Guidance for Implementation and Quality of the Nurse-Family Partnership Program

Resources available from the National Service Office that address the FY 2011 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Formula Grant Program

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Overview of Nurse-Family Partnership Randomized Controlled Trials, Continuous Quality Improvement, Program Enhancements and Implementation Research

Randomized, controlled trials of Nurse-Family Partnership (NFP) indicate that NFP holds significant potential for producing important, enduring effects on maternal and child health. As NFP is replicated in new communities, the program model and its implementation require continuous improvement, because challenges inevitably emerge in community implementation and the NFP program model always will have room for improvement. Developments in the program need to be made in cost-effective, clinically and scientifically rigorous ways. In collaboration with the Prevention Research Center (PRC) at the University of Colorado, which is responsible for the original trials of the program, NFP has developed an integrative framework that incorporates continuous quality improvement (CQI) and research focused on model enhancements and program implementation.

Continuous Quality Improvement

NFP focuses its CQI efforts on improvements in program implementation and achieving maternal (pregnancy and life course) and child health and development outcomes. NFP uses a proprietary a web-based information system that monitors key implementation components and outcomes, which are compared to benchmarks achieved in the original randomized controlled trials. Data gathered through the NFP web-based information system are analyzed routinely to serve as a foundation for stimulating quality improvement within sites, states, and the NFP National Service Office supports to sites.

A key focus of CQI work to date has been on assurance that NFP sites implement the program in accordance with 18 core model elements which increase the likelihood that the program will be delivered with fidelity to the model tested in the original randomized controlled trials. Reports made available to sites enumerate the degree to which they meet, exceed or fall short of implementation benchmarks and maternal and child health outcomes. These reports align to a considerable degree with the new federal benchmarks for home visitation programs. These reports also allow comparison to standards achieved in the original randomized controlled trials and to Healthy People 2020 goals.

With new enhancements in 2011 to the NFP web-based information system, NFP sites are able to download real-time reports that can be segmented by period of program implementation, which enable sites to monitor performance across time and to measure progress. Additionally, NFP Nurse Consultants use these reports to develop quality improvement strategies and tactics with implementing agencies to determine ways of improving program performance.

Program Model Enhancements

Analyses of data collected from the web-based information system, from the original randomized controlled trials, and from qualitative studies of program implementation are used to identify fundamental challenges with the program model, and with program implementation. These analyses serve as a foundation for focusing research on enhancing the NFP program itself. Alterations in the NFP program model require a higher standard of evidence than is used for continuous quality improvement in order to have assurance that fundamental alterations in the model actually work. Under the direction of Dr. David Olds and his team at the Prevention Research Center, clinical and scientific rigor are applied progressively in a series of studies to ensure that model enhancements

improve performance and do so without undue cost and burden on nurses and families. PRC is currently developing and testing the following model enhancements:

- Improved education and support of nurses to increase participant retention;
- Development and testing of additional resources for nurses to use in addressing intimate partner violence;
- Development and testing of new tools for nurses to use in observing qualities of parent-child interaction; and
- Development and testing of new resources for nurses to use in promoting parent-child interaction.

There are many additional program enhancements under consideration. However, only a limited number of these topics can be studied at any one time due to financial and logistic constraints. For this reason it is important that research on program model enhancements be coordinated with NFP and PRC, as limited resources need to be focused on highest priority topics. The programs of research outlined above are being conducted by interdisciplinary teams of investigators recruited to this effort because of their scientific and clinical leadership in these areas.

Implementation Research

NFP, in collaboration with PRC, has begun to examine factors within sites, states, and NFP's system of services to sites that may affect program implementation and outcomes. This work requires systematic development of measures and quantitative and qualitative research, which will provide additional sources of information to guide quality improvement efforts. For example, in collaboration with the PRC, NFP is examining policies and procedures operating at the levels of local implementing agencies and states that may affect program implementation. PRC and NFP are planning to examine in greater depth aspects of nurse-client interaction, nurse supervision, nurse recruitment, and organizational and community factors and implementation plans that may influence quality of program implementation. As the implementation research agenda continues to develop, it is essential that this work be well coordinated from the NFP National Service Office, given potential burden of this research on nurses and supervisors, and given the need to focus scarce resources on topics of highest priority.

U.S. Department of HHS: Supplemental Information Request (SIR)

On February 8, 2011, the U.S. Department of Health and Human Services released the third and final Supplemental Information Request (SIR) to provide guidance to states regarding their submission of Updated State Plans for FY 2010 grant funding under the Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP). According to the SIR, states are expected to submit their Updated State Plans within 90 to 120 days from the February 8 date of issuance of the SIR (between May 9, 2011, and June 8, 2011).

