

Executive Summary
Concurrent Resolution No. 70 (SCR 70) of the 2008 Regular Legislative Session Report

SCR 70 of the 2008 Regular Legislative Session requests that the Department of Health and Hospitals (DHH) and the Nurse-Family Partnership Advisory Council study the expansion of the Nurse-Family Partnership program and submit a report on the findings to the Senate and House of Representatives Health and Welfare Committee. The Nurse-Family Partnership is model of home visiting that has been rigorously evaluated using randomized controlled trials, the highest level of program evaluation. Results from three trials, replicated with varied populations, have demonstrated consistent reductions in child abuse/neglect, emergency room visits for childhood injuries, maternal and juvenile arrests, and an increase in work force participation and improved child learning measures. Cost benefit analyses by the Rand Corporation found that the program recoups its initial cost by the time the child reaches age four and that cost savings by the time the child reaches age 15 are estimated to be up to 5.7 times the original investment.

The Louisiana Office of Public Health began the Nurse-Family Partnership in 1999, and since then, the program has expanded and currently serves approximately 15% of eligible families across the state. The program serves first time mothers who are below 200 percent of the federal poverty level, beginning in pregnancy until the baby reaches two years of age. Specially trained nurses conduct weekly or biweekly home visits.

In accordance with SCR 70, DHH on behalf of the NFP Advisory Council, makes the following recommendations for expansion:

- 1) Financial resources needed for expansion - Increase NFP current capacity from serving 15% of eligible families to 50% of all eligible families in the state. This can be accomplished through a phased-in expansion over the next five years. This expansion will require an additional \$4,950,000 million dollars each year to add 40 new home visiting nurses and cover all related expenses. By the end of the fifth year, \$22.7 million is needed to support the 200 additional nurses and all related costs.
- 2) Potential sources of funding available for expansion – Medicaid could cover an estimated 20% of the total cost for expansion (\$4.5 million by the fifth year) and State General Funds could cover the remaining 80% of the cost for expansion (\$18 million by the fifth year) in addition to the current \$12 million of state, federal, private/non-profit entity funding. (See full report, pages 5-7 for details).
- 3) How other states are implementing NFP – NFP is implemented in 25 states and 337 counties using state general, tobacco settlement, education; federal Medicaid, MCH Block Grant, TANF, Child Care Development Block Grant; local/county, and private funding. Of the states in U. S. Region VI that have a statewide program, state funding comprises 94% of the total Oklahoma NFP budget, and Louisiana’s total NFP budget is 23% state funded.
- 4) Workforce development strategies needed to address the number of nurses needed to deliver the program – Assure NFP nurse salaries remain competitive and hire nurse recruitment and marketing specialists to facilitate hiring the quantity and quality of nurses needed for NFP expansion in Louisiana.
- 5) Recommendations for community outreach that could lead to innovative partnerships and leveraged resources - Seek additional funding from local government, private foundations, and non-profit entities to initiate and supplement services as currently done in the state.

**Report to the Senate and House Health and Welfare Committee
Concurrent Resolution No. 70 of the 2008 Regular Legislative Session**

Senate Concurrent Resolution No. 70 (SCR 70) of the 2008 Regular Legislative Session by Senator Mount and Representative Katz requests that the Department of Health and Hospitals and the Nurse-Family Partnership Advisory Council study the expansion of the Nurse-Family Partnership program and submit a report on the findings to the Senate and House of Representatives Health and Welfare Committee. SCR 70 requests that DHH and the Nurse-Family Partnership Advisory Council explore expansion of the program by examining the financial resources needed for expansion; the potential sources of funding available for expansion; how other states are implementing NFP; the workforce development strategies needed to address the number of nurses needed to deliver the program; and the recommendations for community outreach that could lead to innovative partnerships and leveraged resources.

