



Nurse-Family  
Partnership

*Helping First-Time Parents Succeed®*

# Implementation Plan



# Nurse-Family Partnership Implementation Plan

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## I. Prospective Implementing Agency Information

<b>Name of Agency Submitting Plan</b>		
<b>Contact Person's Information</b>	Name & Title	
	Telephone Number	
	Fax Number	
	Address	
	E-mail Address	
<b>Administrator Information</b> (administrator of the department/division in which Nurse-Family Partnership will be housed)	Name & Title	
	Telephone Number	
	E-mail Address	
<b>Technology Contact Information</b> (individual responsible for technology issues)	Name & Title	
	Telephone Number	
	E-mail Address	
<b>Public Relations Contact Information</b> (individual responsible for public relations issues)	Name & Title	
	Telephone Number	
	E-mail Address	
<b>Staffing Snapshot</b> (The standard implementation of Nurse-Family Partnership is 8 nurse home visitors, each serving a maximum of 25 families – total 200 families – supported by a full-time nurse supervisor.)	Total number of NFP clients you intend to serve when the initial nursing team's caseloads are full	
	Total NFP nurse home visitors you plan to employ	FTE:
		Number:
	Total NFP nurse supervisors you plan to employ	FTE:
		Number:
	Total NFP administrative support staff you plan to employ	FTE:
		Number:
Total number of bilingual nurse home visitors you need		
Languages needed (client materials provided in English & Spanish only)		

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## II. Established Need & Population Characteristics

### 1) Population Characteristics

Complete the table below describing the socio-demographic and health characteristics that justify the need for NFP in the geographic area you intend to serve as compared to the general population of your state. Insert state-level data in the left column and NFP service area data in the right column. Please indicate if state and/or local data is not available for a particular indicator.

Population Characteristics	State: Year:	NFP Service Area: Year:
Total births		
Preterm births (<37 weeks gestation) as % of all births		
Hispanic		
Non-Hispanic White		
Non-Hispanic Black		
American Indian or Alaska Native		
Asian or Pacific Islander		
Low birth weight (<2500 g) as % of all births		
Hispanic		
Non-Hispanic White		
Non-Hispanic Black		
American Indian or Alaska Native		
Asian or Pacific Islander		
Maternal age < 21(%)		
Births to women receiving late or no prenatal care (%)		
Teen births ages 15-19 (per 1,000)		
Infant mortality (per 1,000 live births)		
Total deaths age 1-4 (per 100,000)		
Incidence of child abuse and neglect (per 1,000)		
Medicaid funded births (%)		
Income eligibility for pregnant women used to determine Medicaid eligibility (133-300% FPL)		
Income eligibility for pregnant women used to determine WIC eligibility (133-300% FPL)		
Population in poverty (% with incomes less than FPL)		
Data sources used to complete table:		

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## 2) Service Area

- a) As **Attachment 1**, provide a map highlighting the geographic area where NFP will be implemented (e.g., targeted counties or health service regions) and, if applicable, highlighting neighborhoods or zip codes you plan to serve.
- b) If you plan to serve a large geographic area (multiple counties or regions that cross the service boundaries of likely implementing agencies), please identify by name and role the stakeholders who represent those other service areas. Indicate whether or not you have involved them in your planning and assessment process.

Description of Other Service Area	Stakeholder/ Planning Partner Name & Position	Currently Involved	Planning to Involve	Nature of Involvement in Planning
		(check one)		
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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### 3) Eligible Population in Service Area and Program Size

#### Assessing Community Referral Capacity

*Complete Estimation Option #1 or #2 below (only one estimate is required). Then answer the questions in the table following this exercise.*

Agencies interested in implementing the Nurse-Family Partnership program must assess their capacity to serve the required number of low-income, first-time mothers. One step is to realistically estimate the number of eligible clients your community may have (pregnant low-income women with no previous live births). The minimum Nurse-Family Partnership start-up program must be able to enroll 100 families. Many agencies have over and under-estimated the Nurse-Family Partnership-eligible population in their service area.

