



Presentation to the
New Mexico Legislative
Finance Committee

August 18, 2022

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KEY GOALS OF NFP

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family

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HOW NFP WORKS

EXPERTS:

Specially trained nurses

HIGH-NEED POPULATION:

First-time moms facing significant challenges

INTENSIVE:

Pregnancy through age 2

TIMELY:

First 1000 days



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NFP

TRIAL OUTCOMES

The following outcomes have been observed among participants in at least one of the trials of the program:

48% reduction in child abuse and neglect

56% reduction in ER visits for accidents and poisonings

50% reduction in language delays of child age 21 months

67% less behavioral/intellectual problems at age 6

79% reduction in preterm delivery for women who smoke

32% fewer subsequent pregnancies

82% increase in months employed

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Nurse-Family Partnership in NM



University of NM Center for Development & Disability (established NFP in 2012)

- Full team (8 nurses, 1 nurse supervisor)
- Capacity of approximately 200-240 families at a time
- Bernalillo and Valencia Counties
- Currently at full capacity

Youth Development, Inc. (established NFP in 2021)

- Current team of 5 nurses, 1 nurse supervisor
- Bernalillo, Rio Arriba, Sandoval, and Torrance Counties
- Still building caseloads

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NFP Return on Investment

Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts:

\$6 to 1 benefit-cost ratio for every dollar invested in Nurse-Family Partnership in NM.

Table from the New Mexico LFC Early Childhood Accountability Report August 2021

Table 2. Estimated Return on Investment from Potential Home Visiting Programs in New Mexico

Program Name	Benefit to Cost Ratio	Effect Size	Number Enrolled in New Mexico
Nurse Family Partnership	\$5-\$10	Large Effect/ High Cost	125
Triple P*	\$9-\$14	Small Effect/ Low Cost	Not in New Mexico
Other Home Visiting for At-Risk Families**	\$2-\$4	Medium Effect/ High Cost	849
Parents as Teachers	\$1-\$2	Medium Effect/ Medium Cost	1,159
Healthy Families America	\$1	Medium Effect/ High Cost	Not in New Mexico
Family Connects	\$1	Small Effect/ Low Cost	Starting in New Mexico
Early Head Start	\$0	Minimal Effect/ High Cost	2,157

Note: *This is the cost analysis for all levels of the program. **Other Home Visiting is a proxy for First Born.

Source: LFC Analysis using Pew Results First Analysis with New Mexico Data Where Possible

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NFP & Centennial Home Visiting Program



Advantages with use of Medicaid:

- State maximizing use of federal match
- Long-term sustainable source of funding
- Good match with use of nurses/clinicians

Challenges with use of Medicaid:

- Complex to manage billing and sometimes administratively burdensome
- Not receiving enough eligible referrals from MCOs
- Requires supplemental funding for startup/expansion and in instances of staff turnover

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Potential for NFPx in New Mexico

NFP Expanded Eligibility Initiative (NFPx):

- Can enroll beyond the 28th week of pregnancy
- Can enroll mothers with previous births
- Would allow NFP to expand more rapidly and serve a wider population of families in NM
- Waiting for final approval from model developer based on analysis of studies testing the initiative



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**CHILD FIRST
APPROACH** | **Child First is a two-generation, evidence-based, **mental health,** **home visiting** intervention**

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OUR MISSION

Intervene with the most vulnerable young children and families at the earliest possible time to prevent and heal the effects of trauma and adversity

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Theory of Change



(1) Decrease stressors through connection to comprehensive community-based services and supports

(2) Promote a responsive, nurturing, protective, parent-child relationship

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Children prenatal through age 5

- Emotional and behavioral problems
- Learning or developmental problems
- With or at risk for abuse or neglect
- Problems threatening healthy development
- Beginning at any age prior to age 6



