Nurse-Family Partnership Public Comments Submitted to Governor Mark Dayton's Task Force on the Protection of Children December 1, 2014

On behalf of the Nurse-Family Partnership National Service Office (NSO), thank you for the opportunity to provide recommendations to the Governor's Task Force on the Protection of Children, specifically related to Early Intervention and Prevention Services for Minnesota children and their families who are at risk for child maltreatment. We applaud your commitment to improving the well-being of children and paving the way towards a healthier future for Minnesota families.

High quality, voluntary home visiting programs like the Nurse-Family Partnership® (NFP) are a critical component and natural partner with Child Protection in a statewide effort to prevent child maltreatment through supporting child health and development and the promotion of safe and nurturing parenting.

NFP is an evidence-based, community health program targeted to serve first-time, low-income moms and their babies with over 37 years of randomized controlled-trial research proving its effectiveness. NFP clients are partnered with a registered nurse early in pregnancy and continue weekly and biweekly home visits until the child turns two. NFP clients receive the personalized care and support they need to have a healthy pregnancy, provide responsive and competent care for their children, and become more economically self-sufficient. NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children—and themselves.

The state of Minnesota is well positioned to scale NFP as an effective intervention to prevent child abuse and neglect and achieve other important outcomes for the following reasons:

- ***A robust evidence base:*** The NFP model is a product of almost four decades in the research laboratory and two decades of field implementation. Rigorous and independently validated evaluations of NFP's effectiveness have clearly demonstrated that NFP achieves significant and sustained outcomes for high-risk families.
- ***Capacity to scale:*** The Nurse-Family Partnership National Service Office (NSO), in partnership with local communities and the Minneapolis Department of Health (MDH), has a demonstrated track record of effectively and efficiently implementing NFP and producing meaningful outcomes for vulnerable families in Minnesota. The NSO and MDH have the infrastructure to expand existing operations to significantly increase capacity for first-time mothers across the state of Minnesota. NFP currently serves over 1,000 families in 40 counties and two tribal entities across the state.
- ***Financial savings:*** Scaling NFP could generate substantial fiscal and social savings for the state of Minnesota—**approximately $5.70 for every $1 invested** *(RAND, 2005).*
- ***Significant unmet need:*** With its current funding, NFP is able to serve only 3.4% of eligible mothers in the state of Minnesota.

Background

Program Description

NFP is an evidence-based, nurse home visiting program for first-time mothers living in poverty. The intervention is offered early in pregnancy continuing through the child's second birthday. The transformational work of NFP occurs when registered nurses partner with eligible mothers during regularly scheduled home visits to achieve three goals:

- Improve pregnancy outcomes by helping women engage in good health-related behaviors, including improving nutrition and reducing use of cigarettes, alcohol, and illegal drugs;
- Improve child health and development, and life prospects by supporting new parents in providing responsive and competent care for their children; and
- Improve economic self-sufficiency of families by assisting parents to develop a vision for their own future, plan future pregnancies, continue their education, find work, and, when appropriate, strengthen partner relationships.

The relationship developed between the nurse and client results in modification of her individual behavior and lifestyle, as well as a reduction of risk factors which can contribute to child maltreatment. Each NFP nurse home visitor is expected to carry a maximum caseload of 25 families at any given time.

Nurse-Family Partnership's Outcomes and Evidence Base

For over 37 years, ongoing evaluations of the NFP model, including three well-designed randomized controlled trials that began in 1977, 1988, and 1994 with different populations and geographies including rural and urban locations, have demonstrated that NFP achieves significant and sustained outcomes for high-risk families. Independent analyses of NFP evaluations have validated NFP's track record. In 2011, the non-profit, non-partisan Coalition for Evidence-Based Policy evaluated eight home visiting models included in the federal Maternal, Infant and Early Childhood Home Visiting program. NFP is the only model to receive the highest ranking, earning a "strong" level of confidence indicating the program will produce meaningful improvements for society.

NFP delivers against the three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency—making a measurable impact on the lives of children, families and communities. The following outcomes have been observed among participants in one or more of the randomized controlled trials:

Improved Pregnancy Outcomes

Improvement in women's prenatal health

- 79% reduction in preterm delivery for women who smoke
- 31% reduction in very closely spaced (<6 months) subsequent pregnancies

Improved Child Health and Development

- Reduction in criminal activity
  59% reduction in child arrests at age 15
- Reduction in injuries:
  39% fewer injuries among children
  56% reduction in emergency room visits for accidents and poisonings
  48% reduction in child abuse and neglect

- Increase in children's school readiness
  50% reduction in language delays of child age 21 months
  67% reduction in behavioral/intellectual problems at age six

Increased Economic Self-Sufficiency

- Fewer unintended subsequent pregnancies
  32% fewer subsequent pregnancies
- Increase in maternal employment
  82% increase in months employed
- Reduction in welfare use
  20% reduction in months on welfare
- Increase in father involvement
  68% increase in father's presence in household
- Reduction in criminal activity
  61% fewer arrests of the mother; 72% fewer convictions of the mother

Community Need and Ability to Scale

Target Population

Nurse-Family Partnership serves ***first-time, low-income pregnant women starting early in pregnancy*** (prior to 28 weeks gestation) through the child's second birthday. Within these eligibility criteria, the local implementing agency has the ability to target and identify specific populations that will most benefit from NFP services. Currently, the typical NFP mother in Minnesota is:

- Young: the median age is 19
- Unmarried: 89% of clients are single mothers;
- Under-educated: 49% of clients have completed high school;
- Low-income: a median household income of $9,000 ; and
- Dependent on government's safety net programs: at intake, 64% were on Medicaid, 28% on food stamps, and 82% on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).[1]

Current Funding

All MN NFP implementing agencies use combined funding sources that include: federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program funding, Temporary Assistance for Needy Families (TANF), Title V Maternal and Child Health funds, third-party Medicaid reimbursements through Medicaid Managed Care Plans, as well as state and county general funds and private grants and donations.