SIR — Parts A and B*

***Updated to reflect changes and additions from FY 2011 MIECHV Formula Grant Program FOA.**

According to Parts A and B of the SIR, Updated State Plans must include narrative statements for Sections 1-9 as follows:

Section 1: Identification of the State's Targeted At-Risk Communities

The Program Development Department at the NFP National Service Office provides skilled, knowledgeable, professional staff to assist states in the following areas:

- Developing assessments of community needs and existing risk factors. In the *State Needs Assessment: Guidance for supporting and expanding NFP in light of state needs assessment results* (August 2010), the NFP National Service Office provides estimates on the total NFP-eligible population by state (first-time low income mothers), and includes the current service capacity of all established NFP programs in states.

- Developing plans for coordination among existing programs and resources in those communities. NFP Program Developers provide clarity about what communities need to create a successful NFP program and to coordinate with other programs to ensure a robust continuum of services within communities that most need it.

- Exploring and determining the local and state capacity to integrate Nurse-Family Partnership into an early childhood system.

- Developing a rationale for state's selection of communities in which the NFP will be implemented as well as a rationale for exclusion of any communities in the state that were identified as being at risk in the state's initial needs assessment but are not being selected for implementation of the NFP program.

Section 2: Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) Goals and Objectives

The Program Development Department at the NFP National Service Office provides staff to assist states in:

- Clearly articulating how Nurse-Family Partnership aligns with the goals and objectives for the overall MIECHVP to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities and to improve coordination of services for at-risk communities. Nurse-Family Partnership serves these at-risk communities in which vulnerable families reside with a nurse home visitation model that is an ideal choice for addressing high levels of poverty, teen pregnancy, inadequate prenatal care, poor birth outcomes, child maltreatment and child deaths, juvenile delinquency and crime.
- Describing how the NFP program contributes within the MIECHVP to developing a comprehensive, high quality early childhood system, promoting maternal, infant, and early childhood health, safety and development, and strong parent-child relationships
    - NFP focuses solely on first time mothers who are living in poverty, beginning early in pregnancy – when women tend to face multiple risks for poor outcomes, but are also at a natural developmental period where support and intervention are likely to be both welcome and effective.
    - NFP is *most effective* with higher-risk women and their families – defined as those who live in poverty and are first-time parents before the age of 21. A significant number of high-risk women and families also have psycho-social vulnerabilities associated with family histories of child maltreatment, substance abuse, historical trauma and racism. Many are socially isolated or are embroiled in challenging and sometimes violent family relationships.
    - NFP recognizes the need for a continuum of services and collaborates with other programs in communities that address maternal risk factors of multiparous women and children beyond the age of two. As such, NFP Program Developers provide assistance and support to states in developing strategies for integrating NFP with other programs and systems.
    - Logic models provide a visual depiction of a program's theory of change. Specifically, it illustrates the way in which a set of services to a particular population are linked to expected outcomes of the program. Major elements of logic models include program goals, activities and outcomes (short-term, intermediate, and long-term). For assistance with logic model creation, see the Nurse-Family Partnership Logic Model at: http://www.nursefamilypartnership.org/communities/local-implementing-agencies

For assistance with logic model creation, use the table below to access a Regional Program Developer at NFP:

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Section 3: Selection of Proposed Home Visiting Model(s) and Explanation of How the Model(s) Meet the Needs of Targeted Communities

In the *Home Visiting Evidence of Effectiveness Review: Executive Summary* (November 2010), Nurse-Family Partnership is identified as the model demonstrating the most extensive impacts in outcome achievement in the domains that were evaluated. Specifically, NFP was determined to have favorable impacts in the following outcome domains: child health, maternal health, child development and school readiness, reductions in child maltreatment, positive parenting practices and family economic self-sufficiency. In total, the number of favorable impacts on primary and secondary outcome measures attributed to NFP was 64. The program with the next highest number of favorable impacts was one with 28 favorable impacts.

In addition, of the models reviewed, NFP was the only model to meet all implementation requirements specified in the MIECHV legislation. Specifically, NFP has been in existence for 3 years, is associated with a national organization or institution of higher education, has specified minimum requirements for visit frequency, has minimum education requirements for home visiting staff, has supervision requirements for home visitors, has specific education/training requirements for home visiting staff, has fidelity standards local implementing agencies must follow, has a system for monitoring fidelity and has specified content and activities for home visits.

Accordingly, NFP is in the Appendix B list contained in the SIR. In addition, the approach to program enhancements at NFP is outlined on pages 3 and 4 of this document.

Section 3 of the SIR directs that States electing to implement an approved evidence-based model must:

- Provide documentation of approval by the developer to implement that model as proposed; and
- Include 4 specific elements regarding evidence-based model selection.

At NFP, this approval letter and assistance with responding to the 4 elements can be obtained by contacting the Regional Program Developer listed in Section 2 of this document.

If your state intends to use a competitive subcontracting process, the Updated State Plan must describe how the request for proposals will be structured to meet the requirements of the MIECHVP and the SIR. Over the years, Nurse-Family Partnership has had the privilege of working with numerous state and local entities that have chosen to use a request for proposal (RFP) process to distribute limited fiscal resources in support of evidence-based home visitation. The Program Development Department offers its expertise and support to states on aligning their RFP process to meet the requirements of the MIECHVP and the SIR.

