



# **NURSE-FAMILY PARTNERSHIP INCENTIVE FUND**

## **Request for Proposals 2019**

**Applications accepted on a rolling basis starting March 1, 2019**

## SUMMARY OF FUNDING OPPORTUNITY

The purpose of this Request for Proposals (RFP) is to select applicants interested in expanding or launching the Nurse-Family Partnership® (NFP) evidence-based home visiting model through the Incentive Fund.

- The Incentive Fund offers start-up dollars to existing or new organizations wanting to expand or launch NFP.
- The Incentive Fund will partner with those seeking to improve access and quality of care for the most vulnerable families and expand the impact of public and private dollars to optimize this effort.
- NFP will offer up to 1/3 of program funding over a three-year period, with 2/3 match secured by the agency. Proof of match funds will be required.
- Interested applicants must send an email expressing intent to apply prior to submitting an application to: [IncentiveFund@nursefamilypartnership.org](mailto:IncentiveFund@nursefamilypartnership.org).
- Proposals to be accepted and awards announced on a rolling basis beginning March 1, 2019 until all funds have been awarded. Conversations with your NFP point of contact are advised.

## NFP OVERVIEW

Nurse-Family Partnership is an evidence-based nurse home-visiting program focused on the health, well-being and self-sufficiency of low-income, first-time mothers and their children. Four decades of randomized controlled trial research have shown NFP's favorable impact on pregnancy outcomes, child health and development, as well as mother's life course development. Through ongoing home visits from registered nurses, NFP clients receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors (NHVs) form a much-needed, trusting relationship with first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

NFP currently serves over 35,000 families in 41 states, the U.S. Virgin Islands and five Tribal organizations in 594 counties nationwide. Despite this point-in-time enrollment, NFP is reaching only a small percentage of eligible families. Too many low-income, first-time pregnant mothers and their children continue to suffer from chronic poverty, poor health and other social conditions that carry a high price tag in terms of their human toll and monetary costs. NFP is committed to finding new and promising ways of expanding our reach to serve more vulnerable families. As part of this commitment, NFP is launching the Incentive Fund.

## PROPOSAL INFORMATION

### ELIGIBILITY

Applicants may apply to:

- Establish a new NFP program (NFP NEW APPLICANTS)  
OR
- Expand an existing NFP program (NFP EXPANSION APPLICANTS)

NFP is seeking proposals from a variety of interested applicants for this funding opportunity. Preference will be given to proposals from, but not limited to: Federally Qualified Health Centers, Managed Care Organizations, hospitals, health systems and other healthcare agencies, substance abuse and mental health treatment facilities, homeless shelters, and Tribes/Tribal organizations.

### EVALUATION CRITERIA

Applicants are expected to describe their plans to effectively launch, implement and sustain the NFP model. A designated NFP Incentive Fund Review Committee will oversee the RFP selection process.

Successful proposals will need to demonstrate:

- Proof of existing assets for match or demonstrated ability to access matching funds.
- Viable expansion plan or proposed implementation plan, and projected client enrollment.
- Ability to implement with fidelity to the NFP model.
- After three-year grant period, demonstrated ability to get sustainable funding.
- Strong referral network. (NFP Expansion Applicants)
- Strong NHV hiring and retention track record. (NFP Expansion Applicants)
- Average NHV caseload of 85% or above. (NFP Expansion Applicants)
- Strong client enrollment track record. (NFP Expansion Applicants)
- Feasible plan for developing and maintaining a strong referral network. (NFP New Applicants)

### EMAIL EXPRESSING INTENT TO APPLY

Applicants must send a non-binding email expressing intent to apply for funding under this RFP.

Emails should include:

- 1) Name and address of lead agency
- 2) Name, title, phone, and email of agency's point of contact
- 3) Proposed expansion size/size of new agency and service area
- 4) Proposed source and description of matching funds

Send email to [IncentiveFund@nursefamilypartnership.org](mailto:IncentiveFund@nursefamilypartnership.org) with "Incentive Fund Intent to Apply" included in the subject line.

## PROPOSAL INFORMATION CONTINUED

### **MATCHING FUNDS**

Matching funds are required for this grant. NFP can offer up to 1/3 of program funding over a three-year period, with 2/3 match to be secured by the agency. NFP can provide even funding across all three years or provide more funding in year one with less in years two and three at agency option. Proof of private or public match funds will be required, including letter(s) from the public or private funders.

