Nurse-Family Partnership

Helping First-Time Parents Succeed®

Implementation Plan Guidance

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Please note: Throughout the NFP Implementation Plan Guidance and the NFP Implementation Plan the term "agency" is used to refer to the entity seeking to implement NFP while "organization" is used to refer to the broader aspects of entities regarding organizational capabilities, mission, vision and values. If your organizational entity refers to itself by another term (e.g. "Tribe"), you are invited to share in this plan what your preferred term is for use during the review process.

I. Prospective Implementing Agency Information

Complete this section by providing the requested agency name, contact and staffing information.

II. Established Need & Population Characteristics

1. Population Characteristics

Complete *either* Table A *or* Table B describing the socio-demographic and health characteristics justifying the need for NFP in the geographic area you intend to serve as compared to the general population of your state. Good sources of this information include state or county census data, state or local health department statistics, and Medicaid data. Indicators in table align with available data sources such as CDC www.cdc.gov/datastatistics, KIDS COUNT http://datacenter.kidscount.org, and Kaiser Family Foundation http://www.statehealthfacts.org

If you will be serving a specific population exclusively, which does not have data available to complete Table A, please complete Table B, following the directions in the template.

2. Service Area

a) Provide a map of your state highlighting the geographic area where the program will be implemented. If applicable, highlight the counties, neighborhoods, health service regions, tribal lands or zip codes you plan to serve. Place the map into the implementation plan as **Attachment 1**.

How do I define a service area for an NFP program?

- Define clear geographic boundaries for referrals and program availability. Most agencies do this by considering variables such as geography, locations in which need is concentrated, existing agency or governmental unit service boundaries if they exist, distance, driving time, and the number of eligible clients (first-time, low-income, pregnant women) in a given area. Be sure to carefully estimate distance and driving time during the hours nurses will work. Ensure the travel time is not so extensive as to prohibit nurses from being able to realistically visit 3-4 clients per day.
- Your service area definition may need to be revisited. Once you have estimated the number of eligible women you expect to be able to enroll from within your defined service area, you may need to review the boundaries of that territory. You will need to be sure you can recruit and enroll enough women to fill your initial nursing team's caseload within 9 to 12 months of staff completing NFP Education Unit 2.

b) If you plan to serve multiple counties or regions that *go beyond the traditional service boundaries* of your proposed implementing agency, complete this section by providing the requested stakeholder information. This section is designed to capture situations in which there could be challenges and opportunities to coordinate and collaborate with other agencies beyond the traditional service area.

3. *Establishing the Need: Assessing Community Referral Capacity*

Determine the size of the NFP-eligible population and estimate the number you are likely to enroll during your initial program implementation cycle. Complete either Estimation #1 or #2 to assess community referral capacity for your Nurse-Family Partnership program and define "low-income" for determining program eligibility.

a) Estimation Options: How do I determine the need?

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.

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 anticipated referral sources realistically document 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 a full caseload nine to twelve months after their nurses return from their initial Nurse-Family Partnership education session in Denver.

Lastly, remember the importance of the preparation you do with your agency's 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 agency's enrollment rate.

b) How is "low-income" defined?

Determine your agency's definition of "low income" for the purposes of NFP eligibility. Remember NFP shows the greatest benefits among those most at risk. Most often, implementing agencies align their definition of "low-income" with existing eligibility guidelines for pregnant women in programs such as WIC, Medicaid, or TANF.

Should the NFP program be responsible for income verification?

Avoid creating a situation where NFP nurses must verify income of prospective program participants. It can be a difficult and time-consuming process, which does not lend itself to establishing a warm, empathic relational environment to invite a woman to participate in home visits. It tends to discourage women from enrolling and requires time from NFP nurse home visitors that could be more productively spent in other ways. Instead, establish a simple proxy such as Medicaid or WIC eligibility for the poverty index.

How do I manage referral relationships?

Recruit referral sources. Remember, during your organization's initial year of implementing NFP, you will likely be building relationships with referral sources – or at least building their familiarity with NFP and its eligibility requirements. As those relationships grow and your community (including women in your target population) becomes more familiar with NFP, you should get better at reaching and enrolling women in the program. Our estimates are conservative for a reason. In our experience, nearly all new NFP implementing agencies over-estimate their ability to generate referrals early in their implementation process. New agencies need time to become effective (or teach their referral sources to be effective) at inviting women to join the program.