Becoming an implementing agency with NFP, with the full rights and privileges to use the programs' proprietary intellectual property, requires submitting an implementation plan to the NFP and being deemed ready to implement. As a core support, the NFP has a robust process in place to evaluate prospective implementation plans that are submitted as part of a RFP process. This support includes a review team with expertise in implementation of the NFP model in diverse settings, and who can assess each plan for alignment with the MIECHVP, the SIR and readiness for implementation.

Section 4: Implementation Plan for Proposed State Home Visiting Programs

NFP provides substantial assistance during the implementation planning process:

- We hold conference calls and meetings with stakeholders in your communities to build consensus about the program's value and the best way to implement it locally.
- We share knowledge from experienced implementing agencies about funding strategies and sources.
- We provide support in developing and submitting a plan to implement NFP as outlined in Section 4 of the SIR.

NFP has developed a comprehensive *Implementation Plan Template* and *Implementation Plan Guidance* to assist local agencies and states with their planning. These planning tools cover the information required by Section 4 of the SIR and can be obtained from the NFP Regional Program Developer listed in Section 2 of this document.

In addition, NFP provides technical assistance as follows:

Orientation to the Program Model and its Implementation and Evaluation Requirements

This aspect of technical assistance involves the following education regarding the:

- Core components of the program. At NFP this includes the 18 model elements, the nature of the randomized controlled trials and the outcomes achieved, theories upon which the intervention is based; and expected competencies;
- Education regarding the infrastructure requirements necessary to successfully implement the program model. At NFP this includes engagement with community residents, activists, organizers, leaders, businesses and health and social services providers; hiring and training of staff, supervisors and administrators; development of adequate referral systems; and requirements of data collection, among others; and
- Overall planning needed for program implementation and evaluation activities at agency and community levels.

Community Planning

Technical assistance activities in this area include:

- Conducting ongoing needs assessments to identify community needs in terms of risk factors, community strengths, existing and needed services;
- Establishing and maintaining effective relationships and partnerships with community leaders and stakeholders; and
- Developing a unique understanding of the needs, capacity and desires of the communities and home visiting programs designed to meet those needs.

Selection of Implementing Agency or Entity

Technical assistance activities in this area include:

- Strategic planning;
- Conducting an initial feasibility assessment;

- Establishing and maintaining infrastructures that supports implementation of NFP with model fidelity;
- Selecting local agencies/entities to host the program;
- Developing an implementation plan to guide development; and
- Providing start-up resources and intensive consultation to the nursing supervisors and site and state administrators.

Home Visiting Program Staff

Technical assistance in this area includes:

- Staff recruitment and retention in the midst of community-specific workforce issues;
- Competency definitions, assessments and professional development resources, with consultation for supervisor-directed skill development across a team of home visitors;
- Home visitor and supervisor education process;
- Diversity and cultural awareness/competency;
- The learning trajectory for home visitors and;
- Coaching supervisors to develop home visitor skill/competencies.

Program Implementation, Continuous Quality Improvement, Evaluation, Research, and Analytics

Technical assistance in this area includes:

- Strategies to recruit and retain program participants/clients;
- Engaging in ongoing communication and marketing activity that ensures the community continues to be aware of community needs, services being provided to meet those needs, and outcomes realized because of program implementation;
- Identifying and pursuing opportunities to leverage the fiscal resources to expand and sustain program operations;
- Dealing with issues such as substance abuse, mental health issues, domestic violence, and program needs of unique populations (for instance, tribes and those in rural communities);
- Creating and maintaining approaches and processes to implement and support home visiting programs;
- Systematically monitoring program implementation and outcome data via a comprehensive quality improvement system and conducting consultation to identify strong performers and address performance weaknesses in three (3) areas:
    - Client Interaction;
    - Program Implementation; and
    - Benchmark/Outcome Achievement.
- Developing state systems for fostering quality and sustainability across multiple program implementation sites. Important quality support functions need be in place in every state and implementing agency. These include:
    - Home Visitor and Supervisor Learning Support;
    - Program Implementation Planning and Support;
    - Establishing, Implementing, Evaluating and Refining Practice Guidelines;
    - Generating and Using Data to Inform Performance Improvement;
    - Data System Integration;

  - Evaluating Program Implementation;
  - Evaluating Program Implementation Across Sitesl
  - Advocacy for Program Sustainability;
  - Communications and Marketing Support; and
  - Fiscal Oversight, Budget Management, and Contracts Administration.
- Developing effective RFP processes; and
- Developing quality-focused contracts and implementation agreements between funders, implementing agencies, and the model program national office.

For more detailed information, access the *NFP Implementation Overview & Planning* document located on the NFP Tool Kit for State web page.

