615 Sheridan Street
Port Townsend, WA 98368
www.JeffersonCountyPublicHealth.org
Consent Agenda

JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA REQUEST

TO: **Board of County Commissioners**
Mark McCauley, County Administrator

FROM: Apple Martine, Public Health Director
Denise Banker, Community Health Director

DATE: December 16, 2024

SUBJECT: Agenda Item – Contract Agreement with Kitsap Public Health District for Nurse Family Partnership Supervisor, Amendment 2; October 1, 2024 – June 30, 2025; $46,736.49.

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH), Community Health, requests Board approval of the Contract Amendment 2 with Kitsap Public Health District (KPHD, Contractor) for Nurse Family Partnership (NFP) Supervisor; October 1, 2024 – June 30, 2025; $46,736.49.

ANALYSIS/STRATEGIC GOALS/PROS and CONS:

This Agreement allows JCPH to continue its participation in the evidence-based NFP program by contracting with KPHD to provide the required Home Visiting Nurse Reflective Supervision supervisor. KPHD provides infrastructure support in the form of nursing supervision. This approach helps provide needed services to smaller communities not able to support evidence-based programs on their own.

FISCAL IMPACT/COST BENEFIT ANALYSIS:

The Contract Agreement is based on an annual fee for NFP nursing supervision and varies depending on the number of nurses. Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between Contractor and Jefferson County, allocated based on the number of Public Health Nurses in the NFP program across the region. This includes any Public Health Nurses hired by Jefferson County to work in either Jefferson or Clallam counties. This amount will be calculated and invoiced to Jefferson County monthly by KPHD. This Agreement also has provisions for travel and mileage at current GSA rates, and stipulations regarding extra services and or required purchases. Jefferson County's portion of the total supervisor cost will not exceed $46,736.49 and has been budgeted through the DCYF contract.

RECOMMENDATION:

JCPH management requests approval of the Contract Amendment 2 between KPHD and JCPH; October 1, 2024 – June 30, 2025; $46,736.49.

REVIEWED BY:

Mark McCauley, County Administrator — Date 12/10/24

Community Health
Developmental Disabilities
360-385-9400
360-385-9401 (f)

Environmental Public Health
360-385-9444
(f) 360-379-4487

Clear Form

CONTRACT REVIEW FORM

(INSTRUCTIONS ARE ON THE NEXT PAGE)

CONTRACT WITH: Kitsap Public Health District Contract No: N-22-058-A2

Contract For: NFP- Supervisor, Amendment 2 Term: 10/1/2024 - 6/30/2025

COUNTY DEPARTMENT:	Jefferson County Public Health
Contact Person:	Denise Banker
Contact Phone:	X438
Contact email:	dbanker@co.jefferson.wa.us

AMOUNT: Not to exceed $46,736.49

Revenue:

Expenditure: Not to exceed $46,736.49

Matching Funds Required:

Sources(s) of Matching Funds

Fund # 127

Munis Org/Obj 12756220

PROCESS:

- [x] **Exempt from Bid Process**
- [ ] **Cooperative Purchase**
- [ ] **Competitive Sealed Bid**
- [ ] **Small Works Roster**
- [ ] **Vendor List Bid**
- [ ] **RFP or RFQ**
- [ ] **Other:**

APPROVAL STEPS:

STEP 1: DEPARTMENT CERTIFIES COMPLIANCE WITH JCC 3.55.080 AND CHAPTER 42.23 RCW.

CERTIFIED: [■] **N/A:** [ ] Signature Dec. 3, 2024 Date

STEP 2: DEPARTMENT CERTIFIES THE PERSON PROPOSED FOR CONTRACTING WITH THE COUNTY (CONTRACTOR) HAS NOT BEEN DEBARRED BY ANY FEDERAL, STATE, OR LOCAL AGENCY.

CERTIFIED: [■] **N/A:** [ ] Signature Dec. 3, 2024 Date

STEP 3: RISK MANAGEMENT REVIEW (will be added electronically through Laserfiche):

Electronically approved by Risk Management on 12/10/2024.