Often states, counties or municipalities track the data you will need (contact your local or state Department of Health demographer to learn what is available). There are two distinct criteria to consider – income level and first-time pregnancies. Low-income is a generic term and is best defined by your community. Many agencies use WIC participation or Medicaid eligibility as a proxy for low income.

At the National Service Office we use one of two simple calculations to assess the number of eligible clients. They are outlined on the following pages.

Your experience working with pregnant women, characteristics of the target population in your area, and relationships with potential referral sources may suggest being more conservative or more aggressive in your expectations about how many mothers you can enroll.

We strongly recommend that anticipated referral sources document, realistically, how many *eligible* mothers they can refer to you each month. This will let you determine how long it would likely take for your nursing team to reach full caseloads. We expect a team to be able to reach full caseload within about 9 months from when the nurses return from their initial Nurse-Family Partnership education session in Denver.

Lastly, remember the importance of the preparation you do with your nurses and referral sources to teach them how to best present the program to first-time mothers early in their pregnancies. This preparation will impact your enrollment rate.

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## Estimation Option # 1

Determine the number of Medicaid-eligible births in your community. Then calculate the number of Medicaid-eligible births that are first births. Third, assume you will be able to reach one half of those moms early in pregnancy to introduce Nurse-Family Partnership. Fourth, assume one half of those will enroll in your initial Nurse-Family Partnership implementation.

- 1) Number of Medicaid- or WIC-eligible births annually in your community (X) \_\_\_\_\_
- 2) Number of eligible low-income first births (EB) is  $[(X) \times 40\%] =$  \_\_\_\_\_  
(Note: If you have data to indicate that more or less than 40% of your low-income births are first births, use your local data to provide the multiplier.)
- 3) Of the eligible low-income, first-time births in your service area, assume you will reach 50% of these women early in pregnancy during your initial start-up (no later than the 28<sup>th</sup> week of gestation)  $[(EB) \times 50\%] =$  \_\_\_\_\_
- 4) Since participation in Nurse-Family Partnership is voluntary and you are implementing Nurse-Family Partnership with your referral network for the first time, a realistic agency goal is to enroll approximately one half of all eligible women with whom you connect early in pregnancy.

Total eligible women your program is likely to enroll  $[\text{Number from item (3)} \times .50] =$  \_\_\_\_\_

### Example:

Johnson County Public Health Department is interested in implementing a Nurse-Family Partnership program. They track the number of low-income births annually and know that last year there were 1242 births meeting their defined low-income criterion. They can assume that 40% of those low-income births will also be first-time births. They also know that they can probably engage as many as one half of those families.

**X = 1242**

**EB = (1242) x 40% = 496.8** Round that up to 497 and therefore there are 497 estimated low-income, first-time births in JCHD service area.

Factoring in the assumption that they will find 50% of these women early in pregnancy and be able to discuss the program with them, they need to multiply the estimated low-income, first-time births by 50%. **(497) x 50% = 248.5**, rounded up to 249

Of the 249 women JCHD might reach early in pregnancy to introduce Nurse-Family Partnership, approximately 50% are likely to enroll, for a potential program size of 125 clients. **(249) x 50% = 124.5**, rounded up to 125

Realistically, Johnson County Public Health Department can confidently implement a Nurse-Family Partnership program with 4 nurse home visitors each seeing 25 clients and employ one full-time supervisor.



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## Estimation Option #2

If your state or county public health department does not provide data that specifically identifies the number of low-income, first-time births in your area, use the following worksheet to estimate your number of possible eligible Nurse-Family Partnership program families.

