

South Carolina Ways & Means Health Subcommittee
January 19, 2023

Testimony by Lisette Nimmons
Government Affairs Manager
Nurse-Family Partnership National Service Office

Mr. Chairman and members of the Committee. My name is Lisette Nimmons, here on behalf of the 8 Nurse-Family Partnership sites across South Carolina, currently serving 29 counties and approximately 1,000 families. The NFP program is implemented by a variety of health systems and other community-based organizations across the state. We would like to thank Chairman Bannister for taking the time to visit our site in Greenville last year, and members are always welcome to visit and get a firsthand look at the life changing services provided by NFP nurses.

Nurse Family Partnership is designed to disrupt the cycle of poverty by having specially trained nurses engage with first time-pregnant moms facing significant life challenges – through birth and until the child’s second birthday. Our nurses build relationships with the moms and work with them in a client-centered approach to support each mom’s goals for her health, for her child, and for her future. NFP has decades of research documenting improvements in three key areas that can change a family’s life trajectory forever: pregnancy outcomes, early childhood development, and economic self-sufficiency.

By focusing on these areas of long-term impact, NFP can generate a government cost savings of 3 times the cost of the program by the child’s 18th birthday. Most of those cost savings accrue to Medicaid, which is why more states including South Carolina began utilizing Medicaid to cover a large portion of NFP implementation costs.

A recent analysis conducted by the Sorenson Impact Center reveals the benefit -cost ratio of investing in NFP for teenage, Medicaid-eligible mothers with less than a high school diploma results in an aggregate economic impact of \$5.5 for every \$1 spent and an economic impact to Medicaid of \$4.7 for every \$1 spent.

Nurse Family Partnership is an evidenced based model, and we have seen significant positive outcomes in South Carolina. NFP South Carolina Outcomes Report Data from

2022 shows decreased smoking during pregnancy, increased breastfeeding rates, increased immunization rates and increased workforce participation. Recent data shows, NFP saw an 80% decrease in smoking during pregnancy, 87% of mothers initiated breastfeeding and almost 40% continued at 6 months postpartum, 93.6% of babies were up to date on immunizations at 24 months and 66% of mothers 18 and older were participating in the workforce 24 months postpartum. Lastly, NFP clients relied on 35% less government and community services at graduation than at intake.

Nurse Family Partnership sites were primarily funded by South Carolina Medicaid and supplemented by federal grants and philanthropic sources as a part of an experimental public-private financing mechanism. As reported in January 2022, NFP was at risk of losing the temporary Medicaid waiver and philanthropic investments were winding down. The Medicaid waiver will expire in March of this year. DHHS granted one extension, but NFP will not receive a second extension. In addition, many sites are losing philanthropic funding as well. While the demand for NFP services remains constant, sites continue to face financial challenges, and some have been forced to reduce or discontinue services due to their inability to replace expired funding sources.

The Spartanburg Regional Hospital site maintains a waitlist of 89 mothers. This week, they received 3 requests for NFP transfer clients, but they could not accommodate the request due to capacity constraints. They will feel a greater strain when two additional caseloads are discharged in April due to staffing reductions upon expiration of the Medicaid waiver. Prisma NFP reduced their waitlist to 40 families, but this was a result of referring NFP mothers to other home visiting programs. The MUSC Women's Health site has 32 mothers on the waitlist and two outstanding lists of Medicaid recipients also eligible for NFP services. The York County First Steps site currently has 6 families on the waiting list, and McLeod Health has at least 22 families waiting not including mothers recently discharged from the referral system as they are beyond 28 weeks in gestation and no longer eligible.

As mentioned earlier, 8 NFP sites in South Carolina are serving approximately 1,000 families. These numbers are down from last year as there were previously 10 sites across the state and 1400 families being served. Specifically, sites funded solely by Medicaid will be directly impacted and will lose full funding upon expiration of the waiver. This includes DHEC Upstate which serves Anderson County, McLeod Health which serves Chesterfield, Clarendon, Darlington, Dillon, Florence, Marlboro, and

Sumter, Williamsburg, and Marion Counties, Prisma Health which serves Greenville, Pickens and Oconee Counties, and Spartanburg Regional Hospital which serves Spartanburg, Union, and Cherokee Counties. DHEC midlands which served Lexington and Richland Counties and DHEC Pee Dee which served Horry, Georgetown, Williamsburg, and Marion Counties are no longer serving mothers.

