Department of Children and Families
Division of Prevention and Community Partnerships
Office of Early Childhood Services
FY11 Annex A Instructions – Nurse-Family Partnership

IMPORTANT: The full contract renewal package goes to your contract administrator. In addition, please be sure to provide a copy of both the completed **Annex A** and **Annex B** for all DCF (DYFS, DPCP, and CBCAP funded) Home Visitation grants (i.e. Healthy Families-TIP, Nurse-Family Partnership, Parents As Teachers, Family Connections, etc.) to the DPCP Home Visitation Program Manager, Sunday Gustin (sunday.gustin@dcf.stae.nj.us).

Annex A – Section 2 Program Information

Section 2.1 Program Name and Service Delivery Information

Complete the designated forms as described in the general Annex A instructions.

Section 2.2 Program Description

The program description now provides a standard narrative for the specific HV models and underscores essential contract requirements for grantees. Please be sure that you are aware of all DCF recommendations and requirements as a funded HV grantee. Read this template language carefully and add agency specific information as requested (highlighted in yellow).

Section 2.2 #1 Provide a brief program/component description and its purpose. All programs must show how they implement *NJ Standards for Prevention: Building Success through Family Support* and the *Protective Factors.*

The Nurse-Family Partnership (NFP) model is an evidenced-based home visitation program (EBHV) that provides in-home health and parenting education, and supportive services to at-risk low income, first-time pregnant women and their families. NFP identifies eligible families through a systematic screening and assessment process conducted during pregnancy. Families enrolled in the program are offered intensive, long-term home visitation services from pregnancy to age two. Services are strengths-based and rely on parent/family input and active involvement. Participation in NFP is voluntary.

Specially trained nurse home visitors educate families on important issues that impact on the health and well-being of the mother/parents and infant. Nurse home visitors follow a standard set of written guidelines issued by the NFP National Service Office (NSO) for pregnancy, infancy and toddlerhood; and a core parenting curriculum, Partners in Parenting Education. Home visits help parents/families to develop protective factors in five domains (program content areas):

1. Personal Health–nutrition, exercise, tobacco/alcohol/other drug use, mental health.
2. Environmental Health–healthy and safe homes, work, schools and neighborhoods.
3. Life Course Development–childbirth planning, education and finding employment.
4. Maternal/Parental Role–promoting infant/toddler health, development and security.
5. Family & Friends–healthy supportive relationships to meet family/childcare needs.

In adddition, home visitors work within all domains to link families with available health, social services, and other resources that will help to address family needs.

All DCF funded sites must adhere to the NFP Model Elements and program guidelines set forth by the the national office and operate under the terms of their contracts with NFP. The NFP Model Elements provide a framework for program development, implementation, and quality assurance; and are closely aligned with the *NJ Standards for Prevention*. The NFP model is strengths-based and emphasizes the importance of focusing on the *Protective Factors* in its work with families. Implementation partners in NJ include Public/Private Ventures (PPV), the regional NFP program developer for New Jersey; and the designated NSO Nurse Consultant. Program staffing, supervision and training must be in keeping with the NFP program standards as set forth in the contract between the implementing agency and the NFP.

Section 2.2 #2 Target Populations
NFP is available to families from pregnancy up to age two. Criteria for enrollment is limited to pregnant women in the first or second trimester of pregnany (no later than 28 weeks gestation).

Potential clients are screened for a varitety of risk factors, including but not limited to first-time live birth (includes women with a prior miscarriage or fetal death), teen pregnancy, low income, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place an infant/child at risk of abuse and neglect.

Section 2.2 #3 Service Delivery
HV programs are designed to promote the health and well being of pregnant women, parents/families and their infants and young children. Nurse home visitors work closely with families to develop a trusting relationship with the goals of improving prenatal health, child health and development, and economic self-sufficiency. Nurse home visitors assess parent/family strengths (*protective factors*) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. A major focus of NFP is the prevention of child maltreatment. To this end, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. NFP sites are required to record visit information and track specified data using the web-based NFP data collection and reporting system that has been designed to keep track of family characteristics, needs, services provided, and progress toward accomplishing national objectives. DCF funded NFP sites receive various data summary reports from NSO. DCF expects sites to use these reports to provide helpful feedback to staff, monitor performance and improve quality of services.

In addition, all evidence-based HV programs supported by DCF will strive to meet a standard set of performance indicators as set forth in the attached document. These NJ objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Refer to the attachment; Annex A - Home Visitation Performance Outcome Measures. Grantees are required to collect, review and analyze program data to continually improve program effectiveness and promote quality services for participating families. ***Refer to Section 2.2–Sub-section #7 for Annual Report requirements***.

Quality Improvement Plan (QIP): In FY2011, funded agencies must demonstrate progress in meeting established program targets. The purpose of quality improvement planning is to ensure that DCF funded programs are effective in reaching and supporting families, and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. The QIP will be included as a part of the program's annual data review (*refer to Section 2.2–subsection #7).* It may also be initiated at other times during the year, as needed, based on the following guidelines:

1) Process Measures--Chronic underperformance (i.e. over 3-months) in any of the indicators in Section I - Objectives 1 through 5. *Note: Objectives 6, 7 and 8 pertain to client/family retention rates. Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, NSO and PPV will work collaboratively with sites to strengthen performance in this area over the next few years*.
2) Impact Measures--Chronic underperformance (over 6 to 12 months) in five or more areas (Section II - Objectives 9a-d, 10a-b, and 11a-i).
3) Outcome Measures--All grantees should to strive to reach this set of benchmarks, however, we recognize that there may be variability across target populations and target communities. Performance in these areas will be analyzed on a case-by-case basis.

