



Implementation Plan



NFP NATIONAL SERVICE OFFICE

MAY 2014

Nurse-Family Partnership Implementation Plan

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I. Prospective Implementing Agency Information

Name of Agency Submitting Plan		
Contact Person's Information (Individual who has lead responsibility for completing the Implementation Plan).	Name & Title	
	Telephone Number	
	Fax Number	
	Address	
	E-mail Address	
Administrator Information (Individual who will function as the NFP Administrator and will directly supervise the Nurse Supervisor)	Name & Title	
	Telephone Number	
	E-mail Address	
Technology Contact Information (individual responsible for technology issues)	Name & Title	
	Telephone Number	
	E-mail Address	
Public Relations Contact Information (individual responsible for public relations issues)	Name & Title	
	Telephone Number	
	E-mail Address	
Staffing Snapshot (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. If you plan to employ fewer than 4 full-time nurse home visitors, a small team implementation plan addendum and letter of support from a mentoring agency are required. Please ask your business development manager for guidance.)	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:

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Staffing Snapshot (cont.)	Total number of bilingual nurse home visitors you need	
	Languages needed (client materials provided in English & Spanish only)	

II. Established Need & Population Characteristics

1. Population Characteristics

If you will be serving the general population in your area, please complete Table A and skip Table B.

If you will be serving a specific population *exclusively*, which does not have data available as compared to your state's general population, please check the box to the right and complete Table B (please skip Table A).

Table A below provides a description of the socio-demographic and health characteristics that justify the need for NFP in the geographic area you intend to serve as compared to your state's general population. 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.

Table A: General Population Characteristics	State-Level Data: Year:	NFP Service Area Data: 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		

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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:		

Please only complete Table B below if you intend to serve a specific population exclusively, which does not have data available for each of the listed categories. Provide the socio-demographic and health characteristics that justify the need for NFP in your geographic area. Please indicate if data for the population you plan to serve is not available for a particular indicator. If there is other comparison data you can provide in lieu of any unavailable state and/or local data, please do so.

Table B: Specific Population Characteristics	Comparison Data (if available)	NFP Service Area:
Specific population : _____	Year:	Year:
Total births		
Preterm births (<37 weeks gestation) as % of all births		
Low birth weight (<2500 g) as % of all births		
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 (%)		
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; health service regions; tribal land, *etc.*) and, if applicable, highlighting neighborhoods or zip codes you plan to serve.
- b) If you plan to serve multiple counties or regions that *go beyond the traditional service boundaries* of your proposed implementing agency, please identify by name and role the stakeholders who represent those additional 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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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3. Establishing the Need: Assessing Community Referral Capacity

a) Enrollment Estimation Options

Complete either Enrollment Estimation Option #1 (based on Medicaid eligible or WIC-eligible births) **OR** #2 (based on eligible first-time parents) below (*only one estimate is required*).

Enrollment Estimation Option # 1: Based on Medicaid-eligible or WIC-eligible Births

- i) Determine the number of Medicaid- or WIC-eligible births annually in your community (X) _____
- ii) Calculate the 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.)
- iii) Calculate the maximum number of moms who could be enrolled at any one time. Account for the total length of the program by multiplying the number of eligible births by 2.4. This is the maximum number of eligible clients in your community. $[(EB) \times 2.4] =$ _____
- iv) Calculate the maximum number of moms who would *likely* be enrolled at any one time. Data shows that some clients enroll later in pregnancy and some leave the program early, making the average length of the program 1.4 years, or approximately 60% of the total length of the program. This is the maximum likely enrollment. Multiply the maximum number of eligible clients by 60% [(Number from item C) x 60%] = _____
- v) Estimate the numbers of those moms you will actually be able to reach with your referral system. Of the maximum number of clients likely to enroll in your service area, assume that during your initial start-up you will reach 50% of these women early in pregnancy (no later than the 28th week of gestation) [(Number from item D) x 50%] = _____
- vi) Estimate the percentage of those referred whom you will actually enroll in your initial Nurse-Family Partnership implementation. Since participation in Nurse-Family Partnership is voluntary and you are implementing NFP 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 [(Number from item E) x 0.50] = _____

Discuss this estimate with your business development manager to determine the ideal start-up team size for your community.

