



BETTER WORLDS START WITH GREAT FAMILIES

AND GREAT FAMILIES START WITH US



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Early Childhood and Human Services

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Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time parents and their children affected by social and economic inequality.



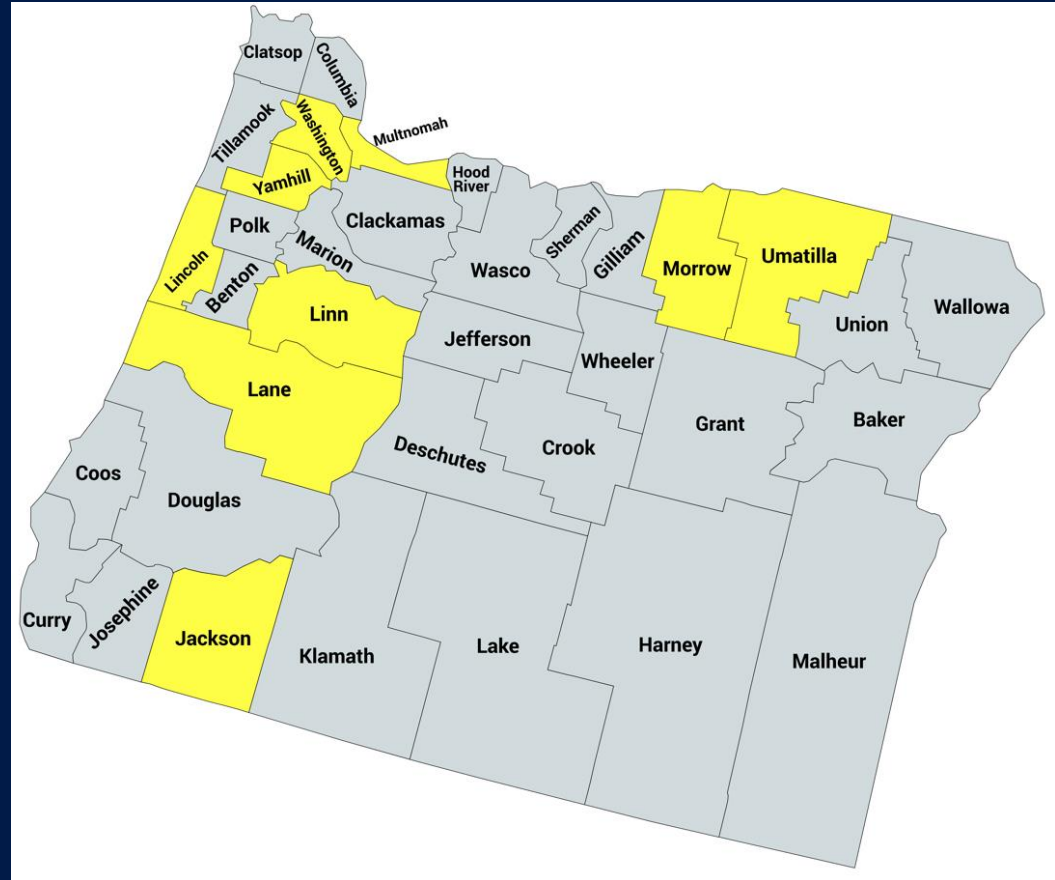
Nurse-Family Partnership in Oregon

Established:
1999

Families Served:
7421 (cumulative)

Active programs:
7

Counties currently
served:
9



Who We Work With



OREGON NFP PARENTS

24

Median age at intake

74%

Unmarried at intake

85%

Clients enrolled in Medicaid at intake

\$9,000-\$12,000

Annual median household income at intake

*Aggregate data provided by NSO. Includes state data from 01/01/2019 to 12/31/2021.

Oregon families served by NFP are ethnically and racially diverse, with over 50% BIPOC families served from 2019-2021.

