



King County

Department of Community and Human Services

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FINAL PROGRAM DESIGN

Veterans and Human Services Levy: 4.1

Strengthening Families at Risk – Expansion of Nurse Family Partnership

1. Goal (Overarching Investment Strategy)

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of strengthening families at risk by expanding the Nurse Family Partnership (page 24 of the SIP).

2. Objective (Specific Investment Strategy)

The Service Improvement Plan recognized the importance of promoting healthy child development in order to reduce the risk of future criminal behavior or dependency problems. One of the proven programs in this area is called Nurse Family Partnership (NFP), in which nurses provide home visits for low-income, first time young mothers who are at increased risk for poor birth outcomes and who face increased educational and economic challenges as parents. Studies of NFP have “shown a remarkable number of positive outcomes, including a reduced number of subsequent pregnancies, reduced use of welfare, lower rates of child abuse and neglect, and fewer arrests for criminal behavior among the offspring.”¹ This Program Design proposes to use Levy funds to expand the existing and sole NFP program already operating in King County through Public Health-Seattle & King County.

3. Population Focus

Young, low-income first time mothers in King County are the population targeted by Nurse Family Partnership. Women under 23 years of age on Medicaid and having their first babies meet the eligibility requirements; priority is given to those under 20 because research has shown they are likely to get the most benefit from the program. Birth data show that the largest area of unmet need for this population is in south King County, but young women meeting the eligibility criteria will be offered the program regardless of where in the county they live.

¹ Leckman et al., Nurturing Resilient Children, Journal of Child Psychology and Psychiatry 48:3/4 (2007) pp 221-223.

4. Need and Population to be Served

Need for Program Services: Adolescent pregnancy and births present multiple social and health risks to both infant and mother. Infants born to mothers under age 18 have increased risk of death and low birth weight. Both the mother and the child tend to have fewer educational, economic, and social opportunities. The younger the mother, the more likely such problems will occur (Communities Count, Social and Health Indicators Across King County, 2005).

Detailed analysis of adolescent pregnancies in King County, presented in Public Health's most recent Data Watch on Adolescent Pregnancy (June 2003) concludes the following: "An analysis of birth outcomes to women in King County over five years showed that teen mothers were significantly more likely to get late or no prenatal care, to smoke and to be anemic during their pregnancy. Girls 15-17 year of age who gave birth were significantly more likely compared to other mothers to have a low, very low birth weight or premature infant." Prematurity and low birth weight are ranked as the second leading cause of all infant deaths in a 2002 National Vital Statistics report, and surviving children begin life with an elevated risk of subsequent health and developmental problems.

The Public Health Data Watch on Adolescent Pregnancy goes on to state: "Most teen mothers and fathers are not prepared for their emotional and financial responsibilities, and the challenges of parenthood. As a result their children often receive inadequate parenting. Given the importance of careful nurturing and stimulation in the first three years of life, the burden borne by babies with parents who are too young to be in this role is especially great. Children born to teen mothers are more likely to have insufficient health care, and are more likely to fall victim to abuse and neglect. Children of teenagers often suffer from poor school performance, and are more likely to leave high school without graduating and are more likely to be poor, thus perpetuating a cycle of unrealized potential."

Population to be served: The Nurse Family Partnership serves low-income, first time young mothers living in King County. Young pregnant women are referred in early to mid-pregnancy and are served with intensive public health nurse home visit services until their child reaches two years of age. NFP services began in King County in 1999 funded in part by the University of Washington Health Plan/Premera Blue Cross. Funding to support 25 clients was also provided from 2002-2004 through a federally funded Safe Schools/Healthy Students Grant administered by Seattle Public Schools. In 2001 capacity was added by the Children and Family Commission targeted to Renton, Kent and Auburn. In 2002 the City of Seattle added capacity to serve their residents.

Each nurse carries a caseload of 25 clients. Approximately 60 percent of clients referred to the program agree to participate, so a larger number of clients are seen initially, but the numbers below represent those agreeing to participate in the program. Unless they permanently move out of King County, services continue until the child's second birthday. New clients are added as clients graduate or permanently move out of county, so the total number of clients served in each calendar year will be higher than the total being served at any one time. The numbers below are those being served at any one time in order to show program capacity.