DHH convened the Nurse-Family Partnership Advisory Council for two meetings to develop recommendations on the proposed expansion. The Advisory Council was comprised of representatives from the Louisiana Chapter of the American Academy of Pediatrics; Baptist Community Ministries; BrightStart (Louisiana's early childhood coordinating entity); the Council for a Better Louisiana; the Institute of Mental Hygiene; the Juvenile and Family Court Judges Association; the Louisiana Association of Non-Profit Organizations; the Louisiana Maternal and Child Health Coalition; the Louisiana Partnership for Children and Families; the Louisiana Public Health Institute; the Louisiana State University System; the Tulane University Institute of Infant and Early Childhood Mental Health; Prevent Child Abuse Louisiana; the Assistant Secretary of the Office of Public Health, Department of Health and Hospitals; the Director of the Bureau of Health Services Financing, Department of Health and Hospitals; the Assistant Secretary of the Office of Family Support, Department of Social Services; and the Commissioner of Administration.

Background

The Nurse-Family Partnership (NFP) is an evidence-based home visiting program that improves the health, well-being, and self-sufficiency of low-income, first time parents and their children. Based on more than twenty-five years of research including three randomized controlled trials replicated with varied populations, participants in NFP have experienced the following results:

- 48% reduction in child abuse and neglect
- 67% reduction in behavioral and intellectual problems at age six;
- 26% improvement in math and reading achievement test scores for first through third grades
- 59% reduction in juvenile arrests at age fifteen
- 69% fewer maternal arrests
- 57% percent reduction in emergency room visits for childhood accidents and poisonings
- 31% fewer subsequent births and more than a 2 year longer interval between the births of 1st and 2nd child (a key factor in the prevention of infant mortality)

Nurses conduct intensive weekly to bi-weekly home visits from early pregnancy to the child's second birthday. NFP improves child health and development by helping parents provide competent care for their babies and improves families' economic self-sufficiency by helping parents continue their education, find work, and plan future pregnancies. The program has served 89,189 women in 25 states and 337 counties and parishes across the country since 1996. Two independent analyses by Washington State Institute for Public Policy and the Rand Corporation found that NFP yields a \$3-\$5.70 return for every dollar invested, with the bulk of the savings accruing to government from savings in welfare, criminal justice and medical costs.

Based on the evidence of NFP's success in achieving positive outcomes for children and families, the Office of Public Health of the Department of Health and Hospitals first implemented a pilot program of the Nurse-Family Partnership in 1999 with funding through the federal Maternal and Child Health Block Grant. OPH has since broadened funding sources for NFP to include Medicaid (Targeted Case Management) funds, Temporary Assistance for Needy Families (TANF), State General funds, philanthropic/foundation funding, United Way funds, and local government funding.

Since 1999, 5,351 women in Louisiana have participated in NFP.¹ Currently, the program is available to women in 52 of the 64 parishes, however the program only has the capacity to serve 15% of eligible women. Some of the positive outcomes among Louisiana women and children who have participated in NFP from 1999 - June 2008 include:

- The percentage of women who were married increased from 12% at intake to 23% at program completion
- The percentage of women 18 years and older who were working increased 40% from program intake to program completion
- Of those who entered the program without a high school diploma or GED, 72% completed their diploma/GED, were continuing their education beyond high school, or were working toward their diploma/GED
- By 24 months of child's age, 96% were fully immunized, compared to 78%, Louisiana's overall rate
- 94% of 21-month olds scored at or above normal on language development scales that are an indicator of school readiness
- Participants saw a 21% statistically significant reduction in experience of violence during pregnancy
- Women reduced marijuana use during pregnancy by 44%

¹ Louisiana NFP Evaluation Report 9

SCR 70 Report Components

(1) How are other states implementing the Nurse-Family Partnership?

Tennessee, Texas, and Oklahoma are among three states in the South that illustrate different approaches to NFP implementation. Each state has implemented the Nurse-Family Partnership based on the unique needs and resources available within its state.

Oklahoma

After searching for an evidence-based model to reduce child abuse and neglect, the state of Oklahoma decided to implement NFP utilizing the county health department system. *Children First*, Oklahoma's NFP, was created by state statute in 1996 and funded with state appropriations. NFP is available in all 77 counties, and Oklahoma currently invests approximately \$11 million in the Nurse-Family Partnership program, of which 94% is state funded.

