Nurse-Family Partnership (NFP)

Key Continuous Quality Improvement (CQI) Considerations

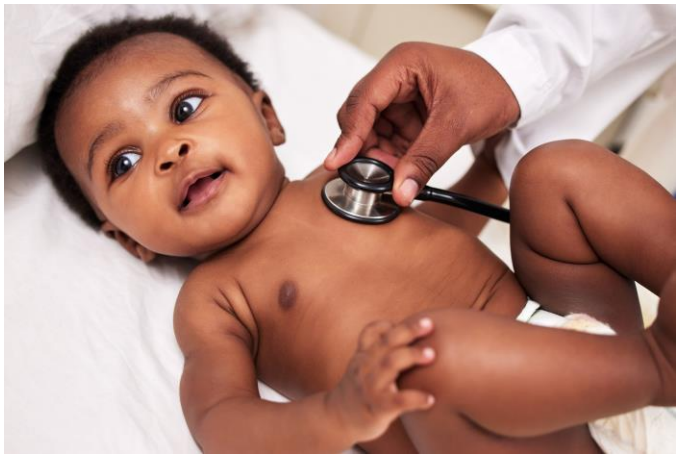
CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based programs (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Nurse-Family Partnership (NFP)**, a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

As you review this information, consider how you will measure the success of NFP within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement, as well as improved outcomes for children and families.

Counties and providers can utilize this Brief to facilitate discussions at the county, agency, and community levels, aimed at identifying best practices for tracking and sharing data. These discussions should also focus on reviewing the CQI prompts to assess program delivery and implementation, making necessary adjustments as needed. Additionally, counties and providers should use these Briefs to establish feedback loops for sharing qualitative data on family-specific needs, ensuring that future efforts to serve and support families are informed and responsive.



The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and Nurse-Family Partnership.

Key Terms

Developer/Purveyor: The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

Provider: The individual or organization delivering the EBP services directly to children and families.

NURSE-FAMILY PARTNERSHIP PROGRAM OVERVIEW

Nurse Family Partnership (NFP) is a home visiting program that is typically implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns 2. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60–75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held biweekly or on an as-needed basis. Additionally, the NFPx initiative, developed in collaboration with the Prevention Research Center at the University of Colorado School of Medicine, allows NFP sites to expand their services to include multiparous families and individuals who register after 28 weeks of pregnancy but before the birth. This expansion aligns with the NFP Model Elements and is supported by specific agreements between NFPx sites and the National Service Office (NSO), ensuring the delivery of services to a broader population while maintaining the core components of the NFP model.

Who is Eligible?

Young, first-time, low-income mothers from early pregnancy through their child's first two years. The NFPx initiative expands eligibility to include families with more than one child (multiparous) and those who register after 28 weeks of pregnancy but before birth, in select sites.

Program Goals

Support maternal health, schedule prenatal appointments, and provide information for doctor appointments

Promote economic self-sufficiency, discuss goals for work, education, and child care

Promote child development and parent/child bonding

Connect families to resources

Families Need to Know

Mothers enroll early in their pregnancy (no later than the 28th week of gestation) and may continue with the program until their child turns 2, unless they are enrolling in a NFPx sites services.

NFP aims for 60 visits that last approximately 60–75 minutes each. During the first month after enrollment, nurses visit mothers weekly. After the first month, the visits continue on a biweekly basis or as needed

NFP is delivered through one-on-one visits in the home or a location of the mother's choice

Cultural Relevance

NFP has been shown to have positive outcomes for Black and Latinx children and families

NFP has materials available in English and Spanish

MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of NFP. Regular quality assurance monitoring ensures this adherence. The NFP developer/purveyor collects data to provide feedback, helping improve both adherence to the model and program outcomes. This data is stored by the NFP developer/purveyor (NSO's online data warehouse).

Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved California Prevention Plan. To meet these requirements and ensure accurate cost tracking:

- **NFP providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement. NFP providers have access to aggregate reports generated by the NFP developer/purveyor that include site-specific outcome and fidelity data.
- **Outcome and fidelity data will be reported by the developer/purveyor and submitted to CARES using the designated developer/purveyor template provided in Appendix A.**
- The NFP developer/purveyor currently cannot provide aggregated fidelity and outcomes data across multiple sites unless a contract with CDSS is established. CDSS is in the process of contracting with the NFP developer/purveyor to receive outcome and fidelity reports on a consistent basis.