Plan ahead for a referral management system. Building and maintaining relationships with your best referral sources is critical to both the program start-up and the long-term vitality of your NFP program. While your program will start relatively small and grow slowly, your nursing team will eventually fill their caseloads and will only have openings periodically – when clients move out of the area, decline further services, or graduate. Some women will be referred to you but won't be eligible, many will still have great need, and some of them will be eligible but you won't have any openings. Plan ahead so you are prepared to handle this when it occurs.

The following important questions emerge:

- Where will you refer women who come to you but aren't eligible for NFP?
- Where will you refer women when you don't have openings?
- Have you discussed such plans with the other programs and services to which you hope to refer those women?
- What are your agency's plans for communicating with your referral sources when you have to slow down on accepting referrals, when you have openings again, or when you have to refer women to other programs because your nurses' caseloads are full?
- How will you keep your referral sources excited about referring clients when they've sent people your way numerous times but you have not had any openings?

4. Other Programs in Service Area

a) Please complete the table providing brief information on the other home visitation programs serving pregnant women and/or low-resource families in your area focusing on the same population(s) you plan to serve. An example is provided on the first line. If you intend to serve a specific population exclusively, for "Geographic Area Served", you may reference **Attachment 1**.

Learn as much as you can about each program already in place. Capture this information prior to completing this section of the application. Gather a list of referral programs/agencies and delegate your people to contact the agencies for information and to discuss with their leaders why you see the need or benefit of NFP. Explore how NFP might add to the continuum of existing services. Find out if the other program leaders perceive NFP as a helpful addition or as competition. Seek to understand their concerns and discuss how to resolve those concerns. Invite them to participate on your community advisory board to assure ongoing dialogue and good coordination. Some important issues to address include:

- Are multiple programs trying to reach and enroll pregnant women in the same service area? If so, can you segment referrals so NFP gets the low-income, first-time pregnant women and other programs serve the larger number of other women and parents in need?
- Can you work out an arrangement where you will refer to one another to make sure all women who need support get it in a timely way?
- Are there concerns about funding issues?

Many communities planning to implement NFP engage the leaders of all other programs in developing a 'Continuum of Services Map.' "Other Programs in Service Area" is about describing all of the programs and services available to pregnant women and young families. It details how they will coexist and inter-relate for the good of the community and its children. If you develop a 'Continuum of Services Map,' identify which programs target all mothers and which are specific to particular populations. Completing a SWOT" analysis (Strengths, Weaknesses, Opportunities, and Threats) can be helpful in this effort. Once the service continuum is defined, determine where NFP fits in it. Summarize information on each group in this table.

Use

b) Use this space to explain the most important aspects of your organization's plan for successful integration and coordination with the programs listed in question 4a.

III. Organization Mission and Culture

a) Please describe what community and/or specific population needs are motivating your agency to choose the NFP model in particular to address those needs.

b) Complete this section by providing a description of how support for implementation evolved within your agency.

Provide an organizational chart, as **Attachment 2**, showing anticipated placement of NFP within the agency. Organizational charts provide clarity on explicit reporting relationships and who is accountable for what as well as who makes decisions in different areas. If your agency does not have an organizational chart, please respond to the questions below instead.

- ☐ How are decisions made?
- ☐ What happens when different individuals disagree about a decision?
- ☐ Who makes decisions about hiring nurses? Who makes decisions about assigning tasks? Who is responsible for supervising nurses? Who will be responsible for obtaining referrals?
- ☐ How are organizational goals set? Who monitors progress towards the goals?
- ☐ Who manages money?
- ☐ When something does not go well, who is responsible for identifying and solving the problem?

c) Complete this section by sharing the agency's mission, vision and values and compatibility with the NFP program. Please see the mission, vision and values of the NFP National Service Office at http://www.nursefamilypartnership.org/about/Mission-Vision-Values . Formal mission, vision and value statements serve as the foundation for all decisions made by an agency. If your agency does not use formal statements, please describe the agency's *implicit* values and beliefs serving in place of mission, vision and values statements. In addition, describe how you have ensured you are representing the agency as a whole rather than an individual's perspective on the values and beliefs articulated in your implementation plan. It is highly recommended that your agency develop a mission, vision and values statement to guide implementation of the NFP program within your agency.

