



Excellence in Early Childhood Education
"Providing Quality Services for Young Children since 1972"

TABLE OF CONTENTS

- I. Introduction to the Nurse Family Partnership program
 - A. Local program information
 - B. Nurse Family Partnership Overview
 - C. Nurse Family Partnership Snapshot
- II. North Carolina Map of NFP programs
- III. Southwestern Child Development Commission Nurse Family Partnership Statistics
- IV. Budgets and Funding Sources
 - A. Funding per nurse
 - B. NFP budget for one year
 - C. Present funding sources



Excellence in Early Childhood Education
"Providing Quality Services for Young Children since 1972"

December 4, 2017

To: Don Adams, Jackson County Manager
Jackson County Board of Commissioners

Dear Mr. Adams

I would like to thank you for allowing the Southwestern Nurse Family Partnership to apply for \$25,000 in funding for the upcoming budget year to continue to support the program's work in Jackson County.

Nurse Family Partnership is an evidence-based nurse home visiting program that serves first-time lower income mothers. It is a national program founded by Dr. David Olds that has proven results. The level of effectiveness of this home visiting program is unsurpassed by any other home visiting program with 82% of the mothers finding employment and a 62% reduction in intellectual disabilities among the children by age 6

The Southwestern program relies on state as well as private funding to continue its work in the four counties it covers. We are currently pursuing funding from the counties we serve in order to continue our work with our clients and their children.

Thank you again for your consideration of our request. Please contact me at any time if you would like more information.

Sincerely yours,

Vicki Lewis, RN
Nursing Supervisor/Administrator
Southwestern Child Development Commission
Nurse Family Partnership



Providing Quality Services for Young Children Since 1972

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION NURSE FAMILY PARTNERSHIP PROGRAM

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families — and the communities they live in — become stronger while saving money for state, local and federal government. The program was founded by Dr. David Olds, after extensive research in different areas of the country, and is based in Denver, Colorado.

The Southwestern NFP program serves Haywood, Jackson, Macon and Swain counties. The program employs four Bachelor prepared nurses, a Nursing Supervisor/Administrator and one part-time administrative assistant. Each nurse can serve a caseload of up to 25 clients and may serve young families in all of the four counties served by the program. The Nurse Home Visitors often travel over 100 miles in a single day to visit their clients. At present, are serving 92 clients with 29 of these young women located in Jackson County.

Eligible clients must be first time mothers before 28 weeks in their pregnancy and must meet current Medicaid or WIC guidelines. Clients may be referred to the NFP program by any source and some choose to refer themselves. The program is voluntary and a client may withdraw at any time.

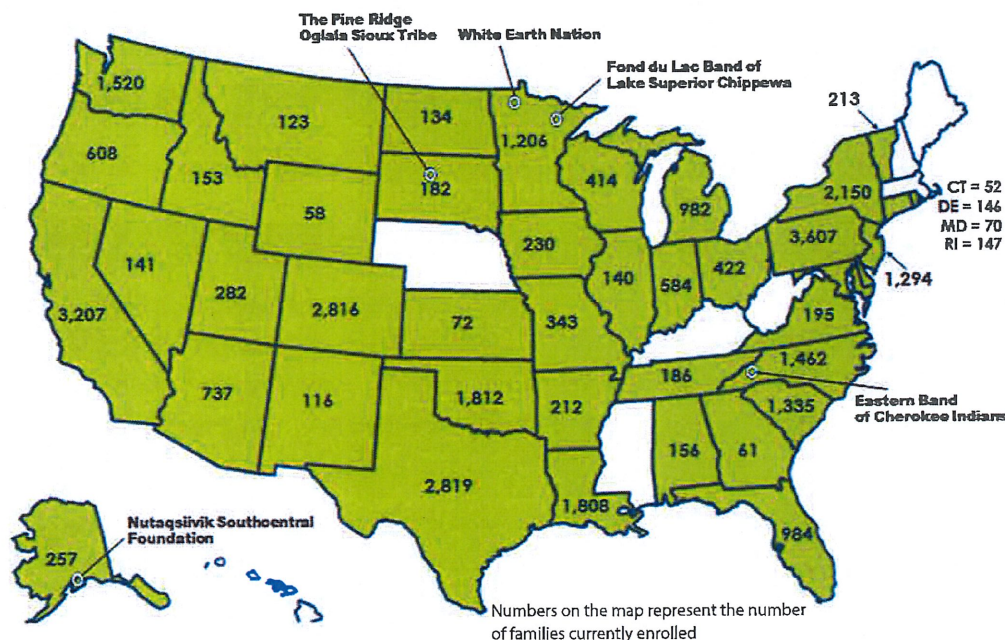
Each client is assigned an RN to follow her throughout her pregnancy, birth of the infant, and until the child is 2 years of age. The nurses visit their clients in the home or in a place of the client's choice. They follow a visit schedule throughout the program that meets the needs of the client. Ideally, the nurse will visit once a week for the first four weeks the client is in the program and then every 2 weeks until delivery. The nurse then visits weekly for the first 6 weeks after the mother and infant return from the hospital then revert back to visiting every 2 weeks. The schedule is adapted often times to accommodate school and work needs. The visiting nurse provides education and support to the mother and to the new family. Teaching on healthcare for the mother and infant, child development, and healthy habits is provided. Program participants are encouraged to continue or further their education as well as to seek employment. The Southwestern program currently has a graduation rate of 82.9% while the state completion average is 57% and the national average is 53%.



