

Nurse-Family Partnership: Outcomes, Costs and Return on Investment in Michigan



Nurse-Family Partnership® (NFP) offers significant benefits to the families it serves and significant cost savings to society and government funders. Based on a review and analysis¹ of **more than 40 NFP evaluation studies, including randomized controlled trials, quasi-experimental studies and large-scale replication data**, Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts that when NFP achieves scale in Michigan, it can produce the following outcomes:



- Smoking in pregnancy ↓25%
- Pregnancy-induced hypertension ↓33%
- Closely spaced births (15 months postpartum) ↓25%



- First pre-term births ↓15%
- Infant mortality ↓48%
- Moms who attempt breastfeeding ↑12%



- Emergency department use for childhood injuries ↓34%
- Full immunization ↑14%
- Language delay ↓41%



- TANF payments ↓7% (13 years post-partum)
- Person-months on Medicaid ↓8% (15 years post-partum)
- Costs if on Medicaid ↓9% (through age 18)



NFP's Cost Savings and Return on Investment

At a total average cost of **\$9,267 per family in Michigan** (over an average enrollment of 523.3 days,² present value at a 3% discount rate, see Figure 1), Miller's model predicts that by a child's 18th birthday:

- State and federal cost savings due to NFP will average **\$25,520 per family served** or **2.8 times** the cost of the program.
- Analyzing broader savings to society, Miller takes into account less tangible savings (like potential gains in work, wages and quality of life) along with resource cost savings (out-of-pocket payments including savings on medical care, child welfare, special education, and criminal justice) to calculate:
 - NFP's total benefits to society equal **\$55,729 per family served**
 - This yields a **6.1 to 1** benefit-cost ratio for every dollar invested in Nurse-Family Partnership.

¹ Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. This fact sheet relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major research updates (latest revision: 12/22/2018).

² In Michigan, the average cost to serve a family for a year is \$6,463 (2017 dollars).



PROVEN RCT RESULTS*



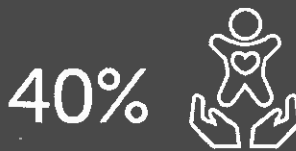
DECREASE IN CHILD LANGUAGE PROBLEMS



DECREASE IN MATERNAL DEPRESSION OR MENTAL HEALTH PROBLEMS



DECREASE IN CHILD AGGRESSIVE AND DEFIANT BEHAVIORS



REDUCTION IN CHILD WELFARE INVOLVEMENT

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ABOUT CHILD FIRST

Child First is an evidence-based, early childhood, mental health program that supports very young children and families who face major adversity. The intervention builds resilience and promotes healing to prevent the damaging effects of poverty, trauma, abuse and neglect, and chronic stress. Research shows that Child First improves child and parent mental health, promotes school readiness, and decreases child abuse and neglect. This can dramatically improve both the immediate and long-term health and wellbeing of families.

THE CHALLENGE

Scientific research in brain development clearly shows that major challenges in environments (e.g., with maternal depression, domestic violence, substance abuse or homelessness) lead to levels of stress that can be "toxic" to the young, developing brain. Without the buffer of strong, nurturing relationships, the results are long-term damage with significant emotional/behavioral, learning, and health problems.

THE CHILD FIRST MODEL

Child First is a home-based, two-generation intervention that pairs young children and their families with a licensed, Master's level Mental Health/Developmental Clinician and a Care Coordinator, who work as a team to nurture, support, and provide comprehensive services to families:

- Two-Generation, Mental Health Treatment: We provide trauma-informed psychotherapy to parents and children together in their home. Our services address problematic child behavior, parental depression and PTSD, family violence, and help children and parents heal from the devastating impact of chronic adversity. Our outcomes-based therapeutic approach builds safe, healthy, and nurturing parent-child relationships, which promotes resilience.
Comprehensive Care Coordination: We provide hands-on support and connection to community-based services for all family members, leading to family stabilization, a reduction in major family stressors (e.g., homelessness, food insecurity, lack of health care, unemployment), and growth enhancing opportunities.

