



# South Carolina Nurse Family Partnership Pay for Success Project

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## I. Executive Summary

In January 2016, South Carolina launched a pay for success (PFS) project to connect low-income mothers and their children with nurse home visiting services. South Carolina's Department of Health and Human Services (SCDHHS) used the pay for success contract to deliver preventive services to first-time mothers in the state's Medicaid program with the goal of improving the health outcomes of mothers and their babies.

Through the South Carolina Nurse-Family Partnership project (SC NFP), South Carolina provides nurse home visiting services to approximately 4,000 mothers over a six-year period. Mothers who enroll in Nurse-Family Partnership services receive individualized home visits from trained nurses from early in their pregnancy until their child's second birthday.

The SC NFP project employed several innovative techniques to expand and evaluate preventive services:

### 1. The use of a 'pilot period' to test changes in program enrollment and data transfer.

The SC NFP project led to changes in how mothers were screened for and enrolled in NFP home visiting services in South Carolina. A three-month pilot period allowed (1) nurses to practice new enrollment protocols, (2) evaluators to make adjustments to the consent and information gathering process, and (3) project partners to establish data agreements and protocols for sharing data.

### 2. The development of a PFS outcome metric focused on enrolling high-risk mothers.

NFP and the nine implementing agencies (IAs) in the SC NFP project have served South Carolina mothers as far back as 2009. To incentivize IAs to enroll more at-risk mothers, SCDHHS and project partners set a target for the percentage of enrollees living in low-income zip codes (poverty rates above 15 percent). If at

least 65 percent of mothers in the SC NFP project live in these low-income zip codes at the time of enrollment, SCDHHS pays a per participant success payment.

### 3. State-Federal Partnership

It has been challenging for state governments to establish pay for success projects in health policy because the joint state-federal funding of Medicaid implies that much of the benefits of such projects will flow to the federal government, even if the federal government does not fully share in the project's implementation costs. SCDHHS received a 1915(b) waiver from the Centers for Medicare and Medicaid Services to allow NFP to bill Medicaid. The waiver also expands the number of home visits billable to South Carolina Medicaid for each mother-child pairing from two to a maximum of forty. This project was feasible only because the waiver allows the federal government to pay for a portion of the project's costs, just as it would for other Medicaid-funded services.

### 4. Combination of Fee-for-Service and Pay for Success

In this project, the contemporaneous per-visit Medicaid payments are covering approximately 45 percent of the project budget, and investor contributions are covering the remaining 55 percent. This mix of fee-for-service and pay for success is an extremely promising model for leveraging investor dollars to improve service delivery for a much larger total amount of services.

### 5. The incorporation of philanthropic investment and rollover of success payments.

Philanthropic investors contributed \$17 million to fund upfront operations of the SC NFP project. Real-time Medicaid billing under the 1915(b) waiver covers the remaining \$13.5 million in operational costs. In the hope of cultivating a path to long-term, sustainable funding of NFP in South Carolina, the investors are rolling over any success payments into ongoing NFP operations in the state.

## **6. The incorporation of a randomized controlled trial (RCT) and a long-term evaluation.**

Nationally, NFP has participated in several rigorous evaluations of their model; however, South Carolina has limited evidence on the effects of services for their state's current residents. The Abdul Latif Jameel Poverty Action Lab (J-PAL) designed a RCT to provide rigorous evidence on the effects of NFP, and the results of the RCT will be used to calculate PFS success payments. Beyond the PFS contract period, J-PAL is also conducting a comprehensive, long-term evaluation of NFP's impact on mothers and children, an approach not usually pursued in PFS projects because of the focus on short-term benefits in mapping success metrics and payments. In South Carolina, partners are taking advantage of the state's integrated data system and the work already done to set up an RCT to build evidence on the benefits NFP may generate for families in health, economic security, and criminal justice outcomes beyond the traditional PFS measurement period.