Through collaboration with public health partners, Children First is improving pregnancy outcomes, child health and development and family self-sufficiency. The University of Oklahoma, College of Public Health found that in a four-year period, Children First had prevented 22 very premature births and 14 very low birth weight babies. In addition, Children First babies were about one-half the risk of dying during their first year compared to a retrospective control group.

Tennessee

After learning about the Nurse Family Partnership (NFP), Senator Diane Black became the state champion and introduced Senate Bill 2040 in the 2007 legislative session for the implementation of NFP in Tennessee. In 2008, the bill was further modified through HB 2040 whereby the Tennessee Department of Health can award grants to agencies to implement the Nurse-Family Partnership model. HB 2040 establishes a “nurse home visitor fund” to fund the grants that consists of state moneys appropriated from the general fund as well as any funds from the federal government or public or private funding. Unexpended funds do not revert to the general fund at the end of the fiscal year. During 2009, Senator Black has plans to expand the pilot program.

Texas

In the Spring of 2006, TexProtects, a statewide child advocacy organization initiated a Nurse-Family Partnership Steering Committee with the goal of expanding the Nurse-Family Partnership from one program in Dallas (supported by public and private funds) to a statewide effort. In 2007, the legislature adopted SB 156 which authorized the Health and Human Services Commission (HHSC) to provide a competitive grant opportunity for communities throughout the state to implement the Nurse-Family Partnership program for 2,000 Medicaid-eligible families. SB 156 requires grantees to adhere to the Nurse-Family Partnership program model. The legislature allocated \$7.9 million dollars for this grant opportunity including \$5.2 million in TANF funding and \$2.7 in state general revenues. The legislation required the HHSC to secure Medicaid funding.

(2) What financial resources are needed for expansion?

Based on the findings, the Nurse Family Partnership Advisory Council recommends that the Nurse-Family Partnership increase its current capacity from serving 15% of eligible families to reach 50% of all eligible families in the state. This can be accomplished through a phased-in expansion over the next five years. This expansion will require an additional \$4,950,000 million dollars each year to add 40 new home visiting nurses. There are several options for funding this expansion using federal and state dollars and collaborations among public and private funding partners. Using the current funding distribution, the Advisory Council estimates that of the \$22.7 million needed over the next five years to hire 200 additional visiting nurses, Nurse Family Partnership will need \$18.1 million of State General Funds.

With current resources, including \$1 million appropriated from the State General Fund in the current fiscal year, the program has capacity to hire 113 nurses who will can serve approximately 17% of eligible first-time mothers. There were 16,725 Medicaid births to first time mothers in 2006. The approximate start-up costs for a team of eight nurses, one nurse supervisor, and one clerical staff person is \$900,000. In addition, for the program to assure quality and adhere to the national Nurse-Family Partnership model, there must be staff infrastructure in place to support the expansion including training and quality assurance personnel, a nurse recruiter, outreach/marketing specialists, contract manager/accountant, and data/reporting specialists. The Advisory Council recommends the following resources needed for expansion as outlined below.

FINANCIAL RESOURCES NEEDED TO REACH 50% OF ELIGIBLE FAMILIES

Year	Expansion Families	Annual Families	% Eligible Served	Six Month Budget	Annualization of Budget	Total needed in each FY	Means of Financing requested	
							Medicaid	SGF direct
2009-10	717	3237	20.2	\$2,475,000		\$2,475,000	\$0	\$2,475,000
2010-11	1070	4307	26.9	\$2,475,000	\$5,049,000	\$7,524,000	\$1,504,800	\$6,019,200
2011-12	1070	5377	33.6	\$2,475,000	\$10,098,000	\$12,573,000	\$2,514,600	\$10,058,400
2012-13	1070	6447	40.3	\$2,475,000	\$15,147,000	\$17,622,000	\$3,524,400	\$14,097,600
2013-14	1070	7517	47	\$2,475,000	\$20,196,000	\$22,671,000	\$4,534,200	\$18,136,800

The annualized numbers also assumes a cost increase of 2% each year.

The Medicaid reimbursement is assumed to be 20% of the total cost.