Note: These are still considered preliminary targets and continue to undergo review and analysis. DCF HV program staff may make further refinements to specific targets, or add additional indicators, after this analysis is complete.

The Quality Improvement Action Plan will be developed by the grantee agency in consultation with the regional NFP developer, NSO nurse consultant, DCF and other essential partners. Implementation of the plan will be monitored by P/PV and NSO nurse consultant with administrative oversight by the DCF HV program manager and DCF contract administrator.

Evaluation and Research Study: All DCF funded evidence-based HV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University.

Section 2.2 #4 Service Delivery Method

NFP services are provided to participating families primarily in the home setting. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting.

Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or a weekend day.

Section 2.2 #5 Access to Services

Generally, NFP services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Pregnant women and parents are screened by prenatal care or other health care providers, or other community agencies. Once a family is referred to the program they receive an initial contact from the program within three working days and are scheduled for an initial home visit for a nursing assessment and eligible families are offered enrollment into the program.

Families that decline or are ineligible for servcies are provided with resource information about available/ suitable community services and supports, and are assited with any essential referrals.

Families that meet program eligibility and agree to participate in the program are enrolled and visits are conducted by the assigned nurse home visitor. Visit frequency is determined by the nurse based on the phase of care and the families needs. Visit guidelines are as follows:

Prenatal - during 1st month of enrollment	Weekly (4 visits)
Prenatal - end of 1st month to delivery	Every other week (8-10 visits)
Infant - from birth to six weeks of age	Weekly (6 visits)
Infant-Toddler - age 8 weeks to 21 months	Every other week (40 visits)
Toddler - age 21 months to 24 months (age 2)	Monthly (3-4 visits)

Families that are enrolled but inactive, i.e. missed three or more consecutive scheduled visits or are lost-to-care, will continue to receive outreach for at least three months.

Staffing/Caseload Requirements:

- Each full-time (1.0 FTE) nurse home visitor carries a caseload of 25 active families.
- At least a half-time (0.5 FTE) supervisor is designated for four (4) full-time nurses.

Note: A nurse supervisor employed full-time and carrying a 0.5 FTE caseload is required to carry a minimum caseload of 8 families (maximum of 10 families).

The nurse and the parent/family collaborate in goal planning (pregnancy, parenting, infant/child, family sustainability). Ongoing progress is documented and new goals are established over the course of home visits. The nurse will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon.

Discharge Process: Ideally a participant remains enrolled in NFP until the child has reached age two and the family has achieved specified health and well-being performance indicators. For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

Section 2.2 #6 Catchment Area/Neighborhood

Grantees provide services in the homes of participating families. The catchment area for this site is __________(specify for your agency--remember DCF funded NFP programs are county wide).

Section 2.2 #7 Emergency/After-Hours Contact

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day. In the event of any staff or client emergency ______(briefly summarize key safety policies for your agency).

Emergency contacts for this agency are: __________ (complete this for your agency).

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Section 2.2 #8 Unduplicated Clients (Annual Report)
Specify the prior year (12-month) data reporting period, i.e. state fiscal year (7/1 to 6/30) or calendar year (1/1 to 12/31).

Unduplicated NFP Data for the Period from ____ to ____:

Completed Referrals or Screens	
Completed Initial Home Visits or Initial Assessments	
Number of Active Families at the start of the report period - % of capacity	
New Families Enrolled during the year - % enrolled prenatally	
Number of Families Discharged during the report period (any reason)	
Subset of these who Graduated, i.e. reached essential goals of the program	
Active Families as of end of the report period	

Annual Report: Also, note in your renewal narrative that you will submit the full Annual Report for the prior year using the Annex A Performance Outcome Measures (HV Objectives)--due 30 days after the start of the new contact year. When you submit that report, inlcude a brief summary with your analysis of your performance—identify what did your agency did well, main areas for improvement (issues or concerns, e.g. staffing, training, etc.), and note any quality improvement measures planned for the upcoming year. [*Please send the DCF contract administrator a copy of your site's 4th quarter NFP report, along with your annual report, for the contract file*.]

Notes for FY2010 / FY2011 Annual Report:
1) Grantees will be required to complete the DCF HV Performance Objectives report for FY2010 (7/1/10 to 6/30/11) using the current NSO data/CIS. This initial report is a pilot for NFP sites to determine issues, concerns and gaps regarding data collection.
2) In FY2011, DCF HV program staff will meet with site staff to discuss identified problems and concerns, refine data definitions, and consult with NSO, as needed.
3) After it has been determined that reporting problems have been resolved, data reports may be requested more frequently (semi-annually or quarterly), but annually, at a minimum.

Section 2.3 Performance Outcomes
Complete and submit the attached form in lieu of the standard Annex A Section 2.3 form.

Section 2.4 Program Personnel Information Sheet
Please complete all of the information as requested in the general instructions. Be sure to include the first and last name of the employee and educational credentials of HV staff.

IMPORTANT: HV grantees must specify the percentage (FTE) of time allocated for each worker in specific HV roles, i.e. Program Manager, Supervisor, Nurse Home Visitor and Data Entry/Program Support.

Section 2.5 Level of Service
Complete and submit the attached form in lieu of the standard Annex A Section 2.5 form.