



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1354

1. **Project Title** Nurse-Family Partnership Program Implementation2. **Senate Sponsor** Lauren Book3. **Date of Request** 11/18/20194. **Project/Program Description**

NFP is an evidence-based community health program for first-time, pregnant women and girls who are living in poverty and experiencing multiple risk factors. Each mother is partnered with a registered nurse early in pregnancy and each mother receives ongoing visits that continue through her child's 2nd birthday.

NFP changes the future for the most vulnerable babies and families by equipping the BEST person for the job, MOM, to become a confident parent. Our intensive and scientifically proven community health program is delivered at the most critical time for mom and baby, by a specially trained clinical expert.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	2,500,000
Fixed Capital Outlay	000
Total State Funds Requested	2,500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2500000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	2,500,000	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	750,000	451	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 2,500,000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director and Project Coordinator salaries and benefits	62,500
Other Salary and Benefits	Contracts Manager, Finance Manager, and administrative support salaries and benefits	150,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Nurse home visitor, Nurse Supervisor, and Data support salaries	1,700,000
Expense/Equipment/Travel/Supplies/Other	Nurse trainings, travel, medical equipment, program supplies, nurse consultation, etc.	572,500
Consultants/Contracted Services/Study	Data system access, outcome reporting and evaluation, as well as training and technical assistance from NFP National Office	15,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,500,000



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11. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

NFP's overarching goals are:

1. Improve pregnancy outcomes;
2. Improve child health and development;
3. Improve the economic self-sufficiency of the family.

NFP has detailed, Florida specific data and savings projections related to:

- Reduced child maltreatment

b. What activities and services will be provided to meet the intended purpose of these funds?

Implementation of the Nurse-Family Partnership model, a nurse visitation program for high-risk pregnant girls and women that improves maternal health, improves child wellbeing and development and enhances individual educational and economic achievement.

c. What direct services will be provided to citizens by the appropriation project?

- Prenatal, Postpartum, and Well Woman Follow up
- Screenings and Assessments– Depression, Intimate Partner Violence, Substance Use, Strengths and Risks (STAR), Developmental and Dyadic Assessment and Interventions – (mother and child)
- Oral Health- Dental care and education (mother and child)
- Nutrition, BMI, general health and wellness (mother and child)
- Medical Diagnoses - High blood pressure, Asthma, Diabetes
- Sexual Health – cervical cancer screens and tests, STI follow up

d. Who is the target population served by this project? How many individuals are expected to be served?

First-time, high-risk pregnant women who are living in poverty and their babies. Mothers and babies expected to be served with full allocation are at least 1,300 annually. Currently funded communities are: Brevard, Miami-Dade, Hillsborough and Orange. Additional prioritized communities include: Broward, Calhoun, Citrus, Collier, Duval, Escambia, Gulf, Hernando, Indian River, Jackson, Lake, Lee, Leon, Liberty, Manatee, Martin, Osceola, Polk, Saint Lucie, Sarasota, Santa Rosa, and Sumter.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Nurse-Family Partnership has extensive data, research studies and replication analyses showing the program's impact over the past 40 years. NFP has repeatedly demonstrated:

- 82% increase in labor participation by the mothers
- Lower Medicaid and Food Stamp usage among NFP families, resulting in a 9% reduction in Medicaid costs and an 11% reduction in Food Stamp costs
- 46% increase in father presence and partner stability

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Incremental reductions in payments for less than 90% performance expectations or achievement of tasks (ie. hiring/training nurses). Repeated/egregious failures should result in contract cancellation/transfer.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

This request is for programmatic support. There is no fixed capital outlay.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.