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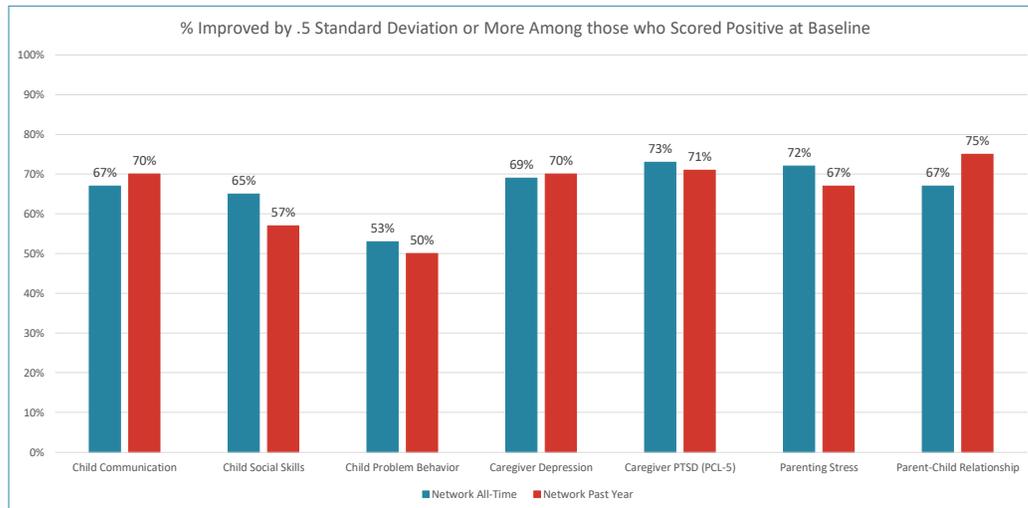


Components of the Child First Intervention

- **Family engagement**
- **Connection to community services and supports (stabilization)**
- **Comprehensive assessment**
- **Family-driven Plan of Care**
- **Mental Health Consultation**
- **Child-Parent Psychotherapy**
- **Building Executive Functioning**

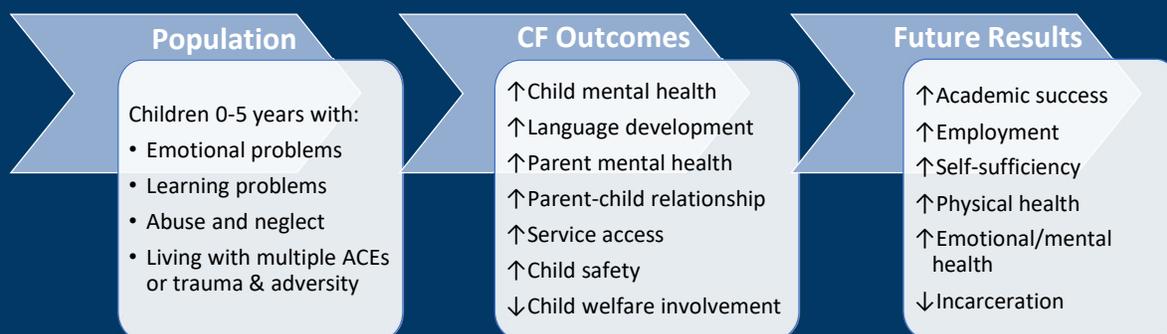
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Percent Improvement



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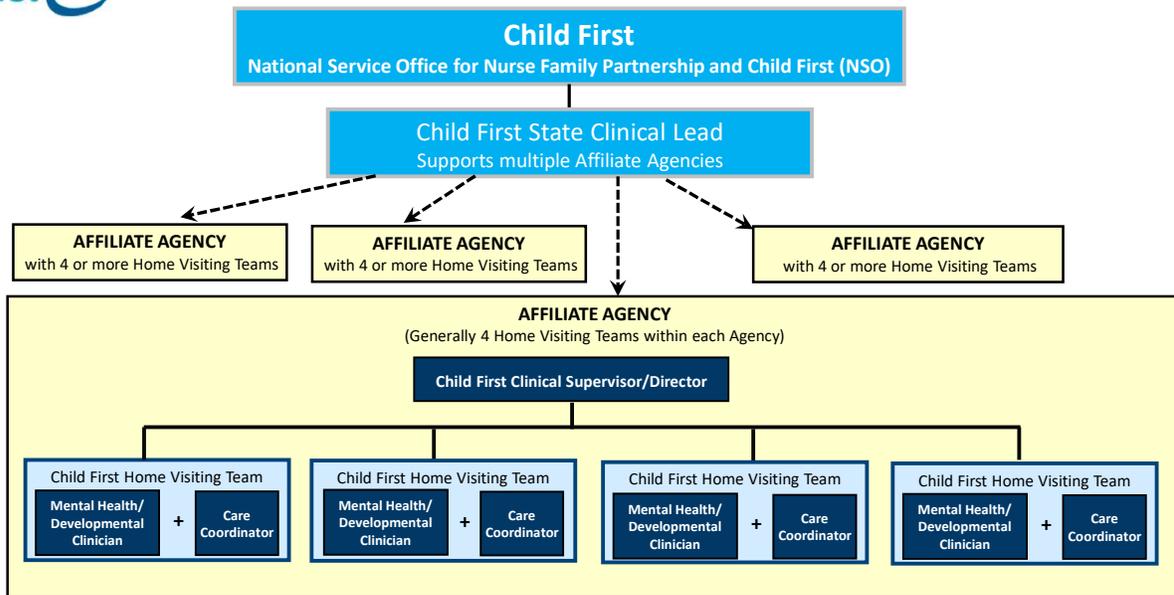
Trajectory of Children Served by Child First