Section 5: Meeting Legislatively-Mandated Benchmarks

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The Nurse-Family Partnership National Office tracks and provides reports to states and implementing agencies on program outcomes. A list of reports that are available is found in Appendix A.

The MIECHVP identifies that each grantee must collect data for all of these benchmark areas:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect or maltreatment;
- Reduction in ER visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other communities

Currently, Nurse-Family Partnership collects data from each of these benchmark areas and most of the constructs. Beginning in October 2011, NFP will collect data from each construct with the exception of construct II. A. Reported substantiated maltreatment and First-time victims of maltreatment for children in the program. These two constructs require data from state administrative sources that is not available to NFP. Please see the *Expanded Data Collection, Reporting, and Quality Improvement Strategies* for a detailed table of what data is collected, the frequency the data is collected and the method for reporting by NFP. In January 2012, NFP will introduce a new report that will include all of the data collected for the legislatively-mandated benchmarks. This report will be available to agencies and states quarterly. This report will also include only those clients that agencies indicate are funded by the MIECHV program as required in the FY 2010 and FY 2011 FOAs.

Nurse-Family Partnership has established processes that address the requirements listed in Section 5, including:

- NFP collects data in each benchmark and construct area. Data also is collected on demographics of the client and family, use of the program (number of visits, duration of sessions, etc.), language and socioeconomic indicators. In addition to data required for the

state plan, NFP collects data to monitor fidelity to the model including caseload, home visitor characteristics and supervision. Data is collected on each client; sampling is not used. (See Appendix A.)

- Data is collected by the NFP Nurse Home Visitor (NHV) and entered directly into the national NFP web-based information system. Outcomes are reported directly to each site and on-demand reports can be pulled at each site. Currently, data from most of the required constructs is available in various reports. Additionally, NFP aggregates data routinely that NFP Nurse Consultants use to engage states and sites in collaborative CQI planning. Assessment data is collected primarily through interviews, self- reporting and self-administered scales such as the Edinburgh Scale. Many of these assessment tools were used in the original NFP trials. Some have established validity and reliability. Further validity and reliability testing is occurring at the NFP National Service Office.

- Implementing agency, regional, state and national data analysis is coordinated by the NFP Program Quality Department. Data quality and data security is monitored by the NFP Program Quality and Information Technology staffs through a formal process. Training on the reporting system is provided to nurse home visitors, data assistants and administrators through on-line manuals, webinars and in-person nursing education. Technical assistance is continuously available through NFP IT and Program Quality. NFP meets HIPAA requirements related to sharing private health information.

Section 6: State Administration of the State Home Visiting Program

Nurse-Family Partnership has an extensive history working with local and state entities. Please refer to *State Management of a Multi-Site Nurse-Family Partnership*. This document provides information about ways to integrate a multi-site implementation, a discussion about collaboration with the NFP National Service Office, the coordination of the form and function of administrative infrastructure, and how NFP supports the state and the implementing agency.

The table below outlines the relevant topical areas discussed in the MIECHVP and the location of corresponding information in the *State Management of a Multi-Site Nurse-Family Partnership* document.

Expectations of the Home Visiting Updated State Plan	**Corresponding NFP information**
The lead agency for the Program	Provided by the state
A list of collaborative partners in the private and public sector	The Nurse-Family Partnership National Service Office is a partner. Nurse-Family Partnership National Service Office 1900 Grant St. Suite 400 Denver, CO 80203
An overall management plan for the	State Management of a Multi-Site NFP

program at the state and local levels describing who will be responsible for ensuring successful implementation.	Initiative— applicable sections to review: • Collaborating with the NFP National Service Office • Obtaining Assurance that the State is Implementing the Model with Fidelity • State Management of Multi-site Initiatives: Function vs. Form • Nursing Practice Support • Program Implementation Support • Generating and Using Data to Inform Performance Improvement • Fiscal Oversight
If supporting more than one home visiting model within a community, a plan for coordination of referrals, assessment, intake process across the different models	NFP staff is available to provide support in the development of an intake system.
Identification of other state or local evaluation efforts of home visiting programs that are separate from the evaluations of promising practices	Several local and state NFP agencies have been involved in the ACF Evidence-Based Home Visitation Initiative. As a result of the initial MIECHVP grants several states selected NFP to address community needs. The NFP Program Developer for your state will be able to provide you with a list of participating implementing agencies and evaluators and their contact information.
Job descriptions for key positions, including resumes	Below are links to two relevant job descriptions that can be used as templates to meet individual state needs: 1. Nurse-Family Partnership State Program Coordinator 2. Nurse-Family Partnership State/City Nurse Consultant Additional job descriptions for NFP Nurse Supervisors and Nurse Home Visitors are located on the Careers page of the website. Nurse Consultant job descriptions are available if needed and can be obtained by contacting your NFP Program Developer.
An organization chart	Provided by the state

The following elements of the Nurse-Family Partnership program support the MIECHVP legislative requirements:

- Registered nurses deliver the NFP intervention. This has been demonstrated to bolster the program's effectiveness because registered nurses are widely perceived by the general public as being honest and holding high ethical standard. In addition, registered nurses have an educational background that supports knowledge delivery of health care information, critical thinking, assessment skills and delivery of the individualized care including planning, referrals and evaluation of interventions that are part of the nursing process and NFP program.