NURSE-FAMILY PARTNERSHIP SNAPSHOT

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother NFP serves is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. State and federal government cost savings average \$26,898 per family served or \$2.90 per dollar invested, and total benefits to society equal \$60,428 per family served, or \$6.40 per dollar invested in NFP¹.

Number of families served since replication began in 1996:	269,311
Number of families currently enrolled:	33,467
Number of nurse home visitors:	1,867
Number of counties where the program is serving clients:	586
Number of states where the program is serving clients:	42 + U.S. Virgin Islands



Public-Private Partnerships

Public-private partnerships are vital to the ongoing success and growth of Nurse-Family Partnership. For a list of supporters, please go to: www.nursefamilypartnership.org/supporters.

Funding: Nurse-Family Partnership is funded by a range of private and public funding sources, including Medicaid, Managed Care Organizations, Maternal and Child Health Services Block Grant (Title V), juvenile justice funds, Temporary Assistance for Needy Families (TANF), Child Care Development, Social Services Block Grants, Pay for Success/Social Impact Bonds, and the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV), in addition to state and local general funds.

Implementing Agencies: The Nurse-Family Partnership National Service Office contracts with and provides support to states and agencies that deliver the Nurse-Family Partnership program. These agencies are public and nonprofit entities, including state and county public health departments, community-based organizations, federally qualified health centers, managed care organizations, nursing associations and hospitals and health systems.

¹ Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777, updated on 3/27/17 to reflect new research using a ROI calculator derived by Dr. Miller from published national estimates.



OVERVIEW

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families – and the communities they live in – become stronger while saving money for state, local and federal governments.

The Nurse-Family Partnership model is a unique maternal child health program that is based on rigorous evidence of effectiveness from randomized, controlled trials. Widespread replication of the Nurse-Family Partnership program in diverse communities and populations gives more confidence that investment in this program is money well spent. In fact, independent research shows that when communities adopt the Nurse-Family Partnership model, they are making a smart investment with a solid return on their investment. For example, the RAND Corporation reports that for every dollar a community invests in NFP, they can see up to \$5.70 in return.

DISTINGUISHING PROGRAM FEATURES

Nurse-Family Partnership focuses on first-time mothers because it is during a first pregnancy when the best chance exists to promote and teach positive health and development behaviors between a mother and her baby.

The Nurse-Family Partnership program is delivered by registered nurses who are perceived as trusted and competent professionals, fostering a powerful bond between nurse and mother.

Nurse-Family Partnership has sufficient duration, typically from the mother's

first trimester until her child's second birthday. This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health and welfare of the mother and child.

Measurement of important and well-defined public health outcomes is a cornerstone of the Nurse-Family Partnership. The focus of the program and its ongoing measurement is on outcomes (such as childhood injuries or inter-pregnancy intervals) instead of "softer" factors believed to affect outcomes (such as quality of parental care or use of birth control). This strong focus on evidentiary standards is an important distinction that allows for entrenched

generational challenges to be addressed with confidence.

Quality program replication is possible because of detailed performance measurement at every NFP site using the national NFP data collection and reporting system. In addition, Nurse-Family Partnership combines its unsurpassed level of research through more than 37 years of randomized, controlled trials with ongoing research to ensure the program's continuous improvement and relevance to today's societal issues and ever more diverse populations.



NURSE-FAMILY PARTNERSHIP GOALS

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

"They always say babies don't come with instruction manuals, but if there was one, the Nurse-Family Partnership program would be it."

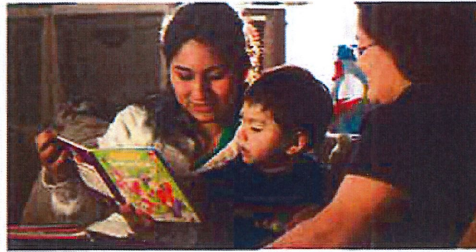
- ANDREA
Mom from Pennsylvania

"My vision of the future would be to graduate from college with many honors and job offerings in the medical profession, going on to become a pediatrician."