IV. Organization Capability

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

a) Complete the table regarding your agency's ability to comply with the NFP program elements.

b) Complete this section by describing any plans to subcontract with other agencies, including rationale, roles and responsibilities and how you will ensure fidelity to the model by the subcontractor.

c) Complete this section by describing any cultural or traditional practices that your agency and/or community leaders believe would enhance the delivery of the program. Share how these practices would enhance the program and how you would ensure that they align with fidelity to the model.

2. Experience with Developing and Sustaining Innovative Programs

Complete the table by providing an example of where your agency identified unmet needs in your community and/or specific population you plan to serve and developed programming to address those needs.

3. Relevant Experience

Complete the table regarding your agency's experience with the populations and topics listed. For areas where you don't have relevant experience, anticipate working closely with your business development manager and nurse consultant on those areas during implementation.

4. Commitment to Adequate Programmatic Support for Nurse-Family Partnership

Complete the table with programmatic supports that will be available to the NFP team. Include brief description of team's housing - office space.

There are many ways to configure an efficient Nurse-Family Partnership program. The best set-up for each agency is dependent upon the nature of the community served, the distances covered by nurse home visitors, and the resources shared with other programs in the host agency. However, the minimum requirements for each agency are:

- One computer for the supervisor
- One computer for the data entry clerk or administrative assistant
- One computer for each nurse home visitor

To meet their program responsibilities, the nurse supervisor and data entry clerk (or administrative assistant) need access to computers during all work hours.

- The data entry clerk requires secure medical records storage and adequate space for equipment. This position also requires highly-organized and accessible resource materials sets used by nurse home visitors.
- Cell phones are an essential element to ensure the efficiency and safety of nurse home visitors.
- Supervisors must also have a cell phone in order to be accessible to nurse home visitors in the field.
- The team needs access to conference room space for team meetings and case conferences.

In addition, there must be space for confidential one-to-one reflective supervision sessions.

5. *Commitment to Using Data to Evaluate Adherence to Model Elements and Guide Program Practice*

a) Describe the agency's experience with monitoring performance using program data.

b) Explain how you plan to encourage the NFP nursing team to use program data to improve practice. Explain how program managers or administrators will encourage this practice.

c) Note the data collection method(s) your agency will use during NFP implementation. If your agency will be using ETO and additional data collection systems, provide details on the additional systems.

V. Nursing Practice and Support

1. Nurse Recruitment and Hiring

Review the Nurse-Family Partnership Model Elements and "Hiring for NFP" document and job descriptions (provided by your Business development manager) for the NFP Nurse Home Visitor and Nurse Supervisor, and then answer the questions in this section.

a) Describe what you have done to assess the pool of Bachelor's- and Master's-prepared nurses in your community. Briefly describe your organization's recruitment plan for attracting qualified candidates, including any difficulties you anticipate in recruiting nurses for Nurse-Family Partnership.

To get more detailed information on the nursing workforce in your community, contact your State Board of Nursing. Your State Board of Nursing can provide information on the distribution of Associate's-, diploma-, Bachelor's- and Master's-prepared nurses in the state. They may have CDs available, for purchase, listing registered nurses with BSNs and Master's degrees, by zip code.

Nurse-Family Partnership provides recruitment materials, including:

- Materials about the program and the research
- Descriptions of the nurse-client relationship
- Client-nurse stories
- Templates for job postings

As you consider your agency's recruitment plan, please consider this: feedback from existing agencies, and direct observation of new site "start-ups," suggests it is better when the supervisor hires the staff. While it might be faster to hire the whole staff at once, it puts the supervisor at a disadvantage. The supervisor needs to be able to vet the staff, find the right mix, and make decisions about who will become part of the team.

b) Complete the table with competitive compensation packages for nurses in your geographic area, including salary ranges for NFP staff. Describe your thoughts for recruiting and retaining personnel if there is a difference between your agency's pay ranges and the open market.

