

2013 - 2014 Seattle City Council Green Sheet

Ready for Notebook

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Budget Action Title: Add \$527,000 in 2013 and \$1,145,000 in 2014 from GSF to HSD to expand the Nurse Family Partnership program and revise the BCL statement for clarity.

Councilmembers: Bagshaw; Burgess; Clark; Conlin; Godden; O'Brien

Staff Analyst: Alex Pedersen

Council Bill or Resolution:

Date		Total	SB	BH	TR	RC	TB	NL	JG	SC	MO
	Yes										
	No										
	Abstain										
	Absent										

Summary of Dollar Effect

See the following pages for detailed technical information

	2013 Increase (Decrease)	2014 Increase (Decrease)
General Subfund		
<i>General Subfund Revenues</i>	\$0	\$0
<i>General Subfund Expenditures</i>	\$527,000	\$1,145,000
<i>Net Balance Effect</i>	(\$527,000)	(\$1,145,000)
Other Funds		
<i>Human Services Operating Fund (16200)</i>		
<i>Revenues</i>	\$527,000	\$1,145,000
<i>Expenditures</i>	\$527,000	\$1,145,000
<i>Net Balance Effect</i>	\$0	\$0
Total Budget Balance Effect	(\$527,000)	(\$1,145,000)

Budget Action description:

This Green Sheet would add \$527,000 GSF to the Human Services Department (HSD) in 2013 and add \$1,145,000 in 2014 to the existing Nurse Family Partnership (NFP) program to serve *all first-time, low-income mothers* in Seattle who choose to enroll. NFP is a highly successful, extensively studied national model administered by Public Health-Seattle & King County. This action would bring the city's total investment to \$1,641,672 for 2013 and to \$2,285,310 for 2014.

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Nurse Family Partnership in Seattle											
	Mayor's Proposal for 2012	City Council Added for 2012	Total Adopted for 2012		Mayor's Proposal for 2013	Add Proposed by City Council for 2013	Total for 2013		Mayor's Proposal for 2014	Add Proposed by City Council for 2014	Total for 2014
Investment	\$539,816	\$468,000	\$1,017,816		1,114,672	+ \$527,000	\$1,641,672		\$1,140,310 (2.3% increase from 2013)	+ \$1,145,000	\$2,285,310
# of Low Income, First-Time Mothers Served			212 (est.)		269 (est.)		349 (est.)		269		450 (est.)
# of Nurses	6.75	4.00	10.75		10.75	4.00	14.75			3.00	17.75
Ages Served			Under 24		Under 24		All Ages			Under 24	All Ages

The expansion would phase-in 7 FTE nurses and 1 FTE nurse supervisor over the 2-year budget period. Due to the time needed to recruit and train nurses, as well as the time needed to identify and enroll first-time expecting mothers into the program, 2 nurses would be added every 6 months. This means 2 nurses added in January 2013 which will incur costs for 12 months of the year; then another 2 added in July 2013 which will incur costs for the remaining 6 months of 2013. Therefore, while 4 nurses will be added by the end of 2013, the cost equivalent is 3 FTEs for the 2013 calendar year. In 2014, another 2 nurses would be added in January and the final (7th) nurse would be added July 2014. Therefore, 2014 would have all 4 FTEs added in 2013 and the equivalent of 2.5 more FTEs added in 2014.

This budget action will increase the total FTE nurses in the NFP program dedicated to serving Seattle mothers from approximately 10.75 FTE to 17.75, by the start of 2015. In addition, 0.5 nurse supervisor will be added in 2013 and 0.5 added in 2014, which will be in addition to the current supervisor (approximately 1.25 FTE) already serving Seattle for total of approximately 2.25. (This 1:8 nurse-to-supervisor ratio is required to be consistent with the successful NFP model.) This budget action is expected to increase the total number of first-time, low-income mothers served in Seattle to approximately 450 at any given time.

To clarify that the NFP program model is already being used and will continue to be used, the Budget Control Level (BCL) for this item is also amended as follows:

Public Health Services Budget Control Level

The purpose of the Public Health Services Budget Control Level is to provide funds for the following public health services and programs: primary care medical, dental, and specialty services, and access to health insurance for at-risk and vulnerable populations; health care for teens in Seattle's public schools; health care for homeless individuals and families; HIV/AIDS prevention and care programs; programs to provide access to chemical and dependency services; programs to reduce the disparities in health among the Seattle population; and public health nursing care home visits to give mothers and babies a healthy start in life using the Nurse Family Partnership (NFP) program model. (This is page 191 of the proposed budget.)

Background

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NFP is a national, evidence-based program that helps break the cycle of poverty and prevent crime by working with first-time, low-income mothers to improve their pregnancy outcomes, their child’s health and development, and the economic self-sufficiency of their family.