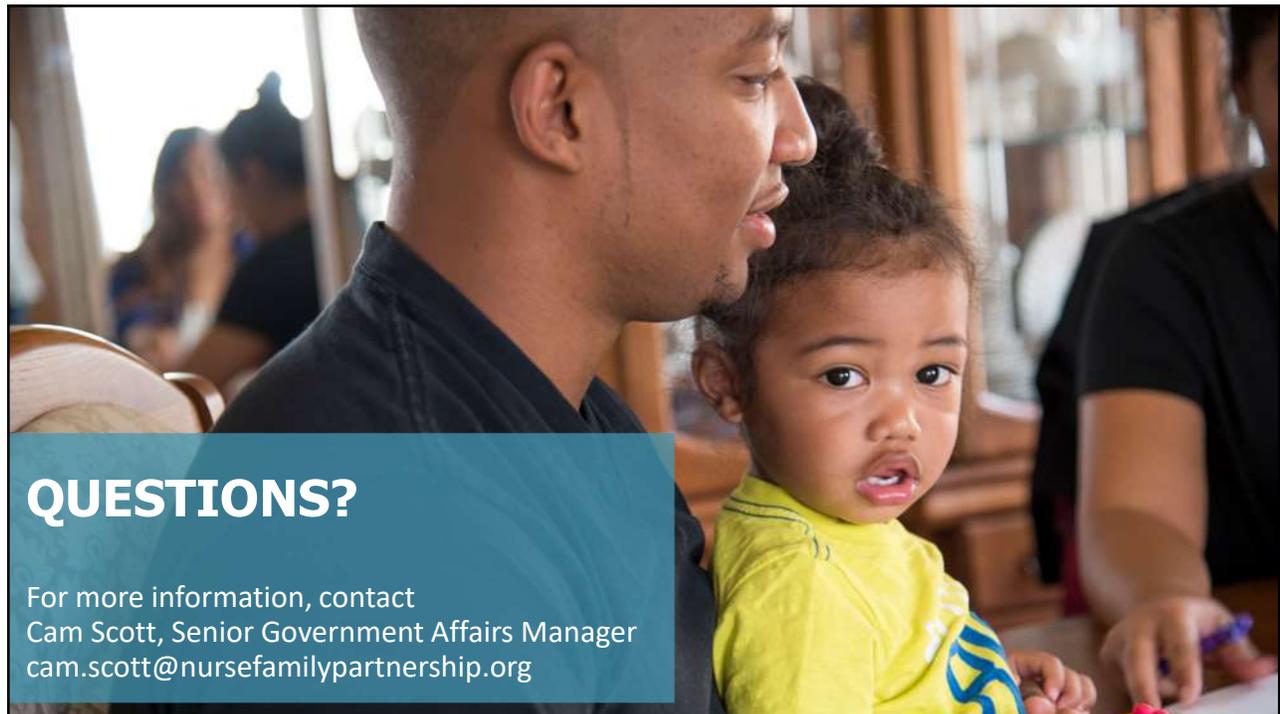
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STRUCTURE OF CHILD FIRST IN A STATE



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QUESTIONS?

For more information, contact
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