



## 2021 NATIONAL PUBLIC POLICY PRIORITIES

With the unwavering commitment to serve more families and children, two of the leading evidence-based home visiting models—Nurse-Family Partnership and Child First—have joined under one National Service Office (NSO). This unified entity will have greater reach and offer a more holistic continuum of care for families and children experiencing the effects of poverty and adversity. This shared multi-generational focus on health, mental health, educational success and family self-sufficiency has demonstrated a clear and measurable return on investment by effectively using community resources and maximizing the impact of public and private funds.

### PROGRAMMATIC OVERVIEW

**Nurse-Family Partnership® (NFP)** is an evidence-based, community health program that helps transform the lives of babies born to first-time parents facing a range of challenges to breaking the cycle of intergenerational poverty. Families enrolled in NFP face significant challenges to leading healthy lives and overcoming adversity. NFP addresses these challenges by partnering expectant parents with a registered nurse at a pivotal moment — beginning early in pregnancy with a first child – and providing ongoing nurse home visits that continue through the child’s second birthday. NFP is among the most proven and widely replicated programs during this critical period that has dramatic and lasting impacts on the health and well-being of vulnerable families. Independent research proves that communities also benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield more than five dollars in return for families at highest risk<sup>1</sup>.

**Child First®** is an evidence-based, early childhood mental health program that helps vulnerable young children (prenatal – age five years) and their families heal from the damaging effects of adversity, trauma and chronic stress. The goal is to decrease behavioral/mental health problems, delays in development/learning, as well as abuse and neglect. The program pairs young children and their families with a licensed mental health clinician and a care coordinator, who work in the home to provide parent-child psychotherapeutic intervention and connection to comprehensive community services and supports. Child First stabilizes families, strengthens the parent-child relationship and improves the health and wellbeing of parents and children.

Across the nation, governments at all levels increasingly recognize the value of investing limited taxpayer dollars in evidence-based programs that consistently improve outcomes for families – and NFP and Child First are examples of evidence-based policy and practice in action. Our programs are supported with private and public funds at the federal, state and local levels. The NSO is committed to advancing bipartisan solutions that improve the health and well-being of families and promote economic mobility for communities.

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<sup>1</sup> Early Childhood Interventions, Proven Results, Future Promise, Karoly, Kilburn, Cannon, 2005.

## **1) MITIGATE CHALLENGES WITH EFFECTIVE SERVICES DURING THE COVID-19 PANDEMIC**

Nurse-Family Partnership and Child First quickly adapted to provide services almost exclusively via telehealth for families in March 2020. Public data has shown that our families – living in poverty and often challenged by mental health issues, domestic violence, homelessness, chronic disease and substance abuse – are the most vulnerable and difficult to reach. Their lives have become even more challenging in the face of the pandemic. Our nurses, mental health clinicians and care coordinators on the front lines have already had a major impact. For example, NFP raised \$2.2 million in cash assistance to avert financial crisis for 4,400 mothers. NFP also provided 3,800 free iPhones and data/minute plans to NFP families. Child First delivered food and other essentials to the home, purchased tablets and internet access, and paid for rent, utilities, transportation and more.

Both NFP and Child First have continued their trusted relationships with families, providing critical support to alleviate stressors – mental, physical and economic – and provide accurate and essential information. Interactions with our families have increased during the pandemic and programmatic outcomes remain strong, reflecting the importance and value of this support. At this time, we are encouraging all our providers and families who are eligible to get vaccinated for COVID-19 as soon as possible. NFP and Child First serve as lifelines for families facing complex challenges. When the pandemic ends, we expect telehealth will continue to be an important option to meet the needs of families, and more local partners will be using telehealth more frequently than prior to the pandemic. The NSO is pursuing strategies to ensure telehealth is an allowable form of service delivery and permanently eligible for public funding.

## **2) ADVANCE EQUITY AND ECONOMIC MOBILITY FOR FAMILIES**

The NSO knows that healthy, strong parents mean healthy, strong children. Economic and social conditions have a powerful impact on our health and wellness. A focus on these non-medical factors, also known as social determinants of health, can improve health outcomes and well-being. Our families' ability to provide safe, stable homes and childcare for their children are important priorities for our programs.

The NSO fully supports initiatives and legislation that address health and economic equity and help families access relevant safety net resources that meet their basic needs, such as nutrition assistance, safe and affordable housing and mental and behavioral health supports. For example, Child First has a fulltime care coordinator who identifies and connects families to resources in their communities. NFP has worked to help mothers advance in the workforce as one of its primary goals since its development. The NSO is also supportive of substantial improvements in paid leave and childcare policies to help families nationwide balance their work and family responsibilities as part of economic mobility strategies.

## **3) IMPROVE, PROTECT, AND SUSTAIN FUNDING STREAMS**

NFP and Child First's proven track records of transforming the life trajectory of families is supported by governments at every level. This public funding is critical and provides the majority of funding for our local network partners. The NSO also prioritizes effective and efficient implementation of public funding to promote accountability, valuable return-on-investment and strong stewardship of scarce taxpayer resources. These funding sources include but are not limited to:

- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Title V Maternal and Child Health Block Grant
- Title IV-E for Prevention Services
- Temporary Assistance for Needy Families (TANF)
- State and local general funds

#### **4) IMPROVE MEDICAID COVERAGE AND HEALTH SYSTEMS INTEGRATION**

The NSO is actively working to strengthen Medicaid coverage and payment for NFP and Child First, in order to reach as many families as possible. Approximately 90% of the families we serve are Medicaid eligible. NFP provides preventative health care services to mothers and babies at a critical point in their lives. Child First provides mental health prevention and intervention service to multi-challenged families experiencing adversity. As such, we seek opportunities to improve, increase and establish Medicaid financing for NFP's nursing services and Child First's mental health services that will allow both programs to serve more families in need. Part of this work includes seeking additional guidance from federal agencies to States on braiding Medicaid with other funding sources to appropriately support evidence-based home visiting and mental health programs. We also support efforts to add a mandatory Medicaid benefit that covers evidence-based home visiting during pregnancy and through at least the first year postpartum. Lastly, NFP supports policy changes that allow licensed providers such as registered nurses to bill Medicaid directly for the health care services provided to Medicaid beneficiaries.