The table below shows where current NFP capacity exists in King County. The Veterans and Human Services Levy funding will expand capacity to serve an additional 100 clients.

Geographic Area Served	Capacity	Funder	Date services began
Renton, Auburn and Kent	100	King County Children and Family Commission	2001
Seattle	169	City of Seattle	2002
Kent	6	City of Kent	2005
King County	100	Veteran’s and Human Services Levy	2007 (proposed)
Total	375		

5. Funds Available

Human Services Levy: \$400,000/year
 Veterans Levy: N/A

6. Program Description

The Nurse Family Partnership (NFP) is a program designed by and based on the research of Dr. David Olds. The Nurse Family Partnership is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children.

Research has shown the Nurse Family Partnership to be most effective and have the strongest outcomes with younger, low-income first time mothers. Therefore, services will target efforts to recruit and retain young women age 19 or younger and at or below 185 percent of the federal poverty level (the cutoff for eligibility for Washington State First Steps/Maternity Support Services Program and a surrogate marker for low-income). Interested and eligible young women over the age of 19 will be considered for services. However, if referrals exceed available slots, younger, lower income clients will receive priority for services.

Clients will be enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation. This adheres to NFP protocol, and allows adequate time for the public health nurse and the client to establish a relationship before the birth of the baby. Once enrolled, clients will receive a home visit on average every two weeks from the time of enrollment until the first child’s second birthday. Clients receive weekly visits for the first four weeks of the program, and for the first six weeks following the birth of the baby. For the remainder of the program they are visited every other week until the last two months of the program, when visits taper to every month to begin the transition to program graduation.

Nurse Family Partnership protocol will be followed with allowance for individualization based on client needs. Program guidelines define visit by visit content as well as program materials and client handouts. A parenting curriculum, entitled “Partners in Parenting Education” (PIPE), is introduced during pregnancy and continues throughout the program. NFP services are organized into five domains of personal health, environmental health, life-

course development, maternal role and friends & family. Visit content by domain is determined by phase (pregnancy, infancy, and toddler) and by the client's goals and needs. Program principles identify the client as the expert on her own life, and support the nurse home visitor to "follow the client's hearts desire." In this way, client-centered services are provided in the context of overall NFP program structure and protocols.

7. Coordination/Partnerships and Alignment Within and Across Systems

The Nurse Family Partnership program in King County collaborates with a number of other community agencies, organizations and coalitions to help ensure that the first time parents served in the program are connected to as many community resources as possible while avoiding duplication of services. Nurse Family Partnership services are coordinated with First Steps Services that most NFP clients also receive. First Steps provides low income pregnant women in Washington State with support and health education during pregnancy and after their baby is born through nursing, nutrition and social work services. First Steps services are provided by multiple agencies in King County and clients receive services from the provider of their choice.

Nurse Family Partnership coordinates with many community providers to share information on program eligibility and to receive referrals of interested clients. These providers include other Public Health WIC and First Steps providers, community clinics and other providers of prenatal care and birthing services including Harborview Medical Center, Swedish Medical Center, Valley Medical Center and the University of Washington Medical Center. NFP staff also work closely with the Open Arms Agency to access doula (birth coaching) services for clients who are interested.

NFP staff and program managers work closely with other programs in King County who serve pregnant and parenting adolescents to align services and avoid duplication. These programs include Eastside Healthy Start, Children's Home Society's Next Generation Program and Amara Parenting and Adoption Services Teen Age Pregnancy and Parenting Program.

NFP services are coordinated with mental health, substance abuse, housing, work training and education, childcare and many other community services. The NFP program has received additional funding since 2001 to integrate mental health and employment and work training services into the core structure of the Southeast King County NFP program. Close relationships have been formed with Renton Area Youth Services, Kent Youth and Family Services and Children's Home Society in Auburn to encourage integration of mental health support with NFP services. These agencies have provided home visits to NFP clients as well as enrolled NFP clients in their office- based services.