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of NFP, it's important to regularly review data in four key areas:

1. ***Capacity –*** *staff requirements*
2. ***Reach –*** *the extent to which children and families are being served*
3. ***Fidelity –*** *adherence to model implementation requirements*
4. ***Outcomes –*** *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: Measurement Framework for Implementing and Evaluation Preventive Services.

NFP MEASUREMENT FRAMEWORK

The **NFP Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity**, **reach**, **fidelity**, and **outcomes**, supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of NFP and influences the program's ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **NFP providers will submit capacity data for each provider site monthly through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

Table 1. Description of NFP Capacity Data Elements

Measure	Indicator
Staffing	Total # of provider agency sites
	Total # of full-time model-trained or certified practitioners
	Total # of part-time model-trained or certified practitioners
	Total # of supervisors
Supervisor / Practitioner Ratio	1:8
Full-time / Part-time Caseload	25 families for full-time 12 families for part-time
Service Duration	N/A; on an as needed basis

Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data: Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.**
- **Verify Training Compliance: Ensure all nurse home visitors and supervisors have completed the required NFP education. Regularly assess the percentage of staff meeting training benchmarks and address any training gaps promptly.**

Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well NFP is serving those it is intended to reach and whether the service is accessible to those in need.

Table 2 lists the reach data elements to be tracked for effective outreach and engagement. **NFP providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

Table 2. Description of Standardized Reach Data Elements

Measure	Indicator
Eligible Child Welfare & Probation Candidates *(This data will come from the Title IV-E agency)*	Total # of FM/VFM/602 youth who come to the attention of the agency*
	Total # identified as a Family First candidate • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition**
	Total # identified as a Family First pregnant or parenting youth in care (PPY)
	Total # not identified as a candidate
Eligible Community Pathway Candidates *(This data will come from the Title IV-E agency)*	Total # of community pathway children granted IV-E agency candidacy approval

	Total # of community pathway children denied IV-E agency candidacy approval
	• Reason for denial
	  ○ MH, SA, or PS imminent risk/need not identified
	  ○ Child outside of age range of the recommended EBP

EBP Referrals to Providers	Total # candidates referred to an EBP provider
EBP Service Uptake	Total # candidates who started the EBP

	Total # candidates who did not start the EBP
	• Reason did not start the EBP
	  ○ No action taken; referral still in process
	  ○ Placed on waitlist; median days on waitlist
	  ○ Provider rejected referral
	  ○ Provider unable to contact or engage with the family
	  ○ Family did not consent, etc.
	  ○ Other

EBP Service Completion	Total # candidates who completed the full EBP

	Total # candidates who did not complete the full EBP
	• Reason did not complete the full EBP
	  ○ Provider unable to contact or engage with family
	  ○ Family withdrew
	  ○ Family no longer eligible
	  ○ Provider capacity issues
	  ○ Other

**Total number of referrals to Probation (inclusive of citations and arrests)*

***Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition*

Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to NFP, started NFP, and completed NFP. Discuss strategies to address:

- **Service Flow: Compare eligible candidates to those referred, enrolled, and completed.**
- **Waitlists: Identify causes and reduce delays.**
- **Referral Rejections: Address common reasons for declined referrals.**
- **Family Contact: Improve provider outcome and engagement.**
- **Consent Issues: Increase family consent rates.**
- **Withdrawals: Identify strategies to reduce early terminations.**
- **Eligibility Changes: Minimize service disruptions.**
- **Provider Capacity: Align staffing and resources to demand.**

Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether NFP is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **NFP providers will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of NFP Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Improved Positive Parenting Practices	% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.	75%	DANCE HOME (also accepted)	Collected based on child's age during the reporting period.	NFP Outcomes File
Improved Pregnancy Outcomes	% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.	<15%	NFP Database Forms	Collected once at birth, or shortly after.	
	% of infants who are born within a normal birth weight (> 5.5lb or 2,500g).	90%		Collected once at birth.	
	% of infants who were given breastmilk at birth.	82%		Collected once at birth, or shortly after.	
	% of infants who were given any amount of breastmilk at 6 months of age.	50%		Collected once at 6 months.	
Improved Child & Health Development	% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	50%	Ages and Stages Questionnaire-3 (ASQ-3)	Collected at 4, 10, 18, and 24 months postpartum.	
	% of children enrolled in home visiting referred for services for a positive screen for developmental delays (measured using a validated tool) who received services in a timely manner.	50%	NFP Database Forms	Collected after a positive screen.	