Race

- 70% White
- 11% Black or African American
- 2% Asian
- 2% American Indian or Alaska Native
- 1% Native Hawaiian or Pacific Islander
- 7% Multi-racial
- 6% Declined

Ethnicity

- 35% Hispanic
- 63% Non-Hispanic
- 1% Declined





KEY GOALS

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family

HOW IT HAPPENS

EXPERTS:

Specially-trained nurses

PROVEN:

Extensive and compelling evidence

INTENSIVE:

Pregnancy through age 2

TIMELY:

First 1000 days



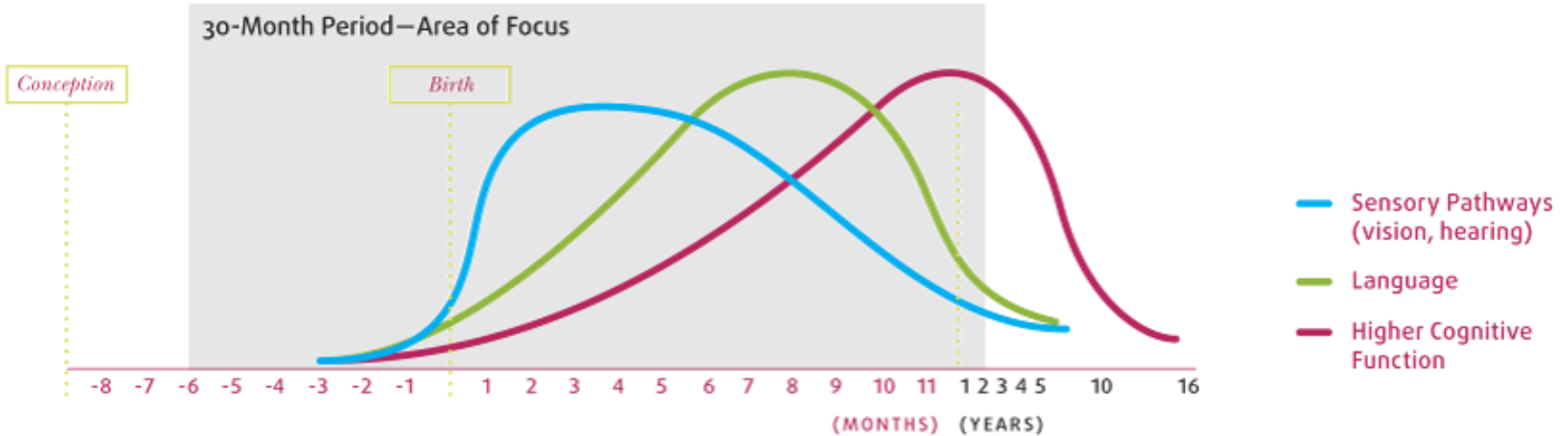
THE FIRST 1,000 DAYS

- Early experiences influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development



BRAIN DEVELOPMENT

Synapse formation dependent on early experiences



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

GOLD STANDARD RESEARCH



1977
Elmira, NY
400
Low-income whites
Semi-rural area



1990
Memphis, TN
1,138
Low-income blacks
Urban area



1994
Denver, CO
735
Large proportion of Hispanics
Nurses and paraprofessionals

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program.



TRIAL OUTCOMES

48% reduction in child abuse and neglect¹

56% reduction in ER visits for accidents and poisonings²

50% reduction in language delays of child age 21 months³

67% less behavioral/intellectual problems at age 6⁴

79% reduction in preterm delivery for women who smoke⁵

32% fewer subsequent pregnancies⁵

82% increase in months employed⁷

61% fewer arrests of the mother¹

59% reduction in child arrests at age 15⁸

1. Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. Journal of the American Medical Association. 1997

2. Olds DL, et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. Pediatrics. 1986

3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. Pediatrics. 2002

4. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. Pediatrics. 2004

5. Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. Pediatrics. 1986

6. Olds, D.L., Eckenrode, J., et al. Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. JAMA. 1997

Key Benefits of Nurse-Family Partnership

Through greater support for NFP, Oregon would see greater cost savings statewide based on improved health outcomes for both parents and children. Key projected outcomes from NFP participants that lead to cost savings include the following:

