



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1156

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Nurse-Family Partnership (NFP) is an evidence-based community health program for first-time, at-risk mothers that improves pregnancy and birth outcomes, child health and development, and family economic self-sufficiency. By assessing and addressing their social risk factors, NFP sets families on a path toward a better future. Each mother is partnered with a registered nurse early in her pregnancy and has ongoing health visits with that nurse through her child's second birthday.

NFP nurses meet moms where they are by conducting health visits at the location that works best for clients – at their home (as defined by the client), shelter, workplace, health care provider office, and/or in the community. These in-person visits are supplemented by telehealth visits as necessary.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	1,250,000
Fixed Capital Outlay	0
Total State Funds Requested	1,250,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,250,000	17%
Matching Funds		
Federal	4,649,182	62%
State (excluding the amount of this request)	0	0%
Local	884,000	12%
Other	667,000	9%
Total Project Costs for Fiscal Year 2022-2023	7,450,182	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	750,000	445	No

9. **Is future funding likely to be requested?** Yes No
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$488,800 in American Rescue Plan funding (*for NFP across the state). Funds were used to assist families with technological needs and prepaid grocery cards.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	The funding will be spent on nurse home visitor salaries, including the addition of a Nurse Home Visitor in Southwest Florida to serve an additional 25 families. It will also include additional funding to bring DOH Nurse Home Visitor salaries up to a competitive range in order to attract and retain a strong, talented and diverse workforce. DOH NHV salaries are \$15 K below the average NHV	600,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Support fees include Data Collection System operation & use, reporting, continuing education for all NFP staff, NFP Community resources and maintenance of Visit-to-Visit Guidelines & support materials. Support and training fees to allow Network Partners to participate in a new Expanded Eligibility Initiative focused on providing services to NFP mothers that have already had at least one live birth (multiparous), as well as Mothers that are later than 28 weeks in their pregnancy (late registrants)	650,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,250,000

12. Program Performance

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

The funding will be spent on nurse home visitor salaries, including the addition of a Nurse Home Visitor in Southwest Florida to serve an additional 25 families. It will also include additional funding to bring DOH Nurse Home Visitor salaries up to a competitive range in order to attract and retain a strong, talented and diverse workforce. DOH NHV salaries are \$15 K below the average NHV. It will also fund support and training fees for data collection & reporting, materials preparation, etc.

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

Implementation of the Nurse-Family Partnership model, an evidence-based, community health program for first-time mothers facing high-risk factors to improve maternal health, child health and development, and enhance individual educational and economic achievement. The funding will be spent on nurse home visitor salaries, including the addition of a Nurse Home Visitor in Southwest Florida to serve an additional 25 families. It will also include additional funding to bring DOH Nurse Home Visitor salaries up to a competitive range in order to attract and retain a strong, talented and diverse workforce. DOH NHV salaries are \$15 K below the average NHV.



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

1. Care Coordination: developing a Care Plan based on an initial assessment and continuously updating it to ensure the client's needs are met.
2. Assessments & Screenings for maternal and child health, child development, mental health, substance use, intimate partner violence, and social determinants of health.
3. Case Management to support prenatal care, pregnancy issues, conduct warm hand-offs to medical and social services, and remind moms of well-child visits and immunization schedules.
4. Counseling & Health Education on issues such as tobacco cessation, substance use disorders, nutrition, the birthing process, safe sleep practices, birth spacing, and children's health and development

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, as well as Multiparous and Late Registrants mothers through the NFPX Bridge study.
 Annual mothers and babies expected to be served with full allocation are at least: 100. Currently funded communities are: Brevard, Broward, Baker, Collier, Clay, Duval, Gadsden, Hillsborough, Hendry, Highlands, Indian River, Jackson, Lee, Martin, Miami-Dade, Orange, Palm Beach, Pinellas, Polk, and Saint Lucie.

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
- 9% reduction in Medicaid costs and an 11% reduction in Food Stamp costs
- 46% increase in father presence and partner stability
- 31% reduction in closely-spaced subsequent pregnancies
- 48% reduction in child abuse and neglect
- 35% fewer cases of pregnancy-induced hypertension
- 56% reduction in emergency room visits for accidents and poisonings

In Florida:

- 89% of babies were born full term
- 92% of mothers initiated breastfeeding
- 96% of children received all recommended immunizations by 24 months
- 77% of NFP participants do not have a subsequent pregnancy within 18months
- 67% of clients 18+ were employed at 24 months

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 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.

13. 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.

N/A



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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