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Example:

Johnson County Public Health Department tracks the number of low-income births annually and knows that last year there were 1242 births meeting their defined low-income criterion. They can assume that 40% of those low-income births will be first-time births. They also know that they can probably engage as many as one half of those families.

A. $X = 1242$

B. $EB = (1242) \times 40\% = 496.8$ Rounds up to 497. Therefore, there are 497 estimated low-income, first-time births in JCHD service area.

C. They account for the length of the program by multiplying the number of eligible births by 2.4. This is the maximum number of eligible clients in their community. $497 \times 2.4 = 1,192.8$, rounds up to a maximum possible number of clients of 1,193.

D. Not all women stay in the program for the full 2.4 years, so JCHD multiplies the maximum number by 60% to account for the average length of time that clients are enrolled in the program. $1193 \times 60\% = 715.6$, rounds up to 716. This is the maximum likely enrollment.

C. 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%. $(716) \times 50\% = 358$ potential clients.

D. Of the 358 women JCHD might reach early in pregnancy to introduce Nurse-Family Partnership, approximately 50% are likely to enroll. $(358) \times 50\% = 179$. There is a potential program size of 179 enrolled clients.

Realistically, Johnson County Public Health Department may be able to implement a Nurse-Family Partnership program with 6 nurse home visitors each seeing 25 clients and employ one full-time supervisor.

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Estimation Option #2: Eligible NFP Program Families

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. Multiply the number in Line D by 2.4 (total program length): _____
- F. Multiply the number in Line E by 60% (average program length): _____
- G. Divide the number in Line F by one half (penetration rate): _____
- H. Divide the number in Line G by one half (enrollment rate): _____

The number in Line G represents the possible capacity of your community for referrals into Nurse-Family Partnership, and the number in Line H represents the likely enrollment into your new Nurse-Family Partnership program. Discuss this estimate with your business development manager to determine the ideal start-up team size for your community. If the number in line H is less than 100, please consult with your NSO business development manager to determine if your agency would be eligible for a small team implementation. This indicates that there are not enough eligible families to support the minimum service provision goal.

b) Definition of Low-income for NFP Program

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?

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What proxy will you use to verify income?

If you will not be using proxy to verify income, describe how you will minimize burden to the nurses and clients and the threat to the therapeutic relationship at inception.

Will your NFP program be responsible for verifying income status as a result of an audit requirement or funding requirement?

Yes No

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4. Other Home Visiting Programs in Service Area

a) Please complete the table below 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.

Agency & Program Name	Program Goals	Service Provided & Duration of Service	Eligibility Criteria	Type of Staff	Geographic Area Served	Caseload Size per Home Visitor	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 the other home visiting programs you listed above (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

Please consider both questions on this item before responding.

- a) Please describe what **community and/or specific population needs** are motivating your agency to consider implementing Nurse-Family Partnership.

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

Important: As **Attachment 2**, provide an organizational chart that shows the anticipated placement of Nurse-Family Partnership within the agency. If your agency does not have a chart, please respond to the six sets of questions in the NFP Implementation Plan Guidance document to provide clarity on the reporting structures and decision making processes of your agency.

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- c) Briefly share your agency's mission, vision, and values and how they are compatible with those of the Nurse-Family Partnership program. Please refer to the NFP Implementation Plan Guidance document for questions to answer if your agency does not have mission, vision and value statements.

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IV. Organization Capability

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

- a) After reviewing the NFP Model Elements, please indicate your 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 th 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 agency 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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- b) If you plan to subcontract any component of implementing the NFP program to another agency, provide information on the rationale for subcontracting and the relationship including the name of the subcontractor, role and responsibilities. Also describe how you will ensure fidelity to the NFP model is met on an ongoing basis by the subcontractor.

- c) Please share with us any cultural or traditional practices that your agency and/or leaders within the specific population(s) you plan to serve believe would enhance the delivery of the Nurse-Family Partnership Program. How would these practices strengthen the NFP model? How would you ensure that these practices align with fidelity to the NFP model?

