### Policy Objective

Improve birth and early childhood development outcomes and reduce maltreatment in low-income families by providing home visiting for expectant mothers.

- Compared to other developed countries, the U.S. has some of the worst maternal and child health outcomes, particularly regarding preterm birth rates, infant mortality, and maternal death.
- Birth outcomes in the U.S. are worse for women of color. For non-Hispanic black women, the infant mortality rate is nearly double that of white women.
- Research done by the Heckman Equation shows that high-quality birth-to-five programs for disadvantaged children can deliver a 13% per year return on investment, realized through better outcomes in education, health, social behaviors, and employment.

### PFS Program Design Options

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Intervention</th>
<th>Outcomes</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- First-time, low-income mothers&lt;br&gt;- Women who are pregnant&lt;br&gt;- Medicaid eligible mothers</td>
<td>- Home visiting delivered by registered nurses (RNs)&lt;br&gt;- Pre-natal care advice&lt;br&gt;- Child development support&lt;br&gt;- Child screening&lt;br&gt;- Life skills coaching&lt;br&gt;- Direct counseling from a registered nurse</td>
<td>- Reduction of hypertensive disorders during pregnancy&lt;br&gt;- Reduction of pre-term births&lt;br&gt;- Reduction of child abuse and neglect, as measured by child hospitalization and ER usage due to injury&lt;br&gt;- Increase in healthy spacing between births&lt;br&gt;- Increase in maternal employment&lt;br&gt;- Increase in smoking cessation&lt;br&gt;- Increase in school readiness and success</td>
<td>- Validation of administrative data&lt;br&gt;- Pre-post assessment&lt;br&gt;- Historical baseline comparison&lt;br&gt;- Matched comparison (contemporaneous or historical)&lt;br&gt;- Randomized control trial (RCT)</td>
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1. These options represent areas that Social Finance has explored as suitable for Pay for Success; options shown here are not exhaustive.
PAY FOR SUCCESS IN ACTION: SOUTH CAROLINA NURSE FAMILY PARTNERSHIP PROJECT

Launched in 2016, the South Carolina Nurse-Family Partnership Project is the nation’s first Pay for Success project focused on improving health outcomes for women and children in poverty. The project braids $17 M in philanthropic funding with $13 M via a 1915(b) Medicaid waiver, to serve 3,200 low-income, first-time mothers and their babies. The project will double Nurse-Family Partnership (NFP)’s capacity to serve families in South Carolina.

THE CHALLENGE

More than 280,000 children in South Carolina (27%) live in poverty. More than half of babies in the state are born to low-income mothers who qualify for Medicaid. Growing up in poverty can be harmful to a child’s cognitive development, health, school performance, social and emotional well-being.

Mothers struggling with poverty are at higher risk for poor birth outcomes such as delivering premature babies or babies who weigh too little.

THE OPPORTUNITY

The South Carolina Nurse-Family Partnership project presents opportunity for:

- **Long-term and Lasting Results:** The project provides increased support for healthy pregnancies and sets children up for successful early childhood development
- **Sustainability:** Braiding Medicaid funding with philanthropic funding provides pathway for the state to provide NFP to more mothers. Philanthropic funders will also recycle outcome payments to further scale NFP
- **Innovation and Learning:** The project uses a rigorous evaluation to understand the efficacy of NFP and provide insights in how to scale this program while minimizing taxpayer cost and maximizing impact

PROJECT TERMS

**PFS Program Terms**
- **Target Population:** Low-income, first-time mothers
- **Intervention:** NFP’s evidence-based intervention
- **Outcomes:** (1) Reduction in pre-term births; (2) Reduction in child hospitalization and ER usage related to injury; (3) Increase in healthy birth spacing; (4) Number of mothers served in low-income zip codes
- **Measurement:** Randomized control trial

**Financial Terms**
- **Scale:** 4,000 families (3,200 through Medicaid waiver, 800 through MEICHV)
- **Maximum Outcome Payments:** $7.5 M
- **Outcome Payment Schedule:** Payments possible in 4th and 5th year after project launch, contingent on outcomes achieved
- **Term:** 4 years of service delivery, 5 year investment term