

Home Visiting has Incredible Potential to Prevent Child Abuse

In recent years, our state and country have recognized that Adverse Childhood Experiences (ACEs) are a leading cause of morbidity, mortality and societal dysfunction.¹ In essence, the experiences of childhood largely determine the health and well-being of adults. ACEs contribute to poor school performance, increased health care needs, substance abuse disorders, unemployment and crime.

Home visiting mitigates ACEs by increasing family and child resilience and empowering parents to raise healthy, strong children in the face of adversity. Numerous studies and reports have detailed the value and promise of home visiting programs in preventing child abuse.^{2,3} The US Commission on the Elimination of Child Abuse Fatalities Report, released in 2016, included recommendations that home visiting services be expanded to reach more families at risk for child abuse and child fatalities. In their final report in December 2016, the Missouri Task Force on the Prevention of Infant Abuse included expanding home visiting services to families at risk of child abuse as one of their key recommendations.

1. Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/secondary/aces.html>
2. Kelly, Andrea and Mikros, Corina, "What Works for Home Visiting Programs: Lessons from Departmental Evaluation of Programs and Interventions." Child Trends Fact Sheet, 2016.
3. See also: <https://www.cdc.gov/ncj21001/aces.html>

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Recommendations include...

- Create a Pay for Success model to incentivize effective service delivery and promote coordinated private investments
- Develop a coordinated approach to prioritize and equitably allocate home visiting funding
- Increase stakeholder collaboration across the state
- Increase access and awareness of home visiting services for families who may benefit from them
- Enhance data collection efforts to better make data-informed decisions and demonstrate the effectiveness of home visiting programs in MO

Even using conservative estimates¹ from the literature base, home visiting generates many positive outcomes that drive significant public fiscal value

Example Outcomes	Example metrics	Metric definition	Est. public fiscal value per outcome achieved ^{1,2}	Key fiscal value drivers ¹ (Not exhaustive)
Child Health	Low birth weight	Reducing # of babies born under 2,500g	\$57,900	Child Medical Care Services (e.g., NICU), Maternal Delivery, Productivity/Earnings, Special Education, Early Intervention Services
Maternal Health	Maternal depression	Reducing # of mothers at high risk of depression ³	\$18,000 - \$19,600 ⁴	Productivity/Earnings, Unemployment, Medical/ Mental Health (Pre & Post-natal)
	Maternal smoking	Reducing # of mothers smoking (pre & postnatally)	\$300 - \$3,000 ⁴	ED Visits, Medical Costs related to Pediatric Asthma
	Maternal illegal drug use (prenatal)	Reducing # of mothers using illegal drugs prenatally	\$1,700	Medical Costs related to Neonatal Abstinence Syndrome (NAS)
Child Safety	Child maltreatment	Reducing # of referrals / reports for child abuse	\$16,300	Medical/Mental Health, Special Education, Adjudication & Sanctioning (incl. Foster Care)
	Home safety	Reducing # of home safety concerns per household ⁵	\$7,800 - 183,200 ⁶	ED Visits, Hospitalizations
Child Achievement	Parent reading to child daily	Increasing # of parents who read to their child daily	\$47,400	Productivity, Law Enforcement Involvement, Healthcare Utilization, Government Assistance

Potential additional outcomes of interest

- Safe sleep
- Prenatal enrollment
- Intimate partner violence
- Child development/ school readiness
- Child insurance

Price per outcome – to be determined

As part of project design, P1000 would work with potential funders and service providers to co-develop specific outcomes of interest and define their pricing, including potentially differentiating between higher and lower-risk beneficiaries