STEP 4: PROSECUTING ATTORNEY REVIEW (will be added electronically through Laserfiche):

Electronically approved as to form by PAO on 12/4/2024.
Amendment #2 with prior amendment and original agreement attached.
Standard amendment language included.

STEP 5: DEPARTMENT MAKES REVISIONS & RESUBMITS TO RISK MANAGEMENT AND PROSECUTING ATTORNEY(IF REQUIRED).

STEP 6: CONTRACTOR SIGNS

STEP 7: SUBMIT TO BOCC FOR APPROVAL

CONTRACT AGREEMENT AMENDMENT #2
By and Between
Kitsap Public Health District and Jefferson County Public Health
Nurse Family Partnership Supervisor

WHEREAS, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (JEFFERSON COUNTY) entered into an agreement on January 1, 2023 and amended said agreement on January 1, 2024 for Professional Services to provide services as Nurse Family Partnership (NFP) Supervisor

WHEREAS, the parties desire to amend this agreement

IT IS AGREED BETWEEN BOTH PARTIES AS NAMED HEREIN AS FOLLOWS:

1.) This amendment shall extend the provisions of the Agreement beginning October 1, 2024 and will continue through June 30, 2025 unless terminated as provided by the Agreement.

2.) This amendment adds $46,736.49 in funds to original amounts to fund Nurse Supervision, October, November, and December, 2024 and January 1st, 2025 – June 30, 2025.

3.) Work performed consistent with this Agreement during its term, but prior to the adoption of this Agreement Amendment 2, is hereby ratified.

4.) All other terms and conditions of the agreement will remain the same.

Dated this _____ day of _____, 2024

(SIGNATURES TO FOLLOW ON THE NEXT PAGE)

SIGNATURE PAGE

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By: _____
Kate Dean, Chair

By: _____
Greg Brotherton, Commissioner

By: _____
Heidi Eisenhour, Commissioner

SEAL:

ATTEST:

_____
Carolyn Gallaway
Clerk of the Board

Approved as to form only:

_____ for 12/04/2024
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

KITSAP PUBLIC HEALTH DISTRICT

Yolanda Fong, Administrator
Kitsap County, WA

By: _____
Signature

Name: _____

Title: _____

Date: _____

CONTRACT AGREEMENT AMENDMENT #1
By and Between
Kitsap Public Health District and Jefferson County Public Health
Nurse Family Partnership Supervisor

WHEREAS, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (JEFFERSON COUNTY) entered into an agreement on January 1, 2023 for Professional Services to provide services as Nurse Family Partnership (NFP) Supervisor; and

WHEREAS, the parties desire to amend this agreement; therefore

IT IS AGREED BETWEEN BOTH PARTIES AS NAMED HEREIN AS FOLLOWS:

1.) This amendment shall extend the provisions of the Agreement beginning January 1, 2024 and will continue through December 31, 2024 unless terminated as provided by the Agreement.

2.) All other terms and conditions of the agreement will remain the same.

Dated this 18th **day of** December**, 2023**

(SIGNATURES TO FOLLOW ON THE NEXT PAGE)

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By: _____ 12/18/23
Greg Brotherton, Chair Date

By: _____ 12/18/23
Kate Dean, Commissioner Date

By: _____ 12/18/23
Heidi Eisenhour, Commissioner Date

SEAL:

ATTEST:

Carolyn Gallaway 12/18/23
Carolyn Gallaway Date
Clerk of the Board

Approved as to form only:

P. C. Hunsucker December 7, 2023
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

Kitsap Public Health District

Yolanda Fong
~~Keith Gellner, RS~~ Administrator
Kitsap County, WA

By: Yolanda Fong
Signature

Name: Yolanda Fong

Title: Administrator

Date: 1/2/2024

CONTRACT AGREEMENT
By and Between
Kitsap Public Health District and Jefferson County Public Health

For provision of one (1) Public Health Nurse for Nurse Family Partnership (NFP) Supervisor Role

Section 1: **PURPOSE**
THIS AGREEMENT for Professional Services is entered into between the Kitsap Public Health District, hereinafter referred to as "Contractor" and Jefferson County Public Health, hereinafter referred to as "Jefferson County" to provide services as a Nurse Family Partnership (NFP) Supervisor.