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2. Experience with Developing and Sustaining Innovative Programs

Please complete the following table, providing an example where your agency identified unmet needs in the community and/or specific population you plan to serve 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?	
Was the initiative an evidence-based program? If no, please describe other agency experience with implementing evidence-based programs.	

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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
<i>Example:</i> Minority/Hard-to-Reach Population	Yes	<i>Women's health program targeted to zip code with highest infant mortality rates</i>	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:

Administrative Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	FTE: Duties outside NFP?
Include a brief description of the housing for NFP team (i.e. desks, team meeting & conference space, confidential area for 1:1 reflective supervision) <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 of the office space for NFP team:
Telephones	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
Cell phones	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
Computers with internet access	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
Laptops for field use	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
Smartphone / Blackberry	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # per team:
Electronic Medical Records	<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 Efforts-to-Outcomes 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 and what kind of additional data that second system will collect.)

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V. Nursing Practice and Support

1. Nurse Recruitment and Hiring

Review the Nurse-Family Partnership Model Elements and Hiring for Nurse-Family Partnership 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 these 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 your agency's 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) Briefly outline your planned interviewing and hiring process, including how you will ensure that nurses and supervisors are a good match for implementing NFP.

- d) If you anticipate internal nurse and/or supervisor candidates, describe how you will ensure that they are a good match for implementing NFP. 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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- f) 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. Otherwise, if your agency plans to use interpreters on an as-needed basis, keep in mind that unless they are already employees of your agency, contracting out for these services may be quite costly and should be included as part of the budget. Untrained language interpreters may not know enough vocabulary in their weaker language to communicate what the client or nurse said. They may omit part of what the client or nurse said, add their own ideas and/or change what was said. Trained interpreters know not to add, omit or change any part of the message. If you plan to use language interpreters, please describe how you will ensure that they are competent to interpret accurately.

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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/positions in the agency:

Nature of service provided to clients by nurses:

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 will be compatible with 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 will be compatible with 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? For any items marked “Need to Develop”, your agency will work closely with your assigned NSO Nurse Consultant to develop the appropriate tools during the initial start-up phase.

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"/>
Clients’ mental health crises	<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 your agency’s 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 (approximately 30 hours) 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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<p>Agency supports nurses to gradually build their caseload (maximum of 25 clients for a 100% FTE nurse), allowing at least 9 months from the time when they return from Unit 2 education and begin to enroll clients.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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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 funding?

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- 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.

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

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- 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, consultation or support needs?

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 as somewhat of a change?

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- 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.

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

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VI. Community Linkages

1. Client Referral System and Enrollment Process

- a) As **Attachment 3**, please provide letters of support from referral agencies. *These letters should be on the referring agency's letterhead and include an estimate of the number of referrals per month.* 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. (Eligible pregnant women are first-time mothers who will receive their first home visit before the 29th week of pregnancy.) 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"/>	<input type="checkbox"/>
<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"/>	<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"/>	<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"/>
Total monthly referrals:				<input type="checkbox"/>	<input type="checkbox"/>

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- A. If you have data to demonstrate that your agency's referral to enrollment rate is higher than the standard 50% rate, please include that information below.

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- b) Please describe 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.*):

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

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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"/>	<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"/>		
		<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

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- b) Please describe your plan for increasing knowledge of NFP with agencies you identified above that have little to no knowledge of the program.

- c) Please describe how your agency will support nurse home visitors who have clients needing services which you identified in the table above may be unavailable or difficult to access:

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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 who support 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 4**, please provide letters of commitment from internal and/or external political, philanthropic, or advocacy champions confirming their support for bringing Nurse-Family Partnership to the community.

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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 agencies you see as critical to your success. Please differentiate between 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)	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

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

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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 5**, complete a 3-year budget and budget narrative for your program. For any line item that varies from the Excel spreadsheet template, please explain what conditions relate to that variance. Take care to revise the budget template figures to reflect likely operational costs, particularly local nursing salaries. Adjust items such as mileage to match actual local 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

- a) Complete the chart below for at least the first three years. First year of funding guarantee is required for readiness to implementation status. 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)

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- b) For those funding sources you have identified as Category 2-5 in the table above, please note the justification for the rating.

3. Adequacy of Funding

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

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- 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?