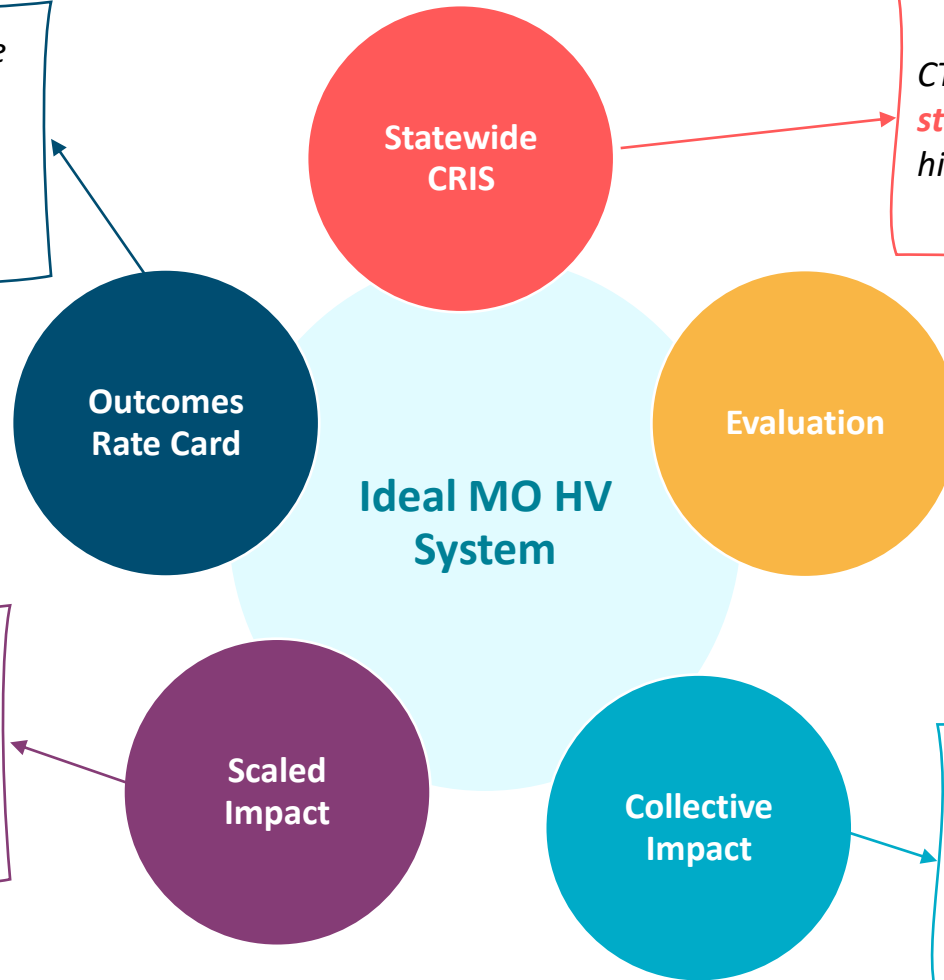
1. Public value articulated in this analysis is non-exhaustive and does not include value to the individual (e.g. the value counted for increased earnings reflects increased public tax revenues but not wage increase experienced by the individual). Analysis includes public value realized at the local, state and federal levels, and prioritizes fiscal drivers with strong literature support, meaningful incidence and values, that are unique and accrue in a reasonable timeframe. 2. Adj. for 2019 dollars, rounded to the nearest hundred. 3. Using Edinburgh Postnatal Depression Scale (score >10). 4. Range due to differences in value based on prenatal vs. postnatal enrollment of the mother. 5. Utilizing the Home Safety Screen. 6. Range reflects cost of ED visits vs. hospitalizations or both. SOURCE: Social Finance analysis, based on Promise 1000 program data and literature (see Appendix for detailed citations)

BUILDING AN IDEAL HV SYSTEM IN MISSOURI

Building off our 2019 report,¹ CTF has developed a vision for Missouri's Home Visiting System

The ORC incentivizes and rewards performance through **\$4.35 million in incentive payments over five years**. These payments also drive **higher-quality data** and **collaboration** across funders, HVAs, and other stakeholders

CTF is supporting the development of a **statewide referral system** to increase access to high quality home visiting services.



CTF is partnering with the University of Missouri to evaluate the impact of home visiting programs in MO, **contributing to the evidence base** for strategies that generate social and fiscal benefits

To increase prenatal enrollment rates and grow Home Visiting services in MO, CTF is partnering with Medicaid Managed Care Organizations to generate prenatal referrals

Statewide infrastructure that ensures **cross-provider coordination** and **more equitable access** to services

1. [Enhancing Home Visiting in Missouri](#)

CORE COMPONENTS OF CTF'S STATEWIDE HOME VISITING INITIATIVE

CTF's objective is to catalyze statewide systems change by addressing systemic failures leading to poor outcomes, allocating resources in a more equitable manner, and improving access for underserved communities

1 Create an Integrated Home Visiting System

- Through the establishment of new Collective Impact (CI) Sites, CTF aims to create a more integrated and coordinated system

2 Statewide Coordinated Referral & Intake System

- CTF is supporting the development of a **statewide referral system to increase access** to high quality home visiting services
- To **increase prenatal enrollment rates**, CTF is partnering with Medicaid Managed Care Organizations to generate prenatal referrals