  Each NFP nurse home visitor is a registered nurse; is licensed by the State Board of Nursing and must meet the requirement of the state Nurse Practice Act. NFP Nurse Home Visitors are supported in understanding and implementing the NFP home visiting model through education, supervision and consultation. The Nurse-Family Partnership National Service Office provides competency based core education that is required for all nurses in the program. The education model is based on: the theories that support the model; visit structure; tools for building self-efficacy; promoting behavior change and goal setting and attainment; and methods to encourage parents to become emotionally available and responsive parents.

- Continued skill development of nurse home visitors in the NFP model is through supervision, consultation and ongoing professional development. Registered nurse supervisors receive competency based education from the NFP National Service Office focused on supervision within the NFP model and receive regular and ongoing support from their NFP Nurse Consultant. Each must meet the nursing supervisor competencies. NFP Nurse Consultants provide service and support the nurse supervisor through technical assistance in program operations and quality improvement.

- NFP Supervisors provide supervision through the use of reflective practice with each NHV, conduct joint home visits, and facilitate team meetings and case conferences. NFP supervision is designed to promote skill development and provide deeper knowledge of the NFP model. The NFP Supervisor provides a supportive and safe framework for practice reflection, building community relationships, discussing complex cases, and provides resources for professional development and quality improvement.

- The NFP National Service Office has the capacity to support implementation activities through its nurse consultation and education services, and its Program Development and Program Quality Departments.

- The NFP program has a strong process for developing community relationships, or linkages, between NFP and referral sources, programs, people, and services. With the initiation of the program, an agency is introduced to methods of building relationships and this practice continues throughout the implementing agency's tenure.

- The NFP program must be implemented with as much consistency as possible to the program as delivered in the randomized, controlled trials. This makes it possible to produce comparable outcomes for participating families. Several reports listed in Appendix measure program fidelity. NFP staff, in collaboration with agencies, regularly and routinely review the fidelity data and will design CQI interventions to improve outcomes.

More information on these elements can be found in the *NFP Implementation Overview & Planning* document.

Section 7: State Plan for Continuous Quality Improvement

This section lists 1) a description of the NFP CQI program; 2) a table describing how NFP supports the requests in the SIR; and 3) a link to additional reference material.

The NFP CQI Program

The current FOA for the FY2011 Formula Funding Section 7 does not have all of the same language as the MIECHV FY2010 Supplemental Information Request that was published in February 2011. The current FOA states that "in the recently submitted Updated State Plan for the FY2010 MIECHV program, states were asked to provide a plan for CQI that included CQI strategies. For the purposes of this funding opportunity announcement, states may reiterate the CQI plan previously submitted. If possible, the state may update the CQI plan previously provided."

The section of this guidance will assist states that are updating their previous plan and includes 1) a description of the NFP CQI program; 2) a table describing how NFP supports the requests in the SIR; and 3) a link to additional reference material.

Nurse-Family Partnership's CQI approach to program improvement includes the routine and systematic use of data combined with an awareness of contextual factors to identify priorities and design specific intervention strategies and methods to address areas of improvement. The NFP CQI approach also includes following up with re-measurement to assess the effectiveness of an intervention strategy.

NFP uses CQI approaches identified by the American Society of Quality, the Institute of Healthcare Improvement, and the quality aims listed by the Institute of Medicine and the U.S. Public Health Quality Forum. Using data to identify priority areas, drivers are listed; intervention strategies are developed and presented; and outcomes are tracked and trended. Tools such as Plan, Do, Study, Act (PDSA) are used for conducting local improvement activities. Webinars, best practices and learning communities address improvement on the regional and national levels. NFP Nurse Supervisors and Home Visitors receive training on quality improvement during their initial NFP education and annual education, and through team activities.

Quality is monitored at every phase at the Nurse-Family Partnership and focuses on client interactions, program implementation and outcome achievement. CQI tools and reports used during the lifespan of a NFP implementing agency include:

- Pre-implementation phase: Implementation Plan Review
- First-year of program: Annual Plan, Year One Implementation Report, Fidelity Report
- Year 2 and beyond: Annual Plan, Maternal Outcomes, Child Health & Development Outcomes, Fidelity Report, Client Survey, and NFP Nursing Practice Assessment.

The FY2010 Supplemental Information Request (SIR) outlined several different approaches to CQI that states were encouraged to consider in the development of the Updated State Plan. The table below was developed from SIR requirements.