## **II. Timeline for Developing the SC NFP Project**

### *Building Knowledge and Assessing Feasibility of Pay for Success*

South Carolina's process for learning more about pay for success projects began in 2012 when the Institute for Child Success (ICS) -- a policy and research organization focused on child development and well-being nationally -- convened a pay for success working group in the state. With the support of ICS, the working group began to focus on the potential of pay for success as a tool for improving health outcomes for low-income mothers and children in the state. In 2013, ICS released a report assessing the suitability of early childhood home visiting models for PFS financing. The assessment particularly focused on Nurse-Family Partnership (NFP), a national model for home visiting already operating in the state. ICS determined that the evidence base for NFP and the potential benefits to residents and the state of South Carolina made the model a strong candidate for PFS.<sup>i</sup>

During the feasibility assessment period, staff from within South Carolina state government and ICS began engaging with the Harvard Kennedy School Government Performance Lab

(GPL) to integrate the GPL's technical expertise on PFS into their discussions.

The GPL provides pro bono technical assistance to state and local governments interested in pursuing Pay for Success projects. The GPL awarded assistance to South Carolina in the spring of 2013 and the lab's full-time fellow began working on site at SCDHHS in June 2013.

### *Procurement Process and Negotiations Kickoff*

With the ICS feasibility assessment completed, SCDHHS released a Request for Information (RFI) on interventions aimed at "controlling costs and improving health and other outcomes of mothers and newborns in South Carolina's Medicaid program."<sup>ii</sup> From the RFI responses, South Carolina continued to refine its goals and interests in improving child and maternal health outcomes for Medicaid beneficiaries. After a thorough internal review of RFI responses and the existing evidence on home visitation and other prenatal and early childhood programs, SCDHHS began developing a Pay for Success Contract to expand NFP services throughout the state. Negotiations between SCDHHS and NFP, who received advisory services from Social Finance, began in March of 2014. Negotiations to set a target population, outcomes of interest, and success payment structure progressed through the fall of 2015.

### *Applying for a Medicaid 1915(b) waiver*

Throughout the negotiations, partners began searching for innovative approaches to financing the Pay for Success effort and, aside from more traditional philanthropic and private investment channels, started looking into the potential of billing a portion of the NFP home visits directly to Medicaid. SCDHHS searched for a path that would keep the incentive structure of success payments important to the Pay for Success model in place, while also offsetting some of the costs through fee-for-service billing that would be contemporary with the delivery of services.

After extended discussions with the federal government, SCDHHS determined that a 1915(b) waiver from the Centers for Medicare and Medicaid Services (CMS) offered the most practical path to allow NFP to bill for a portion of the home visits upfront in a way that limited the state's financial exposure and preserved the integrity of the project's evaluation. SCDHHS submitted the waiver application in June 2015,

and CMS approved the waiver in December 2015.

### *Pilot Period and Full Service Launch*

The SC NFP project contract was executed in December 2015, and the project was officially announced in February 2016 at the South Carolina state capitol. The contract specified that full-scale service delivery of NFP would launch in April 2016. With the support of the Laura and John Arnold Foundation and The Duke Endowment, project partners also set up a “pilot period” to test out procedures for enrolling moms in the Pay for Success project from January through March of 2016 -- ahead of the full launch in April.

Following the April 2016 launch, 4,000 mothers will be enrolled to receive services over the next four years.<sup>iii</sup> Each mother will receive home visits beginning around the end of her first trimester of pregnancy and lasting for as long as she desires up until her child’s second birthday. J-PAL will track the PFS outcomes of each mother and child for two years after the birth of the child, meaning the total enrollment, service delivery period, and tracking timeline will take place over six years. Success payments will be calculated at two different points – in year five and year six of the project.

### **III. Determining the Target Population for NFP Services**

The launch of the NFP SC project in April 2016 was not the beginning of Nurse Family Partnership service delivery in South Carolina. Through philanthropic support and U.S. Department of Health and Human Services Maternal Infant Early Child Home Visiting (MIECHV) funds, Nurse Family Partnership began delivering home visiting services to South Carolina moms in 2009.

