1. **Agency Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization** |  | | |
| **Contact Person’s Information**  (Individual with lead responsibility for completing this plan) | Name & Title |  | |
| **Staffing Snapshot**  Standard Nurse-Family Partnership staffing snapshot:  -8 Nurse-Home Visitors carrying a caseload of no more than 30 active clients  -1 Full Time Nurse Supervisor for every team of 8 nurses  -1 Full Time data-entry/support staff for every team of 8 nurses | 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 data support/administrative staff you plan to employ | | FTE: |
| Number: |
| Total number of bilingual nurse home visitors you need | |  |
| **Organization Chart**  **(Attachment 1)** | Please attach your agency’s organizational chart, including proposed NFP staff. | | |

1. **Need & Population Characteristics**
   1. ***Population Characteristics***

Briefly describe the data identifying first time, low-income births and overall need in your geographic area that support implementation of Nurse-Family Partnership.

|  |
| --- |
|  |

Please complete the table of demographic data for your community, specifying source(s) and year(s):

|  |  |  |
| --- | --- | --- |
| **General Population Characteristics** |  | **NFP Service Area Data**  **Year:** |
| Total births | |  |
| 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) | |  |

***2. Service Area***

**List the county or counties you intend to serve:**

|  |
| --- |
|  |

Provide a map **(Attachment 2)** 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.

***3. Establishing Need and Capacity***

|  |  |
| --- | --- |
| Number of Medicaid- or WIC-eligible births annually in your community: |  |

|  |  |
| --- | --- |
| **Definition of Low-income for NFP Program**  What is your definition of “low-income” for determining eligibility to participate in Nurse-Family Partnership? What is your rationale for defining “low-income” in this way? |  |
| **Community Capacity**  List other home visiting programs available in your proposed service area and their estimated capacity. |  |

1. **Organization Mission and Culture**

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

|  |
| --- |
|  |

Briefly describe how **support for implementation of NFP evolved within your agency**. Please provided background information that speaks to your organization Leadership’s commitment to serving the community through NFP implementation.

|  |
| --- |
|  |

**IV. Organization Capability**

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

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 anticipated challenges.

|  |  |  |
| --- | --- | --- |
| **Model Element** | **Ability to Comply** (Yes, No, or Don’t Know) | **If “No” or “Don’t Know,” Explain Anticipated Challenges** |
| 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 28th week of pregnancy. |  |  |
| Client is visited one-to-one: one nurse home visitor to one first-time mother/family. |  |  |
| Client is visited in her home as defined by the client, or in a location of the client’s choice. |  |  |
| Client is visited throughout her pregnancy and the first two years of her child’s life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse. |  |  |
| Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing. |  |  |
| Nurse home visitors, and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO. |  |  |
| Nurse home visitors, use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains. |  |  |
| Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods. |  |  |
| A full-time nurse home visitor carries a caseload of 25 or more active clients. |  |  |
| NFP agencies are required to employ at all times a NFP nurse supervisor. |  |  |
| Nurse supervisors provide nurse home visitors 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 one-to-one clinical supervision, case conferences, team meetings and field supervision. |  |  |
| Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner. |  |  |
| NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program Implementation, enhance program quality and demonstrate program fidelity and inform clinical practice and supervision. |  |  |
| A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families. |  |  |
| A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability. |  |  |
| Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model. |  |  |

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.

|  |
| --- |
|  |

***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** |
| *Example:*  Minority/Hard-to-Reach Population | *Yes* | *Women’s health program targeted to zip code with highest infant mortality rates* | *No* | *5* |
| Maternal & Child Health |  |  |  |  |
| Low-Income Families |  |  |  |  |
| Minority/Hard-to-Reach Population |  |  |  |  |
| Prevention/Health Promotion |  |  |  |  |
| Home-Based Services |  |  |  |  |
| Nursing – General |  |  |  |  |
| Nurse Home Visitation |  |  |  |  |
| Formally-Defined Evidence-Based Programs |  |  |  |  |
| Early Education/Child Development |  |  |  |  |

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

*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 required that agencies implement either the NFP data collection system or an approved third-party vendor. It is expected that data is entered according to NFP data entry standards.***

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

|  |
| --- |
|  |

1. **Nursing Practice and Support**
2. **Nurse Recruitment and Hiring**

Provide an assessment of 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.

|  |
| --- |
|  |

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

Does the agency currently employ nurses to deliver direct services? 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.*): |

**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? |
| 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? |

1. ***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.

Please 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. | **Yes**  **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. | **Yes**  **No** |  |
| Agency supports nurses to complete their education (web-based or face-to-face) when their caseloads are close to full and quite busy. | **Yes**  **No** |  |
| Agency supports nurses to gradually build their caseload (minimum of 25 active clients for a 100% FTE nurse), allowing 9 months from the time when they return from Unit 2 education and begin to enroll clients. | **Yes**  **No** |  |

1. **Client Referral System**

Describe your plan to develop and maintain a robust referral network.

|  |
| --- |
|  |

Please describe your ideas about maximizing outreach, referral generation and enrollment for women as early in pregnancy as possible.

|  |
| --- |
|  |

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.*).

|  |
| --- |
|  |

1. **Community Linkages**

Please describe 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, childcare, support for victims of interpersonal violence, food banks, affordable housing, prenatal and pediatric care, dental care, etc.

|  |
| --- |
|  |

1. **Sustainability**
2. **Community Support**

Describe your plan to secure 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 with whom you plan to engage.

|  |
| --- |
|  |

1. **Community Advisory Board**

Successful implementation of the NFP model depends on a strong Community Advisory Board (CAB). NFP founder Dr. David Olds recognized that NFP programs cannot survive, thrive or grow without buy-in and support from the local community. A strong, reliable CAB can catalyze other local stakeholders and champions to support your NFP program.  By having members promote NFP’s successes, address challenges, develop solutions and raise awareness across a diverse pool of potential supporters, this can prompt the wider community to take action on behalf of NFP.

Describe your plan and timeframe for convening and supporting your Community Advisory Board during the first year of program implementation. Include your initial thoughts on possible CAB members.

|  |
| --- |
|  |

1. **Financing and Fiscal Policy Support**
2. **Nurse-Family Partnership Cost Estimate**

Please provide a reasonable estimate for program costs and your plans for funding the program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Program Cost** | **Incentive Fund Amount** | **Agency Match Amount** | **Funding Sources** | **Level of Certainty** |
| Year 1 |  |  |  |  |  |
| Year 2 |  |  |  |  |  |
| Year 3 |  |  |  |  |  |

Please describe your plans for securing the required funding match. Include proof of match funds as **Attachment 3**.

|  |
| --- |
|  |

As **Attachment 4**, please submit a 3-year budget for your program.

1. **Establishing Long-Term Support**

What is your strategy for obtaining long-term financial support (beyond the first three years of operation)?

|  |
| --- |
|  |

1. **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 |  |

1. **Agency Checklist**

Completed Implementation Plan (All sections completed)

Attachment 1: Organizational Chart

Attachment 2: NFP Service Area Map

Attachment 3: Proof of Match Funds

Attachment 4: Three-Year Budget (in Excel format, not PDF)

**When complete, please email this document (including attachments) with your Request for Proposal application to:** [**IncentiveFund@nursefamilypartnership.org**](mailto:IncentiveFund@nursefamilypartnership.org)**.**