How Nurse-Family Partnership supports the requirements in the MIECHVP FY2010 SIR relate to CQI

Expectations of the Home Visiting Updated State Plan	Corresponding NFP information
Provide a menu for community-based programs to benchmark their processes and outcomes and thus document results in the absence of comparison groups	The NFP data collection system is designed to specifically record and report processes and outcomes. Agency and states participating in the NFP program have access to on-demand reports. Outcome and fidelity reports may include national objectives. National reports also are provided to enable comparisons.
Inform the adaptation of evidence-based home visiting models to the unique community setting in which they are implemented, taking advantage of local insights	NFP's implementation plan includes a definition of local needs; this information is used to inform the first year plan.
Develop and incorporate new knowledge and practices in a data-driven manner	NFP, in collaboration with the Prevention Research Center, reviews new knowledge and practices to determine the applicability to the model and implementation. New knowledge and practices are incorporated into NFP nursing education.
Inform programs about trainings and technical assistance needs	The NFP National Service Office uses a variety of methods to inform programs about trainings and technical needs: • The NFP extranet website for implementing agencies includes a section for agency staff and nurse home visitors that include information about education, training and accessing technical assistance. • Monthly communication is provided to all implementing agencies • Regular and routine NFP staff consultation with state nurse consultants, administrators and nursing supervisors to identify and address needs and to discuss

	outcomes.
Help monitor fidelity of program implementation	The NFP program must be implemented as similarly as possible to the program delivered in the randomized, controlled trials. This makes is possible to produce comparable outcomes for participating families. Several reports — listed in Appendix measure program fidelity. NFP staff, in collaboration with agencies, regularly and routine review the fidelity data and will design CQI interventions to improve outcomes.
Strengthen referral networks to support families	The NFP program has a strong process for developing community linkages. Community linkages are the relationships built between NFP and referral sources, programs, people and services. With the initiation of the program, an implementing agency is introduced to methods of building linkages and this practice continues throughout the agency's tenure.
Provide rapid information on small scale about how change occurs	The NFP CQI program includes the use of the Plan, Do, Study, Act tool to support rapid changes. Training on these methods is provided to each agency.
Identify key components of effective interventions	Through data review, collaboration with agency staff and use of tools such as PDSA and trending, NFP is able to identify effective interventions and share this information with others.
Empower home visitors and program administrators to seek information about their own practices through the provision of regular reports which summarize performance on a variety of indicators associated with their processes and outcomes	See Appendix A for a list of current and planned on-demand reports that are available to nurse home visitors and program administrators. NFP Nurse Consultants and Program Quality staff work with NHVs and administrators to use these reports to improve individual, agency, regional and national program effectiveness.

Please refer to *Guidance for the Evaluation of Nurse-Family Partnership* for additional information.

Section 8: Technical Assistance Needs

The NFP National Service Office supports communities in implementing a cost effective, highly effective evidence-based nurse home visiting program. NFP NSO extends this support to improve pregnancy, child health and development, and self-sufficiency outcomes for eligible, first time parents. Technical assistance is provided at the agency and state level.

Technical assistance services provided by NFP include, but are not limited to:

- Assessment and planning for implementation
- Orientation to the NFP Model and implementation requirements
- Community Planning
- Selection of implementing agency/site
- Education and professional development of home visiting staff (including nurse home visitors, nurse supervisors, site administrators and state leaders) in:
    - Staff recruitment
    - Competency definitions
    - Model fidelity
    - Skill development
    - Cultural competency/awareness
    - Scaffolding new home visiting practices
    - Program implementation
- Program Monitoring, Continuous Quality Improvement, Evaluation, and Research:
    - Client interaction
    - Program implementation
    - Outcome achievement
        - Pregnancy outcomes
        - Child health and development outcomes
        - Maternal outcomes
        - MIECHVP benchmarks
- Management of Multi-Site Home Visiting Programs Implementing NFP:
    - Developing systems to foster quality and sustainability across implementation sites
    - Developing effective RFP processes
    - Developing quality-focused contracts and implementation agreements among funders, implementing agencies/sites, states and NFP
- Marketing, Communications and Community Relations Support
- Policy, Financing and Government Relations Support
- Data Collection, Reporting and Analytics Resources
- Ongoing Consultation to Support the Implementation of NFP:
    - Operations/administrative infrastructure/implementation efficiency
    - Nursing practice
    - Quality improvement

For a comprehensive look at NFP services, please see the *Summary of Technical Assistance and Program Implementation Support* or *NFP Implementation Overview & Planning* located on the NFP Tool Kit for State web page.

Section 9: Status of Meeting Reporting Requirements

A state must provide assurance that it will comply with the following legislative requirements for the submission of an annual report to the U.S. Secretary of Health and Human Services:

- SHVP Goals and Objectives (See Section 2):

- NFP provides implementing states and agencies with implementation and outcome reports that can be used to show progress towards home visiting program goals and objectives.