- A. Total number of live births in your community annually: \_\_\_\_\_
- B. Percent of live births in your community that are low-income births: \_\_\_\_\_
- C. Multiply the number in line A by the percentage in line B. \_\_\_\_\_
- D. Multiply the number in Line C by 40%. \_\_\_\_\_
- E. Divide the number in Line D by one half (penetration rate). \_\_\_\_\_
- F. Divide the number in Line E by one half (enrollment rate). \_\_\_\_\_

The number in Line E represents the possible capacity of your community for referrals into Nurse-Family Partnership, and the number in Line F represents the likely enrollment into your new Nurse-Family Partnership program. If the number in line F is less than 100 it is unlikely that a successful implementation can occur. This indicates that there are not enough eligible families to support the minimum service provision goal.

## Definition of Low-income for NFP Program

<p>What is your definition of “low-income” for the purpose of determining eligibility to participate in Nurse-Family Partnership? What is your rationale for defining “low-income” in this way?</p>	
<p>Will your NFP program be responsible for verifying income status as a result of an audit requirement or funding requirement?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

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## 4) Other Programs in Service Area

a) Please give a brief description of the other home visitation programs serving pregnant women and/or low-resource families in your service area by completing the table below. An example is provided on the first line.

Agency & Program Name	Program Goals	Service Provided & Duration of Service	Eligibility Criteria	Type of Staff	Geographic Area Served	Caseload Size	Number of Families Enrolled	Age of Children Receiving Services	Referral Source
<i>First Steps</i>	<i>Improve parenting of infants</i>	<i>Monthly home visits with parenting tips; birth to child age 1</i>	<i>Parent of any newborn</i>	<i>Trained volunteers</i>	<i>Dixon County</i>	<i>Up to 5 families per volunteer</i>	<i>40</i>	<i>0 – 1 year</i>	<i>Church, hospital, school</i>

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- b) Please explain the most important aspects of your plan for successful integration and coordination with these other programs (e.g., handling potential overlap in service area or in recruiting and referring eligible families, addressing concerns about competition between programs, etc.). Identify any aspect of the coordination plan that might compromise your nurses' ability to implement Nurse-Family Partnership with fidelity to the model. We suggest completing this plan in collaboration with the agencies you've described that offer similar services to eliminate potential conflicts or overlap in referral-making, service-delivery, etc.

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### III. Organization Mission and Culture

- a) What community needs are motivating your agency to consider implementing Nurse-Family Partnership?

- b) Briefly describe how support for implementation evolved within the agency. Please share actions or decisions that reveal the level of commitment to Nurse-Family Partnership among leaders in your agency (e.g. NFP planning group), including the names of agency leaders supporting implementation. What position will directly oversee the Nurse-Family Partnership (i.e. supervise the NFP Supervisor)?

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- c) As **Attachment 2**, provide an organizational chart that shows the anticipated placement of Nurse-Family Partnership within the agency.
- d) Briefly share the implementing agency's vision, mission and values and how they are compatible with those of the Nurse-Family Partnership program.

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## IV. Organization Capability

### 1) Capacity to Implement Nurse-Family Partnership with Fidelity to the Model

After reviewing the NFP Model Elements, please indicate the agency's ability to comply with each program element. Indicate whether further discussion is needed on any challenges which might arise resulting from political pressure, program financing, etc.

Model Element	Ability to Comply (Yes, No, or Don't Know)	If "No" or "Don't Know," Explain Anticipated Challenges	Further Discussion Needed (Yes, No, or Don't Know)
Client participates voluntarily in the Nurse-Family Partnership program.			
Client is a first-time mother.			
Client meets low-income criteria at intake.			
Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28 <sup>th</sup> weeks of pregnancy.			
Client is visited one-to-one, one nurse home visitor to one first-time mother/family.			
Client is visited in her home.			
Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.			
Nurse home visitors and nursing supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.			
Nurse home visitors and nursing supervisors complete core educational sessions required by Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.			
Nurse home visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.			