3 Outcomes Rate Card (ORC)

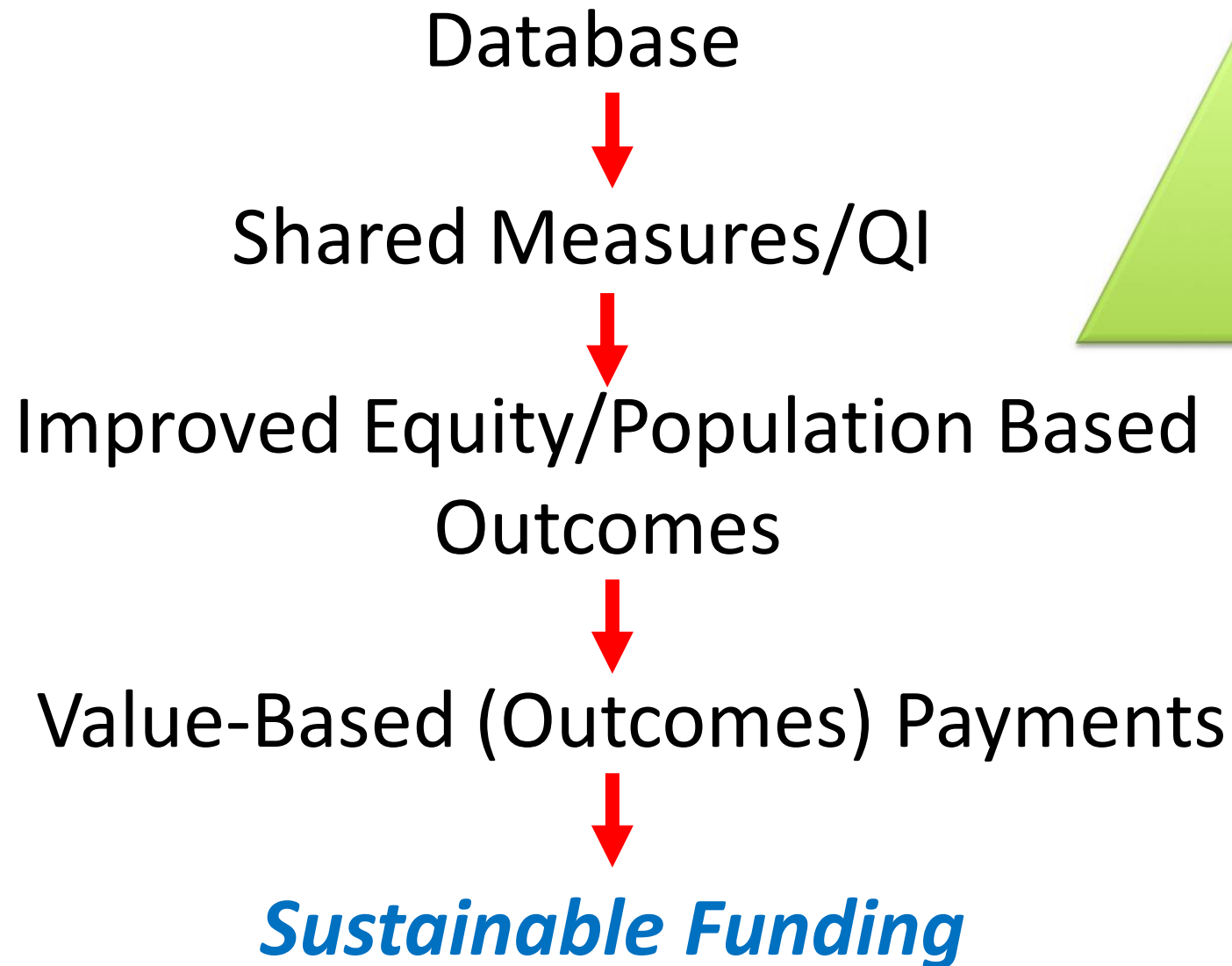
- Through the ORC, CTF will provide **up to \$4.35 million in incentive payments** to home visiting agencies over 5 years as a reward for high-quality services
- The ORC not only incentivizes and rewards performance but also drives **higher-quality data and collaboration** across funders, HVAs, and other stakeholders