Section 2: **TERMS**
This Agreement shall commence on January 1, 2023, and continue through December 31, 2023, unless terminated as provided herein. The agreement may be extended beyond December 31, 2023, upon mutual written consent of Jefferson County and the Contractor.

Section 3: **SCOPE OF AGREEMENT**
Contractor will provide Public Health Nurse services for NFP Supervisor Role and will meet obligations as contained in Exhibit A, Statement of Work.

Section 4: **CONTRACT REPRESENTATIVES**
Jefferson County and Contractor will each have a contract representative who will have responsibility to administer the contract for that party. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows:

Contractor's Contract Representative
Yolanda Fong, Community Health Director
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2275

Jefferson County Contract Representative
Denise Banker, Community Health Director
Jefferson County Public Health
615 Sheridan St.
Port Townsend, WA 98368
(360) 385-9400

Section 5: **COMPENSATION**

A. Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between the Contractor and Jefferson County, allocated based on the number of Public Health Nurses in the NFP program across the region. This includes any Public Health Nurses hired by Jefferson County to work in either Jefferson or Clallam counties. This amount will be calculated

and invoiced to Jefferson County monthly by the Contractor. Jefferson County's portion of the total supervisor cost will not exceed $75,000.00

B. Jefferson County agrees to reimburse the Contractor for all expenses incurred as a result of performing the Services. Cell phone service is approved and will be billed based on actual cost. Travel is authorized at the federally established rate. All cell phone and travel expenses will be split between Jefferson County and the Contractor.

C. The Contractor shall submit invoices to Jefferson County for payment of work actually completed to date for both Jefferson County and Clallam County.

D. Any additional fees required by NFP for the supervisor's training will be split between Jefferson County and the Contractor. The Contractor will invoice Jefferson County for these fees based on the allocation of NFP nurse home visitors under supervision at the time of the training. Jefferson County will be given adequate notice of needed trainings.

E. Additional fees for Annual Program Support and Annual Nurse Consultation Fees will be split between Jefferson County and the Contractor. Proportion of fees will be based on the number of agencies participating under the NFP Program.

F. In the event that approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill Jefferson County for incurred cost. Total purchases of supplies or equipment will not exceed $2,000 without prior approval of Jefferson County.

G. Jefferson County may request additional nursing supervisory hours at an hourly rate commensurate to Contractor's employee's hourly rate. In the case of emergency nursing supervisory needs, Jefferson County will be charged an hourly rate.

H. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of Jefferson County and state for a period of six (6) years after final payments. Copies shall be made available upon request.

Section 6: **INDEMNIFICATION**

Each party agrees to hold harmless, defend, and indemnify the other party and its elected and appointed officials, officers, employees, and agents against all claims, suits, actions, liabilities, losses, expenses, and damages, including reasonable attorney's fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, officers, employees, and agents in the performance of this Contract. The indemnitor's duty to defend and indemnify extends to claims by the elected or appointed officials, officers, employees, or agents of the indemnitor or of any contractor of subcontractor of indemnitor. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This clause shall survive the termination of this Contract.

Section 7. **INSURANCE**:
Prior to commencing work, the Contractor shall obtain at its own cost and expense the following insurance coverage specified below and shall keep such coverage in force during the terms of the Agreement.

a. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than $500,000 each occurrence with the County named as an additional insured in connection with the Contractor's performance of this Agreement. This insurance shall indicate on the certificate of insurance the following coverage: (a) Owned automobiles; (b) Hired automobiles; and, (3) Non-owned automobiles.
b. Commercial General Liability Insurance in an amount not less than a single limit of one million dollars ($1,000,000) per occurrence and an aggregate of not less than two (2) times the occurrence amount ($2,000,000.00 minimum) for bodily injury, including death and property damage, unless a greater amount is specified in the contract specifications. The insurance coverage shall contain no limitations on the scope of the protection provided and include the following minimum coverage:
    i. Broad Form Property Damage, with no employee exclusion;
    ii. Personal Injury Liability, including extended bodily injury;
    iii. Broad Form Contractual/Commercial Liability – including coverage for products and completed operations;
    iv. Premises – Operations Liability (M&C);
    v. Independent Contractors and subcontractors;
    vi. Blanket Contractual Liability.
c. Professional Liability Insurance. The Contractor shall maintain professional liability insurance against legal liability arising out of activity related to the performance of this Agreement, on a form acceptable to Jefferson County Risk Management in the amounts of not less than $1,000,000 Each Claim and $2,000,000 Aggregate. The professional liability insurance policy should be on an "occurrence" form. If the professional liability policy is "claims made," then an extended reporting periods coverage (tail coverage) shall be purchased for three (3) years after the end of this Agreement, at the Contractor's sole expense. The Contractor agrees the Contractor's insurance obligation to provide professional liability insurance shall survive the completion or termination of this Agreement for a minimum period of three (3) years.
d. The County shall be named as an "additional named insured" under all insurance policies required by this Agreement, except Professional Liability Insurance when not allowed by the insurer.
e. Such insurance coverage shall be evidenced by one of the following methods: (a) Certificate of Insurance; or, (b) Self-insurance through an irrevocable Letter of Credit from a qualified financial institution.
f. The Contractor shall furnish the County with properly executed certificates of insurance that, at a minimum, shall include: (a) The limits of overage; (b) The project name to which it applies; (c) The certificate holder as Jefferson County, Washington and its elected officials, officers, and employees with the address of Jefferson County Public Health 615 Sheridan Street, Port Townsend, WA 98368, and, (d) A statement that the insurance policy shall not be canceled or allowed to expire except on thirty (30) days prior written notice to the County. If

the proof of insurance or certificate indicating the County is an "additional insured" to a policy obtained by the Contractor refers to an endorsement (by number or name) but does not provide the full text of that endorsement, then it shall be the obligation of the Contractor to obtain the full text of that endorsement and forward that full text to the County. Certificates of coverage as required by this section shall be delivered to the County within fifteen (15) days of execution of this Agreement.

g. Failure of the Contractor to take out or maintain any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the obligations concerning indemnification of the County.
h. The Contractor's insurers shall have no right of recovery or subrogation against the County (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies, with the exception of Professional Liability Insurance, so affected shall protect both parties and be primary coverage for all losses covered by the above described insurance.
i. Insurance companies issuing the policy or policies shall have no recourse against the County (including its employees and other agents and agencies) for payment of any premiums or for assessments under any form of policy.
j. All deductibles in the above described insurance policies shall be assumed by and be at the sole risk of the Contractor.
k. Any deductibles or self-insured retention shall be declared to and approved by the County prior to the approval of this Agreement by the County. At the option of the County, the insurer shall reduce or eliminate deductibles or self-insured retention, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
l. Insurance companies issuing the Contractor's insurance policy or policies shall have no recourse against the County (including its employees and other agents and agencies) for payment of any premiums or for assessments under any form of insurance policy.
m. Any judgments for which the County may be liable, in excess of insured amounts required by this Agreement, or any portion thereof, may be withheld from payment due, or to become due, to the Contractor until the Contractor shall furnish additional security covering such judgment as may be determined by the County.
n. Any coverage for third party liability claims provided to the County by a "Risk Pool" created pursuant to Ch. 48.62 RCW shall be non-contributory with respect to any policy of insurance the Contractor must provide in order to comply with this Agreement.
o. The County may, upon the Contractor's failure to comply with all provisions of this Agreement relating to insurance, withhold payment or compensation that would otherwise be due to the Contractor.
p. The Contractor's liability insurance provisions shall be primary and noncontributory with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees, and agents.
q. Any failure to comply with reporting provisions of the insurance policies shall not affect coverage provided to the County, its officers, officials, employees, or agents.
r. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