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Model Element	Ability to Comply (Yes, No, or Don't Know)	If "No" or "Don't Know," Explain Anticipated Challenges	Further Discussion Needed (Yes, No, or Don't Know)
Nurse home visitors apply the theoretical framework that underpins the program, emphasizing the Self-Efficacy, Human Ecology and Attachment theories through current clinical methods.			
A full-time nurse home visitor carries a caseload of no more than 25 active clients.			
A full-time nursing supervisor provides supervision to no more than eight individual nurse home visitors.			
Nursing supervisors provide nurse home visitors with clinical supervision with reflection, demonstrate integration of the theories and facilitate professional development essential to the nurse home visitor role through specific supervisory activities, including 1:1 clinical supervision, case conferences, team meetings, and field supervision.			
Nurse home visitors and nursing supervisors collect data as specified by the NFP NSO and use NFP Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.			
Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.			
Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.			
Adequate support and structure shall be in place to support nurse home visitors and nursing supervisors to implement the program and to assure that data is accurately entered into the database in a timely manner.			



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## 2) Experience with Developing and Sustaining Innovative Programs

Please complete the following table, providing an example where the agency identified unmet needs in the community and developed programming to address those needs.

What was the unmet need?	
How was it identified?	
What actions did your agency take to address the need?	
How did your agency determine or monitor the success of the initiative?	
What were your “lessons learned” that might relate to your implementation of NFP?	
Was the agency (or community) able to sustain the initiative? If so, what enabled sustainability? If not, what happened?	
<p>Was the initiative an evidence-based program?</p> <p>If no, please describe other agency experience with implementing evidence-based programs.</p>	

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## 3) Relevant Experience

Provide a brief overview of your agency’s recent experience with each area. An example is provided.

	Experience in This Area? (Yes or No)	Nature of Services	Nurses Staff These Services? (Yes or No)	# Years of Experience
<b>Example:</b> Minority/Hard-to-Reach Population	Yes	Women’s health program targeted to zip code with highest infant mortality rates	No	5
Maternal & Child Health				
Low-Income Families				
Minority/Hard-to-Reach Population				
Prevention/Health Promotion				
Home-Based Services				
Nursing – General				
Nurse Home Visitation				
Formally-Defined Evidence-Based Programs				
Early Education/Child Development				

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## 4) Commitment to Adequate Programmatic Support for Nurse-Family Partnership

Implementation requires access to telephones, computers, and internet for utilization of the NFP web-based data & reporting system, NFP Community resources, conference calls, online learning sessions, and other required and recommended professional development opportunities. Please note which of the following programmatic supports the NFP supervisor and nurse home visitors will have access to for NFP implementation:

<b>Administrative Support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	FTE: Duties outside NFP?
<b>Housing for NFP team (i.e. desks, team meeting &amp; conference space, confidential area for 1:1 reflective supervision)</b>  <i>* If the NFP team will be housed outside of the main agency address listed in Section I, please indicate team location.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
<b>Telephones</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
<b>Cell phones</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
<b>Computers with internet access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
<b>Laptops for field use</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
<b>PDA / Blackberry</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
<b>Electronic Medical Records</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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### 5) Commitment to Using Data to Evaluate Adherence to Model Elements and Guide Program Practice

As stated in the explanations of Nurse-Family Partnership as an evidence-based program, it is essential that valid and complete data is collected by the agencies about their Clients and the Program. This data provides agencies key information to help manage and evaluate the program's implementation and results.

NFP provides a web-based application that comprehensively captures data and provides necessary evaluation reporting. **To realize and monitor the true value of NFP, it is expected that an implementing agency enter its data into the NFP system in a timely and consistent manner.**

- a) What, if any, experience does the implementing agency have with monitoring performance using program data to assess and enhance program quality and management?

- b) How do you envision encouraging the NFP nursing team to use program data to monitor performance and improve practice results? How will program managers or administrators encourage and support these efforts?

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c) Choose which data collection methods your agency will use:

- NFP's data collection and performance management system, or
- NFP's data collection and performance management system AND at least one additional data collection system. (Provide details below, including names of additional data system(s) that will be utilized.)

