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 practices (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 practice approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of NFP under **California's Five-Year State Prevention Plan**. It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.

Counties and agencies delivering NFP should use this brief as a guide for measuring the success of NFP in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

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 purveyor.

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 families with more than one child (multiparous) 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.[1][2]

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.

[1] Sites interested in serving an expanded population, i.e., individuals with previous live births (multiparous people) and those who are referred to NFP after 28 weeks gestation but before the birth of the child (late registrants), through NFPx should contact the NFP developer/purveyor for additional information at info@nursefamilypartnership.org.

[2] As of August 2025, NFPx is not claimable for Title IV-E reimbursement, as this initiative is not currently included in California's Five-Year State Prevention Plan.

DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EPBs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

1. ***Capacity –*** *Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.*

2. ***Reach –*** *Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.*

3. ***Outcomes*** *– Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.*

4. ***Fidelity –*** *Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.*

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: Measurement Framework for Implementing and Evaluation Preventive Services.

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to NFP are provided in **Appendix A**.

NFP-SPECIFIC DATA REQUIREMENTS

The NFP Measurement Framework outlines how counties and EBP providers delivering NFP should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and biannually for aggregate-level dashboards.

At the state level, the CDSS uses data submitted through the CARES Provider Portal, the standardized NFP template, and the NFP Learning Management System to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA. Federal reimbursement is contingent on meeting the requirements outlined in California's Five-Year Prevention Plan (see pages 27, 39, and 52).

Appendices A and B outline the required measures, data elements, and templates used for NFP data collection across all four domains.

Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering NFP should track utilization daily.

Site-Level Capacity Data

- ***Collection***: Entered into the CARES Provider Portal by NFP Providers and CBOs for families receiving NFP services. Elements collected are listed in **Table 1** of Appendix A.
- ***Use***: CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- ***Collection***: Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of Appendix A.
- ***Use***: CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- ***Collection:*** Collected by NFP providers and CBOs using a standardized template or pulled from the NFP Learning Management System. Elements are listed in Appendix C.

- ***Use***: NFP providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template (Appendix B) or exports from the NFP Learning Management System (LMS).

Aggregate-Level Fidelity and Outcomes Data

- ***Collection:*** NFP providers will submit aggregate fidelity and outcomes data to the CDSS biannually for upload into the backend of CARES.
- ***Use****:* County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Teams.

For a full list of required NFP measures and indicators, see Appendix A.

CQI TRAINING

To support the implementation of California's FFPS CQI Plan and the NFP program, required training will be provided to county FFPS leads and NFP providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the California Family First Prevention Services Continuous Quality Improvement Implementation Plan.

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 CONNECTED!

The California Family First Prevention Services Continuous Quality Improvement (CQI) Plan was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the CQI Implementation Plan and other prevention resources. Check for updates at Prevention Resources – Child and Family Policy Institute of California, and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

REFERENCES

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Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

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

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APPENDIX A: NFP MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Staffing	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of part-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio	1 supervisor for every 8 Nurse Home Visitors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Full-time / Part-time Caseload	25 families for full-time 12 families for part-time	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	N/A; on an as needed basis	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Capacity CQI Prompts

- **Assess Practitioner Capacity:** Review the number of full-time and part-time model-trained NFP practitioners and supervisors across provider agencies. Determine whether staffing levels are sufficient to meet current service needs and maintain caseload expectations.
- **Evaluate Supervision Structures**: Assess supervisor-to-practitioner ratios to ensure compliance with NFP guidance (1 supervisor per 8 nurse home visitors). Identify any supervision gaps that may affect staff support or service delivery.
- **Review Caseload Distribution**: Analyze average monthly caseloads for full-time and part-time NFP practitioners (25 families for full-time; 12 for part-time). Identify workload imbalances and explore strategies to support caseload equity across the workforce.
- **Monitor Model-Training Status**: Track the number of staff who have completed required NFP model training. Use this information to identify staff in need of initial or refresher training and support ongoing adherence to model fidelity.
- **Analyze Waitlist and Service Access**: Review waitlist data alongside staffing and reach data to identify where additional service capacity may be needed. Use trends to inform staffing decisions, site expansion, or other strategies to reduce access delays.
- **Track Provider Site Coverage**: Monitor the number and geographic distribution of provider sites delivering NFP. Assess whether current site locations align with community need and support equitable access to services.

