INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION

Appendix E
Nurse Family Partnership
Service Standard

Program Description

The Indiana State Department of Health seeks to fund local agencies to implement the Nurse Family Partnership program. Nurse Family Partnership (NFP) is an evidence-based home visiting program that helps transform the lives of vulnerable, first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms 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. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children and themselves.

NFP's evidence-based community health program produces long term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, NFP plays an important role in helping to improve the lives of society's most vulnerable members, build stronger communities, and leave a positive impact on this and future generations.
The NFP National Service Office is a non-profit organization that provides implementing agencies with the specialized expertise and support needed to deliver NFP with fidelity to the model, so that each community can see comparable outcomes.

For more information about NFP, please visit the web-site at
http://www.nursefamilypartnership.org/.

Provider/Staff Qualifications

Eligible Applicants
Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all NFP RFA applicants to submit a letter of support from the NFP National Service Office stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.

Service Area

These services should be provided to Lake County residents with a focus on the zip codes with the highest perinatal risks as defined by ISDH.

Required Components of Service or Program

The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons, and/or theoretical rationales. LIAs must implement in accordance with these model elements, assuring implementing agencies have a high level of confidence that results will be comparable to those measured in research.

The Model Elements are as follows:

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: 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.
- Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.
- Element 6: Client is visited in her home as defined by the client, or in a location of the client's choice.
- Element 7: 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.
- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.
- Element 9: 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.
- Element 10: 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.
- Element 11: 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.
- Element 12: A full-time nurse home visitor carries a caseload of 25 or more active clients.
- Element 13: NFP agencies are required to employ a NFP nurse supervisor at all times.

- Element 14: 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.

- Element 15: 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.

- Element 16: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.

- Element 17: 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.

- Element 18: 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.

- Element 19: 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.

Collaboration with Early Childhood Partners and Early Childhood System Coordination

LIAs will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families. To do this, LIAs must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families.

Additionally, recipients must engage in Indiana's Help Me Grow efforts to a system approach in designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage. The system model of HMG reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families.

The Help Me Grow system is used to implement effective, universal, early surveillance and screening for all children and then link them to existing quality programs through organization and leverage of existing resources in order to be serve families with children at-risk.

Medicaid Reimbursement

Recipients must become Medicaid providers in order to facilitate potential future billing and referral structures. LIAs are encouraged to become Indiana Healthcare Program Providers as soon as possible. This requires a National Provider Identifier (NPI) in which you may need to pay an enrollment fee, undergoing a background check depending on provider type in which you enroll. For more information: https://www.in.gov/medicaid/providers/465.htm. Recipients must be registered Medicaid provider by September 30, 2020. Recipients may be ineligible for future funding if unable to meet expectation.

Enrollment

LIAs must implement Nurse Family Partnership with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

Data Collection Methods/Reporting

LIAs must participate in performance reporting. Reporting will include Forms 1 and 4, fidelity and capacity reports, quarterly reviews, and missing data clean-up. For the purposes of reporting on performance reporting, a "family" is defined as a client served during the reporting period by a trained home visitor implementing services with fidelity to the model.

Monthly reports to be submitted *5 business days after the end of each month*

1. Service Capacity

Quarterly Reports to be submitted by the *15th of every 4th month* - **January** (report period October 1-December 31), **April** (report period January 1-March 31), **July** (report period April 1-June 30), and **October** (report period July 1-September 30).

1. HRSA Form 1- Demographics and Service Utilization
2. HRSA Form 4- Quarterly Performance Report
3. NFP Model Fidelity

Annual Reports to be submitted by October 15

1. Site Specific Self-Evaluation