4 Home Visiting Evaluation

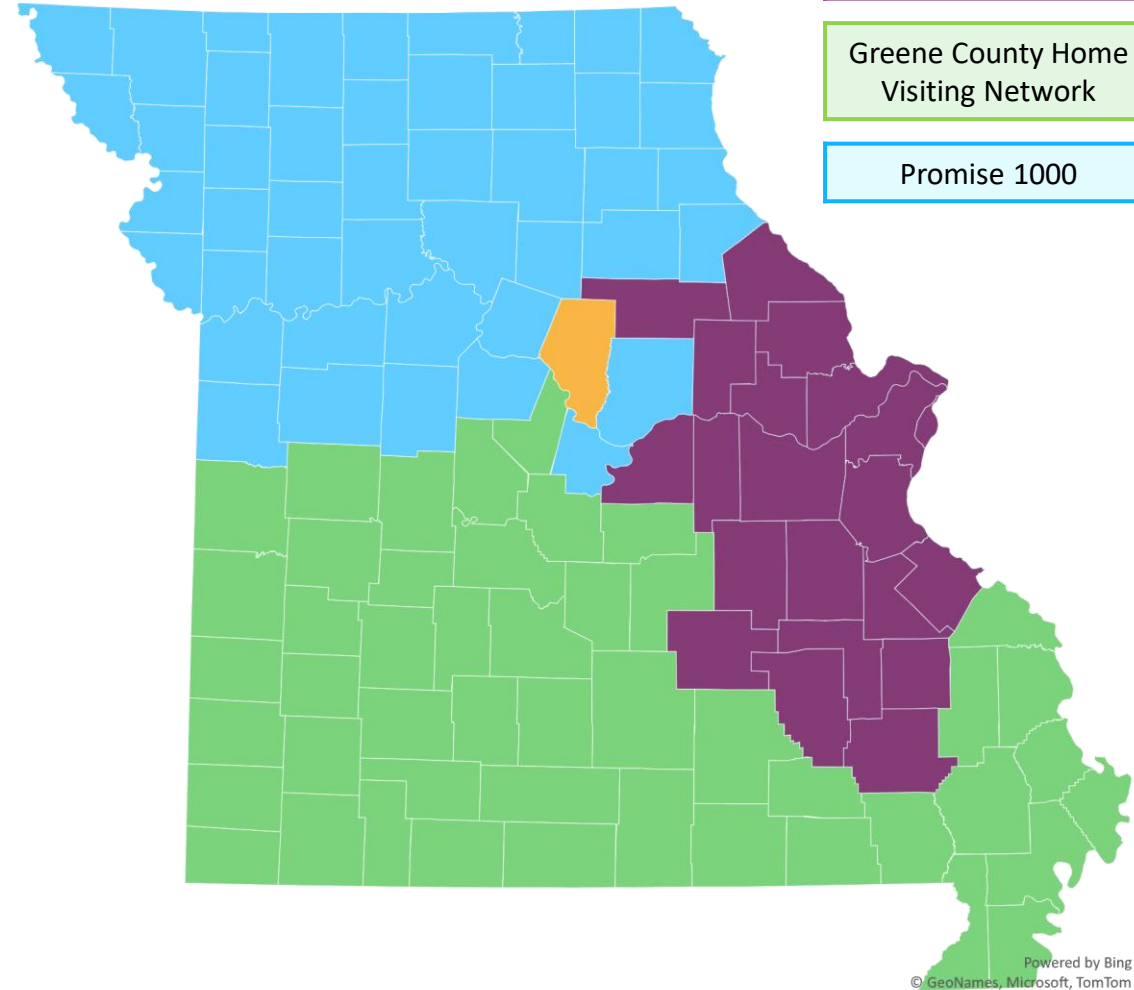
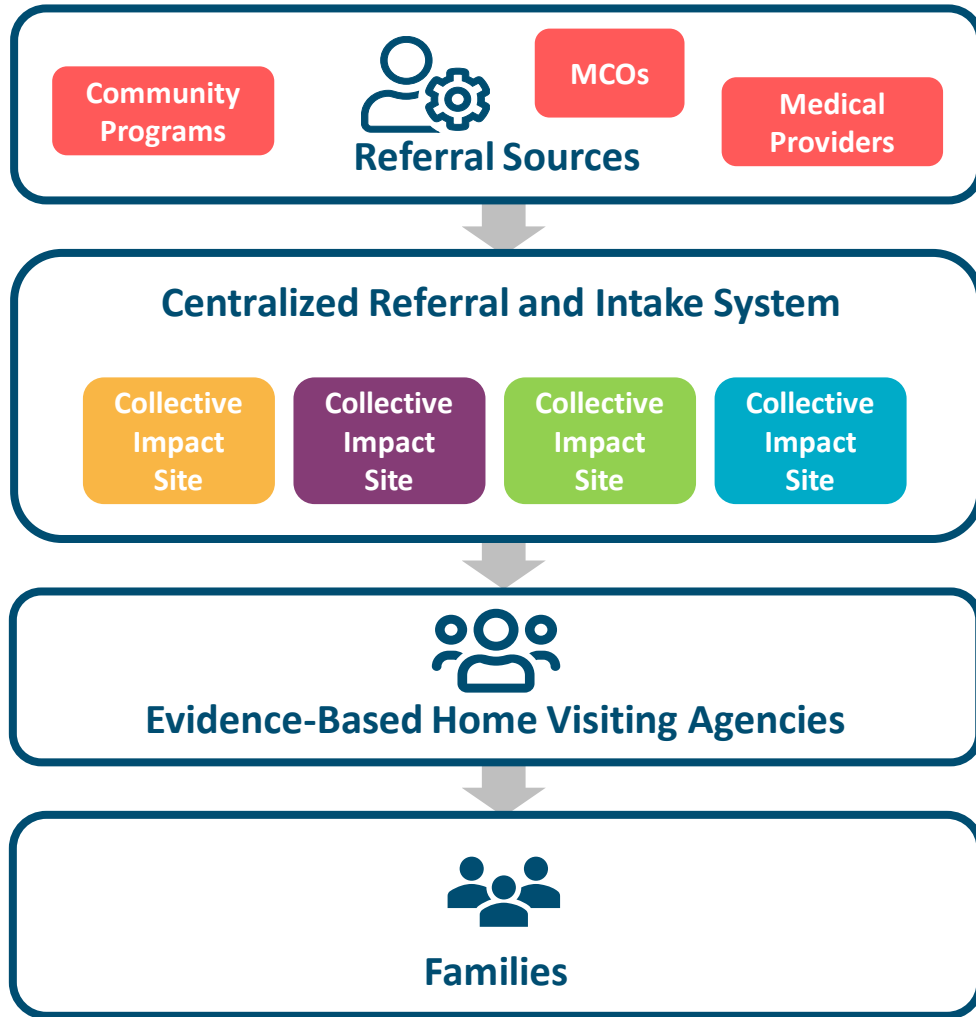
- The ORC enables robust data collection **generating Missouri-specific data** on the performance of high-quality home visiting services
- CTF is partnering with the University of Missouri to evaluate the impact of home visiting programs in MO, **contributing to the evidence base** for strategies that generate social and fiscal benefits