Close working relationships have been established with school nurses and school-based and school-linked teen health centers for referral and coordination of services. NFP nurses work closely with school health and counseling staff to support the education goals of NFP clients, including support to continue schooling in the prenatal and early postpartum period, at times through home-based school services. The NFP team serving clients living in the City of Seattle works closely with SW Youth and Family Services, El Centro De La Raza and the

Family Support Programs located in Seattle Community Centers to access education and other supportive services for their clients.

Employment services for NFP clients. NFP in Southeast King County has been funded through the King County Children and Family Commission to work closely with King County Work Training to provide support and consultation to NFP clients and providers regarding education and work opportunities for our clients. This has been a very successful collaboration and is anticipated to be continued and expanded through the Veterans and Human Services Levy. The program provides the services described below.

- Provides direct economic development to parents, including administering various tools that measure adults' basic math, reading, listening, writing, and speaking abilities, as well as career assessment and interest surveys.
- Acts as DSHS/WorkFirst Liaison for Economic Development. Many NFP families need to meet the requirements of the WorkFirst program because they receive Temporary Assistance to Needy Families (TANF), and the employment services through King County Work Training help the families with this process.
- Coordinates placements into Work Experience or Community Jobs positions
- Develops and maintains employer relations and community networking.
- Coordinates and consults with staff of the home visiting program.
- Maintains participant files.

8. Timeline

Activity: Year One	Q3 2007	Q4 2007	Q1 2008	Q2 2008
Final Review of Procurement plan by Regional Human Services Levy Oversight Board (RHSLOB)	X			
Recruit and hire Public Health Nurses (staff will join existing NFP teams based at PHSKC)		X		
Staff trained by NFP National Service Office in Denver		X		
Begin enrolling clients (caseloads will build over time as demand for services builds in response to expanded capacity. NFP staff will enroll on average 3-4 new clients per month each, to balance visit demands at enrollment and during the postpartum period when clients receive weekly visits)		X		
Continue to enroll clients to full caseload capacity			X	X

9. Provider Selection / Contracting Process

The Nurse Family Partnership is a replication of program services based on research conducted by Dr. David Olds. Agencies wishing to deliver NFP services complete an application process with the NFP National Service Office in Denver, Colorado, and receive site visits and technical assistance from NFP “site developers” as part of the application process. Public Health – Seattle & King County completed this application process; and was approved to become an NFP provider in 1999. Public Health – Seattle & King County is the

sole agency in King County who is an approved NFP provider, and already has the infrastructure in place to manage the program. This Program Design calls for building on and expanding this existing program, as recommended in the SIP.

10. Geographic Coverage

Teen birth rates in King County have declined from a high of 23.9 per 1000 in 1992 to 10.1 per 1000 in 2003; however King County still has a large number of young mothers giving birth. The teen birth rates in South King County and Seattle remain higher than in East and North King County (Communities Count, Social and Health Indicators Across King County, 2005).

2004 Birth Certificate Data shows that the highest numbers of first time births to low-income, young women in King County are clustered in South King County. Listed below are the areas of King County with the highest numbers of births to young, first time mothers.

First time births paid by Medicaid in King County, 2004

Health Planning Area	Number of first births to mothers 19 years of age or younger
Burien & Des Moines/Normandy Park, Tukwila/SeaTac & White Center/Blvd Park	133
Kent & Covington/Maple Valley	110
Auburn & SE King County	83
Renton & Cascade/Fairwood	65
Federal Way	45
Ballard, Fremont/Green Lake, Shoreline, North Seattle, NE Seattle & NW Seattle	37
Beacon Hill, Georgetown, South Park & SE Seattle	36
Bellevue & Issaquah/Sammamish	27
Downtown/First Hill, West Seattle & Delridge	25
Bothell/Northshore & Kirkland	14
Total	575

Data Source: Washington State Department of Health, Birth Certificate Data

Currently in King County, Nurse Family Partnership enrolls young, first time pregnant, low-income women who live in Seattle, Renton, Auburn or Kent at the time of enrollment. This geographic eligibility is dictated by program funders. The expansion of capacity with Veterans' and Human Services Levy funding will expand eligibility for NFP services county-wide. Due to the higher percentage of teen births in South King County, it is anticipated that with expanded capacity there will be a larger demand for services from the South King County communities. However, VHS levy dollars will allow eligible women to be enrolled in NFP regardless of where in the county they live.