As a national organization offering health, mental health and social service programs, the NSO promotes coordination between NFP and Child First with the broader health care system to ensure families have access to the highest quality care while building efficiencies to help reduce costs. We work to incentivize partnerships between NFP, Child First and other health care organizations, such as hospitals, health systems, health clinics and managed care organizations. These partnerships will lead to enhanced care coordination – addressing the social determinants of health – while also leading to increased referrals of families who need our services, improved health and life course outcomes and increased participation in value-based health care service delivery and payment models.

#### **5) ADDRESS DISPARITIES IN MATERNAL HEALTH**

Systemic racism and implicit bias have contributed to health disparities across generations, and poor maternal health outcomes are a key indicator of those disparities. Racial disparities and preventable deaths are the primary drivers for our country's high maternal mortality and morbidity rates, particularly among Black and American Indian and Alaskan Native (AIAN) women. As a leading evidence-based program with a proven track record at improving maternal and child health outcomes that empower families, NFP looks for opportunities to be part of the solution.

The NSO supports targeted funding and policies that improve standards of care and promote programmatic and provider collaboration, including an extension of postpartum Medicaid coverage from 60 days to 365 days, collaboration with pregnancy medical homes, and mandatory implicit-bias training for providers. The NSO is committed to addressing systemic racism from within, as we seek to provide a program that recognizes bias and is culturally responsive. As we listen and innovate, we also advocate for policies that will result in population-level change.

#### **6) EXPAND AND IMPROVE MENTAL HEALTH SERVICES FOR FAMILIES**

Child First focuses on the mental health of young children and their parents. These services are even more critical with the COVID pandemic, as environmental stressors lead to increased mental health problems, along with increased substance use, domestic violence and abuse and neglect. Research has proven that living with such adversity and chronic stress is toxic to the developing brains of young children, not only resulting in mental health problems, but impairing learning and physical health as well<sup>2</sup>. Child First directly decreases the environmental stressors by focusing on connecting families with needed services and

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<sup>2</sup> Shonkoff JP, Garner AS. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012 Jan;129(1):e232-46. doi: 10.1542/peds.2011-2663. Epub 2011 Dec 26. PMID: 22201156.

supports. At the same time, Child First promotes nurturing, responsive parent-child relationships that are proven to protect young children from the impact of major stressors, leading to healthy emotional, cognitive and physical development. Through this therapeutic process, Child First also addresses maternal trauma, anxiety and depression.

NFP focuses on both maternal mental health and the early nurturing relationship, beginning in pregnancy and during infancy, preventing many problems and environmental stressors before they occur. NFP nurses provide depression and anxiety screenings, and assessments of caregiver and child interactions, throughout each family's tenure in the program. NFP nurses provide information, education and support to families and referral to other professionals when needed. Together, NFP and Child First can provide a continuum of care to address mental health problems. Furthermore, the NSO supports the prioritization and development of broader, diversified mental health services within the community, as part of a comprehensive, early childhood system of care.

## **7) PROVIDE OPPORTUNITIES TO DIVERSIFY AND SUPPORT OUR CLINICAL WORKFORCE**

NFP's workforce is comprised of dedicated, bachelor's level registered nurses and Child First's workforce is comprised of master's level licensed clinicians and bachelor's level care coordinators. The trusted and long-term relationships that these professionals form with their families are critical to the outcomes that our models have been able to achieve. NFP is committed to building a stronger, more diverse nursing workforce through pipelines and partnerships with nursing schools, hospitals/health systems, nursing trade associations and other stakeholder groups. Child First is committed to expert training of mental health staff so that they can meet the needs of young children, as well as providing opportunities for a professional ladder so that a more diverse workforce can provide mental health services to their communities. The NSO supports legislation that would establish loan forgiveness and repayment programs for medical, mental health and professional training that acknowledges the critical care that these workers provide to families nationwide.

## **8) PROMOTE INVESTMENTS AND INNOVATIONS FOR PRIMARY PREVENTION AND PROVEN PROGRAMS**

NFP and Child First are both proven models that prevent children from entering the child welfare system. The NSO is a strong supporter of the Family First Prevention Services Act, which specifically allows states to use federal Title IV-E funding to prevent children from entering the foster care system. Both NFP and Child First promote responsive, protective, nurturing relationships in the earliest years of life, which can prevent child abuse and neglect. Our programs are considered among the strongest upstream prevention models by child welfare advocates and experts. A wide range of other community systems, including public health, social services, early intervention, education, childcare and law enforcement value the strong outcomes achieved by NFP and Child First. For example, NFP actively supports Pay for Success (PFS) or Pay for Outcomes (PFO) funding strategies to expand access to effective programs. NFP just completed the only PFS project in the United States to focus on maternal and child health outcomes in South Carolina.

As a leader in the implementation of evidence-based programs, the NSO supports the adoption of evidence-based, bi-partisan policies and the advancement of government investment in what works. We actively seek opportunities to champion and promote the use of evidence in policymaking and have strongly supported efforts at all levels of government to integrate better evidentiary practices and accountability measures into funding and policy decisions.

**For questions or more information**, please contact our Policy & Government Affairs Team at [pga@nursefamilypartnership.org](mailto:pga@nursefamilypartnership.org)