



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1132

1. Project Title Nurse Family Partnership Sustainability and Expansion Funding

2. Senate Sponsor Colleen Burton

3. Date of Request 02/07/2023

4. Project/Program Description

Nurse Family Partnership (NFP) works by having specially trained nurses regularly visit young, first-time parents-to-be, starting early in the pregnancy and continuing through the child's second birthday. NFP empowers first-time parents to transform their lives and create better futures for themselves and their babies. Expectant parents benefit by getting the care and support they need to have a healthy pregnancy. At the same time, new parents develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for them both. Through the partnership, the nurse provides new parents with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both parent and child.

5. State Agency to receive requested funds Department of Health

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	46%
<b>Matching Funds</b>		
Federal	1,704,408	39%
State (excluding the amount of this request)	112,500	3%
Local	97,341	2%
Other	418,750	10%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>4,332,999</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	452	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 2,000,000

b. Describe the source of funding that can be used in lieu of state funding.

Will use federal funding, and private donations.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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LFIR # 1132

Yes

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

Nurse Family Partnership received \$488,800 in American Rescue Plan funding. Funds were used to assist families statewide with technological needs and prepaid grocery cards.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	The funding will sustain nurse home visitor salaries and benefits in 21 counties served by the sites. All sites are at risk of reducing staff or closing without an alternative funding source.	2,000,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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



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The funding will support salaries and benefits to ensure sustainability of Nurse Home Visitor positions at the Miami-Dade, Orange, Treasure Coast, Northcentral, Southwest and Hillsborough sites. The funding will ensure the sites' ability to continue serving the approximate 700 families at risk of losing services if positions are not maintained.

#### 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 to sustain nurse home visitor salaries and benefits for 6 sites serving 21 counties.

#### 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 Registrant mothers through the NFPX Bridge study. Annual mothers and babies expected to be served with full allocation are at least 325. Funded counties will include Alachua, Brevard, Citrus, Collier, Dixie, Gilchrist, Hernando, Hillsborough, Indian River, Lafayette, Lake, Levy, Marion, Martin, Miami-Dade, Naples, Orange, Port St. Lucie, Sumter, Suwanee, and Union counties.

#### 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 18 months
- 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?

Unused for misused funds would be returned to the state.

#### 15. Requester Contact Information

a. First Name	<input type="text" value="Lisette"/>	Last Name	<input type="text" value="Nimmons"/>
b. Organization	<input type="text" value="National Service Office for Nurse Family Partnership and Child First"/>		



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## Local Funding Initiative Request

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LFIR # 1132

c. E-mail Address

d. Phone Number  Ext.

#### 16. 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number