3) What are some potential funding sources available for expansion?

States and local communities have used a number of strategies to finance the introduction and/or expansion of the Nurse-Family Partnership. In addition to Louisiana and Oklahoma, Colorado, and Pennsylvania have state-wide initiatives. Oklahoma allocates \$11 million for NFP including 94% from a state appropriation and 7% Medicaid funding. To date, Colorado has secured \$300 million from Tobacco Settlement Funds to implement Nurse-Family Partnership in 52 of the state's 64 counties. This year, Pennsylvania allocated a total of \$14.5 million for NFP including \$8.5 million in state general funds, \$2.6 in Child Care Development Block Grant Funds, \$1.2 million in TANF funding, \$1.19 million in local and private dollars, and nearly \$1 million in Medicaid dollars.

Louisiana's Nurse Family Partnership (NFP) program has broad based support from federal, state, and local/private funding sources due to its proven record of success in improving participating families' health, social condition, education, workforce participation, and crime prevention. Federal and state funding sources include:

- Department of Health and Hospitals
 - Office of Public Health - Maternal and Child Health Block Grant
 - Bureau of Health Services Financing – Medicaid (Targeted Case Management)
- Department of Social Services
 - Office of Family Support-Temporary Assistance for Needy Families
- State General Funds

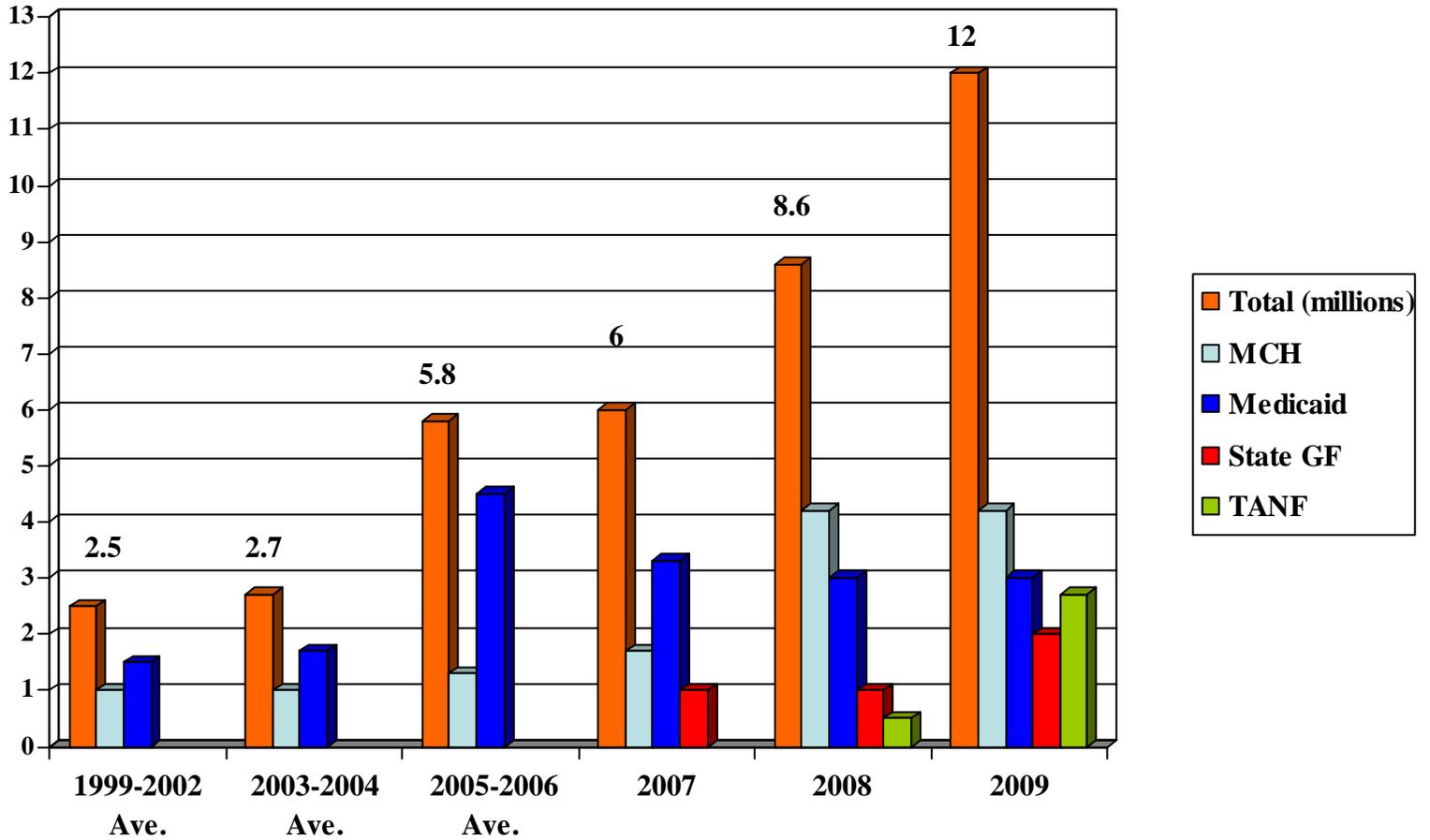
Local and private/non-profit entity funding has served to initiate services on a small scale or supplement existing services in various parishes including:

- Beauregard Parish funding in late 1990's to hire nurses to initiate services
- Rapides Foundation funding for Allen Parish to initiate services
- Baptist Community Ministries Foundation funding to expand the number of nurses serving St. Tammany and Washington Parishes
- Institute of Mental Hygiene funding to initiate services in Orleans Parish
- United Way of Greater New Orleans funding to expand services in Orleans Parish

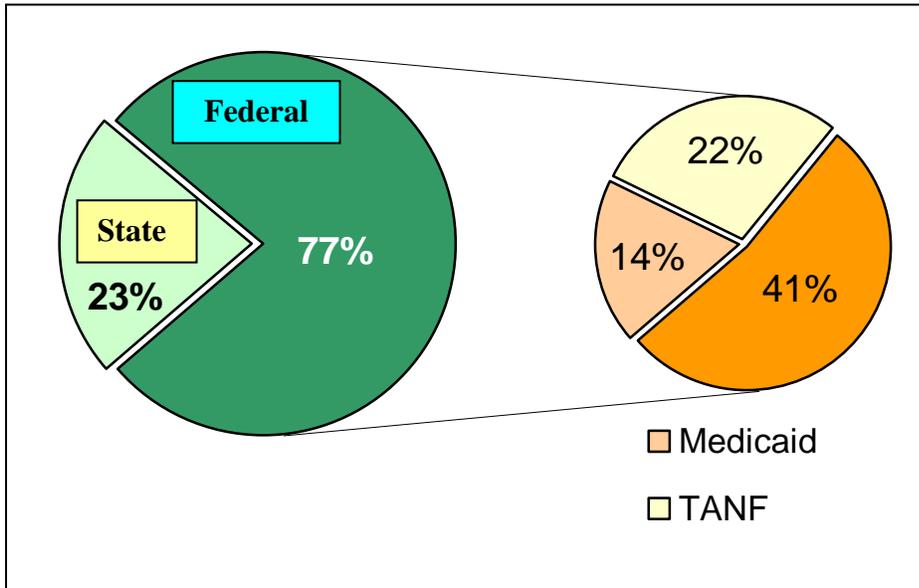
Local and private/non-profit entity funding has been essential for start-up and supplemental funding, but is time-limited with approximately 3 years of funding. In addition, the local funding is small compared to the state and federal funding ranging from one to four percent of the total budget.

The following graph shows the history and growth of the primary funding sources:

Nurse Family Partnership Funding History by Funding Sources



Currently, NFP in Louisiana is 77% federally funded, and 23% of the funding comes from state funds. The state funding includes state general funds and state match for Medicaid.



Federal Funding

The Maternal and Child Health (MCH) Block Grant is the largest, relatively stable federal funding source. However it is a fixed appropriation, and NFP has reached its ceiling of available funding from this source. The Medicaid funding will grow as the program grows, but it covers only 20% of each home visit. Medicaid coverage in the NFP program is for the pregnant woman through 60 days postpartum and no coverage is available for the infant or toddler participants.