- Registered nurses visit clients in their homes approximately twice a month, from early pregnancy through the first two years of the child’s life. The specially trained nurses provide one-on-one coaching that enables their clients to access and improve their prenatal care, strengthen their parenting skills, and plan for their economic and educational future. On average, each nurse handles a case load of 25 families.
- Independent, peer-reviewed studies rank NFP as one of the most effective and most efficient programs to improve the lives of children living in poverty and to prevent crime. Since the City Council expanded the program for 2012 (decision made November 2011), the Washington State Institute for Public Policy concluded that *NFP provides the most total benefits to society of any child welfare program* and the Department of Justice Model Program’s Guide awarded NFP its highest ranking of “*Exemplary.*”
- An independent RAND study concluded that Nurse Family Partnership saves \$2.88 in government costs for every \$1.00 invested. The Washington State Institute of Public Policy (WSIPP) concluded that NFP saves \$2.38 in government costs for every \$1.00 invested in NFP.

Because of budget constraints, the Seattle NFP program has served only first-time, low-income mothers under age 24. The national NFP model, however, encourages that these services be provided to eligible mothers of ALL ages. With the numerous studies and evaluations of NFP, there is no evidence that serving younger mothers provides a more favorable cost-benefit or return-on-investment. Often low-income, first-time mothers in their 20s have higher needs due to the fact that their parents no longer support them, they have more intractable mental health issues, they experience longer periods of substance abuse, and/or they have more extensive criminal records.

Adherence to Budget Resolution 31404 (adopted September 10, 2012) regarding Outcomes for New or Expanded Program Proposals

1. What are the long-term and measurable goals (outcomes) of the proposed program?

The main long-term, measurable goals of Nurse-Family Partnership (NFP) are to empower low-income, first-time mothers of ALL ages to improve the following: pregnancy outcomes, child health and development, economic self-sufficiency and reduced involvement of both the mothers and children in the criminal justice system. The following long-term, measurable outcomes of NFP have been demonstrated through randomized, controlled trial research:

- **Improved Pregnancy Outcomes:**
 - Improvement in women’s prenatal health, as measured by: 79% reduction in preterm delivery for women who smoke, and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births.
- **Improved Child Health and Development:**

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- Reduction in injuries, as measured by: 39% fewer injuries among children; 56% reduction in emergency room visits for accidents and poisonings; and 48% reduction in child abuse and neglect
- Increase in children’s school readiness, as measured by: 50% reduction in language delays at age 21 months; 67% reduction in behavioral/ intellectual problems at age 6.
- **Increased Economic Self-Sufficiency:**
 - Fewer unintended subsequent pregnancies, as measured by: 32% fewer subsequent pregnancies
 - Increase in maternal employment, as measured by: 82% increase in months employed
 - Reduction in welfare use, as measured by: 20% reduction in months on welfare
 - Increase in father involvement, as measured by: 46% increase in father’s presence in household
 - Significantly improved education outcomes for participating mothers, measured by: % of mothers who enter the program without a diplomas/GED but who subsequently earn a diploma/GED.
- **Increased Public Safety**
 - Reduction in criminal activity, as measured by: 59% reduction in child arrests at age 15
 - Reduction in criminal activity, as measured by: 60% fewer arrests of the mother; 72% fewer convictions of the mother.

2. What is the gap between the current situation (status quo) and the goals?

Currently, NFP in Seattle serves eligible women (first-time, low-income pregnant women) up to age 24, with a focus on eligible women under age 20. At the time of this Green Sheet, Public Health–Seattle & King County currently serves approximately 200 mothers residing in Seattle¹. However the need in Seattle, according to the estimated number of first-time, low-income pregnant women, is much higher at an annual estimate of 450 families. This funding proposal would ultimately fill the gap to ensure that all eligible first-time, low-income pregnant women who want the program could receive it, regardless of maternal age.

Specifically, the NFP program in Seattle currently serves 86% of first-time, low-income mothers under age 18, 45% of mothers 18 to 19, 14% of those 20 to 23, and almost none 24 and older. The additional funds proposed in this Green Sheet would not only maintain the existing high “penetration rate” for younger mothers already being reached in Seattle but also extend NFP’s national average penetration rate of 25% to the remaining Seattle mothers in need who are 20 and older. By achieving these rates, the increase in funds would expand NFP in Seattle to ALL first-time, low-income mothers who are both eligible and choose to enroll.