Services will also be expanded within the City of Seattle. Currently, the City of Seattle currently funds enough capacity to serve over 90 percent of eligible and interested low-

income first time mothers under the age of 19 living in the City of Seattle. As with all areas of the county, priority will be given to women 19 and under, but it is anticipated that the funding provided by the City of Seattle will enhance access to the program allowing some women over 19 to be served.

NFP staff and program managers will be providing program information and doing outreach throughout the county as capacity expands to allow new referrals. East and North King County is already served by Healthy Start, which targets the same population with intensive services, so recruitment in those areas will only occur when Healthy Start is not able to accept new clients. Coordination among agencies servicing pregnant women and teens within the county is an on-going need that has been inadequately addressed. The community advisory group described below will be one mechanism to improve understanding of each of the different programs in the community and coordination between them. As staff and program managers do outreach about this expanded capacity, renewed efforts will be made to define roles and referral relationships.

Other areas implementing Nurse Family Partnership have benefited from a community advisory board to assist with developing and maintaining support within the community, coordinating with other services and guiding expansion. PHSKC hopes to be able to implement a community advisory group in 4th quarter 2007 that will include local government representatives from suburban cities, Seattle and the county, representatives from social service and health agencies serving teens, community members and client/consumer members. Some interested people from areas currently served have been identified; as outreach is initiated for the VHS expansion, additional people will be invited to participate.

11. Funding/Resource Leverage

Nurse Family Partnership targets low-income, first time young mothers. First Steps, a program funded by Medicaid, provides low income pregnant women in Washington State who are under 185 percent of poverty with support and health education during pregnancy and after their baby is born. After the First Steps period of service, when the baby is over 1 year of age, the cost of providing linkage to Medicaid-covered services can be partially reimbursed through Medicaid Administrative Match. These two Medicaid fund sources support approximately 46 percent of the Nurse Family Partnership cost over the entire time a client is enrolled, First Steps during pregnancy and the first year of life and Match in the second.

Funding from the Veterans' and Human Services in the amount of \$400,000 per year will provide the remaining 54 percent of program funding.

Nurse Family Partnership Program Costs

REVENUE

Medicaid and patient generated funding	\$341,343
Veterans' and Human Services Levy funding	<u>\$400,000</u>
Total Revenue	\$741,343

EXPENSES

(Estimated 2007 costs, annualized)

Salaries and Benefits	\$483,763
Public Health Nurses 4.0 FTE	
Supervisor 0.5 FTE	
Clerical 0.35 FTE	
Supplies/Operating Expenses	\$18,763
Phone/pager	\$5,260
Car/gas	\$15,915
Site costs (lease, utilities, billing, payroll, site management)	\$116,411
Indirect (19.33% FNIR)	\$101,231
Total	\$741,343

Program replication guidelines include a staff-supervisor ratio of 1 supervisor to 8 FTE nurses to provide team leadership and required reflective supervision. Clerical support is required to maintain program materials and data entry for submission to the national NFP office in Denver. Training by NFP National Service Office staff in Denver is required for all nursing and supervisory staff working in a Nurse Family Partnership Program. Site costs include lease, utilities other than phone, billing, payroll and site management. Indirect costs are budgeted at the federally negotiated rate for the Community Health Services division, which is 19.33 percent.

First Year (2007) Budget:

Veterans and Human Services Levy Support

2007 Program Costs

September - December 2007 \$400,000/3 = \$135,000

Start Up Costs

Training (required for program replication) \$25,541
Equipment and other start-up \$21,714

Total 2007 Projected Costs \$182,255

The remaining \$217,745 in 2007 funds will be distributed across the 2008 – 2011, providing an additional \$54,436 per year to partially cover increases in personnel costs, supplies and any gap in billable service reimbursement as a result of static reimbursement in the face of growing expenses.