The NFP Advisory Council recommends exploring:

- Additional TANF block grant funds
- Other Medicaid coverage for the child
- Title IV-B child abuse prevention funding and Title IV-E funding to prevent the removal of children from their homes and other possible funding sources from the Department of Social Services as done in Pennsylvania.

State Funding

The NFP Advisory Council recommended increasing state funding. In addition to State General Funds, sources recommended to explore include:

- The Office of Juvenile Justice – NFP randomized controlled trials have shown a 59% reduction in juvenile arrests by the age 15 among program participants and 69% fewer arrests of the mother by the time the child reaches age 15.
- Workforce Development – One of the three goals of the NFP Program is to improve economic self-sufficiency by assisting program participants to continue their education and find work. Louisiana NFP has successfully increased the percentage of women over age 18 who are working time their child is two years old by 41%.

- Department of Education-NFP trials have shown statistically significant reduction in language delays at age 21 months, reduction in behavioral and intellectual problems at age six, and improvement in math and reading achievement test scores for first through third grades. NFP Advisory Council recommends exploration of funding by the Department of Education in promoting the goal of early childhood learning.

Local, Private, Non-Profit

SCR 70 calls for “recommendations for community outreach that may lead to innovative partnerships and leveraged resources.” NFP has been successful in expansion and supplementing services in parishes through funding from local government, private foundations, and non-profit organizations as listed above. The Council recommends seeking additional funding from local government, private foundations, and non-profit entities such as United Way and Early Head Start.

(4) Which workforce development strategies could be implemented to provide nurses to deliver the program?

NFP requires dedicated nurses to ensure successful outcomes among children and families. The program requires that nurses have at least a Bachelor’s degree in nursing and recommends that supervisors have a Masters in nursing. The Nurse-Family Partnership in Louisiana currently offers competitive salaries, opportunities for professional development, and emphasizes the benefits of nursing in an evidence-based, theory driven model of nursing care. NFP also works hard to recruit nurses who are a good “fit” with the program model to improve retention.

The Advisory Council recommends NFP salaries remain competitive and that NFP hire nurse recruitment specialists to facilitate hiring the quantity and quality of nurses needed for NFP expansion in Louisiana. The Advisory Council also recommends working with the Board of Regents to establish loan forgiveness for public health nurses, partnerships with Louisiana nursing schools and the Workforce Commission, and state and site-specific recruitment materials.

(5) What are the recommendations for community outreach that may lead to innovative partnerships and leveraged resources?

The Nurse-Family Partnership already has broad-based support among stakeholders statewide including current support from Louisiana Association of Non-Profit Organizations, Baptist Community Ministries, Institute of Mental Hygiene, and the United Way for the Greater New Orleans area. The Invest in Results Coalition, funded by Baptist Community Ministries, was established in 2007 to educate the public and policy-makers on the benefits of the Nurse-Family Partnership and champion the expansion of the program. The Coalition members include many of the representatives from the SCR 70 Advisory Council and additional public, private, and nonprofit entities. The Coalition is currently making progress to support Nurse-Family Partnership expansion in Pointe Coupee Parish and in the Greater New Orleans Area. In the coming year, the Invest in Results will continue its efforts to gain new partners and resources for the expansion from local, state, and national foundations, corporations, and government agencies.

Conclusion

Nationally, the NFP program has served 89,189 women in 25 states and 337 counties/parishes since 1996. Two independent analyses by Washington State Institute for Public Policy and the Rand Corporation found that NFP yields up to a \$5.70 return for every dollar invested, with the bulk of the savings accruing to government from savings in welfare, criminal justice and medical costs. As Louisiana approaches its 10th year of NFP, resources are available to serve only 17% of eligible families. Expanding NFP to reach 5,000 more families or half of those eligible in the state, provides Louisiana a unique opportunity to lift families out of the poverty, crime, poor health, family violence, low educational attainment, and unemployment that plague too many of our citizens.