**6x
\$ RETURN**
EVERY \$1 INVESTED IN
NFP SAVES \$6.10 IN
FUTURE COSTS FOR THE
HIGHEST-RISK FAMILIES
SERVED



- Smoking in pregnancy ↓23%
- Pregnancy-induced hypertension ↓30%
- Closely spaced births (15 months postpartum) ↓34%



- Emergency department use for childhood injuries ↓31%
- Full immunization ↑12%
- Language delay ↓37%



- First pre-term births ↓14%
- Infant mortality ↓43%
- Moms who attempt breastfeeding ↑11%



- TANF payments ↓7% (13 years post-partum)
- Person-months on Medicaid ↓7% (15 years post-partum)
- Costs if on Medicaid ↓13% (through age 18)

Funding for OR NFP

- Federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Federal funding through Medicaid reimbursement under Targeted Case Management
- County funding through paying the non-federal match required by Medicaid (~60% federal, ~40% local)



What is the problem we are trying to solve?

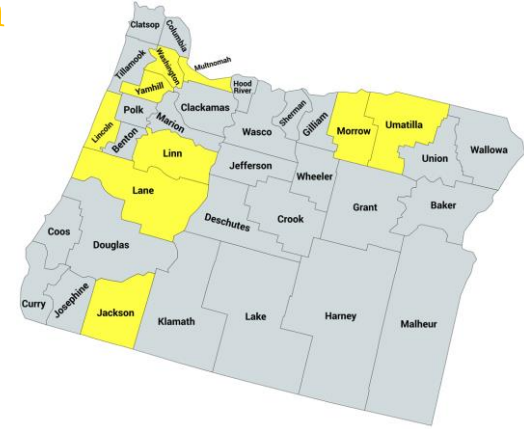
- Requiring counties to pay the non-federal Medicaid match limits where NFP services can be offered. 27 Oregon counties don't have access to an NFP program. This arrangement also makes current programs dependent on the resources and political will of county leaders.
- Having counties pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match, such as Healthy Families Oregon or Family Connects.
- Without a statewide approach, Oregon is losing out on federal funds.

1 st -Time Medicaid Births (2022)	NFP Funded Capacity	Projected # of Families NFP Could Serve
5,814	843	1,856

NOTE: This plan projects a sequence of which counties would implement the NFP program in certain years, but county leaders will play a key role in determining where and when expansion occurs.



Increasing Home Visiting in Oregon FY2025 Expansion



Ask: Provide the non-federal Medicaid match using state funds instead of county dollars, as is done for other Medicaid benefits and home visiting programs.

An appropriation of **\$3,155,147** would cover funds currently paid by counties (\$2.3 million), plus allow for expansion of services where possible (\$890k).

This would stabilize existing NFP programs in Multnomah, Washington, Yamhill, Lincoln, Linn, Lane, Jackson, Morrow, and Umatilla Counties. Services could be expanded in three of those counties by adding 10 new nurses.

County	# of New Nurses	# of New Families	Change in Families Served
Multnomah	5	125	248 to 373
Washington	4	100	125 to 225
Lincoln & Linn	1	25	75 to 100

Total # of Counties	Total # of Families	Total State Cost	Total Federal Dollars	Total NFP Medicaid Dollars
9	1,093	\$3.16 million	\$4.6 million	\$7.75 million



Overall Summary of NFP Expansion

County	Fiscal Year	# of New Families
Multnomah	2025	125
Washington	2025	100
Lincoln & Linn	2025	25
Clackamas	2026	125
Marion & Polk	2026	250
Tillamook, Clatsop, & Columbia	2027	38
Benton	2027	12
Josephine, Klamath, & Lake	2028	88
Douglas, Coos, & Curry	2028	87
Deschutes, Crook, & Jefferson	2029	113
Hood River & Wasco	2029	25
Union, Baker, Harney, & Malheur	2030	25



	# of Counties Served	# of Nurse FTEs	# of Families Served	State Dollars per Biennium	Federal Dollars per Biennium
Now	9	33.7	843	\$0	\$6.6 million
FY31	31	74.2	1856	\$14 million	\$20.4 million



QUESTIONS?