- Implementation of Home Visiting Program in Targeted At-Risk Communities NFP provides implementing states and agencies with data and implementation reports that can be used in developing annual updates for the SHVP, including:
  - Training of home visiting staff
  - Nurse home visitor retention
  - Home visiting program caseloads
  - Referrals to program and enrollment status
  - Adherence to model fidelity
  - Participant use of community and government services

- Progress Toward Meeting Legislatively Mandated Benchmarks **(See Section 5 and *Expanded Data Collection, Reporting, and Quality Improvement Strategies*):**
  - Nurse-Family Partnership utilizes a proprietary web-based data collection system designed specifically to record and report participating family characteristics, needs, services provided and progress toward accomplishing program goals. This process is fundamental to successful program implementation and beneficial outcomes. The data collection system also is used by nurse home visitors and nurse supervisors to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity. The Nurse-Family Partnership National Service Office monitors implementing agencies' program fidelity and the quality of the data collection and provides feedback as appropriate.

  - Outcomes are reported directly to each site in the form of reports. NFP Data Collection Forms collect most of the legislatively mandated benchmark requirements and are being modified to collect all of these requirement. An ETO report that specifically addresses each of the required constructs will be available to all states and agencies in January 2012.

- NFP provides outcome reports including:
  - Maternal & Child Outcomes
  - Pre-Mature Birth
  - Low Birth Weight Birth by Client
  - Ages and Stages (ASQ)
  - Ages and Stages- Social & Emotional (ASQ-SE)
  - Education Status over Time
  - Participant use of community and government

  Additionally, NFP aggregates data routinely and uses the results to plan continuous quality improvement with NFP Nurse Consultants and home visiting program staff. NFP meets HIPAA requirements.

- Home Visiting Program's CQI Efforts (See Section 7 above):

- The NFP National Service Office uses data to improve practice through the provision of consultation and technical assistance to implementing agencies and states. NFP teams use data to implement the program with quality. Quality is monitored at every phase at the Nurse-Family Partnership and focuses on client interactions, program implementation and outcome achievement. Tools and reports used in CQI throughout the lifespan of the implementing agency include:
  - Pre-implementation phase: Implementation Plan Review
  - First-year of program: Annual Plan, Year One Implementation Report, Fidelity Report
  - Year 2 and beyond: Annual Plan, Maternal Outcomes, Child Health & Development Outcomes, Fidelity Report, Client Survey and NFP Nursing Practice Assessment.

Nurse consultants and program quality collaborate on CQI initiatives with our implementing agencies by using the above mentioned tools, reports and site visits. Examples of CQI reports are available upon request.

- Administration of State Home Visiting Program :
  - Through the technical assistance services outlined in Section 8, the NFP National Service Office supports states and local implementing agencies in delivering the NFP home visitation model. This includes training on the model and reflective supervision, as well as consultation on developing referral and service networks to support families in the program.

- Technical Assistance Needs
  These National Service Office departments providing consultation and support to communities in implementing and sustaining the program:
  - **Program Development** helps local and state community leaders, through assessment and planning, to build community support, prepare for implementation, and plan for sustainability of the local program.
  - **Nursing Practice** prepares registered nurses and supervisors to deliver the program, using a competency model of instruction and building on their professional education and experience. In addition, state nurse consultants in each state provide ongoing clinical consultation on everyday nursing practice issues as they relate to the model.
  - **Program Quality** gathers and evaluates data that nurses collect on each visit. The data is monitored and reported back to implementing agencies to ensure that the program is being implemented with fidelity to the model elements. This team also provides a process for quality improvement.
  - **Marketing and Communications** increases public awareness, generates media coverage, and increases visibility of the program at the local, state and national levels. This team also provides an array of materials for implementing agencies to use to increase referrals and program awareness among a broad range of stakeholders.
  - **Public Policy and Government Affairs** develops new and sustained federal and state funding while securing powerful broad-based, bipartisan, and bicameral government support for implementing agencies and the Nurse-Family Partnership national replication effort.

Memorandum of Concurrence and Budget

Memorandum of Concurrence
States must provide a Memorandum of Concurrence signed by the required agencies signifying approval of the proposed plan for a State Home Visiting Program.