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## V. Nursing Practice and Support

### 1) Nurse Recruitment and Hiring

Review the Nurse-Family Partnership Model Elements and Nurse Staffing Guidance with job descriptions for the NFP Nurse Home Visitor and Nurse Supervisor, and then answer the following questions:

- a) What have you done to assess the pool of Bachelor's- and Master's-prepared nurses in your community to staff your positions? Briefly describe your recruitment plan for attracting qualified candidates, describing any anticipated difficulties in recruiting nurses for Nurse-Family Partnership.

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- b) Please provide agency salary ranges for each NFP role, along with competitive compensation packages for nurses with these qualifications in your geographic area. Please indicate your source of information for market estimates and include pay for both hospital and community health services (CHS).

NFP Role	NFP Salary Range	Local Salary – Hospital	Local Salary - CHS
Nurse Home Visitor			
Nurse Supervisor			
Administrative Assistant / Data Entry			
Information Source			

If there is a difference between your agency's pay ranges and the open market, what are your initial thoughts for how to best recruit and retain qualified personnel?

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- c) If you expect to serve minority and/or disenfranchised cultural groups or non-English speakers, please describe your capabilities and plans to engage and serve those populations with nursing staff.

- d) Briefly outline your planned interviewing and hiring process, including how you would select nurses requesting an internal transfer for either nurse home visitor or supervisor positions. If you plan to transfer nurses from within your agency, please outline a transition plan and timeline outlining your management process for closing existing caseloads in anticipation of initiating NFP services.

- e) What steps would your agency take in the event of funding cuts or hiring freezes to continue filling NFP positions?



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## 2) Experience with Nursing and Understanding of Nursing Practice

- a) Does the agency currently employ nurses? If **yes**, complete the questions in subsection 1. If **no**, complete the questions in subsection 2.

### Subsection 1

Total number of nurses:
Nurses' roles in the agency:
Nature of service provided to clients:
Setting of therapeutic interaction (home, clinic, etc.):
Will the supervisor and nurse home visitors be hired by a nurse? If not, what steps will be taken to ensure adequate understanding of the role and practice of nursing in order to recognize and hire well-qualified candidates who fit the model of NFP nursing?

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## Subsection 2

Explain how you will become familiar with the needs and accountabilities of nursing. Who will you use as a resource? How will you ensure ongoing expertise and counsel in nursing practice?

Are the leaders who will be responsible for Nurse-Family Partnership familiar with the state's Nurse Practice Act? If not, to whom will you turn as your source of consultation on the state's Nurse Practice Act?

What agency policies or regulations might inhibit nursing practice as defined by the state's Nurse Practice Act and the licensure of the nurses you will employ?

If your agency becomes a Nurse-Family Partnership implementing agency, will it need to make any changes to meet agency licensing or accreditation requirements? If so, summarize your plan for accommodating the change.

Will the supervisor and nurse home visitors be hired by a nurse? If not, what steps will be taken to ensure adequate understanding of the role and practice of nursing in order to recognize and hire well-qualified candidates who fit the model of NFP nursing?

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- b) Does your agency currently have standards and policies that address each of the following aspects of Nurse-Family Partnership nursing practice?

Topic	Have in Place	Need to Develop
Mandatory reporting	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of pregnant women's health	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of infants and children	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Record-keeping	<input type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input type="checkbox"/>
Communication with primary care providers	<input type="checkbox"/>	<input type="checkbox"/>
Client consent	<input type="checkbox"/>	<input type="checkbox"/>
Supervising field staff	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning for visits in the home	<input type="checkbox"/>	<input type="checkbox"/>

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## 3) Nursing Education Practice and Caseloads

NFP is a complex, multi-faceted prevention program. Nurses participate in extensive core education sessions, upon which they begin to lay the foundation for their NFP nursing practice. Initially, nurses spend a lot of effort cultivating referral relationships, building their caseloads, fostering trusting relationships with clients and putting NFP theories into practice. Developing NFP nursing competencies takes time, and nurses rely on reflective supervision, case conferences, ongoing professional development and experience working with families and implementing the model with fidelity to deepen these competencies. It is critical that nurse home visitors and supervisors have the support of agency officials to learn the NFP model and refine their practice over time to ensure high-quality implementation, adherence to model fidelity and, ultimately, program outcomes.