Nursing salaries tend to be higher in larger cities and on the east and west coast. They tend to be higher in hospitals than in health departments. Although clinic salaries are generally lower, you may need to meet the average hospital salary in order to effectively recruit and retain well-qualified nurses. Nurses are very interested in working for Nurse-Family Partnership programs. If it is a good fit, nurses love the work and stay for a long time. However, when the salary is considerably lower than the local market, nurses sometimes have to leave for financial reasons.

Sometimes nurses accept lower salaries because they want a "retirement job" or a job that does not involve evening/weekend work. This is not an effective profile in Nurse-Family Partnership. NFP nurses work after hours, sometimes on weekends. It is difficult, challenging, yet very rewarding work requiring nurses who are skilled, open to learning and highly committed.

Your Human Resources department and nurse executives can help you establish an appropriate job classification level for NFP nurses. The level should reflect the independent and highly-skilled nature of the job. Some agencies classify the nursing staff as "advanced nurses" by appropriately addressing their Human Resources definitions for that role (for example PHN-3 versus PHN-1). It may take considerable time to negotiate definitions and role descriptions to satisfy the requirements justifying the classification and salary level. Some agencies have established higher pay grades by addressing the BSN requirement, need for relevant experience, and hazard pay due to the challenges of the neighborhoods and homes visited. Some have been able to increase pay for certification in specific areas.

c) Briefly outline your agency's planned interviewing and hiring process, including how you will ensure nurses and supervisors are a good match for implementing NFP.

Your NFP nurse consultant can provide you with two documents that will assist you in planning for interviewing and hiring: *Sample Job Descriptions* and *Hiring for Nurse-Family Partnership.*

A nurse with excellent administrative skills should be chosen as the new NFP supervisor. But, however essential those administrative skills are when starting a new program, it is only part of what makes a successful NFP supervisor. A Nurse-Family Partnership Nurse Supervisor must also be inspired by and advocate for an evidence-based prevention program that is truly client-centered. The supervisor must be able to listen to and value the opinions and expertise of the staff. The supervisor must be skilled in helping nurses reflect on their practice. Successful NFP supervisors can support the nurses' growing self-efficacy and competence. The supervisor must understand the theories central to NFP and be able to assist nurses in integrating the theories. Not all nurses are a good fit. Nurses who do not embrace the culture and values of NFP will not be successful or happy working in the program. If your agency requires existing staff to transfer into NFP, you may benefit by planning for attrition, which obviously negatively impacts the cost of the program.

d) If you anticipate internal nurse and/or supervisor candidates, describe how you will ensure they are a good match for implementing NFP. Please outline a transition plan and timeline for closing existing caseloads in anticipation of initiating NFP services.

> When agencies are approved for NFP implementation, nurses employed by the agency frequently request a transfer to the new program. A formal internal interview process designed to ensure a good match is important. In addition, a thorough transition plan is necessary to ensure nurses are able to fully focus on NFP education, and for building their caseload once your agency begins implementing the NFP program.

e) Describe the steps your agency would take, in the event of funding cuts or hiring freezes, to continue filling NFP positions.

f) Describe your organization's capabilities and plans to engage and serve minority and/or disenfranchised cultural groups or non-English speakers.

> Without bilingual nurses, it is difficult to serve clients who do not speak English. It is always best to have a nurse who speaks the client's language; however, many people are overconfident in their ability to speak a second language. They may use the wrong words when trying to communicate with the client. They may misunderstand what the client has said. It takes years to master a second language sufficiently well to have a substantive conversation such as the ones that occur in the many 1 to 1½ hour visits involved for Nurse-Family Partnership.
>
> A national telephonic interpreting company can provide certified interpreters. In-person trained interpreters are more costly, but usually are preferable to telephonic interpreters. Part of the in-person interpreter training is to interpret without taking over the nurse's role and to not add, omit or change any part of the message. However, a trained telephonic interpreter is almost always preferable to an untrained in-person interpreter.
>
> Many sites find they are able to enroll clients when the client has immigrated with the family, attends school and has learned English. She may need to translate for her family and the father of the baby, but she can engage in useful dialogue and relationship-building with the nurse. If clients in your agency's target market do not speak English, you will need to recruit nurses with appropriate language proficiency. Never assume family members are interpreting for one another accurately. They may have personal reasons for misrepresenting what was stated.