12. Evidence-based or Best Practice Information

Nurse Family Partnership is the local implementation of a program designed by Dr. David Olds to serve first time pregnant, low-income, high-risk young women. It is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. In early randomized control trials and in two subsequent randomized control studies, NFP mothers were more likely to have positive birth outcomes and engage in school or work and were less likely to abuse or neglect their children, have subsequent unintended pregnancies or misuse alcohol or drugs. NFP mothers were more likely to transition off government subsidy and successfully maintain employment. Children born to mothers who completed NFP services are less likely to display behavioral problems and are better prepared for school. Adolescents at age 15 whose mothers completed NFP services when they were infants show a 48 percent reduction in child abuse and neglect and have a 59 percent reduction in arrests, compared to control group adolescents whose mothers did not receive NFP services.

Cost benefit studies on the Nurse Family Partnership have estimated that this program saves from \$17,000 - \$27,000 for every family served. Program costs are recovered by the time the first child reaches 4 years of age. In a 2004 study on the “Benefits and Costs of Prevention and Early Intervention Programs for Youth,” the Washington State Institute for Public Policy (WSIPP) reported that the cost benefit of providing services to one family in the Nurse Family Partnership was \$17,180. The sources of cost savings include: crime reduction, improved educational outcomes and prevention of substance abuse, child abuse and neglect, teen pregnancy and public assistance. In a more recent 2006 study by WSIPP looking at evidence-based options to reduce future criminal justice costs and crime rates, the authors found the cost benefit of NFP services per family to be \$27,105, based on crime reduction for both mothers and children who participated in the program.

13. Disproportionality Reduction Strategy

Data analyzed by Public Health – Seattle & King County and presented in *Public Health Data Watch* publications show significant racial disparities in infant mortality and in pregnancy rates among adolescents. The October 2004 Data Watch on Racial Disparities in Infant Mortality: An Update, reviews data from 2000-2002, showing that “African American infants are more than twice as likely as white infants to die in the first year of life,” and that “American Indians/Alaska Natives had an infant mortality rate over four times the rate for whites.” The June 2003 Data Watch on Adolescent Pregnancy; shows that “birth rates have generally been higher among African American, American Indian/Alaska Native and Latina/Hispanic girls 15-17 relative to white and Asian teens.” Given the higher rates of adolescent pregnancy and infant mortality in these populations, Nurse Family Partnership has been tracking data on race and ethnicity of current NFP clients in King County. The following table shows data on clients served by NFP, relative to race/ ethnicity of the overall King County Population and births to women under 20 years of age.

Race/Ethnicity	NFP clients served in 2006	King County 2004 Births to Women < 20 yrs of age*
Hispanic	37%	30%
Black or African American	20%	18%
Caucasian	14%	67%
Multiethnic	7%	na
Asian/Pacific Islander	5%	10%
Native American	1%	3%
Unknown	16%	n/a

* Percentages are greater than 100 percent because Hispanic ethnicity numbers are duplicated in the racial categories.

As shown by the table above, Nurse Family Partnership has been successful in engaging and serving a higher percentage of clients shown to be at risk of disproportionate rates of infant mortality and adolescent pregnancy compared to the King County population as a whole. Given that NFP services have been shown to improve birth outcomes and to reduce rates of subsequent unintended pregnancy in the young, low-income first time mothers served by the program, NFP is contributing to reduction of disparities in poor birth outcomes in the target population of low income young first time mothers in King County.

Ultimately, NFP is an important vehicle for addressing disproportionality in the criminal justice and welfare systems. Because the program's long term outcomes document fewer arrests for criminal behavior among the children served in NFP, it is the type of prevention program that has a direct ability to prevent people of color from entering the criminal justice system.

14. Dismantling Systemic / Structural Racism

PHSKC has been working internally, with its contractors, and in community presentations to increase awareness of racism as a core determinant of health. This effort has benefited from Undoing Institutional Racism training; participants have included both PH staff and outreach contractors. PH staff have also participated in the work of CityMatCH and NACCHO, national public health organizations, to look at how public health agencies can undo racism in their organizations and communities. Using infant mortality as an example, PHSKC staff in conjunction with infant mortality prevention outreach workers have made the link between racism and chronically elevated stress hormones, which then impact birth outcomes through multiple biologic pathways. Through dialogue groups in the African American and Native American communities, this understanding is helping shape community 'buffers' to the impacts of racism.