We have been in conversation with the South Carolina Department of Health and Environmental Control to develop a shared vision for the next phase of NFP. DHEC, in partnership with the South Carolina Children's Trust, has agreed to serve as the fiduciary agent for the funds needed to maintain current service levels. The Children's Trust will distribute funds to Nurse-Family Partnership providers in a manner that will most effectively maintain current service levels. Our request of the General Assembly is to provide the \$2.5 million needed to sustain the current level of Nurse Family Partnership services across the state. This funding is critical for NFP to maintain our current service areas, retain our highly trained nurses, and most importantly, to continue having a life-changing impact with the hundreds of families we serve each year.

Included in your materials you will find letters from supporters of Nurse Family Partnership including the Institute for Child Success and the South Carolina Infant Mental Health Association. Both organizations encourage support of the appropriations request for Nurse Family Partnership to maintain its current level of services for South Carolina families.

Thank you for your support of this valuable work.



SOUTH CAROLINA FY2024 BUDGET REQUEST

- ☒ \$2.5 million to sustain the current level of Nurse-Family Partnership services across the state

The SC Department of Health and Environmental Control, in partnership with the South Carolina Children's Trust, has agreed to serve as the fiduciary agent for the funds needed to maintain current service levels. The Children's Trust will distribute funds to Nurse-Family Partnership providers in a manner that will most effectively maintain current service levels.

WHAT IS NURSE-FAMILY PARTNERSHIP?

Nurse-Family Partnership™ (NFP) is an evidence-based community health program that **provides nurse home visits** from pregnancy through age two of the child by a registered nurse to **low- income, first-time mothers** to provide the care and support they need to:

- have a healthy pregnancy,
- be a responsible and caring parent, and
- become more economically self-sufficient.

Outcomes include **long-term family improvements in health, child welfare, education, and self-sufficiency.**



THE FUNDING GAP – FY2024 AND BEYOND

South Carolina has made innovative investments to expand Nurse-Family Partnership services by leveraging Medicaid in combination with legislative appropriations and philanthropic investments to support the rapid scaling of the program to serve South Carolina families.

As the Medicaid waiver that supported this ramp-up is set to expire in March 2023, **multiple Nurse-Family Partnership sites are quickly approaching a fiscal cliff and will be forced to reduce services even while they have growing waiting lists of high-risk families hoping to receive the life-changing support of an NFP nurse.**

Without new funding to replace expiring funding sources, approximately 500-575 current families could lose access to the program.

As the fiduciary agent for the requested state funds, the South Carolina Children's Trust is also committed to maximizing federal funding sources such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program in combination with state funding to sustain NFP in South Carolina.

NURSE-FAMILY PARTNERSHIP SAVES MONEY

The Sorenson Impact Center recently released an analysis of NFP costs, outcomes, and return on investment in South Carolina. This report determined that the benefit-cost ratio of investing in Nurse-Family Partnership for teenage, Medicaid-eligible mothers with less than a high school diploma results in an aggregate economic impact of \$5.5 for every \$1 spent and an economic impact to Medicaid of \$4.7 for \$1 spent.

South Carolina can achieve cost-savings and economic value in the intermediate and long term through continued funding for NFP for the highest need families.

NURSE-FAMILY PARTNERSHIP SERVING SOUTH CAROLINA FAMILIES

NFP Network Partner	Counties Served	Families Being Served*
Carolina Health Centers	Abbeville, Edgefield, Greenwood, Saluda, McCormick	57
Family Solutions/SCORH	Orangeburg	58
McLeod Health	Chesterfield, Clarendon, Darlington, Dillon, Florence, Marlboro, Marion, Sumter, Williamsburg	333
MUSC Women's Health	Charleston, Berkeley, Dorchester	72
Prisma Health	Greenville, Pickens, Oconee	272
Spartanburg Regional Hospital	Spartanburg, Union, Cherokee	207
York County First Steps	York, Chester, Lancaster	62

*As of November 2022; number of families are point in time.