5 Scale Home Visiting Services

- To **increase prenatal enrollment rates and grow HV services in MO**, CTF is partnering with Medicaid Managed Care Organizations to generate prenatal referrals



COORDINATED REFERRAL AND INTAKE SYSTEM (CRIS)



Collective Impact Site	Region
Brighter Beginnings	1
Generate Health	2
Greene County Home Visiting Network	3
Promise 1000	4

2. Outcomes Rate Card (ORC) Overview



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WHAT IS AN OUTCOMES RATE CARD (ORC)?

An **outcomes rate card (ORC)** is a **outcomes-based contracting strategy** by which an outcome payor (government agency and/or a philanthropy) defines priority impact areas, or a “**menu of outcomes,**” it wishes to incentivize and the **amount it is willing to pay** (price) each time a given outcome is achieved. Rate card payments act as an incentive for **provider activities that lead to outcome achievement.**

HOW DOES AN ORC WORK?



Providers deliver services to families and record activities in data collection tool



Government (or similar agency) receives data and determines if metrics are achieved



Government (or similar agency) disburses funds for metric achievements across the network of providers



Providers can use incentive funds for allowable activities, as determined by the government and their agencies



The ORC **drives system-level change** by providing **incentive payments to providers** for achieving outcomes and **encourages collaboration** across funders, providers, and other critical stakeholders

HOME VISITING OUTCOMES RATE CARD

The outcomes rate card (ORC), funded by CTF, will provide new, incremental incentive payments based on the achievement of certain outcomes to home visiting agencies across Missouri serving mothers and babies

Goals

1. Improve **outcomes in health, safety, education, and economic mobility** for Missouri's most vulnerable mothers and babies
2. Equitably scale MO home visiting services by creating a **coordinated referral system** and **standard data sharing processes**
3. Contribute to the **evidence base** supporting home visiting and its ability to **generate social and fiscal benefits for a range of stakeholders**

Target Population

- **Parents, Caregivers, and/or guardians (PCGs):** PCGs who are enrolled in or eligible for Medicaid with a strong focus on prenatal enrollment, youth in foster care, and BIPOC families (BIPOC: Black, Indigenous, and people of color)
- **Children:** all children that qualify for home visiting (i.e., not just index children)

Priority Impact Areas



Home Visiting Participation



Prenatal Enrollment



Child & Family Wellbeing



School Readiness

FY24 ORC METRIC PRICING

Providers receive incentive payments based on their achievement of the metrics in the ORC and their associated prices

Metric	% Incentive Pool	Price
Prenatal enrollment of BIPOC foster care teens	~85%	\$830
Prenatal enrollment of foster care teens		\$470
Prenatal enrollment of BIPOC populations		\$360
Prenatal enrollment		\$315
Home visiting retention (365 Days)	~15%	\$100
Home visiting retention (180 Days)		\$50
Completion of parent-child interaction survey		\$35
Home visiting engagement		\$30
Attainment of family well-being goals		\$25
Completion of protective factor survey		\$25
Completed developmental screenings (ASQ3)		\$25

The highest ORC prices are linked to prenatal enrollment of vulnerable populations, as we know enrollment earlier on in a woman's pregnancy increases positive outcomes

ILLUSTRATIVE: THE ORC AT WORK

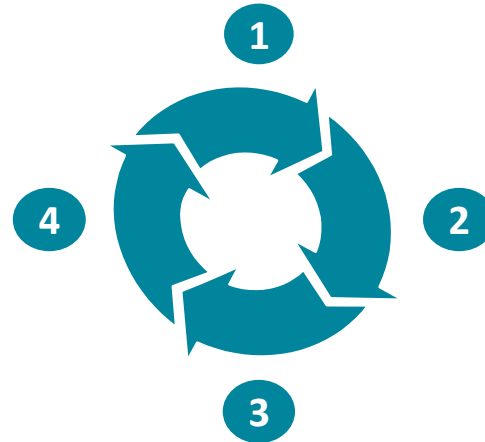
Illustrative example of how a home visiting outcomes rate card can help improve critical outcomes while also generating meaningful community and fiscal benefit

- mmw*
- mmw*
- mmw*

Home visiting **services are delivered** to prenatally enrolled mothers



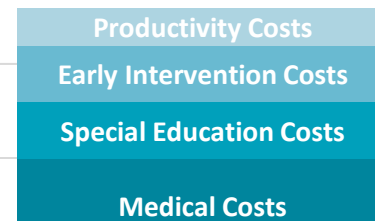
Community and fiscal benefit can catalyze and/or be recycled to **fund future service delivery**



