



APPENDIX 1

Summary of Technical Assistance and Quality Assurance Provided by Nurse-Family Partnership to States and Local Entities

Home visiting can only be an effective tool to improve the health, development and well-being of children and families in need if States implement home visiting program models as designed and tested. Without attention to the quality of program implementation in community settings, program outcomes are likely to fall short of the positive outcomes achieved in rigorous scientific testing. For these reasons, the primary goal of the National Service Office is to ensure that the NFP program model is implemented as it was designed and tested or with “fidelity to the model.” Ensuring fidelity to the model includes a broad range of standardized and customized technical assistance and quality assurance guidance that the National Service Office has developed and refined over a decade through its experience in implementing its program model in diverse communities nationally with a broad range of public and private entities. The National Service Office provides the following summary to illustrate the components of technical assistance that it believes are necessary to successfully implement the federal Home Visiting Program, illustrated with examples from our practice with Nurse-Family Partnership.

Orientation to the Program Model and its Implementation Requirements

Because the first step to successful program replication involves making sure that those considering adopting NFP have a thorough understanding of the home visiting intervention and of what contributes to successful program operation and good outcomes, we orient potential public and private sector partners well before they choose to finance the program. This educational process involves the following:

- Education regarding the core components of the NFP program, including the 18 model elements of our program and the nature of the randomized controlled trials and the outcomes achieved;
- Education regarding the infrastructure requirements necessary to successfully implement our program model, including engagement with community residents, activists, organizers, leaders, businesses and health and social services providers; hiring and training of staff, supervisors and administrators; development of adequate referral systems; and requirements of data collection, among others;
- Education regarding the overall planning needed for our program both in the community and within the agency that will ultimately hire a nursing team to implement the program.

Commitment to implementing the model elements, with the support of the national office, is a contractual requirement of each entity implementing our program.

Community Planning

The National Service Office strongly believes that empowered communities are in the best position to assess and deliver the services they need. Prevention programs that enjoy broad

support from community residents, leaders, and health, educational and social services practitioners are likely to drive significant, long-term health, educational and social improvements. Prior to implementing a program in a local community, our National Service Office actively engages community residents and leaders, advocacy organizations, and businesses, philanthropic, health, educational and social services entities and providers to educate them about our program, assist them in conducting feasibility testing to determine whether our program will meet their needs, and assist them in determining how to implement our program in relationship to the other services and support resources available in their communities. This consultation involves establishing an effective relationship and partnership with community leaders and stakeholders and developing a unique understanding of the needs, capacity and desires of the communities before our program is implemented.

Selection of Implementing Agency or Entity

Following community engagement in understanding the model and initial feasibility assessment, our National Service Office provides assistance to states and/or communities in selecting a local agency to host the program. Because the entity must have an infrastructure that supports the requirements of our program and that is familiar with nursing practice, the National Service Office offers detailed guidance on vetting entities to ensure that they are suitable hosts. In addition, the National Service Office helps agency's leaders develop an implementation plan using a template to guide plan development. The template assists those who will be responsible for program quality and sustainability to address key issues in advance of program start-up at both the community level (service system integration, building a referral network) and within the agency (hiring staff, planning space, using a quality assurance system). Finally, we provide a start-up guide and intensive consultation to the nursing supervisor and/or administrator responsible for hiring staff and getting the program off the ground and serving families.

Education of Home Visiting Program Staff

- *Staff recruitment*

Highly trained and committed nurses and administrators are central to the success of our program. We therefore provide States and entities implementing our program model with clear job descriptions, recruitment and interviewing resources and guidance to assist new supervisors and administrators to attract capable candidates to nursing roles in the program. In addition, we strongly encourage our programs to recruit and hire racially and culturally diverse nursing staff and supervisors from the communities they serve. To that end, our National Service Office works with national and regional nursing organizations, universities and community leaders to make bilingual and racially and culturally diverse nurses and nurses with diverse academic and employment experiences aware of opportunities within the Nurse-Family Partnership to support local recruitment efforts.

- *Competency definitions, assessments and professional development resources, with consultation for supervisor-directed skill development across a team of home visitors.*

To ensure that nurse home visitors and supervisors have clarity about the competencies they need to hire for and acquire through ongoing professional development, we provide written competency statements for both the role of home visitor and supervisor. Since no one person has

all competencies, this also serves as a guide for the development of a strong team of nurse home visitors with complementary natural talents and abilities.