For more information, visit www.nursefamilypartnership.org or contact Lisette Nimmons, Government Affairs Manager, at Lisette.Nimmons@nursefamilypartnership.org.



About Carlei



1. How did you get introduced to NFP?

Found out she was pregnant as a sophomore at Frances Marion; visited a crisis pregnancy center to explore her options. Got connected with NFP nurse Jennifer through the center.

2. Why did you decide to enroll?

At the time, she was a scared college student needing guidance and materials to prepare for pregnancy. Support from family and friends was slow to come, so it was her and Jennifer through the first thirteen weeks. Both Carlei & her partner were young, not sure what they were doing, and Jennifer met with them both.

3. What challenges did you face while pregnant and as a new mom?

Understanding how to have a healthy pregnancy and baby through adequately eating, as putting vitamins and prenatal supplements into her budget was not easy.

Jennifer helped give her confidence regarding pregnancy and what to do/what to avoid for a healthy pregnancy.

Carlei was on Medicaid & going to the doctor was financially and logistically hard, so having Jennifer come to her home was huge benefit in having a healthy pregnancy.



4. How did your nurse benefit your child during pregnancy/after delivery?

Jennifer helped Carlei learn about developmental stages and what to do during early childhood to help her son be successful, like reading. Levi, Carlei's son, is developmentally on track & loves to read!

Jennifer also helped with medical issues after Levi was born- when he had trouble latching and heart troubles, Jennifer provided care & connected Carlei with a good pediatrician.

5. Where are you now & how did the program benefit you long-term?

Carlei is a student at Frances Marion University, applying to nursing school, and joining the Air Force- all dreams she had when she found out she was pregnant & things that are still within her grasp.

She has taken 3 medical certifications to prepare for nursing school & future career.

Levi is active, healthy, and developmentally on target.

6. Why is funding for the NFP important for the community & other moms?

NFP is an important service for young, at-risk women with no clue what to do. This type of healthcare benefits community as a whole- educated moms mean educated children and creates stepping stones for healthy lives & educational and economic success.



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*Denotes Emeritus Member

Dear Members of the South Carolina General Assembly,

We write to support the \$2.5 million appropriations request for Nurse-Family Partnership to maintain its current level of services for South Carolina families. This funding would go through the Department of Health & Environmental Control (DHEC) for allocation by the Children's Trust of South Carolina.

In February of 2022, the Sorenson Impact Center released a brief, [Nurse-Family Partnership: Child Maltreatment Strategy](#), which concludes among other findings, "Among well-supported home visiting programs, NFP is the most effective program in reducing incidence of child abuse and neglect." Moreover, it is especially effective for supporting teen parents.

South Carolina has invested significant time and energy building the infrastructure for NFP's preventative services throughout our state – helping new families develop the skills they need to thrive independently.

That expansion occurred through a Medicaid 1915b waiver that is set to expire in early 2023. With the expiration of this waiver, Nurse-Family Partnership needs legislative support for funding to continue providing services at current levels.

Thank you for considering this appropriation

Sincerely,

Bryan Boroughs
Chief Operating Officer and General Counsel
Institute for Child Success



SOUTH CAROLINA
Infant Mental Health
ASSOCIATION

January 17, 2023

Dear Members of the South Carolina General Assembly,

I am writing to recommend your support of the \$2.5 million appropriations request for Nurse-Family Partnership to maintain its current level of services for South Carolina families. This funding would go through the Department of Health & Environmental Control (DHEC) for allocation by the Children's Trust of South Carolina.

As leader of an organization committed to the well-being of infants and families, I highly value the important services Nurse-Family Partnership provides to mothers prenatally through the birth of their infant. Pregnancy and the arrival of a new baby bring life-altering changes that, even for the most prepared families, can result in stress that sometimes results in child maltreatment.

There is no greater opportunity to influence the health and well-being of a child than during the earliest years of life by providing services to help their primary caregivers better understand, and respond to, the needs of their child. Nurse-Family Partnership is a program with well documented, multi-generational outcomes.

In the interest of South Carolina's future, please support the sustainability of this impactful program.

Sincerely,

Kerrie L. Schnake
Chief Executive Officer
SC Infant Mental Health Association