Services result in a **reduction in low birth weight (LBW) births**

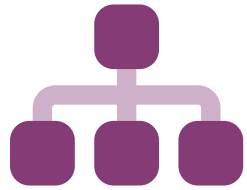
Reduction in LBW births **generates community and fiscal benefits** that accrue to a variety of stakeholders / payors

Community & Fiscal Benefit (\$)



STATEWIDE ORC IN PRACTICE

Participating providers complete the following activities required to be eligible for ORC incentive payments



Accept referrals through the REDCap-based Coordinated Referral and Intake System (CRIS)



Enroll families, verify income eligibility, and gather consent for evaluation purposes



Provide ongoing home visiting program services to enrolled families



Enter data into REDCap following project specific reporting requirements



Have data accurately reflected in REDCap for CTF to pull quarterly reports by the 15th of the month following the end of the quarter



Receive incentive payments from CTF within 30 days of CTF pulling quarterly reports

MCO PARTNERSHIPS

We have partnered with Medicaid Managed Care Organizations to generate prenatal referrals for home visiting agencies through the home visiting coordinated referral and intake system (CRIS)

MCO Partnership Priorities

- Identify and refer vulnerable prenatal populations for home visiting services
- Enroll priority populations and conduct program matching (e.g., pairing mothers to the most appropriate provider that can best fit their needs)
- Encourage service coordination between the health plan, the home visitor, and the family
- Ensure families are aware of services available to them through their health plan

Show Me Healthy Kids

Referral Type: Prenatal Youth

Anticipated Referrals: ~200 annually¹

Home State Health

Referral Type: Prenatal Women

Anticipated Referrals: ~700 annually¹

United Healthcare

TBD

1. Estimated. This number will change based on families' interest.

Enrollment and Retention

Data as of:

All

Multiple s...

Program

All

Model

All

Deidentify?

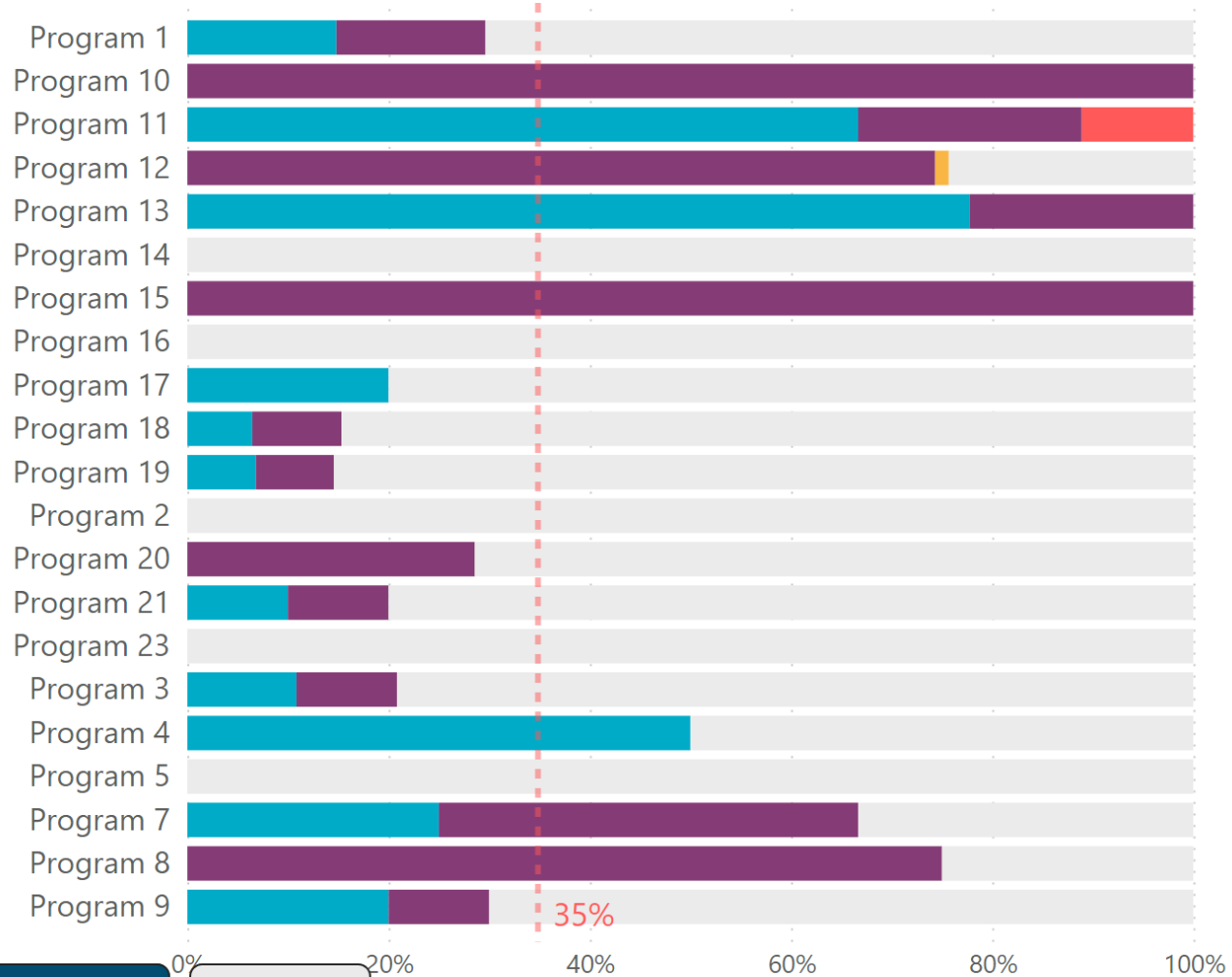
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Share of Prenatal Enrollments to PCGs Enrolled