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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Eligible Child Welfare & Probation Candidates	Total # of FM/VFM/602 youth who come to the attention of the agency[3]	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition**	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates	Total # of community pathway children granted IV-E agency candidacy approval	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	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	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

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

EBP Service Uptake	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

	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 Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

EBP Service Completion	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

	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
		EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Reach CQI Prompts

- **Assess Candidate Identification and Approval:** Review the number of eligible candidates and the number approved for IV-E candidacy. Identify trends in candidate denial and discuss whether referral criteria and screening processes are being applied consistently.
- **Track Referrals to EBP Providers:** Monitor the number of approved candidates who are referred to an NFP provider. Explore any gaps between approvals and referrals and assess whether referral pathways are timely and effective.
- **Evaluate Service Uptake:** Review the number of referred candidates who start the NFP program. Identify common barriers to enrollment (e.g., waitlist placement, contact issues, family consent) and discuss strategies to improve uptake.
- **Monitor Service Completion:** Analyze the number of families who complete the full NFP model. Review reasons for early termination to identify patterns and support efforts to strengthen retention and service continuity.
- **Analyze Waitlist and Referral Delays:** Examine waitlist trends, including median days on waitlist. Discuss whether current referral and follow-up processes are contributing to delays and consider adjustments to reduce wait times.
- **Address Family Engagement Challenges:** Review reasons for unsuccessful engagement (e.g., no response, provider unable to reach family, family declined services). Discuss strategies to improve contact efforts and strengthen trust-building during initial outreach.

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 complete the provider template in Appendix C and submit outcome data to the CDSS biannually.** 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	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Improved Positive Parenting Practices	% of primary caregivers with children at 10 months 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	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Improved Pregnancy Outcomes	% of infants who are born preterm following program enrollment.	<15%	NFP Database Forms in the Learning Management System	Collected once at birth, or shortly after.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of infants who are born with a low birth weight.	10%		Collected once at birth.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of infants who were given breast milk at birth.	82%		Collected once at birth, or shortly after.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of infants who were given any amount of breastmilk at 6 months of age.	50%		Collected once at 6 months.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
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.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of children enrolled in home visiting referred for services for a positive screen for	50%	NFP Database Forms in the Learning	Collected after a positive screen.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

	developmental delays (measured using a validated tool) who received services in a timely manner.		Management System							
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.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	65%	NFP Database Forms in the Learning Management System	Collected after a positive screen.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Outcomes CQI Prompts

- **Disaggregate Outcome Data to Identify Disparities**: Break down outcome measures by key demographic and case characteristics (e.g., race, ethnicity, age, language, referral pathway) to identify disparities or unintended differences in program outcomes. Use this analysis to guide equity-focused CQI strategies and inform service adaptations.
- **Track Progress Over Time**: Compare current outcome data to pre-implementation baselines or prior reporting periods to assess patterns of progress or regression. Use findings to identify emerging challenges and support continuous improvement.
- **Assess Outcome Target Progress**: Review outcome performance in relation to established benchmarks (e.g., <15% preterm birth, 90% normal birth weight, 50% timely developmental screenings, 65% depression screenings). Identify underperforming areas and explore targeted strategies for improvement.
- **Monitor Referral and Service Linkages**: Evaluate whether families who screen positive for developmental delays or caregiver depression are referred to and engaged in appropriate follow-up services. Discuss ways to strengthen referral pathways and cross-system coordination.
- **Evaluate Data Quality and Completeness**: Confirm that data is being collected consistently across sites using the required tools (e.g., DANCE, HOME, ASQ-3, PHQ-9). Identify missing or inconsistent data and provide support to improve accuracy and completeness.
- **Assess Alignment with Target Population**: Review enrollment and referral data to confirm that NFP is reaching its intended population of young, low-income, first-time mothers. Identify underrepresented subgroups and adjust outreach strategies as needed.
- **Use Data to Tell the Story**: Supplement quantitative data with insights from families, nurse home visitors, or supervisors to provide context and deepen understanding of outcome trends. Use data storytelling to support shared learning and continuous system improvement.