a) Complete the table below:

Nursing Education Practice and Caseloads	Ability to Comply	Brief Explanation of Plan
Agency leadership protects new NFP nurses' learning time so they can orient properly to the agency, complete the first unit of study on site (5 half days) and concurrently establish referral relationships.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency supports nurses during times when they travel to face-to-face education events, especially once they have caseloads, so they are free to study and learn without distractions of responsibilities at the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency supports nurses to complete their education (web-based or face-to-face) when their caseloads are close to full and quite busy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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- b) Nurse-Family Partnership provides education on the NFP model and how to integrate the model into practice. Nurse-Family Partnership does not provide education on general nursing skills and knowledge. Because the model is so comprehensive, even highly-experienced and well-selected nurses will be skilled in most areas and also have knowledge and skill gaps in some areas. What is the agency policy for providing professional development assessment, time and money?

- c) We strongly recommend that supervisors be dedicated full-time to Nurse-Family Partnership and that they not carry duties outside of the program. If you have a very strong belief that your program's nursing supervisor must have duties outside of NFP, explain what they are, estimate the number of hours per week that will be required for the supervisor to fulfill those duties, and describe how you will assure that the supervisor's ability to execute her/his role in NFP will not be compromised.

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- d) Do any of your funders have requirements that nurses carry out particular assessments or verifications that are not part of the NFP model?

- e) Do you anticipate enrolling a large majority of clients from a special population (e.g. young teens, homeless, mentally ill)? If so, how would that emphasis affect nurse caseloads or special support or consultation needs?

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### **4) Policies That Foster Adherence to the NFP Model Elements and Client-Centered Practice**

- a) Will the practice of reflective supervision as described for Nurse-Family Partnership be consistent with standard supervision in your agency or would it be experienced by nursing staff as somewhat of a change?

- b) Describe the agency's policies and procedures that will allow nurses to flex their schedules to accommodate clients' needs.

- c) Describe the safety policies, training, and supports you will provide to NFP supervisors and nurse home visitors.

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- d) Describe the agency's policies regarding the provision of small gifts or concrete supports as acknowledgement of client achievement.



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## VI. Community Linkages

### 1) Client Referral System and Enrollment Process

- a) Complete the table below to describe how many eligible pregnant women your top referral agencies indicate they can refer each month, the justification for this estimate, your relationship with this referral source, and whether you've included a letter confirming their commitment to refer - **Attachment 3**. Add rows if needed. Examples are provided.

Anticipated Referral Source	Estimated # of Eligible Referrals (monthly)	Rationale for Estimated # of Referrals	Brief Description of Length & Nature of Relationship with Referral Source	Letter Confirming Commitment to Refer at this Rate Included? (check yes or no)	
				yes	no
<i>Example: WIC Clinic</i>	20	<i>Last six months of service records</i>	<i>Contained in the health department for over 15 years</i>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
<i>Example: Planned Parenthood</i>	5	<i>Review of previous two months of intake assessment forms</i>	<i>Collaborated on providing services to indigent patients, last five years</i>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
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				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
				<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Total monthly referrals:</b>				<input type="checkbox"/> yes	<input type="checkbox"/> no

## Nurse-Family Partnership Implementation Plan

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- b) What are your ideas about maximizing outreach, referral generation and enrollment for women as early in pregnancy as possible?

- c) On what basis will referrals be prioritized for NFP (e.g., early in pregnancy, lowest income, zip code of residency)? How will you accomplish prioritization with and from your referral sources?