s. The Contractor shall include all subcontractors as insured under its insurance policies or shall furnish separate certificates and endorsements for each subcontractor. All insurance provisions for subcontractors shall be subject to all the requirements stated herein.
t. The insurance limits mandated for any insurance coverage required by this Agreement are not intended to be an indication of exposure nor are they limitations on indemnification.
u. The Contractor shall maintain all required insurance policies in force from the time services commence until services are completed. Certificates, insurance policies, and endorsements expiring before completion of services shall be promptly replaced. All the insurance policies required by this Agreement shall provide that thirty (30) days prior to cancellation, suspension, reduction or material change in the policy, notice of same shall be given to the Jefferson County Public Health Contracts Manager by registered mail, return receipt requested.
v. The Contractor shall place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
w. The County reserves the right to request additional insurance on an individual basis for extra hazardous contracts and specific service agreements.

Section 8: **CONFIDENTIALITY**
All parties to this Agreement and their employees or representatives and their subcontractors and their employees will maintain the confidentiality of all information provided by Contractor or Jefferson County or acquired in performance of this Agreement as required by the HIPPA and other privacy laws. This Contract, once executed by the parties, is and remains a Public Record subject to the provision of Ch. 42.56 RCW, the Public Records Act.

Section 9: **OWNERSHIP AND USE OF DOCUMENTS**
Contractor acknowledges and agrees that any and all work product directly connected to and/or associated with the services rendered hereunder, including but not limited to all documents, drawings, reports, and the like which the Contractor in the performance of the service hereunder, either solely and/or jointly with Jefferson County shall be the sole and exclusive property of the Jefferson County. Other materials produced by the Contractor in connection with the services rendered under this agreement shall be the property of the Jefferson County whether the projects for which they are made are executed or not. Each party may, with no further permission required from the other party, publish to the web, disclose, distribute, reproduce, or otherwise copy or use, in whole or in part, such items produced during the course of the project to the extent disclosure is allowed by HIPAA rules.

Section 10: **INDEPENDENCE**
Nothing in this agreement shall be considered to create the relationship of employer and employee between the Parties hereto. The Contractor shall not be entitled to any benefits afforded Jefferson County employees by virtue of the services provided under this agreement. Jefferson County shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

Section 11: **REPORTING**
Contractor will provide information to Jefferson County for required reporting to funders as needed.

Section 12: **DISPUTE RESOLUTION**
The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there may be instances in which either Jefferson County or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the Parties shall attempt to resolve the matter through good faith efforts. If unsuccessful, the Parties shall refer the matter to non-binding mediation.

If the mediator cannot resolve the dispute, the issue shall be referred to a Dispute Panel. The Dispute Panel shall review all issues, concerns, and conflicts to determine a solution acceptable to both Parties. The decisions of the Dispute Panel shall be final and binding on both Parties.

DISPUTE PANEL: The Parties may voluntarily submit any contractual dispute to a dispute panel as follows: each party will appoint one member to the panel and those two members in turn will appoint a third member. The dispute panel will review the facts, contract provisions, and applicable law, and then decide the matter. The decision of the dispute panel shall be binding on the Parties and final.

Section 13: **TERMINATION**
Jefferson County and the Contractor reserve the right to terminate this contract in whole or in part with 30 days-notice. In the event of termination under this clause, Jefferson County shall be liable only for payment for services rendered prior to the effective date of termination.

Section 14: **INTEGRATED AGREEMENT**
This Agreement together with attachments or addenda represents the entire and integrated agreement between Jefferson County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral between the Parties. This agreement may be amended or modified only by a written instrument signed of both Jefferson County and Contractor.