The maximum amount of money to be awarded under this Incentive Fund RFP is \$4 million. The number of awards will depend on quality and viability of proposals and the amount of funds requested by individual applicants.

### **MAINTENANCE OF EFFORT**

NFP Expansion Applicants may not use funds from this grant to supplant existing resources currently being used to support NFP program operations. Awardees are expected to sustain current funding levels for their NFP programs and use Incentive Fund dollars to expand service capacity. Efficiencies that can be achieved with expansion are encouraged.

### **USE OF GRANT FUNDS**

Incentive Fund grant money must be used for costs associated with NFP service delivery. Allowable costs are subject to approval by the Incentive Fund.

## PROPOSAL INSTRUCTIONS

Proposals for grant funding (including attachments) should be sent in a single PDF. Font size should be no smaller than Times New Roman 10. Proposals will be accepted on a rolling basis starting March 1, 2019.

### **SECTION 1: PROPOSAL COVER PAGE**

All applicants must submit the Cover Page included on Page 7 of this RFP with their respective proposal.

### **SECTION 2: PROPOSAL SUMMARY PAGE (2 PAGE MAXIMUM)**

All applicants should provide a short overview of their plan to expand or establish the NFP program. Please include a brief description of the project with the following:

- 1) Target population and geography to serve
- 2) Why is NFP needed?
- 3) Existing and proposed partnerships that will help achieve a strong implementation, including referral sources, prenatal and pediatric providers, and other community services
- 4) Proposed match funding

### **SECTION 3: PROPOSAL ADDENDUMS**

Existing and New Agencies to NFP have different proposal addendums they must fill out. Please be sure to complete the correct form for RFP submission.

#### **NFP EXPANSION APPLICANTS**

Must complete the Expansion Addendum and include all required attachments.

#### **NFP NEW APPLICANTS**

Must complete the New Agency Addendum and include all required attachments.

## KEY DATES

Schedule	Date	Instructions
Posting of Request for Proposals	February 26, 2019	Available on NFP Website: <a href="https://www.nursefamilypartnership.org/public-policy/incentive-fund/">https://www.nursefamilypartnership.org/public-policy/incentive-fund/</a>
Email with Intent to Apply	Starting on February 26, 2019	Email: <a href="mailto:IncentiveFund@nursefamilypartnership.org">IncentiveFund@nursefamilypartnership.org</a>
Question & Answer Period for RFP	Starting on February 26, 2019	Email: <a href="mailto:IncentiveFund@nursefamilypartnership.org">IncentiveFund@nursefamilypartnership.org</a> with a question or to set-up a call.
Proposal Due Date	Rolling basis starting March 1, 2019	Email: <a href="mailto:IncentiveFund@nursefamilypartnership.org">IncentiveFund@nursefamilypartnership.org</a>
Award Announcements	Rolling basis starting April 1, 2019	Via Email to Recipients

## CONTACT INFORMATION

For any questions on the Incentive Fund or the application process, please email:  
[IncentiveFund@nursefamilypartnership.org](mailto:IncentiveFund@nursefamilypartnership.org)

For more information on NFP, please visit our website:  
<https://www.nursefamilypartnership.org/>



## COVER PAGE

### NURSE-FAMILY PARTNERSHIP INCENTIVE FUND 2019 REQUEST FOR PROPOSALS (RFP)

Entity's Legal Name: \_\_\_\_\_

Entity's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): (Including area code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Employer Identification Number (FEID): \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Entity's Fiscal Year End Date: \_\_\_\_\_

Contact Person for Application: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name of Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# OVERVIEW

## GENERAL INFORMATION

**Nurse-Family Partnership® is an evidence-based, community health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.**

“ ”