Nurse Family Partnership directly impacts levels of chronic stress in several ways. The focus of the work done by the client and nurse is chosen by the client as her highest priority and progress toward achieving her goal is regularly monitored and celebrated. Support such as this serves as a buffer, making stressors easier to bear, and success in reaching goals increases feelings of control, which reduces stress. Participants in Nurse Family Partnership have improved birth outcomes, which reduces stress by increasing feelings of competence

and decreasing the frustration of dealing with an infant born prematurely or at low birth weight. In addition, many of the client goals are around concrete stressors such as unsafe or inadequate housing, clothing and household needs, or access to adequate food, so meeting those goals reduces the burden of stressors.

Public Health is also beginning a Place Matters initiative to develop community dialogues around racism and other social determinants of health, assess county policies and programs for their impact on health equity, and involve community members in making recommendations to the county and its departments based on the impact on health equity. We hope this initiative will reduce institutional racism both through concrete policy change and by giving communities more power in policy decisions.

15. Cultural Competency

The Nurse Family Partnership program follows two important program principles which are critical in addressing cultural competency in the populations served. The two principles are:

- “The client is the expert on her own life” and
- “Follow the clients hearts desire”

These two principles guide the Public Health Nurses who provide Nurse Family Partnership services to define and support, first and foremost, clients’ desires and goals. In this way, the providers set aside pre-conceived notions of how and what goals should be set and/or accomplished and instead meet the young mothers “where they are” in their hopes and dreams for themselves and their infants. By respecting the client as the expert on her own life, and by following the client’s hearts desire, NFP staff support each client as she makes choices and defines her goals in the context of her unique culture and environment. Depending on their family, culture and current circumstances, each young mother will make choices about their pregnancy, childbirth, parenting, relationships and education and life course based on her values and beliefs. By honoring the expertise of that young mother to know what her hopes, desires and needs are, the nurse is in a position to support her to achieve these hopes and desires and to help her become the kind of parent that she hopes to be.

As shown by the service data included in section 13 (disproportionality) above, NFP staff in King County have been successful at engaging and serving young mothers representing many diverse races, ethnicities and cultures. Currently NFP services are available to English and Spanish speaking clients. NFP Program guidelines stress the importance of the NFP nurse being able to deliver services in a language the client can understand. Use of an interpreter to deliver services is discouraged due to the tendency of interpreter use to dilute and/or triangulate the relationship developed between the nurse and the young, first time mother. To date, the NFP program in King County has served African American, Hispanic, Ethiopian, Somali, Vietnamese, and Filipino clients. Young Ethiopian, Somali and Vietnamese and Filipino clients served have generally been born in the U.S. or immigrated at an early enough age so as to become conversant or fluent in English. Currently the King County NFP program has 3 public health nurses who are bilingual in Spanish and can deliver services to clients who are monolingual in Spanish. The NFP program will continue to

support cultural competency in all areas of service and strive to gain increased knowledge in serving the diverse communities who enroll in program services.

16. Improvement in Access to Services

To date in King County, NFP services have been available to clients living in Seattle, Renton, Auburn and Kent at time of enrollment. Services are available to any young, low-income first time mother who is referred prior to her 28th week of pregnancy. Outreach efforts to date have targeted young mothers under the age of 19, as the NFP research showed services to be most effective and have the strongest outcomes with younger, low-income first time mothers. Otherwise eligible women between 19 and 23 will be considered for enrollment based on capacity. In the communities where NFP services are currently offered, program staff has done outreach to a variety of agencies and programs serving young women, including but not limited to health department and community clinics, providers of the Women, Infant and Children (WIC) program, family planning and reproductive health clinics, school based and school linked clinics, school nurses and agencies, clinics and private providers who see prenatal clients.