2. *Experience with Nursing and Understanding of Nursing Practice*

a) If the agency currently employs nurses, complete subsection 1. If the agency does <u>not</u> currently employ nurses, skip subsection 1 and complete subsection 2.

b) All agencies, regardless of nursing experience, should complete the table regarding agency standards and policies.

3. Nursing Education, Practice and Caseloads

a) Complete the table regarding your agency's ability to comply with NFP education and caseload expectations, briefly describing plans to support nurses.

b) Describe the agency policy for providing professional development assessment, time and money.

c) If 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 the supervisor's ability to execute her/his role in NFP will not be compromised.

> Model Element #13 defines the agency commitments regarding the nurse supervisor workload. The first year of implementation is intense. The maximum number of nurse home visitors a full-time supervisor may carry in NFP is eight. Even full-time nurse supervisors who start with only four nurses found their time was overfull in the first year. A full-time nurse supervisor with eight nurses dedicates 18 to 20 hours per week to building clinical competence and providing support to the nurse home visitors. This includes:
>
> - One case conference or team meeting each week (one to three hours plus planning time)
> - One hour of reflection time with each nurse each week (eight hours plus ½ hour each for preparation, documentation and follow-up)
> - Networking and building community advisory board
>
> Supervisors have additional administrative duties such as meetings, committees and managing operations and reports. These responsibilities keep a full-time supervisor very busy.

d) Describe any funder requirements that nurses carry out particular assessments or verifications that are not part of the NFP model.

e) If you anticipate an emphasis on clients from a special population, describe how that will likely affect nurse caseloads.

> Model Element #12 describes agency agreements regarding nurse home visitors' caseloads. Nurses in NFP do best when they work at or very close to full-time. Nurses can best build competency in the model by spending significant time becoming familiar with the model and then practicing it with multiple clients.
>
> Nurses in the randomized, controlled trials recruited 25 clients. The cost/benefit analysis is based on caseloads of 25. Nurses in NFP build caseload slowly over 9 to 12 months and then strive to keep the caseloads at close to 25 active clients. (Caseloads fluctuate due to clients moving, disengaging, and graduating from the program.)
>
> A nurse who acquires an especially high-risk or complex family may need additional time to assess, refer and settle some of the client issues before enrolling another client. That nurse's recruitment may slow down briefly. If your target population is especially complex, it is

appropriate to consider adjusting caseload size downward to create an appropriate balance between quality intervention and a fiscally responsible program.

4. Policies That Foster Adherence to the NFP Model Elements and Client-Centered Practice

a) Describe your agency's familiarity with the practice of reflective supervision as described for Nurse-Family Partnership.

Nurse-Family Partnership requires weekly one-to-one reflective supervision with the supervisor for each nurse. Regular case conferences and team meetings are also required. Model Element #14 provides a great description of the requirements for reflection. This impacts the work load for the staff. It also promotes growth, skill-building, and staff retention.

b) Describe the agency's policies and procedures allowing nurses to adjust their schedules to accommodate clients' needs.

Clients have busy lives. One of the NFP goals is to promote self-sufficiency. This means promoting school attendance or gainful employment. Sometimes the 8:00 am-5:00 pm schedule is not adequate to accommodate visit times for all clients. Nurses need to be able to work occasional evenings and sometimes a few hours on a weekend.

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

NFP nurses go into challenging neighborhoods and homes where they may encounter numerous safety issues (e.g. domestic violence, dangerous pets, methamphetamine labs, *etc.*). NFP nurses need good safety policies including check-in, back-up and emergency procedures.

d) Describe the agency's policies regarding the provision of client support materials or concrete supports as acknowledgement of client achievement.

NFP clients are given gifts that celebrate success on achieving developmental milestones and goals related to the program. There is a budget line item to accommodate the gifts. These gifts are generally fairly standardized such as a baby carrier at birth, a 6-month, 12-month and 24-month child's toy (i.e. developmentally appropriate), and perhaps a graduation gift for the client.