¹ The total served in Seattle is estimated to reach 212 by 12/31/2012 now that both nurses on medical leave have returned to the job. This will grow to 269 when all existing 10.75 nurses are serving the maximum number permitted by the NFP model of 25 clients each. Therefore, the ultimate gap would be approx. 450 minus 269 which is 181. The 181 / 25 clients = 7.24. This Green Sheet proposes to add 7 nurses (rounding down) over the 2 years.

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The NFP model sets 25% of eligible mothers as the reliable target for all providers of the program nationally for the following reasons:

- Eligible mothers are hard to reach (“eligible” means only “first birth” and “low-income”)
- NFP is voluntary; some low-income mothers might not want or need this very intensive service.
- Some mothers are reached beyond their 28th week of pregnancy and are therefore ineligible for enrollment.

Seattle will continue to exceed the 25% rate for younger mothers, in part, because younger mothers are easier to reach and enroll.

3. How effective will the program be in making progress toward the goals?

The program and its positive outcomes are backed by over 30 years of randomized controlled trial research that began prior to the replication of the model. A randomized, controlled trial is the most rigorous research method for measuring the effectiveness of an intervention. This approach has contributed to the NFP program being identified as the only early childhood program that meets the [Coalition for Evidence-Based Policy](#)'s “Top Tier” of evidence; as the program with the strongest evidence that it prevents child abuse and neglect; and as a program that produces significant economic return on investment.

Sources:

- Nurse Family Partnership website: <http://www.nursefamilypartnership.org/about/news/journals-and-reports>
- [Memo on Performance of Nurse Family Partnership](#) presented at Seattle City Council's Government Performance and Finance Committee by City Council Central Staffer Peter Harris on September 5, 2012
- Coalition for Evidence-Based Policy. Top Tier Evidence Initiative: *Evidence Summary for the Nurse-Family Partnership*. Updated March 2012. <http://evidencebasedprograms.org/wordpress/1366/nurse-family-partnership/>
- Drake, Aos & Miller, “Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State,” *Victims & Offenders* 4:170–196, 2009.
- Drake, Aos & Miller, op. cit.; Blueprints for Violence Prevention Model Programs, Center for the Study and Prevention of Violence, University of Colorado, <http://www.colorado.edu/cspv/blueprints/modelprograms.html>;
- Kilburn & Karoly, “The Economics of Early Childhood Policy,” RAND, 2008.
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Model Programs Guide, [http://www.ojjdp.gov/mpg/Nurse-Family%20Partnership%20\(NFP\)-MPGProgramDetail-368.aspx](http://www.ojjdp.gov/mpg/Nurse-Family%20Partnership%20(NFP)-MPGProgramDetail-368.aspx)
- U.S. Department of Justice, Office of Justice Programs, <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=187>
- Washington State Institute for Public Policy (WSIPP), “Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, April 2012. <http://www.wsipp.wa.gov/pub.asp?docid=12-04-1201>

4. How will the program’s progress be measured to prove whether it achieved results?

During each visit with their clients, the nurses chart progress toward program goals. This data is uploaded to the Nurse-Family Partnership National Service Office's web-based system. These data are analyzed and returned to local Nurse-Family Partnership Implementing Agencies (Public Health-Seattle & King County) to provide them with information on their progress toward meeting NFP’s implementation benchmarks. These benchmarks track not only progress toward program goals, but also fidelity to the successful NFP model and its elements. Examples of these model elements include:

- The caseload of each nurse should not exceed 25 clients.
- The time at which a first-time mother can be enrolled: between 10 and 28 weeks of pregnancy.
- The % of time the nurse spends on each topic (mother’s health, child’s health, etc.).

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Budget Action Transactions

Budget Action Title: Add \$527,000 in 2013 and \$1,145,000 in 2014 from GSF to HSD to expand the Nurse Family Partnership program and revise the BCL statement for clarity.

#	Transaction Description	Position Title	Number of Positions	FTE	Dept	BCL or Revenue Source	Summit Code	Fund	Year	Revenue Amount	Expenditure Amount
1	Increase transfer for existing Nurse Family Partnership program				FG	Human Services Operating Fund	Q5971620	00100	2013		\$527,000
2	Increase revenue for existing Nurse Family Partnership program				HSD	General Subfund Support	587001	16200	2013	\$527,000	
3	Increase appropriation for existing Nurse Family Partnership program				HSD	Public Health Services	H70PH	16200	2013		\$527,000
4	Increase transfer for existing Nurse Family Partnership program				FG	Human Services Operating Fund	Q5971620	00100	2014		\$1,145,000
5	Increase revenue for existing Nurse Family Partnership program				HSD	General Subfund Support	587001	16200	2014	\$1,145,000	
6	Increase appropriation for existing Nurse Family Partnership program				HSD	Public Health Services	H70PH	16200	2014		\$1,145,000