Section 15: **PROGRAM MODEL ELEMENTS**
Jefferson County and the Contractor understand and agree that Program implementation by Jefferson County and Contractor must be based on key parameters-Model Elements identified through research and refined based upon the Program's experience since 1997 and included in this Agreement as Nurse-Family Partnership Model Elements, hereto attached and herein referenced as **Exhibit B.**

Section 16: **PROPRIETARY PROPERTY**
Jefferson County and the Contractor understand and agree that NFP grants to Jefferson County and Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this Agreement. Further, the NFP reserves the right to

modify the Proprietary Property from time to time in accordance with the data, research, and current modalities of deliveries program. NFP shall retain ownership and all the rights to any Proprietary Property, whether modified or not by Jefferson County and/or Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding Jefferson County's and Contractor's data, shall remain the sole property of Nurse-Family Partnership.

Approved this 19th day of December, 2022.

JEFFERSON COUNTY, WASHINGTON

Board of County Commissioners
Jefferson County, Washington

12/19/22
Heidi Eisenhour, Chair Date

KITSAP PUBLIC HEALTH DISTRICT

1/4/2023
Keith Grellner Date
Administrator

ATTEST:

Carolyn Gallaway 12/19/22
Carolyn Gallaway, Date
Clerk of the Board

Approved as to form only:

P.C. Hunsucker
December 15, 2022
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

Exhibit A
Statement of Work

	Jefferson County	Contractor
Nurse Home visitors #	3	4

Model Elements implemented through facilitation by Nurse Supervisor—applies to all sites:

Model element and description	Jefferson County	Contractor
#10, Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X
#11, Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	X	X
#12, Work with NHVs and team to maintain required number of clients. Includes caseload management, outreach, referrals and maintaining community relationships. Jefferson is responsible for recruiting and maintaining Jefferson and Clallam caseload numbers.	X	X
#13, Nurse supervisor provides supervision to 6 NHVs at this time, appropriate for .90 FTE Nurse supervisor	X	X
#14, Nurse supervisor provides: 1. Weekly 1:1 clinical supervision 2. Case conferences 3. Team meetings 4. Field Supervision	X weekly X at least 2 x month X at least 2 x month X at least 3x year	X at least 2x month X at least 2 x month X at least 2 x month X at least 3x year
#15 Data is collected and used to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	X	X
#17, Regional CAB convened and will meet at least 3x year	X	X
#18, Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program	X	X

Other related program implementation areas:

Other areas related to program implementation	Jefferson County	Contractor
Washington State NFP Consortium: 1. Monthly calls with WA State Nurse consultant 2. Monthly calls with WA State Nurse supervisors 3. Quarterly meetings with WA State nurse supervisors 4. On-site visits with WA state nurse consultant at least once/year.	X	X
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X
DCYF Funding: Support in application, monthly and quarterly reports.	X	X
NFP required education and training, such as DANCE education and annual NFP National Symposium	X	X

Exhibit B

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Nurse-Family Partnership Model Elements

CLIENTS

Element 1 Client participates voluntarily in the Nurse-Family Partnership program.

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.

Element 2 Client is a first-time mother.

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.

Element 3 Client meets low-income criteria at intake.

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, establish a threshold for low-income clients in the context of their own community for their target population.

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.

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 which 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.

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INTERVENTION CONTEXT

Element 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship. Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care. The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 Client is visited in her home.

The program is delivered in the client's home, which is defined as the 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.

Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

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EXPECTATIONS OF THE NURSES AND SUPERVISORS

Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' 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 nurses' 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.

Element 9 Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all core NFP education sessions in a timely manner, as is defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

APPLICATION OF THE INTERVENTION

Element 10 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.

The NFP 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 the client's needs. The domains include:

1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2) Environmental Health (home; work; school and neighborhood)
3) Life Course (family planning; education and livelihood)
4) Maternal Role (mothering role; physical care; behavioral and emotional care of child)
5) Friends and Family (personal network relationships; assistance with childcare)
6) Health and Human Services (linking families with needed referrals and services)

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Element 11 Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

Element 12 A full-time nurse home visitor carries a caseload of no more than 25 active clients.