In South Carolina and in other jurisdictions, NFP focuses on serving low-income, first time mothers with specially trained Nurse Home Visitors through their model. NFP Nurse Home Visitors connect with mothers before their twenty-eighth week of pregnancy and begin delivering regular home visits up until the child’s second birthday. NFP tries to maintain the nurse-mother relationship by keeping a consistent pairing throughout the mother’s time receiving NFP services. The frequency of visits adjusts as the mother transitions from prenatal

to postpartum and into the early childhood phases of pregnancy and motherhood. In the SC NFP project, partners estimated moms would receive approximately forty home visits if they continue until their child’s second birthday.

### *Determining which Moms to Target with Services*

The SC NFP project continued focusing on a population similar to that served by NFP in the state since 2009 – first-time, low-income moms at no more than twenty-eight weeks gestation. SCDHHS also made Medicaid eligibility and enrollment a condition of enrolling in the project. Finally, SCDHHS wanted a path for NFP to serve those mothers most at-risk and who might not otherwise connect with home visiting services. To do this, project partners looked for ways to focus on high poverty areas, and ultimately agreed on an additional layer of enrollment targets for zip codes with high concentrations of poverty.

### *Evidence on the Effectiveness of NFP Services*

Previous evaluations of NFP demonstrated that the home visiting model could result in reduced child injuries, increased spacing between subsequent births, improved prenatal health for mothers, and additional improvements in child well-being.<sup>iv</sup> The existing evidence from previous evaluations provided critical information to project partners as they put together the SC NFP project. SCDHHS saw great value in implementing their own rigorous evaluation of NFP services in the state given that the previous evaluations covered other geographic areas (New York, Tennessee, and Colorado) and took place in previous decades. It also allowed SCDHHS to assess the impact of NFP’s efforts to reduce service delivery costs by as much as 25 percent over the six years of the project.

### **IV. PFS Outcome Metrics**

The SC NFP project plans to evaluate NFP’s service delivery in the state using four success outcomes: reduction in child injury rates, reduction in pre-term births, increase in healthy birth intervals, and enrollment of moms from low-income zip codes. The first three outcomes focus on the health benefits to mothers and children served by NFP’s nine IAs, while the fourth – enrollment in low-income zip codes – aims to incentivize IAs to expand the reach of their service delivery to high-need communities.

J-PAL will track, evaluate and report on outcomes through a randomized controlled trial.

*Child injury:* Measured through Medicaid billing claims, a child injury is any emergency department visit caused by acute injury in the child's first 24 months of life. A series of diagnosis and billing codes were mutually agreed upon by partners to reflect acute child injury events.

*Preterm birth:* Obtained from vital statistics birth records, preterm births are any live births with a gestation period of less than 37 completed weeks.

*Healthy birth intervals:* Obtained from vital statistics birth records, healthy birth intervals monitor if mothers have subsequent live births within 24 months of the first recorded birth.

*Coverage in low-income zip codes:* Obtained from the study enrollment survey, low-income zip codes are those with household poverty rates above 15 percent according to U.S. Census Bureau data from 2012. NFP aims to enroll at least 65 percent of mothers in the project from these low-income zip codes.

## **V. Evaluating Pay for Success Outcomes**

Once SCDHHS and NFP decided on the outcomes for determining success, they needed a plan for reliably evaluating NFP services. Partners also determined:

- Which and how many moms would be eligible for services;
- How moms would enter into the project and receive home visiting services;
- How NFP, SCDHHS and other partners would share data and monitor success of the project in real time; and
- How J-PAL would evaluate the four outcome metrics.

### *Randomized Evaluation*

Although the SC NFP project expands home visiting to 4,000 mothers, there are still more mothers across South Carolina who would like to receive NFP's services. South Carolina felt that using a lottery system to assign slots in NFP would be the fairest way to allocate the 4,000 openings. The oversubscription for NFP also meant that an opportunity existed to use a randomized controlled trial, the gold standard in

evaluation design, to evaluate NFP services and determine whether NFP met the project's success outcomes. In particular, the RCT approach makes it possible to rigorously determine the impact of the NFP services by comparing results for those offered NFP slots to those who are not offered slots. SCDHHS's Director was insistent on using the RCT approach.