- *Home visitor and supervisor education process*

We provide a (required) multi-step orientation and education process for new home visitors and an additional training and consultation process for supervisors. In addition, we provide a series of topical education and discussion guides for supervisors to use in conducting team meetings focused on reinforcing key aspects of NFP nursing practice; and require an annual ongoing education program for nursing team supervisors. In the Partners in Parenting Education (PIPE) self study workbook (a parenting curriculum that is fully integrated with the NFP home visit guidelines) and during the nurses' face-to-face education experience, we provide a session on adapting PIPE for various clients, including high and low literacy and various cognitive developmental levels.

- *Diversity and Cultural Competency*

At the heart of the Nurse-Family Partnership model are effective culturally and linguistically-relevant services that empower children and families to live healthier lives. Our program model is founded on the nursing practice's ecological framework for human development which recognizes that mothers and families have unique histories, perspectives and values that are intrinsically linked to their culture, ethnicity, language communities, geographical identities and historical experiences. By design and practice, our program model embraces these differences as important factors in the services nurse home visitors provide and in the relationships they develop with their families. Nurse home visitors in our program are trained to focus on providing services that value these attributes and recognize that program participants are experts in their own lives and know what is relevant and important to them in their communities. The National Service Office provides cultural competency training specific to our model, which entails cultural and ethnic awareness, encouraging nurses to be fluent in the languages spoken by the families they serve, and making sure that materials are culturally and socially relevant to the families served.

Our training also educates nurses and communities on the decades of testing our program underwent to ensure its effectiveness in culturally and geographically diverse populations and communities. The Nurse-Family Partnership model was extensively tested in three randomized controlled trials with Caucasian families in a rural setting, African American families in an urban setting, and Latino families in a semi-urban setting and found to produce positive health, educational, social and economic outcomes. Understanding the manner in which the trials were conducted is important to delivering culturally and linguistically competent services that comport with the model. For example, knowledge of the factors that led a predominantly African American community in Memphis, Tennessee to participate in the randomized controlled trial of our program against an historic backdrop of racially-discriminatory medical testing in the African American community is important to delivering services to similar communities today. Our program incorporates the lessons learned from its randomized controlled trials to ensure that the delivery of our program is culturally, ethnically and socially relevant.

- *Scaffolding new home visitor practice*

Like most new practitioners of any kind, new nurse home visitors do most of their learning

experientially – through practice-oriented educational experiences such as role play and hands-on exercises like rehearsing the task of scheduling a full caseload of visits each week; and on-the-job training. The rate at which they acquire competence and confidence in their practice can be hastened by providing scaffolding for their learning. That scaffolding can take a variety of forms.

New nurse home visitors in our program learn through required weekly reflective supervision during which home visitors bring their most challenging issues and situations to discussions with their supervisors to reflect on their practice and discern what may and may not be working in their approach. They also participate in case conferencing with their peers and with multi-disciplinary consultants to foster learning and the exchange of successful practices.

To further scaffold the learning process, we provide a set of detailed and resource-rich home visit guidelines for each phase of the program (pregnancy, infancy and toddlerhood) that make it easier for novice NFP nurses to translate the program’s theory and principles into practice with diverse families. The home visit guidelines are revised periodically to make sure they are consistent with best practice in preventive nursing care for pregnant women and young children.

In addition, our web-based program quality information system sets out clear performance thresholds for each element of the NFP model. This gives each nurse and supervisor clear targets for quality assurance as they strive to implement the program well. This system can produce on-demand reports locally and at the level of a state or city where multiple teams operate. These reports are used by each implementing agency and our NFP nurse consultants to steadily improve the degree to which each implementing agency and nursing team is conducting the program with fidelity to the model.

Program Implementation Monitoring and Continuous Quality Improvement

- *Systematically monitoring program implementation and outcome data and conducting consultation to identify strong performers and address performance weaknesses*

People tend to pay attention to that which is measured and used to assess their performance. If a program has a quality assessment system complete with careful definition of key variables, assessment tools, performance standards, and reporting capabilities, its likelihood of achieving performance standards and outcomes for children and families is significantly enhanced.