Since 2010, Minnesota has received approximately $31.3 million in combined formula and competitive awards for FY2010-FY2014 from the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program to support the expansion evidence-based home visiting. Based on the strong evidence of effectiveness in achieving significant and sustained outcomes, Minnesota chose to expand two evidence-based models including the Nurse-Family Partnership.

[1] Nurse-Family Partnership Quarterly Report for MN, Table 5. Data from program initiation through September 30, 2014.

Unmet Need
Minnesota is considered a national leader in respect to the thoughtful and intentional investment in state-level infrastructure to support the Nurse-Family Partnership and expand services across the state. However, while the present funding supporting the NFP program represents a strong endorsement of the program's need and value, current funding levels are insufficient to meet the growing demand. In 2012, there were 25,397 first-time, low-income (Medicaid eligible) births in Minnesota. With current funding, NFP is only able to reach 3.4% of the eligible target population[2] each year. NFP continues to demonstrate results through ongoing data collection and evaluation efforts, thereby lending itself to innovative funding opportunities. NFP also provides a unique opportunity to leverage Minnesota's public commitments to child abuse prevention, early childhood, health equity and the elimination of disparities and the achievement gap.

Scaling Effectively: Nurse-Family Partnership National Service Office (NSO)
The National Service Office (NSO) is a 501(c)(3) organization located in Denver, CO, with the mission of helping communities implement and scale the NFP program through contracts with independent, local implementing agencies.

The NSO is organized around four primary functions: a) nurse training and development; b) state/site development; c) monitoring fidelity and continuous quality improvement; and d) policy, advocacy, and communications. The NSO has established service delivery standards, developed Visit-by-Visit guidelines, designed on-line and on-site training programs, and created an Evidence-to-Outcomes (ETO) system that collects, analyzes, and monitors data and outcomes at the individual, nurse, and site level. Data from ETO are used to monitor program fidelity and outcomes.

Currently, the NSO serves a network of over 216 sites in 43 states, one U.S. territory, and six native entities, reaching 558 counties and over 30,000 families at any point in time. With increasing numbers of families falling into poverty, an estimated 845,000 Medicaid-eligible women give birth for the first time each year. Our goal is to make the NFP program available to all eligible mothers.

Scaling Effectively: Minnesota Department of Health Family Home Visiting Unit
The Minnesota Department of Health (MDH) provides administrative oversight and the collection of statewide outcomes and measures of Family Home Visiting services delivered at the community level. MDH also provides statewide training, consultation and reflective practice mentoring to promote key elements of effective home visiting programs.

MDH continues to be a strong partner with NFP and is working to expand services to additional counties and territories. Supported by federal funds secured in a competitive process, MDH has invested in the specialized training of two staff nurses to serve as statewide NFP consultants. MDH also co-convenes statewide Community of Practice meetings for staff from NFP implementing agencies in partnership with the NSO.

Cost Savings and Return on Investment

A NFP expansion would bring cost savings to the state of Minnesota. Independent analyses by the Brookings Institution, RAND Corporation and Washington State Institute for Public Policy have documented that NFP produces a positive return on investment for government and society. A recent model developed by Dr. Ted R. Miller of the Pacific Institute for Research and Evaluation estimates a national average benefit-cost ratio for NFP of 6.03 to 1, when taking into consideration

[2] Eligible target population = first-time, low income births multiplied by program length (25,397 x 2.4 years = 60,953).

all state and local government budgetary savings (including reductions in TANF and Medicaid usage, less remedial education, fewer cases of child abuse, fewer arrests, fewer crimes, decreased substance abuse, etc.) and other societal benefits that bring real value to local communities.

At an average cost per family of $5,200[3] per year, Miller predicts that by a child's 18th birthday:

- State and federal cost savings due to NFP will average $17,445 per family served or 1.9 times the cost of the program.
- Taking less tangible savings (like potential gains in work, wages and quality of life) into account along with resource cost savings (cost offsets to government, insurers, and out-of-pocket payments by families), the benefits to society of NFP are estimated to be $50,444, which represent a $5.50 return on investment for every dollar invested in NFP.

Conclusion

With our proven track record of preventing child abuse and neglect, we hope to partner with the Task Force and serve as a resource as you continue to identify the best strategies to prevent child maltreatment in Minnesota. We also encourage the Task Force to consider targeting taxpayer resources to the highest risk communities that often lack critical maternal and child health and social services to address the need of the most at-risk families in the state.

Thank you again for the opportunity to submit our comments.

Sincerely,

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[3] MDH estimated cost per family in Minnesota.