### *Operational Planning*

Following the selection of the RCT approach, partners created clear protocols for enrolling moms in home visiting services and monitoring their success. To start, eligibility criteria were set for moms enrolling in the NFP project. Mothers have to be (1) less than twenty-eight weeks pregnant, (2) have no previous live births, and (3) be Medicaid eligible and have applied for Medicaid in South Carolina. Mothers also review information about the NFP program and consent to participate in the project.

### *Enrollment Targets*

Over four years of project enrollment, NFP aims to enroll 4,000 moms in NFP nurse home visiting services across the nine IAs. Project partners agreed to a randomization ratio of 2:1, meaning that for every two mothers enrolled in the treatment group for NFP services, the lottery assigns one mother to the control group, so that their outcomes can be compared over time. This means NFP is responsible for recruiting a total of 6,000 moms for the NFP project, with 4,000 of those moms offered NFP home visiting services.<sup>1</sup>

### *Enrollment Protocols*

To increase engagement with the mother and increase the personal nature of enrollment, NFP nurses themselves -- rather than other trained staff -- enroll each mom in the SC NFP project. For each NFP nurse, J-PAL provides intensive training on how to collect baseline information on each mother, how to explain the SC NFP project and NFP services, and how to obtain

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<sup>1</sup> In total, 3,200 of the moms receiving NFP will be billable under the 1915(b) waiver from CMS. The remaining mothers will have their services covered by the federal MIECHV program. The additional MIECHV mothers will be included in the evaluation sample, but SCDHHS will only make success payments on the subset of mothers funded by the 1915(b) waiver.

informed consent as approved by Harvard University's Internal Review Board.<sup>2</sup>

Nurses are also trained to use a J-PAL tablet which has the software for the lottery assignment of the mom into the treatment or control group. Each new NFP nurse practices the consent, randomization and enrollment process prior to conducting an enrollment visit with a mom, and new nurses shadow veteran nurses for the first few site visits. All information collected in the tablets at enrollment is sent directly and securely to J-PAL for long-term monitoring. If a mom is enrolled in the treatment group, nurses can then begin conducting regular home visits with the mother.

#### *Pilot Period to Test New Enrollment Procedures*

The SC NFP project enrollment protocols differed considerably from the previous way the implementing agencies enrolled moms in NFP services in South Carolina. To give each IA time to practice the new procedures, project partners sought funding for a three-month "pilot period" in the beginning of 2016.

Funded by the Laura and John Arnold Foundation, the pilot period aimed to enroll 100 moms in the SC NFP project using the new protocols – with at least ten moms enrolled by each implementing agency. The pilot period also gave NFP sufficient time to hire the additional nursing and outreach staff who would be needed to expand NFP services, and gave other project partners – SCDHHS, NFP and J-PAL – much needed time to get final data agreements and data transfer procedures in place for the project. Each of these tasks ultimately will prove critical to collecting and transferring key information necessary for the evaluation.

## **VI. Payment Schedule**

In total, SCDHHS set aside \$7.5 million for success payments achieved by NFP throughout the project, in addition to the funds allocated through the Medicaid 1915(b) waiver for real time billing for services. Philanthropic investors agreed prior to project launch that any success payments made by SCDHHS would be reinvested into NFP service delivery in South Carolina. There are two payment points when outcomes are evaluated and success payments

are determined. The first payment point marks distribution of any success payments earned on the Preterm Birth metric and the Coverage in Low-Income Zip Codes metric. The first payment point occurs five years after the launch of service delivery, in April 2021.

The second payment point marks distribution of any success payments associated with the Healthy Birth Interval metric and the Child Injury metric. The second payment point is scheduled for six years from the launch of services, in April 2022. J-PAL will provide impact estimates for all outcomes using results of the PFS evaluation.