- TYESHA
Mom from Michigan

A PROVEN SUCCESS

Nurse-Family Partnership is at the forefront of community health programs because it is evidence-based. Communities can be confident in choosing the program because more than 37



years of research from randomized, controlled trials prove it works — delivering multi-generational outcomes that benefit communities and reduce the costs of long-term social service programs. For example, the following outcomes have been observed among participants in at least one of the trials of the program:

- 48% reduction in child abuse and neglect;
- 56% reduction in emergency room visits for accidents and poisonings;
- 59% reduction in child arrests at age 15;
- 67% reduction in behavioral and intellectual problems at child age six; and
- 35% fewer hypertensive disorders of pregnancy.

THE REASON FOR PROGRAMMATIC RIGOR

Nurse-Family Partnership believes it is important to research what will work and then implement the proven model with fidelity.

And, in fact, Nurse-Family Partnership is a well-defined model with noted rigor in its research and replication. The standards are high for good reason. Simply put, it is hard to improve parents' behaviors and young children's early experiences.

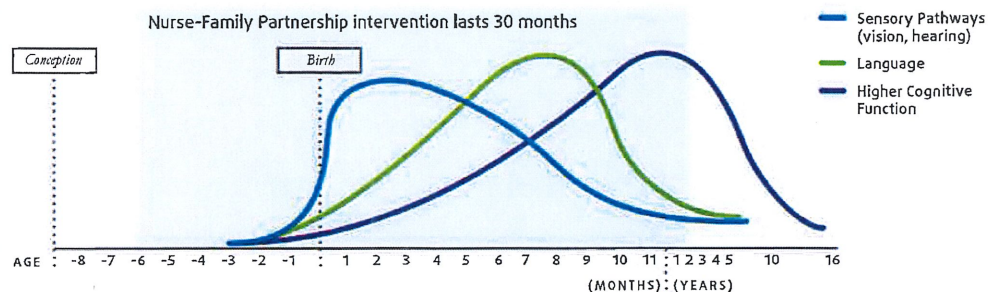


That is why Nurse-Family Partnership has provided clarity on how low-income women bearing their first children benefit most strongly from this early intervention and why the program's goals and implementation methods are clearly defined.

The Nurse-Family Partnership early intervention makes a difference today and for generations. A report from the Center on the Developing Child at Harvard University shows the extent to which very early childhood experiences influence later learning, behavior and health. (See graph below.) The report provides a framework for a variety of informed policy choices, one of which is early and intensive support by skilled nurse home visitors for vulnerable families expecting their first child.

Human Brain Development

Synapse formation dependent on early experiences



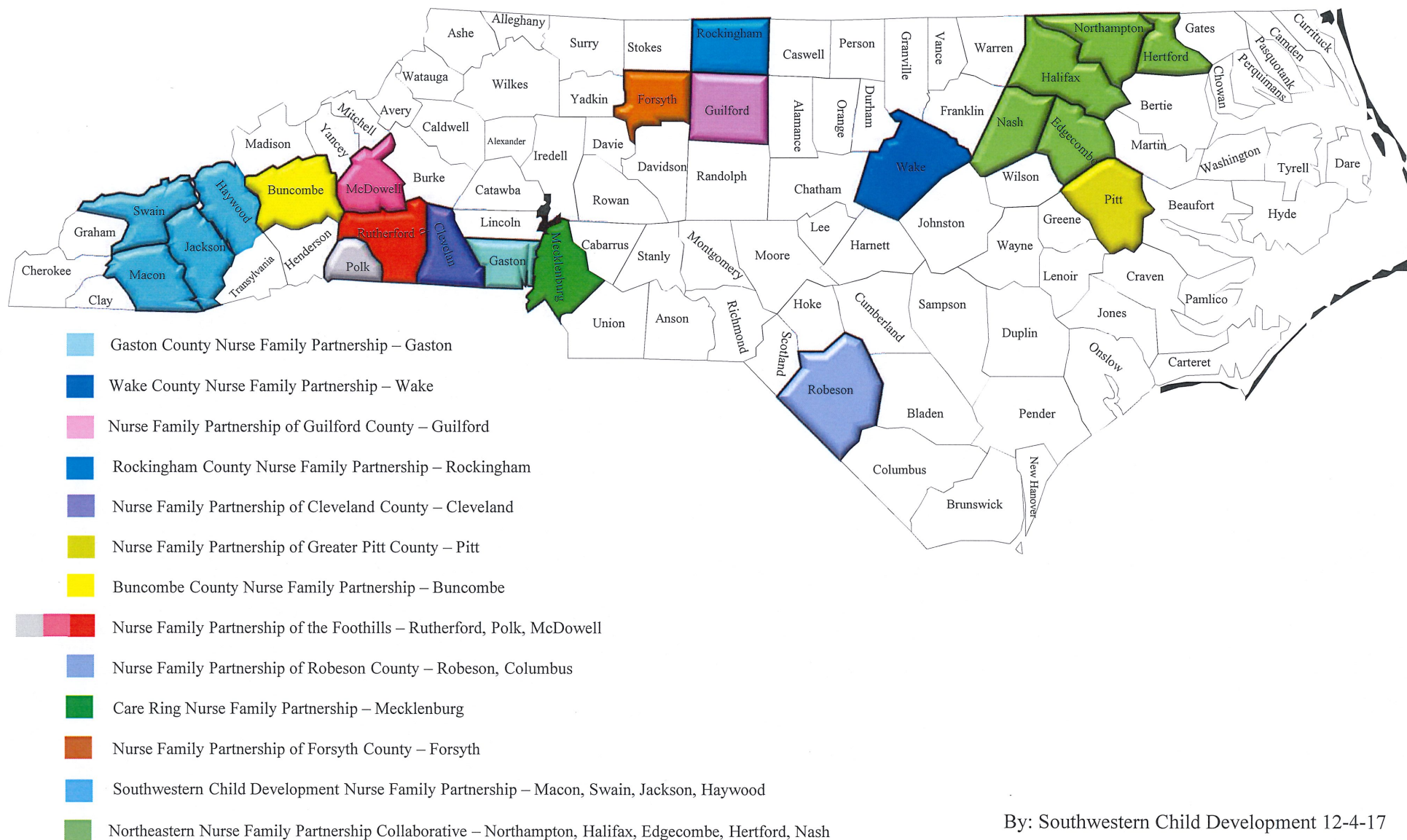
As the chart above shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced registered nurses can have a huge impact on the future of both mother and child.

