To: Senator Claire Ayer, Chair
Senate Health and Welfare Committee Members
From: Kristin Salvi, Government Relations, Nurse-Family Partnership
Jane Pray, RN, MSN Nurse-Family Partnership
Date: April 19, 2018
Re: April 18, 2018 Testimony Follow Up

Thank you for the opportunity to testify yesterday. We want to clarify some information that was addressed in your committee by DCF and VDH, as well as answer some additional questions posed by the Committee.

**Elimination of NFP in Vermont – Reasons given by VDH**

When NFP discussed this decision with VDH, the only concerns that were ever shared with us were

- VT doesn't have enough money to maintain services at all 5 sites.
    - We offered to connect them with administrators from Montana who use a hub & spoke structure to offer services statewide which has helped stretch dollars across a large, rural state. We were told by VDH that they did not have time to meet by phone with the Montana administrators.
- VDH wants to be able to reach more moms statewide, including moms who are on their second, third, etc. baby.
    - We spoke with Dr. Olds team and they offered to include Vermont in the Multips pilot (women who have had a previous birth).
    - All states were given the opportunity to include their interest in being a part of the Multips pilot in their MIECHV application last year, and ***VDH was not interested in participating***.
    - We can serve clients in any geographic area in Vermont - the decision to provide services in only 12 of the 14 counties was solely a VDH/AHS decision. Our resources are available for any geographic area.

**Importance of Evidence-Based Home Visiting**

At NFP, one of our core values is to be a leader in evidenced-based home visiting. We are very careful to study and evaluate any innovations to the model to ensure that the outcomes associated with NFP aren't diluted from those in the clinical trials. When you invest significant dollars, such as $1.3 million to strengthen your most vulnerable families in VT, you want to have confidence that the service will have a positive impact in the life of those moms, babies and families – and that's exactly what NFP offers Vermont families.

***NFP is the gold standard in evidence-based home visiting. We are unwilling to dilute quality for price, and that's what distinguishes us from other programs,***

**New Jersey and Rhode Island Programs**

Recognizing that families have diverse needs, NJ offers 3 home visiting programs in every county throughout the state. RI also offers multiple home visiting programs throughout the state. They have a statewide marketing effort called, "Love That Baby." Both states use a centralized

intake system so as to streamline referrals and minimize confusion, similar to the Vermont CIS system. There are many states where NFP is part of a greater system and we all work together beautifully. It doesn't have to be just NFP or just MECSH. They can both serve different purpose and strengthen Vermont's response to this growing need in our communities.

**Model Elements**

The National Service Office provides the model elements that are the recipe to achieve the same outcomes as the clinical trials. NFP nurse home visitors and nurse supervisors implement the program with fidelity to the NFP model.

- Fidelity is the extent to which there is adherence to the model elements - **Applying the model elements in practice provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials and outcomes from ongoing research on the program.**
- Fidelity includes agency and nurse uptake and application of new research findings and new innovations, as well as adjusting NFP practice to the changing context and demographics of NFP clientele - **Research into practice always comes with the risk of losing effectiveness so staying as close as possible to what was done during the clinical trials increases the likelihood that the outcomes will be achieved.**

**Program Participation Fees**

Vermont benefits from the program participation fees in many ways, including:

- Data collection systems
- Reporting
- Marketing and communications support, including NFP branding and nurse-recruitment packets
- Supervisory support with continuous quality improvement
- Visits to the agencies and NFP teams
- Clinical and supervisory coaching and consultation with the supervisor.
- Visit to Visit Guidelines (guidance on what the nurses should do at each visit)
- Facilitators (over 400 educational and motivational materials to use during visits to engage clients in learning and growing).
- Education of nursing supervisors and administrators
- A recruiter dedicated exclusively to helping our implementing agencies fill vacancies (this is new). Her services are offered free for any of our implementing partners. This demonstrates how support comes from all of our departments and is responsive to meet the needs of our network of implementing agencies.
- Nurse consultation (Jane's role) to help ensure implementation is working and maintaining the recipes so that in the end you get what you paid for (the positive outcomes).

**Implementation of NFP worldwide:**

http://www.ucdenver.edu/ACADEMICS/COLLEGES/MEDICALSCHOOL/DEPARTMENTS/PEDIATRICS/RESEARCH/PROGRAMS/PRC/RESEARCH/INTERNATIONAL/Pages/international.aspx

Current international collaborators include Australia, Bulgaria, Canada, England, the Netherlands, Northern Ireland, Norway, Scotland, and the United States. A randomized controlled trial (RCT) is currently underway in British Columbia, Canada.

NFP is committed to maintaining rigorous research standards as the program is tested in other societies.

**MIECHV Benchmarks**
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf

The NSO fully meets all MIECHV benchmarks and fully supports the data collection needed to meet these benchmarks.

**Expansion of Top Tier Programs**
NFP has been recognized as a top tier program by Social Programs that Work.
http://evidencebasedprograms.org/policy_area/prenatal-earlychildhood

The Arnold Foundation's Straight Talk on Evidence report released this week, indicates that top-tier programs should be growing; they should not be eliminated.
http://www.straighttalkonevidence.org/2018/04/13/how-to-solve-u-s-social-problems-when-most-rigorous-program-evaluations-find-disappointing-effects-part-two-a-proposed-solution/

**Comprehensive Nursing Support**
With each mom, the nurse works across six domains including personal health, environmental health, life course development, maternal role, personal network/relationships and health and human services/service utilization. This ensures that each nurse is comprehensive in her approach with every client. The domains are the foundation for nurse assessment in NFP, the first step in the nursing process. Our Visit-to-Visit eGuidelines web site helps nurses to find Visit Guidance which assists each nurse in knowing what specific topics are important during specific phases (pregnancy, infancy and toddlerhood) in each domain. This helps the nurse avoid bias and choosing topics those in which she feels more comfortable or more interested. The Strengths and Risk Framework (STAR) provides the framing needed to assess and plan interventions and is based on the domains.

*Behind most great people, there is usually a great mother.*
*A mother who loved, supported and provided for her child.*
*But some mothers are unable to become great mothers.*
*They are weighed down by the burdens of circumstance:*
*isolation, abuse, poor health and extreme poverty.*
*These mothers need support to realize their motherhood.*
*We are the force who awakens what they have inside.*
*We are a movement that awakens motherhood in women.*
*This is not a mere intervention. This is a revolution.*
*A revolution that's creating a better world.*
*A world full of great people raised by great mothers.*