#### *Calculating Success Payments by Outcome Metric*

Two components make up the success payment for the Preterm Birth, Healthy Birth Interval, and Child Injury metrics – a variable component and a fixed component. The outcome metrics used in this project measure only a subset of the benefits that are likely to arise from improved child and maternal health. For example, the project directly measures the reduction in child injuries but does not also measure the reduced usage of child welfare system resources that almost certainly will arise in association with the reduction in child injuries. The project parties agreed that for directly measured benefits, payments would be paid for any improvements in outcomes for the treatment group relative to the control group, with no minimum improvement required. This is the variable component of the payments. However, for payments for associated benefits that are not directly measured, the payment schedule is more conservative, and payments occur only if a minimum threshold is reached. These are referred to as the "fixed component" of payments. As part of the negotiations that concluded the transaction, it was agreed that there would be a lower threshold to receive an initial fixed payment, and a higher threshold for the full fixed payment.

The relationship between the variable component and fixed component can be illustrated using the preterm birth metric. The variable component of each metric's payment is not conditional on meeting a minimum threshold. In the case of the Preterm Birth Metric, SCDHHS will pay \$29,514 for each preterm birth avoided based on the impact estimates generated by the PFS evaluation. The

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<sup>2</sup> Katherine Baicker, the JPAL principle investigator on the project, was a Harvard professor at the time.

payment is calculated by multiplying project participants x control group mean x impact estimate for pre-term birth, so if there were 100 project participants, the pre-term birth rate was 20 percent among the control group, and the preterm birth impact estimate was -15 percent, then the calculation for the variable component would be as follows:

$$100 \text{ participants} \times 20\% \text{ preterm birth rate} \times 15\% \text{ preterm birth impact} \times \$29,514 = \$88,542$$

The fixed component of each metric’s payment is contingent on whether NFP reaches a success threshold. For example, in the case of the Preterm Birth Metric, SCDHHS will pay the first tier of the fixed component of the metric’s success payment only if NFP reduces the Preterm Birth rate of treatment group members by at least 13.5 percent. In the example above If NFP reduces the Preterm Birth rate by 15 percent (which not only exceeds the 13.5 percent threshold but achieves the 15 percent threshold as well), SCDHHS will pay a success payment of \$551 for each mother enrolled in NFP services.

The success payment for the fixed component would be:

$$100 \text{ participants} \times \$551 = \$55,100$$

Table 1 details the two different components of each success payment that will be made throughout the project. For each payment period, the success payment will be calculated using the rates below. SCDHHS will then deduct its share of expenditures on NFP home visits under the Medicaid waiver in that period from the total for a final success payment amount. SCDHHS will make up to \$7.5 million in success payments throughout the course of the project.

## VII. Key Entities in the Formation of the SC NFP Project

Nurse-Family Partnership’s nine implementing agencies have the responsibility for providing 4,000 moms with home visiting services over the next six years. However, setting up a pay for success project to deliver services on such a wide scale took the work of many entities, some of which have been previously mentioned. This section provides a brief summary describing each entity and their contribution to the SC NFP project.

### Service Provider: Nurse-Family Partnership

*NFP Local Implementing Agencies:* Nine entities across South Carolina deliver home visiting services to mothers and children in the SC NFP project including: three hospitals, one federally qualified health center, one rural health clinic, and four South Carolina Department of Health and Environmental Control (DHEC) sites.

**Table 1:** Components of Each SC NFP Success Payment by Outcome Metric

Outcome Metric	Price Per Outcome ( <i>no threshold</i> )
Preterm Birth	\$29,514 per preterm birth avoided
Healthy Birth Interval	\$2,437 per closely spaced birth avoided
Child Injury	\$141 per child injury avoided
Coverage in Low-Income Zip Code	NA

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Success Threshold for Fixed Payment	Fixed Payment if Success Threshold is Met (per participant)
>=13.5%	\$331
>=15%	\$551
>=18%	\$331
>=20%	\$551
>=23.4%	\$331
>=26%	\$551
65%	\$551

*NFP National Service Office:* NFP is a national model for nurse home visiting. Local agencies – hospitals, home health agencies, federally qualified health centers, health clinics – can receive training on the NFP approach and provide NFP services. The National Service Office and its staff contributed heavily to the operational planning and contract formation for the SC NFP project and are continuing to provide support to the nine implementing agencies throughout project implementation.