Total Prenatal Enrollments

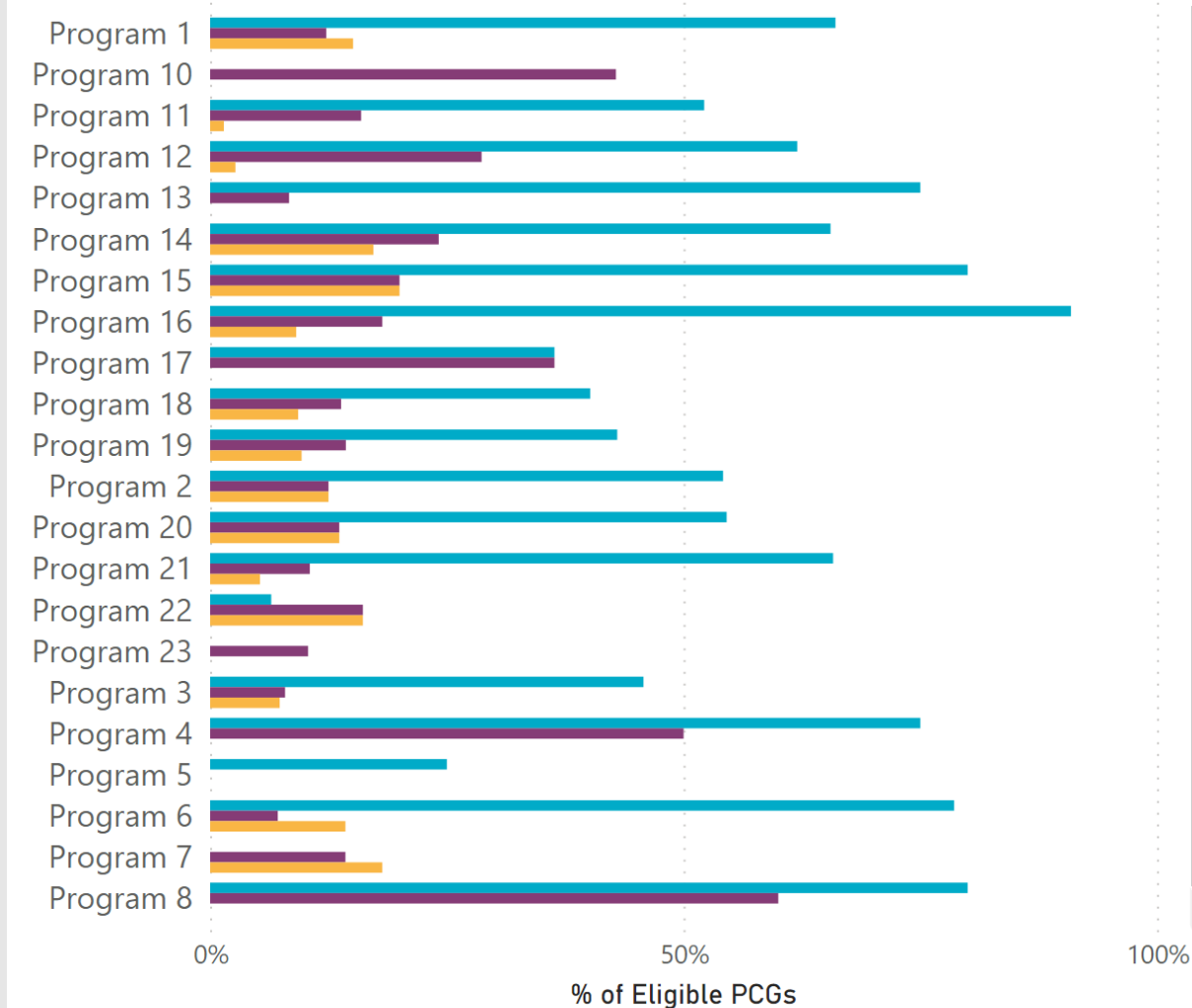
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● Prenatal Only ● BIPOC ● Foster ● BIPOC Foster ● Other Enrollment