CHILDREN'S PROGRAMS ARE SUCCESSFUL WHEN THEY LEVERAGE THE MOST DIFFICULT JOB IN THE WORLD: PARENTING

NICHOLAS KRISTOF,  
NEW YORK TIMES COLUMNIST

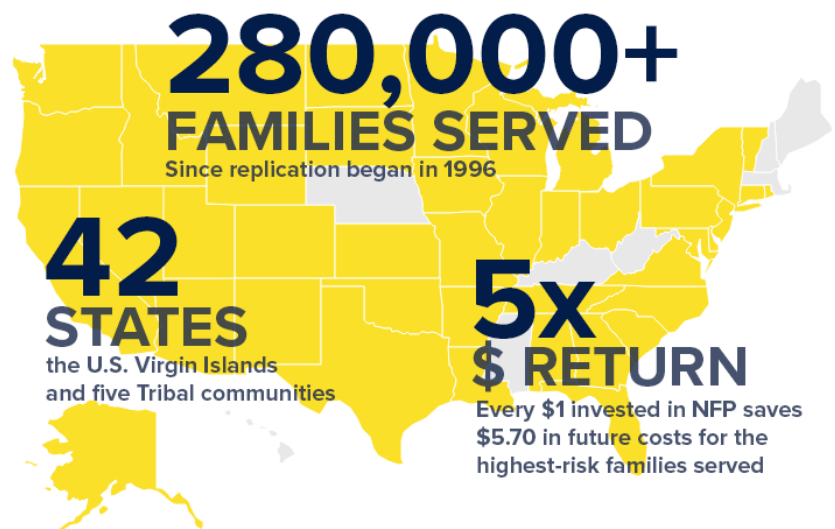


## Better Worlds Start with Great Mothers

Nurse-Family Partnership empowers vulnerable first-time moms to transform their lives and create better futures for themselves and their babies. Research consistently proves that Nurse-Family Partnership succeeds at its most important goals: keeping children healthy and safe and improving the lives of moms and babies.

Nurse-Family Partnership works by having specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy, continuing through the child's second birthday.

The expectant moms benefit by getting the care and support they need in order to have a healthy pregnancy. At the same time, new moms 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 their new family. Throughout the partnership, the nurse provides new moms 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 mom and child.



## Great Nurses Strengthen Families

Our highly trained nurses give expectant women valuable knowledge and support, enabling positive outcomes. Each Nurse-Family Partnership nurse is specially trained to deliver our unique program—the original model, developed by David Olds, Ph.D., remains at the core of the program today. The partnership between a nurse, a mom or family and the child is a winning combination, and this relationship of trust makes a measurable difference for the whole family across generations.



# OVERVIEW

## We Are The Gold Standard

More than 40 years of scientific studies have consistently proven that we succeed at our most important goals of keeping children healthy and safe, and improving the lives of moms and babies.

**48% REDUCTION IN CHILD ABUSE AND NEGLECT**<sup>1</sup>

**67% LESS BEHAVIORAL AND INTELLECTUAL PROBLEMS IN CHILDREN AT AGE 6**<sup>2</sup>

**72% FEWER CONVICTIONS OF MOTHERS (MEASURED WHEN CHILD IS 15)**<sup>1</sup>

**82% INCREASE IN MONTHS EMPLOYED**<sup>3</sup>

**35% FEWER HYPERTENSIVE DISORDERS OF PREGNANCY**<sup>4</sup>

## Nurse-Family Partnership Goals

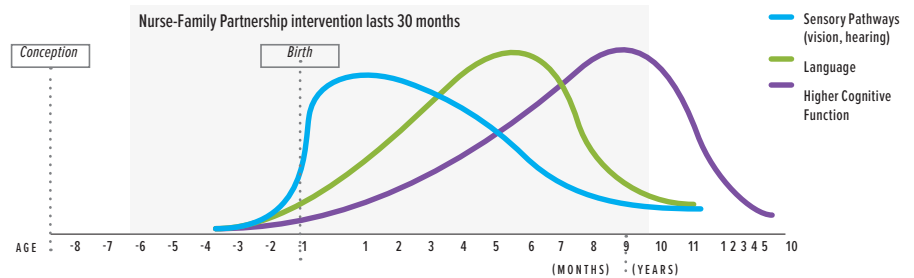
1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

## Proven Results

The Nurse-Family Partnership program has been independently reviewed and evaluated, and is ranked as the Gold Standard of home visiting programs. A report from the Center on the Developing Child at Harvard University shows the extent to which very early childhood experiences influence later learning, behavior and health.

### Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., In *Neurons to Neighborhoods* (2000).

This Harvard report shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language development. It is during this window of opportunity that the early and intensive support by a Nurse-Family Partnership nurse can have a huge impact on the future of both mother and child.

“ ”

THERE IS A MAGIC WINDOW DURING PREGNANCY... A TIME WHEN THE DESIRE TO BE A GOOD MOTHER AND RAISE A HEALTHY, HAPPY CHILD CREATES MOTIVATION TO OVERCOME INCREDIBLE OBSTACLES INCLUDING POVERTY WITH THE HELP OF A WELL-TRAINED NURSE.