4. Letters of Guarantee

- a) As **Attachment 6**, 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 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 the reason you cannot obtain a letter of guarantee is that you are seeking “Conditional Readiness to Implement” status in order to pursue funding, please include this information in Attachment 6.

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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 Business development manager and then provide a brief description of evaluation or research plans here.

X. Timeline for Implementation

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

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

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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:

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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.
- My agency will be required to enter into an implementation agreement with NFP to formalize support services and agency requirements related the implementation of the NFP program.
- In the event I implement any portion of the Program through one or more subcontractors, each subcontractor must review the implementation plan and budget my agency is submitting and must agree to the requirements of implementation. I also understand that my agency will be accountable for all aspects of the implementation performed by any such subcontractors, including the quality of the implementation and fidelity to the NFP model and for any fees due to NFP on behalf of the subcontractor. I understand that I must provide NFP with a copy of the subcontract between my agency and any subcontractors.
- 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)

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If your agency plans on implementing any portion of the Program through one or more subcontractors, the administrator of the subcontracting agency must acknowledge the following affirmations by signing below:

I understand that:

- The Nurse-Family Partnership National Service Office uses a standardized approach for reviewing an implementation plan.
- The implementing agency contracting with my agency will receive timely feedback indicating the extent to which this 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 and subcontracting 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 and acknowledge the requirements listed above for becoming a subcontracting agency to the implementing agency

Signature

Date

Printed Name & Title

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

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XIII. Agency Implementation Plan Checklist

Please use the following checklist to ensure your agency is ready to submit your implementation plan to your NFP business development manager.

- 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)

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Letter of Commitment Template

Referral Source- Attachment 3

Instructions:

1. Letter of commitment must be submitted on referring agency letterhead.
2. The letter can be altered to include information related to local context and community needs, as well as information on the referring agency and their relationship with the prospective IA.

[Date]

To Whom It May Concern,

I am pleased to write this letter of commitment for [Agency]'s proposal to become a Nurse-Family Partnership implementing agency, offering home visitation to low-income, first-time, pregnant women. Through ongoing home visits from registered nurses, these women receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient.

We estimate that we could refer [#] mothers monthly to this program based on our current service population and most recent trends.

Implementing this strong program with demonstrated effectiveness in our region will benefit the people we serve. We look forward to referring eligible clients to the Nurse-Family Partnership program offered by [Agency] and working in partnership to support the needs of new mothers in our community.

Sincerely,

[Signature]

[Name]

[Agency]

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Letter of Support Template

Local Champions- Attachment 4

Instructions:

1. This letter of support should be submitted on supporting agency letterhead.
2. The letter should be altered to include information related to local context and community needs, as well as information on the supporting agency and their relationship with the prospective NFP agency.

[Date]

To Whom It May Concern,

Please accept this letter of support for the implementation of Nurse-Family Partnership by [Prospective Agency]. [Supporting Agency] has a longstanding partnership with [Prospective Agency], and we look forward to the establishment of a NFP program to improve the birth outcomes, child health and development, and maternal economic self-sufficiency in our community.

The Nurse-Family Partnership offers a proven approach toward improving prenatal health, reducing subsequent pregnancies, increasing maternal employment and decreasing childhood injuries. Our commitment to this project includes working with [Prospective Agency] and other community partners to ensure the success of this evidence-based nurse home-visiting program. We look forward to continued partnership with [Prospective Agency].

Sincerely,

[Signature]

[Name]

[Agency]

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Budget Narrative Template

Attachment 5 (Include with your 3 year budget)

Personnel Costs

Base Salaries

Fringe Benefits

Percent Effort

Administrative Costs

Office Expenses

Office Supplies

Client Support Materials

Copies of Forms/Facilitators

Postage

Computers with Software/Network Fees

Cellular Phones and Usage

Medical and Program Supplies

Professional Development

Visit/Outreach Mileage

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Nurse-Family Partnership Services Fees

Start-Up Services Fees

Initial Education Services Fees

Implementation Support Services Fees

Nurse-Family Partnership Travel Costs

Travel from Implementing Agency to Nurse-Family Partnership Education Sessions

Additional Materials and Training Costs

Supplemental Costs

TEMPLATE