RECOGNITION AS AN EVIDENCE-BASED MODEL

- Designated as evidence-based by: Title IV-E Prevention Services Clearinghouse; Maternal, Infant and Early Childhood Home Visiting Program (MIECHV); National Registry for Evidence-based Programs and Practices (NREPP); Coalition for Evidence-Based Policy; Blueprints for Healthy Youth Development; Early Intervention Foundation.
Recipient of the SAMHSA 2020 National Child Traumatic Stress Initiative (NCTSI) - Category II, award to develop the national Center for Prevention and Early Trauma Treatment (CPETT).

SERVING MORE FAMILIES FACING ADVERSITY

Child First is currently serving over 2000 families in Connecticut, Florida, North Carolina, and Colorado. We are interested in partnering with states in need of early childhood mental health services. Please contact Child First to learn how we might replicate and sustain Child First in your region.

*Child First was evaluated with a randomized controlled trial (RCT) with strong positive outcomes. (Child Development, January/February 2011)

Nurse-Family Partnership OVERVIEW

FACT

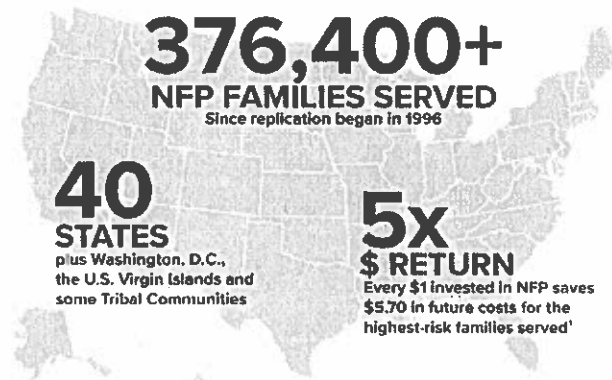
GENERAL INFORMATION

Nurse-Family Partnership Goals

1. Improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances;
2. Improve child health and development by assisting families provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future, plan additional pregnancies, continue their education and find work.

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 moms and their children affected by social and economic inequality.

Nurse-Family Partnership succeeds by having specially educated nurses regularly visit first-time moms from early pregnancy through the child's second birthday. Moms benefit by getting specialized care and support during pregnancy and their nurse becomes a trusted source on everything from child safety to taking steps to provide a stable, secure future for their family. Research consistently proves that the mom/nurse partnership is a winning combination that makes a measurable, long-term difference for the whole family.



Early Intervention

A report from the Center on the Developing Child at Harvard University shows how very early childhood experiences influence later learning, behavior and health. The Harvard report shows basic brain functions related to vision, hearing and language development during the first 30 months of a child's life. During this timeframe, the early and intensive support by a Nurse-Family Partnership nurse can have a huge impact on the future of the mom, child and family.

Proven Results

The Nurse-Family Partnership program has been independently reviewed and evaluated, and is ranked as the Gold Standard of home visiting programs.

- ↓ **48%** LESS LIKELY TO SUFFER CHILD ABUSE AND NEGLECT²
- ↓ **56%** REDUCTION IN ER VISITS FOR ACCIDENTS AND POISONINGS³
- ↓ **67%** LESS LIKELY TO EXPERIENCE BEHAVIORAL AND INTELLECTUAL PROBLEMS AT AGE 6⁴
- ↑ **82%** INCREASE IN MONTHS EMPLOYED⁵



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1. Karoly, L., Kilgus, M. R., Cannon, J. Proven results, future promise. RAND Corporation 2005.

2. Oles, D.L., et al. (1997). Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: A 10-Year Follow-up of a Randomized Trial. JAMA 1997.

3. Oles, D.L., et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. Pediatrics 1996.

4. Oles, D.L., 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. Oles, D.L., Horvath, C., Kotelbaum, B., Cannon, J.R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. American Journal of Public Health 1998.