VI. Community Linkages

1. *Client Referral System and Enrollment Process*

a) Complete the referral sources table to describe potential referral sources. Include letters of referral commitment as **Attachment 3**. Letters should be on the referring agency's letterhead *and include an estimate of the number of referrals per month from each source.*

> NFP-eligible clients are low-income, first-time pregnant women. They must be enrolled before the end of the 28th week of pregnancy. When possible, enrolling earlier is encouraged because:
>
> - The nurse has a greater opportunity to impact prenatal health factors and infant outcomes as a result.
> - Women who are enrolled earlier tend to stay in the program longer, thus having more opportunity to benefit from it.
>
> Think carefully about your potential referral network. Who can reliably send eligible clients to your program? Who has been reliable at sending referrals in the past? With which agencies do you already have successful professional relationships, share clients, and collaborate on projects? These are probably your best sources.

A. If your agency's referral to enrollment rate is higher than the standard 50% rate observed in many NFP implementing agencies, please provide data demonstrating this higher rate.

b) Please share your ideas regarding maximizing outreach, referral generation and enrollment for women as early in pregnancy as possible.

> When considering how to maximize your program outreach for referral generation, look again at the referral sources table (VI.1.a above) and think about agencies in your community. Who will provide a lot of referrals? Who will only provide a few? Which sources will be able to refer early and get the referral to your agency in an efficient way?
>
> Consider the quality of the sources' community reputations and/or client relationships, because the client will tend to trust their suggestions. These sources are more likely to contribute to a strong conversion rate from referral to enrollment.

c) Determine how referrals will be prioritized for NFP. Describe how you will accomplish prioritization with and from your referral sources.

> Many NFP implementing agencies target a particular group of clients. This may be mandated by funding sources or by a community need. You may choose to work more with clients early in pregnancy, with the lowest incomes, or from specific zip codes of residence. As you consider planning for a steady stream of clients, how will you balance your organization's mission to target a smaller population? Will there be enough? Will the target population need a different approach? Are there other agencies that could assist you in accessing this population?

d) Describe your agency's plans to recruit pregnant women from populations important to your vision but that may be difficult to reach and/or enroll.

> If you plan to recruit women from populations that may be difficult to reach and/or enroll, how will you gain access to them? Will you need to make special efforts, use special staff, establish different marketing approaches, *etc.* to establish these referrals? Special populations can be especially hesitant to enroll, so unless you have some assistance from individuals who are already trusted and established in the target population, conversion from referral to enrollment can be especially low. You may need large numbers, especially in the beginning until your NFP program has established "word-of-mouth" credibility. This can take a year or more for the usual target population of disenfranchised women and their families.

e) Describe how you will manage referrals that do not qualify for Nurse-Family Partnership.

> It is important to plan for this eventuality. You will receive referrals while you have full caseloads and cannot take any more. If you have established collaborative relationships with other programs that provide services to pregnant and parenting families, you will be better positioned to serve the clients and maintain good relationships with your referral network.

2. *Service Linkages for Clients*

a) Describe the other agencies or services with which you anticipate needing referral linkages to provide needed services and resources.

> Typically, NFP clients need many services: 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.*

b) Share your agency's plan for increasing knowledge of NFP with agencies you identified as having little to no knowledge of the program.

c) Describe how your agency will support nurse home visitors who have clients needing services, which may be unavailable or difficult to access.

> Mental health services tend to be especially difficult to access. Where will clients be referred for mental health and other potentially problematic services? How will your clients access these services?

VII. Sustainability

1. Political Champions and Advocacy Influence

a) Describe how the agency has secured external political and advocacy commitments to sustaining the implementation of Nurse-Family Partnership.

b) List/name the community or other influential leaders who will actively advocate sustaining the program if funding or administration challenges arise.

c) Collect letters of commitment from internal and/or external political, philanthropic or advocacy champions confirming their support for Nurse-Family Partnership in the community. Include the collected letters with the implementation plan as **Attachment 4**.

2. Nurse-Family Partnership Community Advisory Board

Please review the guidance on community advisory boards and political support in the *NFP Implementation Overview & Planning* (provided by your Business development manager), and then answer the questions in this section.

a) Complete the table to describe your Nurse-Family Partnership advisory board (existing or proposed).

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

VIII. Financing and Fiscal Policy Support

1. Nurse-Family Partnership Cost Estimate

Please review the Nurse-Family Partnership sample budget and narrative carefully. Use the sample budget and narrative to complete a 3-year budget and budget narrative for your program. Complete each line item and adjust as necessary (ex: additional materials or staff, difference in mileage reimbursement, *etc.*) When you have completed your 3-year budget and narrative, place them into the implementation plan as **Attachment 5. Please submit the budget in Excel format.**

2. Funding Mechanisms

a) Complete the Funding Mechanisms chart to show potential funding sources for the first three years. First year funding guarantee is required.

b) For any funding source you rated as category 2-5 in the Funding Mechanism table, please explain/justify the rating.

