



LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

1930 Ninth Avenue
Helena, Montana 59601
Telephone 406-457-8900
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A Resolution of the Lewis and Clark City-County Board of Health In support of Evidence-based Home Visiting Services

Whereas, pregnancy, infancy, and early childhood are the most opportune times for preventing health conditions which may otherwise develop into lifelong health problems and high costs to society; and,

Whereas, the Nurse-Family Partnership home visiting program has measurable positive outcomes in maternal and child health, child development and school readiness, family economic self-sufficiency, positive parenting practices, and reductions in child maltreatment, juvenile delinquency, family violence, and crime, placing it among the strongest of evidence-based home visiting models assessed by the US Department of Health and Human Services;ⁱ and,

Whereas, analysis of over 40 evaluations, including randomized controlled trials, quasi-experimental studies and large-scale replication data, of NFP enables projections on the savings, return-on-investment, and outcomes specifically for Montana. This analysis projects by the 18th birthday of a Montana child that was served through NFP, state and federal cost savings due to NFP will average \$32,091 per family served, or 3.7 times the cost of the program. NFP's total benefits to society equal \$69,793 per family served, which is an 8.2 to 1 benefit-cost ratio for every dollar invested in NFP.ⁱⁱ

Whereas, Nurse-Family Partnership (NFP) is thriving and expanding in rural settings in almost all the 41 US states where the program is offered; and,

Whereas, Lewis and Clark Public Health (LCPH) is a member of the multi-county NFP of Montana which has served 116 families since its initiation in 2013 through 1391 nurse home visits, with 21 families currently being servedⁱⁱⁱ; and,

Whereas, LCPH and NFP of Montana rely on federal pass-through funds for maternal child health home visiting allocated by the Affordable Care Act, entitled Maternal, Infants, and Early Childhood Home Visiting (MIECHV); and,

Whereas, in 2018, DPHHS initiated a rapid and extensive rollout of a new home visiting program to 14 sites which they entitled "First Year Initiative," that DPHHS funded through other, temporary funds which are currently not available; and

Whereas, DPHHS has, in the absence of any community engagement, imposed significant cuts to MIECHV-funded programs—including a 32% reduction to NFP of Montana—by diverting MIECHV funds to the agency's new FYI sites, a cut that slashes caseload, discounts local investment, and threatens NFP of Montana's model integrity;^{iv} and,

Whereas, a fundamental standard for public health practice calls for "[P]ublic health policies, programs, and priorities [to] be developed and evaluated through processes that ensure an opportunity for input from community members" and "engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public's health."^v

Our mission is to improve and protect the health of all Lewis and Clark County residents



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Now, therefore be it resolved that the Lewis and Clark City-County Board of Health appeals to DPHHS to:

- Stop action on NFP funding cuts;
- Issue contracts for at least a six-month period that fully reinstates Nurse-Family Partnership of Montana funding and capacity to the 2019 level plus additional funds needed for required training, personnel and operational increases; and,
- Convene a deliberative, transparent, and third-party facilitated planning process that engages interested parties in maternal child home visiting needs, services, and funding in the state.

And, be it further resolved that the Lewis and Clark City-County Board of Health directs and supports the Lewis and Clark Public Health to continue its advocacy and engagement toward realizing the actions contained in the board's appeal, and its collective work with local and state-wide partners to preserve the considerable investment, collaboration, and citizen benefits of Nurse-Family Partnership of Montana and the capacity of the department.

Adopted by the Lewis and Clark City-County Board of Health on this day, Thursday, April 25th, 2019.

BY: 

Jim Benish, Chair

ⁱ US Dept. of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness accessed at <https://homvee.acf.hhs.gov/Default.aspx> on April 16, 2019.

ⁱⁱ Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. This information in this document relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major research updates (latest revision: 12/22/2018).

ⁱⁱⁱ NFP of Montana consists of a five-county interdependent network involving Butte-Silver Bow, RiverStone Health in Yellowstone County, Lewis & Clark County, Missoula County, and a fifth county which, until March, 2019, was Hill County.

^{iv} E-mails from DPPHS to local programs dated March 26, 2019, received after local budget submission deadline; and NFP program cut data generated by comparison of 2019 budgets to reduced amounts imposed by DPHHS as reported to and analyzed by MCCHD in April, 2019. Analysis includes the loss of a fifth county and its caseload capacity.

^v Public Health Accreditation Board, Standards and Measures, Version 1.5, Domain 4, Standard 2, Measure 1, and "Principles of the Ethical Practice of Public Health," Public Health Leadership Society, Version 2.2, 2002, pg.4, accessed https://www.apha.org/-/media/files/pdf/memborgroups/ethics/ethics_brochure.ashx on April 16, 2019.