**Government Agency: South Carolina Department of Health and Human Services**

SCDHHS administers the Medicaid program for the state of South Carolina. The agency spearheaded the state’s interest in pay for success and the process of applying to CMS for a 1915(b) waiver. In this project, SCDHHS provides referrals to NFP of newly enrolled Medicaid mothers, oversees billing and reporting associated with the 1915(b) Medicaid waiver, and is the payer of up to \$7.5 million in success payments.

**PFS Trust Fund Administrator: Children’s Trust of South Carolina**

The Children’s Trust of South Carolina is a state-chartered 501(c)3 non-profit organization focused on prevention efforts that keep South Carolina’s children safe. The Children’s Trust has the capacity to receive and hold (1) capital calls from philanthropic investors for NFP operations and (2) \$7.5 million allocated from SCDHHS for future success payments. Children’s Trust of South Carolina will also calculate and distribute success payments based on J-PAL’s evaluation results.

**Evaluator: Abdul Latif Jameel Poverty Action Lab (J-PAL)**

Based at MIT, J-PAL seeks to reduce poverty by ensuring that policy is informed by rigorous evidence. J-PAL designed the randomized controlled trial evaluation for the SC NFP project, facilitated Harvard IRB approval of the evaluation design, and trained nurses and staff in enrollment protocols. J-PAL continues to monitor project enrollment and operations to implement a high-quality randomized controlled trial. Outside of the PFS project, J-PAL will also track long-term outcomes associated with SC NFP with the goal of generating broader lessons on the impacts of home visiting on the long-term wellbeing of mothers and children.

**Project Manager: Social Finance US**

Social Finance is a 501(c)3 organization focused on mobilizing capital to drive social progress. Social Finance assisted in cultivating investment for the Pay for Success effort and informed the planning and contract negotiation process on behalf of the Nurse-Family Partnership and investors. Social Finance convenes and serves on the SC NFP Operations Committee – alongside SCDHHS, NFP and HKS GPL – which regularly meets to monitor project progress.

**Philanthropic Investors: Blue Cross Blue Shield of SC Foundation; Boeing Foundation; The Duke Endowment; Greenville County SC First Steps; Laura and John Arnold Foundation; New Partnership for Youth LLC**

A combination of national, regional and local philanthropies contributed more than \$17 million in capital to fund the upfront costs and pilot of the SC NFP project. Several of these foundations have previously funded NFP’s services in South Carolina, and all investors agreed to rollover any success payments made by SCDHHS into on-going NFP operations in South Carolina.

**Government Side Technical Assistance: Harvard Kennedy School Government Performance Lab**

HKS GPL conducts research on how governments can improve the results they achieve for their citizens. HKS GPL provided pro bono technical assistance to SCDHHS throughout the project including: data analysis for feasibility and population targeting, literature review of potential interventions, assistance in applying for the 1915(b) waiver, cost-benefit analysis, financial modeling, support in contract negotiations, and general project management. HKS GPL continues to be involved with the project through their role on the SC NFP Operations Committee.

**VIII. Investment Structure/Funding**

In the SC NFP project, philanthropic investors committed \$17 million to fund NFP operations, including outreach and service delivery, along with evaluator and intermediary services. Investor capital is inserted into the project every six months according to a schedule laid out in the PFS contract. In addition to the investors’ capital commitments, a portion of each home visit – up to forty visits per mother -- is directly billable to South Carolina’s Medicaid program

because of flexibility granted through a 1915(b) waiver from the Centers for Medicare and Medicaid Services (CMS).<sup>v</sup> Together, these sources of funding set up a PFS project with (1) substantial success payments to incentivize performance and (2) direct billing for a portion of service costs.