Outreach efforts with the proposed expansion supported by Veterans' and Human Services Levy funds will focus on all of the above providers to let them know of program expansion. Special efforts will include outreach to those communities not currently served by NFP including North, East and Southwest King County. Program staff will engage providers of current programs serving teen parents, specifically Healthy Start in East and North King County and the Highline School District's Teen Parent Program serving teen parents in SW King County, to assure that recruitment efforts do not conflict.

As discussed above, planning is also underway to develop a King County Nurse Family Partnership Advisory Committee. Goals for this Committee include oversight of program delivery, program expansion and program sustainability. One of the first items for this newly formed body will be to advise program staff on expansion and outreach efforts as NFP services expand county-wide. Additionally, this group would be charged with identifying and developing a service model for clients otherwise eligible for NFP who speak only a language other than English or Spanish. The demand for services in this population is currently unknown and needs to be determined, followed by the development of a plan for serving this population with NFP or other evidence-based services.

17. Disproportionality Reduction Strategy

Nurse Family Partnership is the local implementation of a program designed by Dr. David Olds to serve first time pregnant, low-income, high-risk young women. The Nurse- Family Partnership is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. In early randomized control trials, and in two subsequent randomized control studies; NFP mothers were more likely to have positive birth outcomes and engage in school or work; and were less likely to abuse or neglect their children, have subsequent unintended pregnancies or misuse alcohol or drugs. NFP mothers were more likely to transition off government subsidy and successfully maintain employment. Children born to mothers who completed NFP services are less likely to display behavioral problems and are better prepared for school. Adolescents whose

mothers completed NFP services; at age 15, show a 48 percent reduction in child abuse and neglect and have a 59 percent reduction in arrests, compared to control group adolescents whose mothers did not receive NFP services.

Common goals and outcomes are currently measured for all Best Beginnings program services in King County. These include:

Goal 1:

- To insure health care coverage and access for first time low-income mothers and their children.

Outcome 1A:

- 100 percent of children and pregnant women will have access to healthcare, including prenatal and well child care, and be linked with a medical provider.

Goal 2:

- To support positive birth outcomes for first time, low-income young women in King County.

Outcome 2A:

- 85 percent of births to young women participating in Nurse Family Partnership will be term deliveries (> 37 weeks gestation) and greater than 2500 grams (5.5 lbs)

Goal 3:

- To reduce child abuse and neglect among first time, low-income young mothers in King County.

Outcome 3A:

- 95 percent of families participating in Nurse Family Partnership will not be involved in incidences of reportable child abuse and neglect in the home.

Outcome 3B:

- 100 percent of the parents participating in the program identified with parental stress will have interventions offered.

Goal 4:

- To support long term improved family economic stability for first time low-income young mothers in King County.

Outcome 4A:

- 85 percent of parents graduating from the program will delay the birth of their second child for a minimum of two years after the birth of their first child.

Note: Goals 2 and 4 address the current disproportionality in infant mortality and adolescent pregnancy rates discussed earlier in item 15.

18. Process and Outcome Evaluation

Nurse Family Partnership is a replication based on the original research studies conducted by Dr. Davis Olds, and is not a primary research project. To ensure the likelihood that the program's adherence to the NFP protocol will achieve the same outcomes as the original research, the program will collect and provide service data using standardized tools to the NFP research team at the Center for the Study and Prevention of Violence at the University of Colorado for compilation and analysis. Data is sent weekly to the University of Colorado

on all services provided, and is compiled and reported back to PHSKC on a quarterly basis. This data tracks program enrollment, client demographics and outcomes, and the fidelity of PHSKC to program implementation based on NFP National Service Office guidelines. Program implementation in King County is assessed on each quarterly report and program managers and staff align practice as needed to maintain program fidelity. The King County teams implementing NFP have been successful to date in implementing NFP with fidelity. Short term outcomes for those clients who have already completed the program align with outcomes achieved in the original research and would indicate that long term outcomes would be similarly aligned.

The quarterly and annual reports will contribute to the data reported to the Veterans and Human Services Levy staff and board and will be used by the program for quality monitoring and improvement purposes. Nurse Family Partnership criteria for enrollment, frequency and duration of visits and program and visit content is adhered to in order to ensure the highest chances of replicating the short and long term outcomes achieved in the NFP research studies.