NFP uses an approach to achieving high quality that encompasses many of the areas of support already articulated - planning guidance, guidance on recruitment and hiring, education in the nursing practice of NFP for home visitors and their supervisors, and initial and ongoing partnership and coaching for administrators, supervisors and nurse home visitors from expert nurse consultants and other advisors.

To ensure that local program staff focuses on critical factors of program quality, NFP manages a system for online data collection and reporting through which agencies collect core data elements and receive updates on their work and progress in the following areas:

Client Interaction - The partnership that exists at the nurse home visitor-family level is the critical component in achieving client success. NFP examines key factors that are critical to nursing practice at the nurse home visitor and supervisor level and the ongoing development of

nursing excellence in those areas. Of equal importance, NFP analyses the client's experience in the program and her relationship with her nurse home visitor. Guidance is provided to supervisors to support the ongoing development of the nursing staff and their work with clients based on these data.

Program Implementation - Based on both scientific learning and program implementation expertise, NFP focuses on 18 Model Elements as well as other indicators of operational strength to ensure that programmatic elements are in place to appropriately support the nursing team in their work with clients. This includes issues such as whether the targeted client population is enrolling in the program, whether service provision is occurring as planned, and whether 1:1 supervision of nursing staff is occurring. When a review of the data indicates that a component of the program may not be going as planned, consultation is provided to agency staff to help determine and address the root cause.

Maternal and Child Outcomes - NFP focuses on early outcomes for mothers and children which include pregnancy health and outcomes, child health and development and maternal self sufficiency. NFP monitors outcome data to inform adjustments to program practice that may be needed to ensure ongoing achievement of those outcomes.

Focusing on the ultimate goal of achieving outcomes for mothers and children, NFP works with local programs to ensure that the interaction with the client is carried out by the nurse home visitor as intended, that the supervisor supports the work of the nursing team to achieve that excellence, and that surrounding supports at the agency and community level are in place to make this successful. By monitoring these areas, NFP can engage with programs to review their data, understand its meaning, dig deeper to understand and spread strengths where appropriate and address areas of growth as needed. As program challenges are dependent on local context and the developmental stage of the program itself, ensuring quality is an ongoing process throughout the lifecycle of a program. Reporting information is available at local, state and national levels, and NFP reviews this information for national trends in quality to determine where systemic adjustments may be needed to guidance, education and ongoing practice.

Management of Multi-Site Home Visiting Programs

- *Developing state systems for fostering quality and sustainability across multiple program implementation sites*

Important quality support functions that should be in place in every state include:

- Home Visitor and Supervisor Learning Support
- Program Implementation Support
- Generating and Using Data to Inform Performance Improvement
- Advocacy for Program Sustainability
- Communications and Marketing Support
- Fiscal Oversight, Budget Management, and Contracts Administration

NFP has developed guidance for states and other sponsors or funders of multiple NFP programs to assist them in managing and supporting our program model with attention to both quality and

sustainability of local operations. We recognize that States differ significantly in how they finance their home visiting programs, in the nature of their health and human service systems, and their preferences for state vs. local control and support. For those reasons, our approach has been to articulate key functions that have to be fulfilled, and to plan collaboratively with states and other sponsors to design support systems that make sense within their own context. We have also developed job descriptions for key roles in state or sponsor management of multi-site initiatives, such as the State Nurse Consultant and Program Coordinator.

- *Developing effective RFP processes*

Request for Proposal processes are powerful policy instruments that determine the selection of local implementing agencies and guide construction of the foundation needed for program quality. NFP has captured our experience partnering with states and local government in supporting RFP processes and writing RFP language that includes information about the model elements, requires inclusion of important capability documentation and a strong program implementation plan, and assures that applicants are fully aware of program performance requirements.

- *Developing quality-focused contracts and implementation agreements between funders, implementing agencies, and the model program national office*

NFP requires a contract between each local implementing agency and the national office that specifies a commitment to implement the program with fidelity to the model and specifies the commitments of both the local agency and the National Service Office to supporting program implementation. Renewal of the contract can and generally does involve a review of program performance with the option to renew based on the commitment of the agency to pursue and achieve good outcomes.