For the purposes of meeting requirements for this funding opportunity announcement, states must provide a Memorandum of Concurrence signed by representatives of the agencies listed below:

- State Title V Agency Director
- State Title II – Child Abuse Prevention & Treatment Act (CAPTA) Director
- State Child Welfare Agency Director (if not administered by CAPTA)
- State Agency for Substance Abuse Services Director
- State Child Care & Development Fund (CCDF) Administrator
- State Head Start Collaboration Office Director
- State Advisory Council on Early Childhood Education Care authorized by 642B (1) (i) of the Head Start Act
- State Elementary & Secondary Act (Title I) or State Pre-Kindergarten Program

HRSA and ACF strongly recommend that states seek consensus from:
- State Individuals with Disability Education Act (IDEA) Parts C & B Lead Agency
- State Medicaid/ Children's Health Insurance Program Lead Agency

Finally, states are encouraged to coordinate to the extent possible with the states:
- Domestic violence coalition
- Mental health agency
- Public health agency (if not also administering Title V program)
- Crime reduction agency
- Temporary Assistance for Needy Families (TANF) agency
- Supplemental Nutrition Assistance Program agency
- Injury prevention and control (Injury surveillance and prevention) program

Budget
States must:
1. Complete Form SF 424A provided with the application packet.
2. Provide a line item budget using the categories in Form SF 424A.
3. Use September 30, 2011 through September 29, 2012 as the budget period.
4. Provide a narrative explaining how each cost element requested for each line item will contribute to the achievement of proposed objectives.
5. Refrain from using the justification/narrative to expand the project narrative.
6. Subgranting is not allowed for this grant program.

Conclusion

Updated State Plans must be submitted as one document (including all 9 Sections, Memorandum of Concurrence and updated budget) via https://grants.hrsa.gov/webexternal/login.asp. The document must be clearly labeled with the submitting organization's name and HRSA award number.

Updated State Plans will be reviewed and approval will be based on the extent to which the document submitted:

- Fully and completely addresses the requirements for each section
- Justifies the selection of targeted at-risk communities (Section 1)
- Clearly explains how the selected model(s) will address specific needs of targeted communities
- Specifically and appropriately describes the state's plan for meeting benchmarks and collecting data to support its evidence-based home visiting program and to carry out CQI activities
- Conveys overall feasibility of the state's implementation plan for the proposed home visiting models and the administration of the program
- Conveys the level of commitment and concurrence of the required state partners for the program, as well as other collaborations and partnerships needed to successfully implement the program.

Appendix A:
Examples of Reports Produced by Nurse-Family Partnership

Evaluation of Nurse-Family Partnership is supported by a robust data collection and reporting system that provides information about Client Interaction, Program Implementation and Program Outcomes. The data collection and reporting process facilitates successful program implementation leading to improvements in client outcomes. Additionally, local and national data can be used as sources of comparison information when considering outcomes for mothers and children in the NFP program. Agencies have direct, real-time access to most of the reports. NFP is in the process of expanding the number of reports available to the agencies.

Indicators of Program Implementation Fidelity

- Client Characteristics
    - Voluntary participation
    - First time mother status
    - Low income criteria
    - Gestational age at program enrollment
- Quality of Care
    - Visit involvement other than client
    - Location of visits
    - Client attrition and reason for attrition by phase of the program
    - Number of visits completed by phase of the program
    - Clinical staff employ methods promoted by the program
    - Content of visit by phase of the program
    - Length of the visit
- Agency Level
    - NFP Nurse Home Visitor and Supervisors are Registered Nurses with a minimum of a Baccalaureate degree in nursing
    - Clinical staff attend Nurse-Family Partnership training
    - NFP Nurse Home Visitors and Supervisors FTE status
    - Caseload size
    - Occurrence of 1:1 supervision and joint home visits
    - Presence of team meetings for case conferences and multidisciplinary input
    - Utilization of the NFP data collection and reporting system
    - Utilization of an Advisory Committee
    - Presence of sufficient administrative support
    - Service linkage and referrals

Reports related to Client Interaction

- NFP Nursing Practice Assessment – in development
- NFP Nurse Supervisor Assessment – in development
- NFP Nurse Consultant Assessment – in development
- Client Survey – in development

Reports related to Program Implementation

- Implementation Plan
- First Year Annual Plan
- Annual Plan
- First Year Implementation Report – in development

Reports related to Outcome Achievement

- Pregnancy Outcomes
  - Prenatal care
  - Adequate weight gain during pregnancy
  - Substance abuse during pregnancy (cigarette, alcohol, marijuana, cocaine, other substances)
  - Experience of intimate partner violence during pregnancy
  - Government assistance during pregnancy
  - Preterm births (<37 weeks)
  - Low birth weight (<2500 grams)
  - NICU use
- Child Health and Development
  - Breastfeeding
  - Immunizations
  - Developmental screening and delay
  - ER visits and hospitalizations for injury and ingestion
- Maternal Outcomes
  - Subsequent pregnancies
  - Participation in education over the course of the program
  - Educational attainment over the course of the program
  - Work force participation
  - Marital status
  - Community and Government services used
  - Depression screening (currently optional)

Appendix B:

This appendix has been replaced with the following document: Expanded Data Collection, Reporting, and Quality Improvement Strategies. The expanded table lists the data required in the benchmarks, how the data is collected by NFP, the frequency of collection and how the data will be reported.

In January 2012, NFP will introduce a report that includes data collected for each benchmark area. The report will be available to agencies and states quarterly. The report will include only clients that agencies indicate are funded by the MIECHVP.