Home Visiting Engagement and Retention

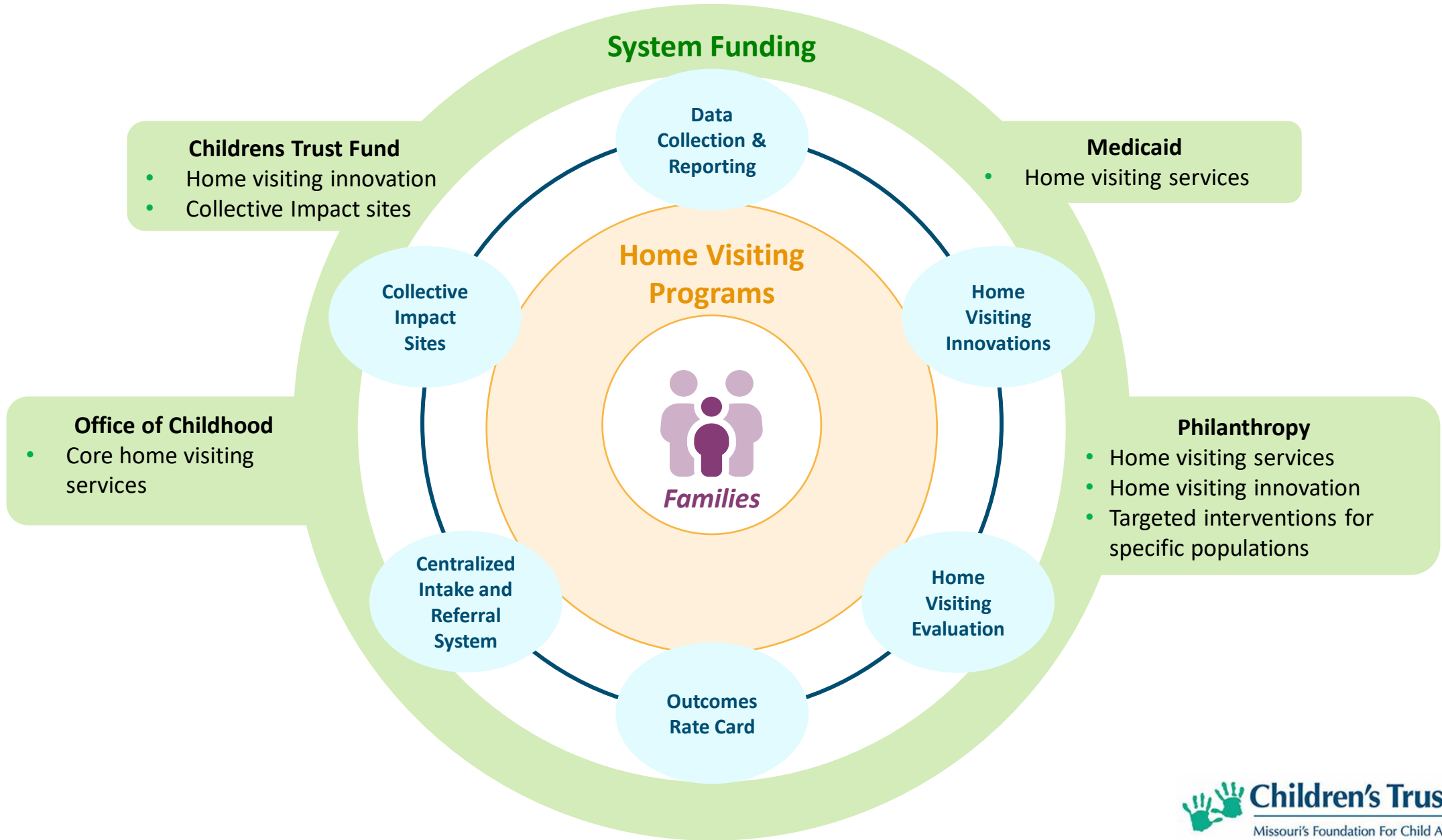
● Engaged (%) ● Retained 6 Months (%) ● Retained 1 Year (%)



Count

Share

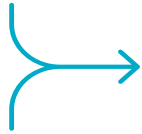
STATEWIDE HOME VISITING INITIATIVE FINANCING VISION



PROJECT ACHIEVEMENTS TO DATE

The ORC serves as a tool to align data collection efforts, increase stakeholder collaboration, and drive systems change

Systems Change



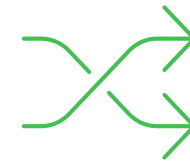
Creating alignment across 24 providers by mandating shared data systems and incentivizing evidence-based practices through shared metrics

MCO Partnerships



Developed partnerships with Managed Care Organizations to increase prenatal referrals and grow the home visiting system

Braided Funding



Leveraged ARPA funds that, in turn, helped to attract philanthropic funding (e.g., from the St. Louis Children's Service Fund)

Performance Management



Developed a data dashboard and performance management tool, building our long-term capacity for outcomes tracking

Cascading Impact



The project has grown from a six-month, P1000 feasibility study to a statewide systemwide effort impacting thousands of families