- d) Describe your plans to recruit women from populations that are important to your vision for the NFP's impact but may be difficult to reach and/or enroll (e.g., cultural minority groups, historical disenfranchisement, immigration issues, seasonal accessibility challenges, etc.):

## Nurse-Family Partnership Implementation Plan

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e) Describe how referrals that do not qualify for Nurse-Family Partnership will be managed:

# Nurse-Family Partnership Implementation Plan

## 2) Service Linkages for Clients

Women and families who participate in Nurse-Family Partnership tend to have a wide range of needs and concerns related to their health, environment, economic status, stability and stress.

- a) Given your understanding of the characteristics of the families you expect to serve, what are the other agencies or services with which you anticipate needing referral linkages to provide needed services and resources to NFP clients? Such services might include education, workforce preparation, substance abuse treatment, mental health care, general health care, child care, support for victims of interpersonal violence, food banks, affordable housing, prenatal and pediatric care, dental care, etc.

Name of Agency	Brief List of NFP-Relevant Services Provided by Agency	Relationship with Agency Established? (yes or no)		Relationship with Agency: Formal Informal (check one) *		Knowledge of NFP Program (1 = low, 5 = high)	Likelihood that NFP Clients Can Obtain Service (1 = low, 5 = high)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		

\* Formal relationship defined by an MOU, contract, or other agreement between agencies

## Nurse-Family Partnership Implementation Plan

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- b) For any essential service for which availability/accessibility to NFP clients will be problematic, please describe your plan for supporting nurse home visitors who have clients needing services which may be unavailable or difficult to access:

# Nurse-Family Partnership Implementation Plan

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## VII. Sustainability

### 1) Political Champions and Advocacy Influence

- a) Describe how the agency has secured external political and advocacy commitments to sustain the implementation of Nurse-Family Partnership. Please provide names of elected officials, policy-makers, philanthropic leaders, and program champions supporting implementation.

- b) In the future, if your Nurse-Family Partnership program faces a significant cut in funding or if agency leadership changes, who are the community or other influential leaders who will actively advocate to sustain the program?

- c) As **Attachment 3**, please provide any letters of commitment from internal and/or external political, philanthropic, or advocacy champions confirming their support for Nurse-Family Partnership in the community.

# Nurse-Family Partnership Implementation Plan

## 2) Nurse-Family Partnership Community Advisory Board

Please review the guidance on community advisory boards and political support and explain how you will enlist and maintain relationships with the array of individuals and organizations you see as critical to your success. Please differentiate those who will be helping with **operational implementation** of Nurse-Family Partnership (e.g., referral sources, other family services, in-kind assistance to the nursing teams) vs. **advocacy** for sustainable funding, community visibility and other support.

a) Use the table below to describe your Nurse-Family Partnership advisory board (existing or proposed):

Member Name	Commitment Status (proposed, secured, or commitment letter included)	Agency or Function	Role in Relation to NFP (operational, advocacy, or both)	Action Taken to Support NFP	Action Anticipated to Support NFP

## Nurse-Family Partnership Implementation Plan

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- b) Describe your plan and timeframe for convening, supporting and communicating with your advisory group members during the first year of program implementation:



# Nurse-Family Partnership Implementation Plan

## VIII. Financing and Fiscal Policy Support

### 1) Nurse-Family Partnership Cost Estimate

Please review the Nurse-Family Partnership sample budget and narrative carefully.

As **Attachment 4**, complete a 3-year budget and budget narrative for your program. For any line item that varies from the sample, please explain what conditions relate to that variance. Take care to revise the sample budget figures to reflect likely operational costs, particularly local nursing salaries. Estimate mileage, basing figures on your local actual costs and circumstances. Attend carefully to your agency’s anticipated costs to meet space and technology requirements. Please use the electronic spreadsheet/forms available from Nurse-Family Partnership for budget planning purposes.

