

## Nurse-Family Partnership (NFP) Model Elements

All NFP sites must implement the program with fidelity to these model elements as monitored below.

<i><b>Model Element</b></i>	<i><b>Measurement</b></i>	<i><b>Timeframe</b></i>
<p><b>Client participates voluntarily in the Nurse-Family Partnership program.</b> Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>Client is a first-time mother.</b> First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>Client meets low-income criteria at intake.</b> The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office (NFP NSO), establish a threshold for low-income clients in the context of their own community for their target population. <i>*In CO, that threshold is 200% of Federal Poverty Level</i></p>	<p>Client Application completed for every client upon enrollment into NFP. Chart audit is done by Invest in Kids annually and is on file with the University of CO.</p>	<p>Annually</p>
<p><b>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.</b> <i>*CO Nurse Home Visitor Act allows enrollment into the program up to 30 days post-partum. CO NFP sites are allowed a variance to this model element by the NFPNSO.</i> A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors that affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.</p>	<p>Quarterly reports on file with the University of CO produced by the NFPNSO</p>	<p>Quarterly</p>
<p><b>Client is visited in her home.</b> The program is delivered in the client's home, which is defined as the</p>	<p>CO Annual Evaluation report</p>	<p>Annually</p>

<p>place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess, and understand the client's context and challenges.</p>	<p>produced by the NFPNSO and on file with CDPHE</p>	
<p><b>Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing (BSN).</b>  When hiring, it is expected that nurse home visitors and nurse supervisors will be evaluated based on the individual nurse's background and levels of knowledge, skills and abilities, taking into consideration the nurse's experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well-prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurse's qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-BSN nurses should be encouraged, and provided support, to complete their BSN. Agencies and supervisors can seek consultation on this issue from their nurse consultant.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office.</b>  It is the policy of Nurse-Family Partnership NSO that all nurses employed to provide Nurse-Family Partnership services will attend and participate in all core Nurse-Family Partnership education sessions in a timely manner, as is defined by NSO policy and the NSO contract.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>Nurse home visitors, using professional knowledge, judgment, and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.</b>  Nurse-Family Partnership Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet clients' needs. The domains include:</p> <ol style="list-style-type: none"> <li>1. Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)</li> <li>2. Environmental Health (home; work; school and neighborhood)</li> <li>3. Life Course Development (family planning; education and livelihood)</li> <li>4. Maternal Role (mothering role; physical care; behavioral</li> </ol>	<p>Time apportionment measured for every home visit and is reported in the Quarterly Reports on file with the University of CO</p>	<p>Quarterly</p>

<p>and emotional care of child)</p> <ol style="list-style-type: none"> <li>5. Friends and Family (personal network relationships; assistance with childcare)</li> <li>6. Health and Human services (linking families with needed referrals and services)</li> </ol>		
<p><b>A full-time nurse home visitor carries a caseload of no more than 25 active clients.</b></p> <p>Full time is considered a 40-hour workweek. Agencies may have a different definition for full time, and should pro-rate the nurse’s caseload accordingly. At least half-time employment (20-hour workweek) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant.</p> <p>Active clients are those who are receiving visits in accordance with the Nurse-Family Partnership Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between Nurse-Family Partnership and the implementing agency states that the agency will:</p> <ol style="list-style-type: none"> <li>1. Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation</li> <li>2. Ensure that each nurse home visitor carries a caseload of not more than 25 active families</li> <li>3. Maintain the appropriate visit schedule</li> </ol>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>

<p><b>A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.</b></p> <p>Full time is considered a 40-hour workweek. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management, and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to Nurse-Family Partnership, including the supervision of some additional administrative, clerical, and interpreter staff. Refer to the “sample supervisor job description” found in the implementing agency orientation packet. The minimum time for a nursing supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Even teams with less than four nurse home visitors still require at least a half-time supervisor.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>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 and team meetings.</b></p> <p>To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:</p> <ol style="list-style-type: none"> <li>1. One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse’s work including management of caseload and quality assurance. Supervisors use the principles of reflection as outlined in Nurse-Family Partnership supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.</li> <li>2. Case conferences: Meetings with the team dedicated to joint review of cases, ETO reports and charts using reflection for the purposes of solution finding, problem solving, and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for one-and-a-half to two hours per case conference.</li> <li>3. Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate</li> </ol>	<p>Dates of completed Clinical supervision, Case conferences, and team meetings are in the Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>

<p>weekly so there is one meeting of the team every week.</p>		
<p><b>Nurse home visitor and nurse supervisors collect data as specified by the NSO and use Nurse-Family Partnership Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.</b>  Data are collected, entered into the Efforts to Outcomes TM (ETO) data collection system and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision with each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.</p>	<p>Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>
<p><b>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.</b>  A Community Advisory Board is a group of committed individuals/ organizations who share a passion for the Nurse-Family Partnership program and whose expertise can advise, support, and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency cannot put together a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children, and families, it is acceptable to participate in these groups in place of a Nurse-Family Partnership dedicated group. It is essential that issues important to the implementation and sustainability of the Nurse-Family Partnership program are brought forward and addressed as needed.</p>	<p>Dates of completed Community Advisory Board meetings are in the Critical Structural Elements Report produced by the Nurse-Family Partnership National Service Office (NFPNSO) and received by CDPHE as part of the annual RFA process beginning in 2013</p>	<p>Annually comprising any time frame needed</p>