

Conversation between GiveWell (Elie Hassenfeld and Simon Knutsson) and the Nurse-Family Partnership National Service Office (Michelle Stapleton, Fund Development Associate), July 21, 2010

**GiveWell:** We completed our review of Nurse-Family Partnership in mid-2008. Can you tell us what you've done over the last two years? How much money have you raised? How many mothers are you serving?

**Nurse-Family Partnership National Service Office (NFP NSO):** The information on your site has us serving around 13,000 mothers but we're now serving 21,000 mothers in 32 states and approximately 380 counties in the United States. Since 1996, we have served more than 110,000 mothers.

As far as funding goes, there are two kinds I should address. One is that the national office launched a growth capital campaign in 2007 with the goal of raising \$50 million to fund growth over the next ten years to the point where we're economically self-sufficient at NFP National Service Office, with the exception of special projects we might have. Of that \$50 million, 100% has been committed by a group of co-investors: The Edna McConnell Clark Foundation, Bill & Melinda Gates Foundation, Robert Wood Johnson Foundation, W. K. Kellogg foundation, The Kresge Foundation, Robertson Foundation, and NFP Board of Directors. The NFP Board of Directors committed \$8 million of the \$50 million and we're a little over halfway to raising the board commitment.

The other portion of our funding is the newly-enacted Patient Protection and Affordable Care Act contained in the Maternal, Infant, and Early Childhood Home Visiting Program providing federal funding for home visiting programs. Nurse-Family Partnership will see expansions in its operations over the next five years thanks to this influx of mandatory funding.

The money will go to states to implement evidence-based home visiting programs of their choice. All this funding goes to states and not the NFP National Service Office directly. There's a percentage of the amount that states can use to implement promising home visitation programs that are not yet evidence-based, but a fixed percentage has to go to evidence-based programs. As NFP programs are started or expanded, NFP National Service Office receives fees.

**GiveWell:** Are you still fundraising or have you raised what you need?

**NFP NSO:** The \$50 million has been committed but we still have \$3.5 million [of the board commitment] that has to be raised. The board committed to give or get the \$8 million and we're helping them to reach that goal.

With that said, the recession wasn't something we planned for in 2007. So, we've revisited our business plan and growth goals in a world where we have 2-3 years of slower than we anticipated growth, and that takes our initial 10-year timeline out a few more years and requires more funding. The initial growth model was to cover us for 10

years. Now, that we're expecting it to take 12-13 years to become self-sustaining, we'll need an additional \$8-10 million for those extra 2-3 years (in addition to the \$3.5 million that is committed by the board but not raised).

**GiveWell:** Can you explain more about the fees you receive from local NFP programs?

**NFP NSO:** Local NFP programs pay the NFP National Service Office to educate the nurses—each nurse goes through a set curriculum. Local NFP programs also pay us technical assistance fees on an ongoing basis. You can see it in the budget you have, even though it's slightly outdated, that those fees cover ongoing education, direct nurse consultation, reporting and data services that we provide to the agencies.

**GiveWell:** So the goal is to raise money to sustain you to the point where you're funded just by fees from local programs?

**NFP NSO:** Correct.

**GiveWell:** How much money came into NFP NSO over the past two years and how much of it have you spent?

**NFP NSO:** Our IRS 990 form and our audited financial statements have what you are looking for. Our operating budget for FY2010 is \$11.6 million. We've continued to spend around \$10 million to \$11 million each year for the national office, what sites or local agencies spend is not a part of that.

**GiveWell:** Do you have data over time of how many mothers you have served?

**NFP NSO:** Yes, I can send you the number of mothers served over time in a year or 6-month increments.

A part of our growth goal is to reach 100,000 mothers at any given time, that is, at one snapshot in time. That is where we feel like we'll make an impact locally and we can be economically self-sustaining.

**GiveWell:** You mentioned that \$50 million has been committed to the NFP NSO. Is your goal to spend down the \$50 million, or to use them to create savings?

**NFP NSO:** The goal is to spend down.

**GiveWell:** What outcomes information do you collect for mothers and children and what can you share with us? And are you collecting any type of information that you weren't before?

**NFP NSO:** Since you initiated this phone call, I have been working on getting information together that I can share with you and the public. So, it's still slightly in progress. I'm going to have a series of national trend data. NFP NSO has three goals: to

improve pregnancy health and outcomes, improve child health and development, and improve self-sufficiency of moms and families. The data will be tied to those three goals. I'll plan to send it by the end of August.

**GiveWell:** How do the results of the local NFP programs compare with the results of the randomized controlled trials (RCTs) of the NFP program? Are there, for example, data from tracking the outcomes for mothers and children over time?

**NFP NSO:** To give you some context: Part of what makes RCTs so great is that you have control groups of like participants, but once you roll out research and begin the replication, you don't have any comparison group to compare the program to. This is something we're constantly struggling with.

We don't currently track long term outcomes beyond the program for clients because it doesn't fit with what the agencies focus on which is serving mothers and their children during pregnancy and the first two years of life.

We do have one or two new RCT follow-up studies that have been completed and published since we talked last time. And in the next 2-3 years more are coming. They've done follow-ups for Denver, and I'll check if anything's been published or when they plan to publish.

**GiveWell:** Could you share the 10 year plan with budget estimates and spending allocation?

**NFP NSO:** I probably could. It's something we wrote in 2007.

**GiveWell:** Has the federal funding changed the plan?

**NFP NSO:** 2009 and 2010 are going to be considered slow growth years, and any growth that occurs from the home visiting initiative won't actually happen much until 2011. We're already working with the states and their RFP process.

We do anticipate that our growth will pick up. I'll see if there's anything more recent, and send you that.

**GiveWell:** I'd like to understand better the mechanism how NFP NSO runs a new program, and what the cost allocations are.

**NFP NSO:** We don't bill the startup costs and start-up is one of the most important things we do. We spend a lot of time to make sure all the needed pieces are in place for a community, such as that the agency is right and that there is sustainability for the program.

**GiveWell:** Invest in Kids (IIK) works with the NFP program in Colorado. IIK is an organization that works at the level between the local implementers of NFP and the

national NFP NSO. Is the situation in Colorado typical? Does an entity like Invest in Kids exist in all states?

**NFP NSO:** IIK is a very unique situation and the state of Colorado is unique. We currently have another partner, Public-Private Ventures (PPV), that helped us with the very beginning of replication of NFP. At that time, Dr. Olds was still overseeing everything and there wasn't a national service office yet, and he needed someone to help him. We've retained a relationship with P/PV throughout our replication, and we just announced that we're not going to use P/PV as a partner anymore since their mission is to help programs start replication and learn the process, and we've now outgrown our relationship with them.

The situation in Colorado with Invest in Kids is multi-layered. The organization started with a group of lawyers who worked in the juvenile justice system and wanted something evidence-based to prevent the kids from going through the criminal justice process, and they decided to implement NFP in Colorado. This was before there was a national NFP office.

In our current relationship with IIK, they employ a nurse consultant that works with all the Colorado agencies, and that nurse consultant works with our national nurse consultants. IIK operates as its own 501(c)(3), which also implements other evidence-based programs in addition to NFP. IIK is an incredibly strong advocacy arm in the state of Colorado. The program in Colorado is funded almost entirely through state funding.

In the rest of the country, the NFP NSO has program developers who are regionally located and work directly with the community in those places.