Source: Nelson, C.A., In *Neurons to Neighborhoods* (2000). Shankoff, J. & Phillips, D. (Eds.)



1900 Grant Street, Suite 400
Denver, Colorado 80203-4304
www.nursefamilypartnership.org
866.864.5226

Nurse Family Partnership Agencies in North Carolina



Nurse Family Partnership

Southwestern Child Development Commission, Inc.

Salary	\$ 52,000.00	\$25.00 per hour at 2,080 hours per year
Fringe	\$ 3,868.41	FICA - 7.65%, after pre-tax health is deducted $((\$52,000.00 - (\$55.10 * 26)) * 7.65\%)$
	\$ 13.86	ESC - 0.060% of \$23,100.00, rate and wage base changes each January
	\$ 312.72	Worker's compensation - \$26.06 per employee, per month
	\$ 31.92	Life insurance - \$2.66 per employee, per month
	\$ 5,990.88	Employee only health insurance - employer share is \$499.24 per employee, per month
	\$ 1,040.00	Retirement - 2% of salary, after two years
Grand Total	<u>\$ 63,257.79</u>	

Addendum

This spreadsheet only shows the cost of the salary and fringe benefits for one nurse for one year.
Travel, the cost of equipment, and the cost of workspace is not included.
Travel can cost as much as \$400 + per month

Nurse Family Partnership Budget

Southwestern Child Development Commission, Inc.

Project Period

Year 1: Janaury 1, 2018 - December 31, 2018

Year 2: Janaury 1, 2019 - December 31, 2019

Year 3: Janaury 1, 2020 - December 31, 2020

	Year 1 (2018)	Status	Year 2 (2019)	Status	Year 3 (2020)	Status
The Community Foundation of Western North Carolina	\$ 50,000.00	Pending	\$ 50,000.00	Pending	\$ 50,000.00	Pending
The Evergreen Foundation	\$ 100,000.00	*Apply	\$ 100,000.00	*Apply	\$ 100,000.00	*Apply
Kate B. Reynolds	\$ 75,000.00	*Apply	\$ 75,000.00	*Apply	\$ 75,000.00	*Apply
The Helen Powers Fund	\$ 20,000.00	*Apply	\$ 15,000.00	*Apply	\$ 15,000.00	*Apply
The Great Smokies Health Foundation	\$ 5,000.00	*Apply	\$ 5,000.00	*Apply	\$ 5,000.00	*Apply
The Haywood Healthcare Foundation	\$ 5,000.00	*Apply	\$ 5,000.00	*Apply	\$ 5,000.00	*Apply
North Carolina Department of Health and Human Services	\$ 321,526.00	Committed	\$ 201,526.00	Committed	\$ 201,526.00	Committed
	<u>\$ 576,526.00</u>		<u>\$ 451,526.00</u>		<u>\$ 451,526.00</u>	

*Apply - SWCDC will be applying for these amounts as the funding cycle approaches for the specific grant. At this time, applications are not being accepted for these funds as we are in a current grant cycle.