— DAVID OLDS, PH.D., NURSE-FAMILY PARTNERSHIP'S FOUNDER



1900 Grant Street, 4th Floor  
Denver, Colorado 80203  
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866.864.5226

1. Olds, D.L., et al. (1997). Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. *JAMA* 1997

2. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 2004

3. Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *American Journal of Public Health* 1988

4. Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association* 1997

# RESEARCH TRIALS AND OUTCOMES

## THE GOLD STANDARD OF EVIDENCE

Nurse-Family Partnership® is an evidence-based health program with nearly 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.

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IT IS NOT JUST EMPIRICAL EVIDENCE [THAT NURSE-FAMILY PARTNERSHIP HAS] THAT'S IMPORTANT; IT'S A CERTAIN TYPE OF EMPIRICAL EVIDENCE, NAMELY EVIDENCE FROM RANDOM ASSIGNMENT EXPERIMENTS. BECAUSE THAT'S THE GOLD STANDARD OF RESEARCH AND WE HAVE LEARNED OVER AND OVER AGAIN THAT ANY OTHER KIND OF STUDY IS LIKELY TO PRODUCE AN INCORRECT ANSWER. SO NOT ONLY IS THERE GOOD EVIDENCE FROM THE STUDY, BUT THE EVIDENCE IS FROM THE VERY BEST KIND OF RESEARCH.

RON HASKINS,

Senior Fellow, Economic Studies Co-Director,  
Brookings Institution Center on Children and Families



## TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, 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<sup>1</sup>
- 56% reduction in ER visits for accidents and poisonings<sup>2</sup>
- 50% reduction in language delays of child age 21 months<sup>3</sup>
- 67% less behavioral/intellectual problems at age 6<sup>4</sup>
- 79% reduction in preterm delivery for women who smoke<sup>5</sup>
- 32% fewer subsequent pregnancies<sup>6</sup>
- 82% increase in months employed<sup>7</sup>
- 61% fewer arrests of the mother<sup>1</sup>
- 59% reduction in child arrests at age 15<sup>8</sup>

## A Cornerstone of Nurse-Family Partnership

Nurse-Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first child. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership's model is based on more than 40 years of evidence from randomized, controlled trials that show it works.

Beginning in the early 1970s, Olds initiated the development of a nurse home visitation program for first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations in Elmira, NY, Memphis, TN and Denver, CO. The trials were designed to study the effects of the Nurse-Family Partnership model on maternal and child health and child development, by



# RESEARCH TRIALS AND OUTCOMES



1977  
Elmira, NY  
400  
Low-income whites  
Semi-rural area



1990  
Memphis, TN  
1,138  
Low-income blacks  
Urban area



1994  
Denver, CO  
735  
Large proportion of Hispanics  
Nurses and paraprofessionals

comparing the short- and long-term outcomes of mothers and children enrolled in the Nurse-Family Partnership program to those of a control group of mothers and children not participating in the program.

## A Lasting Impact

Today, Olds and his team at the Prevention Research Center for Family and Child Health at the University of Colorado continue to study the model's long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trials have been (and continue to be) conducted. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short- and long-term outcomes of the program. Although the Nurse-Family Partnership National Service Office maintains a close association with the Prevention Research Center, the two remain professionally independent.

## Adherence to the Nurse-Family Partnership Model

Today, Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by Nurse-Family Partnership nurses. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the randomized, controlled trials.

## A Basis for Evidentiary Standards

The evidentiary foundations of the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance, and were conducted with nearly entire populations of at-risk families in local community health settings, these findings are relevant to communities throughout the United States.

Nurse-Family Partnership's emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence-Based Policy, Blueprints for Violence Prevention, the RAND Corporation and the Brookings Institution, which seek to provide policymakers and practitioners with clear, actionable information on programs that work — and are demonstrated in scientifically valid studies.



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1. Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*. 1997
2. Olds DL, et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*. 1986
3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*. 2002
4. Olds DL, 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. Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986
6. Olds, D.L., Eckenrode, J., et al. Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. *JAMA*. 1997
7. Olds D.L., Henderson C.R. Jr., Tatelbaum R., Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. 1988
8. Reanalysis Olds et al. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*. 1998