### *Billing and the Medicaid 1915(b) Waiver*

Under existing coverage, all new mothers in South Carolina’s Medicaid program are eligible for two postpartum home visits. SCDHHS’s 1915(b) waiver allows NFP to bill Medicaid for an expanded number of home visits over the five-year waiver period from the start of 2016 to the end of 2020. The waiver also allows NFP to bill South Carolina Medicaid at a higher rate for the more robust services associated with home visits. The waiver applies only to the NFP model and the nine implementing agencies participating in the SC NFP project.

As with all states, Medicaid expenditures are split between a federal and state share. South Carolina pays 29 percent of the Medicaid distribution for each home visit, while the federal government pays 71 percent. SCDHHS estimates that approximately \$13 million will be spent in total through direct Medicaid billing to support the SC NFP project.<sup>vi</sup>

### *MIECHV-Funded Services*

Approximately 3,200 moms in the treatment group will have a portion of their service costs billable to Medicaid. An additional 800 moms funded by the federal MIECHV program are included in the SC NFP project evaluation – for a total of 4,000 moms. MIECHV-funded moms are not billable to the waiver or eligible for success payments. SC NFP partners made the decision to include additional MIECHV-funded moms in the project to ease the enrollment process for NFP services and increase the scale and precision of the SC NFP evaluation.

### *Rollover of Success Payments and Service Delivery Costs*

SCDHHS will make success payment of up to \$7.5 million depending on the extent to which the project achieves its outcome metrics. Philanthropic investors contributing the upfront capital for project operations agreed to rollover any success payments back into the operations of NFP in South Carolina. As investors look for a

path to sustainably funding NFP services in the long-run, the SC NFP pay for success contract also stipulates that NFP will implement strategies to reduce service delivery costs by 25 percent by the conclusion of the SC NFP project.

## **IX. Conclusion**

The SC NFP project’s aim of connecting 4,000 low-income mothers and their children with nurse home visiting services is no small task. The effort requires careful planning and continual monitoring by NFP, SCDHHS, J-PAL, Social Finance, investors and HKS GPL. Because of its scale and scope, the project also offers many unique components for state and local leaders looking for opportunities to scale the delivery of preventive services and rigorously evaluate their benefits to residents, whether through pay for success or other avenues.

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<sup>i</sup> Golden, Megan. 2013. “Using Pay for Success Financing to Improve Outcomes for South Carolina’s Children: Results of a Feasibility Study.” Institute for Child Success.

<https://www.instituteforchildsuccess.org/publication/using-pay-for-success-financing-to-improve-outcomes-south-carolinass-children-results-feasibility-study/>

<sup>ii</sup> [https://www.scdhhs.gov/sites/default/files/Social\\_Impact\\_Bond\\_RFI\\_%231.pdf](https://www.scdhhs.gov/sites/default/files/Social_Impact_Bond_RFI_%231.pdf)

<sup>iii</sup> A total of ~6,000 moms will be enrolled in the overall project for evaluation purposes, and 4,000 of those will be placed in the treatment group to receive NFP services. See Section V, “Evaluating Pay for Success Outcomes”.

<sup>iv</sup> Home Visiting Evidence of Effectiveness. “Nurse Family Partnership: Evidence of Program Model Effectiveness.” U.S. Department of Health and Human Services. May 2016.

<http://homvee.acf.hhs.gov/Model/1/Nurse-Family-Partnership--NFP--sup---sup-/14/1>.

<sup>v</sup> South Carolina Department of Health and Human Services. 2015. “Section 1915(b) Waiver Proposal For MCO, PIHP, PAHP, PCCM Programs And FFS Selective Contracting Programs.” December 2015.

[https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/SC\\_Enhanced-Prenatal-Postpartum-Home-Visitation-Managed-Care.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/SC_Enhanced-Prenatal-Postpartum-Home-Visitation-Managed-Care.pdf).

<sup>vi</sup> “Gov. Nikki Haley Announces Landmark ‘Pay For Success’ Project To Improve Maternal And Child Health, Strengthen State Government Accountability.” South Carolina Department of Health and Human Services. 26 February 2016. <https://www.scdhhs.gov/press-release/gov-nikki-haley-announces-landmark-%E2%80%9Cpay-success%E2%80%9D-project-improve-maternal-and-child>.