



King County

Community Services Division

Department of
Community and Human Services

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IMPLEMENTATION PLAN

2012 – 2017 Veterans and Human Services Levy

Activity 4.1.A Nurse Family Partnership

1. Goal

Increase self-sufficiency of veterans and vulnerable populations

2. Strategy

Strategy Four of the Veterans and Human Services Levy Service Improvement Plan (SIP) is “Strengthening Families”.

3. Activity

The 4.1.A Nurse Family Partnership (NFP) described below is one of two activities funded under Strategy 4.1 “Home visiting”.

4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

a) Service Needs

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). Young first time mothers and their children benefit from nurse home visiting to support healthy pregnancy outcomes, positive infant and child development and education and economic self-sufficiency for young families.

b) Populations to be Served

Young, low-income first time mothers in King County are the population targeted by NFP. Women age 23 or younger on Medicaid and having their first babies meet the eligibility requirements; priority is given to those 19 years and under 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.

c) Promotion of Equity and Social Justice

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency. The King County Equity Impact Review Tool available online at: <http://www.kingcounty.gov/exec/equity/toolsandresources.aspx> provides a list of the determinants of equity that may be affected by your activity. Evaluate your activity's impact by responding to the following questions:

i) Will your activity have an impact on equity?

NFP 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 and unintended repeat pregnancies in the target population of low income young first time mothers in King County.

ii) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

NFP will have an impact on communities experiencing disproportionately high rates of infant mortality including but not limited to African American and Native American first time young low income mothers. Additionally, 43 percent of current NFP clients identify as Hispanic many of whom have limited English proficiency.

iii) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?

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

5. Activity Description

The NFP is a program designed by and based on the research of Dr. David Olds. NFP is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. NFP is delivered in King County by Public Health Nurses employed at Public Health Seattle-King County (PHSKC). PHSKC is the only agency currently contracted to provide NFP services in King County.

Research has shown the NFP 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 23 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 age 19 and under will be prioritized 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.

NFP 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.

6. Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.

	2012	2013	2014	2015	2016	2017
Veterans Levy						
Human Services Levy	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000
Total	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000

A total of \$ 470,000 is available in 2012 to implement this activity. Additional funds will be available annually through 2017 based on the activity’s performance.

7. Evidence-based or Promising Practices

NFP 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; showing a 67 percent reduction in behavioral and intellectual problems at child age 6.

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 NFP 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 NFP 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.

8. Service Partnerships

The NFP 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. NFP 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.

NFP 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 including the Eastside Healthy Start Program, Early Head Start Programs and school based GRADS classrooms that serve pregnant and parenting teens in school.

NFP services are coordinated with mental health, substance abuse, housing, work training and education, childcare and many other community 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.

9. Performance Measures

The following performance measures were identified by the Levy's Evaluation Team.

Service Outputs/ Measures	2012 Target(s)	Data Source	Service Outputs/ Measures	2012 Target(s)
Number of persons enrolled	133	Report Card – Services	Number of persons enrolled	133
Number of persons achieving a successful birth outcomes	85%	Report Card - Outcomes	Number of persons achieving a successful birth outcomes	85%