Improved Caregiver Health	% of primary caregivers enrolled in home visiting for at least 3 months who were screened for depression within 3 months of enrollment or 3 months of delivery (for those enrolled prenatally).	65%	PHQ-9 or EPDS	Collected at 1-8 weeks postpartum.
	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	65%	NFP Database Forms	Collected after a positive screen.

Outcomes CQI Prompts:

- **Review Outcomes Data: Develop a plan for CQI teams to regularly review the NFP Outcomes Report provided by the developer/purveyor to identify outcome trends and challenges. Share successful strategies among providers.**
- **Analyze Referral and Uptake Rates: Compare the number of eligible mothers referred to NFP with those who successfully begin the program. Identify barriers, such as waitlists or family engagement issues, and implement strategies to improve access.**
- **Assess Population Reach: Evaluate whether NFP is reaching its target population of young, low-income, first-time mothers. Identify any underrepresented demographics and develop outreach strategies to ensure equitable service delivery to all eligible mothers.**

Fidelity

Fidelity refers to how closely the program follows the prescribed NFP model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

Table 4 outlines the fidelity measures required to assess program adherence. **NFP providers will use a standardized template to submit fidelity data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of NFP Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	% of nurse home visitors who have completed initial education.	100%	NFP Learning Management System	Collected as needed by NFP sites and the developer/ purveyor.	NFP Fidelity Report
	% of nurse supervisors who have completed initial education.	100%			
Meets Staffing Qualification Requirements	% of nurse home visitors who have a minimum of a BSN.	100%			
	% of nurse supervisors who have a minimum of a BSN.	100%			
	% of NFP providers who have a nurse supervisor.	100%			
Meets Supervisor to Nurse Home Visitor Ratio Requirements	% of full-time nurse supervisors who provide supervision to no more than 8 individual nurse home visitors. 100%	100%			

Fidelity CQI Prompts:

- **Verify Training and Qualifications: Conduct biannual reviews of NFP data to ensure adherence to training requirements and staff qualifications.**
- **Address Implementation Challenges: If issues are identified, collaborate with providers and the model developer to develop solutions.**

RESOURCES

To ensure the successful implementation of NFP, it is crucial to establish a strong relationship between the NFP provider, the NFP developer/purveyor, and the county. Here are the steps to initiate this process:

Providers Contact NFP: Reach out to Nurse-Family Partnership, the official developer/purveyor of NFP. Contact information can be found on their website: https://www.nursefamilypartnership.org/. Initiate a conversation to discuss your interest in implementing NFP and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement NFP for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework. https://www.chapinhall.org/research/measurement-framework

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Nurse-Family Partnership. (n.d.). *Nurse-Family Partnership*. https://www.nursefamilypartnership.org/.

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. https://preventionservices.abtsites

APPENDIX A: DEVELOPER/PURVEYOR OUTCOME & FIDELITY TEMPLATE

NFP Outcome Measures

Nurse-Family Partnership (NFP)									
Purveyor will send the percentage for every location via a data file.									
Measure	**Improved positive parenting practices**	**Improved pregnancy outcomes**				**Improved child health and development**		**Improved caregiver health**	
Indicator	*% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.*	*% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.*	*% of infants who are born within a normal birth weight.*	*% of infants who were given breastmilk at birth.*	*% of infants who were given any amount of breastmilk at 6 months of age.*	*% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.*	*% of children enrolled in home visiting referred for services for a positive screen for developmental delays (measured using a validated tool) who receive services in a timely manner*	*% of primary caregivers enrolled in home visiting for at least three months who were screened for depression within 3 months of enrollment OR 3 months of delivery (for those enrolled prenatally).*	*% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.*
Target Level	75%	15%	90%	82%	50%	50%	50%	65%	65%
Site 1									
Site 2									
Site 3									

NFP Fidelity Measures

Nurse-Family Partnership (NFP)						
Purveyor will send the percentage for every location via a data file.						
Measure	**Provider received and maintained required training**		**Meets staffing qualification requirements**			**Meets supervisor to nurse home visitor ratio requirements**
Indicator	*% of nurse home visitors who have completed initial education (Unit 3 or beyond).*	*% of nurse supervisors who have completed initial education (Supervisor Unit 4)*	*% of nurse home visitors who have a minimum of a BSN.*	*% of nurse supervisors who have a minimum of a BSN.*	*% of NFP providers who have a nurse supervisor*	*% of full-time nurse supervisors who provide supervision to no more than eight individual nurse home visitors.*
Target Level	100%	100%	100%	100%	100%	100%
Site 1						
Site 2						