3. Adequacy of Funding

a) Describe what convinces you it is realistic to plan on adequate funding for years two and three from the potential or prospective funding sources.

b) Describe your agency's strategy for obtaining long-term financial support (beyond the first three years of operation). Indicate who will be pursuing sustainable funding for Nurse-Family Partnership.

4. Letters of Guarantee

a) Collect letters of guarantee for sources identified as Category 1 in the Funding Mechanisms charting include them with the implementation plan as **Attachment 6**. Letters should be written on letterhead of the agency/official with 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.

b) If you are unable to procure a letter of guarantee, please note the reason and include it as **Attachment 6**. If you cannot obtain a letter of guarantee because you are seeking "Conditional Readiness to Implement" status in order to pursue funding, please include this information in **Attachment 6**.

IX. Research and Nurse-Family Partnership

Please review the guidance on research as it relates to Nurse-Family Partnership, along with the description of the Research and Publications Committee (RAPComm) at the National Service Office (reference *NFP Implementation Overview & Planning* or http://www.nursefamilypartnership.org/proven-results/research-inquiries.)

If you are considering conducting any evaluation or research efforts in association with your implementation of Nurse-Family Partnership, please consult with your business development manager and provide a brief description in the implementation plan.

X. Timeline for Implementation

Given your understanding of the activities involved in start-up, describe your agency's timeline for implementing Nurse-Family Partnership.

Consider the following dependencies when completing your agency's Implementation Timeline:

- Plan on a minimum of two weeks to receive feedback and approval status on your agency's Implementation Plan. Generally the review is a process of reading, clarifying, and reviewing again. It may require a few drafts to ensure all issues are understood and addressed well.
- Staff recruitment and hiring will generally take a minimum of four weeks. It often takes much more time, depending on agency and community factors.
- At least four weeks prior to attending face-to-face education in Denver, staff should register for NFP Core Education and reserve lodging.
- Staff should be given a minimum of 30 hours to complete the self-study unit prior to attending face-to-face education in Denver.
- Staff should receive their agency's orientation before attending education in Denver.
- Staff should begin educating referral sources about the NFP program, identifying resources for families, and complete basic program set-up prior to attending education in Denver.
- Staff may begin conducting enrollment visits with clients **only after completion of education in Denver**.
- Nurse home visitors should reach a full caseload of 23 – 25 active families within 9-12 months after completing the education session in Denver.

XI. Concerns or Challenges

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 with successfully implementing Nurse-Family Partnership.

XII. Affirmation of Commitment and Approval for Implementation Plan Submission

Complete the Affirmation of Commitment and Approval for Implementation Plan Submission. If you are subcontracting any of the NFP program, the subcontracting agency administrator is required to sign the affirmation of commitment and approval for implementation plan submission listed immediately below your affirmation and approval.

XIII. Agency Implementation Plan Checklist

To ensure the review process is completed in a timely and efficient manner, use the following checklist to ensure your agency is ready to submit your implementation plan to your NFP business development manager. (The checklist is provided in this guidance and also in the template. Please use the one in the template to ensure you have been comprehensive in completing all portions of the implementation plan.)

- ☐ **A completed Implementation Plan** (All sections are complete)
- ☐ **Attachment 1:** NFP Service Area Map (reference Section II, part 2a)
- ☐ **Attachment 2:** Organizational Chart (reference Section III, part b)
- ☐ **Attachment 3:** Letters of Commitment from Referral sources with number of anticipated monthly referrals (reference Section VI, part 1a)
- ☐ **Attachment 4:** Letters of Support from Political Champions (reference Section VII, part 1c)
- ☐ **Attachment 5:** Three-Year Budget & Budget Narrative (template in Excel format, not pdf, reference Section VIII, part 1)
- ☐ **Attachment 6:** Letters of Guarantee (reference Section VIII, part 4a)
- ☐ **Small Team Implementation Plan Addendum** (If applicable)