Full time is considered a 40-hour work week. 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 work week) 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. Active clients are those who are receiving visits in accordance with the NFP 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 the NFP National Service Office and the Implementing Agency states that the Agency will:

1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation; and
2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
3) Maintain the appropriate visit schedule.

REFLECTION AND CLINICAL SUPERVISION

Element 13 A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.

Full time is considered a 40-hour work week. 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 NFP, including the supervision of some additional

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administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet.* The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

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.

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:

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 her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP 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.

2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data 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 1 ½ to 2 hours per case conference.

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 weekly so there is one meeting of the team every week.

4) Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

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PROGRAM MONITORING AND USE OF DATA

Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The 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 of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

AGENCY

Element 16 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.

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 17 A 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.

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP 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 create 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 NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

Element 18 Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for

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NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

References

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Exhibit C
Nurse-Family Partnership
Implementing Organization Partner Rate Schedule

Annual Fees are as follows:

	7/1/2021-6/30/2022	7/1/2022-6/30/2023
NFP Program Participation (annual, per supervisor/team)		
Annual Program Support Fee	See Below	See Below
Annual Nurse Consultation Fee, first supervisor at location		
For simplification the two fees above have been combined into a single annual fee as indicated below.		
First Team at a Location:		
NFP Network Partner Program Support (annual, per team)		
Two Nurse Home Visitor team	$ 20,304	$ 20,568
Three Nurse Home Visitor team	$ 21,024	$ 21,420
Four Nurse Home Visitor team	$ 21,744	$ 22,260
Five Nurse Home Visitor team	$ 22,464	$ 23,112
Six Nurse Home Visitor team	$ 23,184	$ 23,964
Seven Nurse Home Visitor team	$ 23,904	$ 24,816
Eight Nurse Home Visitor team	$ 24,624	$ 25,668

Second and Subsequent Teams at a Single Location:	7/1/2021-6/30/2022	7/1/2022-6/30/2023
NFP Network Partner Program Support (annual, per team)		
Two Nurse Home Visitor team	$ 18,456	$ 18,720
Three Nurse Home Visitor team	$ 19,176	$ 19,572
Four Nurse Home Visitor team	$ 19,896	$ 20,424
Five Nurse Home Visitor team	$ 20,616	$ 21,264
Six Nurse Home Visitor team	$ 21,336	$ 22,116
Seven Nurse Home Visitor team	$ 22,056	$ 22,968
Eight Nurse Home Visitor team	$ 22,776	$ 23,820

(continued)

"NFP Network Partner Program Support" (formerly called annual program support and nurse consultation) is invoiced annually on the contract anniversary date. The number of Nurse Home Visitors per team is the sum of planned nurse positions which will directly serve clients (whether a position is filled or currently vacant is irrelevant when determining team size), rounded up.

Education (as needed, based on attendance date):	7/1/2021-12/31/2021	1/1/2022-12/31/2022
Nurse Home Visitor (NHV) Education	$ 5,100	$ 5,254
NHV Education Materials	$ 648	$ 667
NHV Education, Unit 2 Supervisor Session	$ 800	$ 825
NFP Agency Standard Administrator Education	$ 603	$ 621
NFP Agency Additional Administrator Education	$ 282	$ 290
NFP Program Supervisor Education	$ 922	$ 950

Please note that starting July 1, 2021, the price effective date for education is based on a calendar year and not the contract anniversary date.

Expansion support fees:	7/1/2021-6/30/2022	7/1/2022-6/30/2023
Supervisor expansion, per occurrence	See below	See below
Supervisor replacement, per occurrence	$ 3,462	$ 3,566
Team addition (same location), per occurrence	$ 19,781	$ 20,374
Regional expansion (new location), per occurrence	$ 24,726	$ 25,468

The fee previously referred to as a supervisor expansion/replacement fee has been discontinued and replaced with the above replacement, team addition and regional expansion fees.

Fees for special data-related or any other services are quoted on an as needed basis.

Please remember that we all operate in a dynamic and evolving environment that may necessitate changes. For questions or additional information, please contact RateRestructure@nursefamilypartnership.org.

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