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 complete the provider template in Appendix C and submit fidelity data to the CDSS biannually.** Counties should review outcome data and conduct CQI activities quarterly.

Table 4. Description of NFP Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training	% of nurse home visitors who have completed initial education.	100%	NFP Learning Management System	Collected as needed	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of nurse supervisors who have completed initial education.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Meets Staffing Qualification Requirements	% of nurse home visitors who have a minimum of a BSN.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of nurse supervisors who have a minimum of a BSN.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of NFP providers who have a nurse supervisor.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
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%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Fidelity CQI Prompts

- **Verify Completion of Required Training**: Review the percentage of nurse home visitors and supervisors who have completed initial NFP model training. Confirm that all required staff meet training expectations and address any gaps in onboarding or ongoing education.
- **Monitor Staff Qualifications**: Track the percentage of nurse home visitors and supervisors with a Bachelor of Science in Nursing (BSN) to ensure compliance with model qualification standards. Identify and address any staff who do not yet meet these requirements.
- **Confirm Supervision Structures**: Review the percentage of NFP providers with an assigned nurse supervisor. Ensure that all providers maintain appropriate supervisory structures to support fidelity to the model.
- **Assess Supervisor-to-Home Visitor Ratios**: Monitor whether full-time nurse supervisors are responsible for no more than eight nurse home visitors. Identify ratio imbalances and explore strategies to maintain adequate supervision support across teams.
- **Address Fidelity Challenges**: If fidelity issues are identified—such as missed training benchmarks, staffing gaps, or supervision concerns—collaborate with providers and the NFP National Service Office to develop and implement improvement strategies.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. NFP providers will either pull all of the fidelity and outcome data fields depicted in the tables below from the NFP Learning Management System on a quarterly basis for review during county CQI Team meetings, or the NFP Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at this link. The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template. This is not the template NFP purveyor will complete in aggregate on a biannual basis. Those templates can be found in Appendix C.

Fidelity: Home Visitors			
Agency Name:		Site Name:	
Home Visiting Staff Identifier	Meets Staffing Qualification Requirements		
Name of home visiting staff	**Has this home visiting staff member completed their initial education?**	**Does this home visiting staff member have a minimum of a BSN?**	**Does this home visiting staff member have an assigned Nurse Supervisor?**

Outcomes											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	**HVP Model Child ID**	**Child Date of Birth**	**Child Sex**	**Child Hispanic or Latino Ethnicity**	**Child Race: White**	**Child Race: Black or African American**	**Child Race: Asian**	**Child Race: Native Hawaiian or Other Pacific Islander**	**Child Race: American Indian or Alaska Native**	**Child Race: Declined**	**Child Race: Unknown**

Outcomes				
Increased Positive Parenting Practices	Improved Pregnancy Outcomes			
Was the caregiver-child interaction assessed using the DANCE or HOME validated tool?	**Was the child's mother enrolled in the home visiting program prenatally before 37 weeks?**	**If Yes, was the child born preterm following enrollment in the home visiting program?**	**Was the infant born within a normal birth weight (> 5.5lb or 2,500g)?**	**Was the infant given breastmilk at birth?**

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATE

Providers will complete the aggregate fidelity and outcome templates provided below and will submit these to the CDSS biannually. The CDSS will upload them into the backend of CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

NFP Outcome Measures

Nurse-Family Partnership (NFP)									
The provider 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 at 10 months whose caregiver-child interaction was assessed using a validated tool.*	*% of infants who are born preterm following program enrollment.*	*% of infants who are born with a low 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 (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 contracts.*
Target Level	75%	15%	10%	82%	50%	50%	50%	65%	65%
Site 1									
Site 2									

NFP Fidelity Measures

Nurse-Family Partnership (NFP)							
The provider 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 8 individual nurse home visitors.*	
Target Level	100%	100%	100%	100%	100%	100%	
Site 1							
Site 2							