### 2) Funding Mechanisms

Complete the chart below for at least the first three years. Please rate each source on a scale of 1 – 5, where “1” is approved and in hand and “5” is an idea not yet pursued:

Funding Source Name	Source of Funding	Amount	Source as % of Total Budget	Nature of Any Restrictions	Anticipated Start Date	Anticipated End Date	Estimate of Certainty (rate 1 – 5)

## Nurse-Family Partnership Implementation Plan

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### 3) Adequacy of Funding

- a) If additional funds are needed for years two and three, what leads you to believe that potential or prospective funding sources are realistic options?

- b) What is your strategy for obtaining long-term financial support (beyond the first three years of operation)? Who are the individuals who will be pursuing sustainable funding for Nurse-Family Partnership?

## Nurse-Family Partnership Implementation Plan

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### 4) Letters of Guarantee

- a) As **Attachment 5**, please provide letters of guarantee for those funding sources you have identified as Category 1 in the funding table, certifying that the money is committed to Nurse-Family Partnership. Letters should be written on letterhead of the agency/official that has the authority to allocate funds to a Nurse-Family Partnership program at your agency and should include dollar amounts as well as start/end dates. You do not need to provide a letter of guarantee for any established funding stream that you anticipate to be operationalized and ongoing (i.e. is not subject to the annual/biennial appropriations process), such as Medicaid billing under Targeted Case Management. If you are unable to procure a letter of guarantee, please note the reason and include it as **Attachment 5**.
- b) For those funding sources you have identified as Category 2-5 in the table above, please note the justification for the rating.

# Nurse-Family Partnership Implementation Plan

## IX. Research and Nurse-Family Partnership

Please review the guidance on NFP research located in NFP Implementation Overview & Planning and at: <http://www.nursefamilypartnership.org/proven-results/research-inquiries>.

Are you considering conducting any evaluation or research efforts in association with your implementation of Nurse-Family Partnership? If yes, please consult with your NFP Program Developer and then provide a brief description of evaluation or research plans here.

## X. Timeline for Implementation

Given your understanding of the dependencies involved in start-up, what is your timeline for implementing Nurse-Family Partnership?

Implementation Benchmark	Month/Year
Post positions and recruit staff	
Interview and hire nurse home visitors and administrative support staff	
Attend NFP Education in Denver, CO	
Begin enrolling clients	
Reach full caseloads	

# Nurse-Family Partnership Implementation Plan

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## **XI. Concerns or Challenges**

Please provide a short synopsis of any significant concerns or challenges (unrelated to the Model Elements outlined in Section II), which will need to be addressed in order for you to proceed successfully with implementing Nurse-Family Partnership:

# Nurse-Family Partnership Implementation Plan

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## XII. Affirmation of Commitment and Approval for Implementation Plan Submission

I understand that:

- The Nurse-Family Partnership National Service Office uses a standardized approach for reviewing an implementation plan.
- I will receive timely feedback indicating the extent to which our implementation plan suggests readiness to launch an NFP Implementing Agency. Some issues may be identified as critical issues to be addressed before readiness to launch status is affirmatively determined. In addition, feedback from NFP will delineate the issues to be addressed going forward.
- Implementing an NFP program requires that model elements be complied with and that quality measures be adhered to. As a result, NFP expects all NFP agencies to engage in ongoing program improvement activities.
- NFP has research expectations and standards that must be adhered to.

**I have reviewed this Nurse-Family Partnership Implementation Plan and budget, affirm support for implementation in accordance with this information, and am prepared to submit it to the Nurse-Family Partnership National Service Office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

*Signature and printed name of agency official (must have authority to obligate the implementing agency to adopt a new program and finance it for multiple years)*

# Nurse-Family Partnership Implementation Plan

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## **Attachment 1: NFP Service Area Map**

(reference Section II, part 2a)

## **Attachment 2: Organizational Chart**

(reference Section III, part c)

## **Attachment 3: Letters of Commitment (Referral Sources & Champions)**

(reference Section VI, part 1a and Section VII, part 1c)

## **Attachment 4: Three-Year Budget & Budget Narrative**

(reference Section VIII, part 1)

## **Attachment 5: Letters of Guarantee**

(reference Section VIII, part 4a)